



### What is the Formulary?

The MedImpact formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary if the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

### Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

➤ **Drug Categories**

The drugs in this formulary are grouped into categories according to the types of medical conditions they are used to treat.

➤ **Alphabetical Index Listing**

If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical listing of all drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Turn to the page listed in the Index and find the name of the drug in the first column.

➤ **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

### What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and *italicized* (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. DIPHEN ORAL ELIXIR 12.5 MG/5ML).

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## Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

| Symbol     | Guideline           | Description                                                                                                              |
|------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>AGE</b> | Age Restriction     | Coverage depends upon member age                                                                                         |
| <b>PA</b>  | Prior Authorization | Requires specific physician request and clinical criteria be met for prescription to be covered                          |
| <b>QL</b>  | Quantity Limit      | Prescription quantity limits for specific drugs and/or time period needed for coverage                                   |
| <b>ST</b>  | Step Therapy        | Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug     |
| <b>SP</b>  | Specialty Drug      | Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan |

The member can ask the plan to make an exception to these restrictions or for a list of other, similar drugs that may treat their health condition. See the section: "How does a member request an exception to the formulary?"

## Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- Tier 4: Specialty medications

## General Exclusions:

Many plans have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

- Over the Counter (OTC) medications
- Anti-Obesity drugs
- Medical food/nutritional supplements
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices

- Disposable Needles & Syringes (Non-Insulin related)
- Any drug products used for cosmetic purposes
- Experimental drug products or any drug product used in an experimental manner
- Repackaged drugs and institutional use drugs (e.g., hospital use)
- Lifestyle drugs (e.g., sexual dysfunction, infertility)
- Non self-administered injectable drug products

## **What if a drug is not on the Formulary?**

If a drug is not included on the formulary, the member should contact the plan. If the member is informed the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

## **How does a member request an exception to the Formulary?**

The member will need to contact the plan for details on how to file an exception request.

## **For more information**

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.

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| Drug                                                                           | Status | Notes                                                                                                                         |
|--------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Allergy</b>                                                                 |        |                                                                                                                               |
| <b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>                   |        |                                                                                                                               |
| CLARINEX-D 12 HOUR ORAL TABLET,<br>ER MULTIPHASE 12 HR 2.5-120 MG              | Tier 3 | ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day) |
| <b>Allergenic Extracts, Therapeutics</b>                                       |        |                                                                                                                               |
| <i>all ext-cal pepper tree pollen injection solution 1 :20</i>                 | Tier 4 | SP                                                                                                                            |
| <i>all ext-weed pol-sheep sorrel injection solution 1 :20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>all xt-weed pol-russian thistle injection solution 1:20</i>                 | Tier 4 | SP                                                                                                                            |
| <i>all.xt,kblue-june grass pollen injection solution 100,000 bau/ml</i>        | Tier 4 | SP                                                                                                                            |
| <i>aller ext-alternaria alternata injection solution 1:20 , 36,000 unit/ml</i> | Tier 4 | SP                                                                                                                            |
| <i>aller ext-american cockroach injection solution 1:20</i>                    | Tier 4 | SP                                                                                                                            |
| <i>aller ext-spiny pigweed pollen injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller ext-tree poll,red cedar injection solution 1:20</i>                   | Tier 4 | SP                                                                                                                            |
| <i>aller ext-tree pollen,am elm injection solution 1:20</i>                    | Tier 4 | SP                                                                                                                            |
| <i>aller ext-tree pollen,bayberry injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller ext-tree pollen,mesquite injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller ext-weed pollen-kochia injection solution 1:20</i>                    | Tier 4 | SP                                                                                                                            |
| <i>aller xt-shagbark hickory poll injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pol,e.cottonwood injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pollen,box elder injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pollen,hackberry injection solution 1 :20</i>                 | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pollen,red birch injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pollen,white ash injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |
| <i>aller xt-tree pollen-melaleuca injection solution 1:20</i>                  | Tier 4 | SP                                                                                                                            |

| <b>Drug</b>                                                                    | <b>Status</b> | <b>Notes</b> |
|--------------------------------------------------------------------------------|---------------|--------------|
| <i>aller xt-tree pollen-white oak injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>aller xt-weed pollen-cocklebur injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>aller xt-weed pollen-goldenrod injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>aller xt-weed pollen-sagebrush injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>aller xt-weed poll-yellow dock injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ex,grass pollen-bermuda injection solution 10,000 bau/ml</i>         | Tier 4        | SP           |
| <i>allerg ex,grass pollen-orchard injection solution 100,000 bau/ml</i>        | Tier 4        | SP           |
| <i>allerg ex-grass pollen-johnson injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext,grass pollen-redtop injection solution 100,000 bau/ml</i>        | Tier 4        | SP           |
| <i>allerg ext-acremonium strictum injection solution 53,000 unit/ml</i>        | Tier 4        | SP           |
| <i>allerg ext-black walnut pollen injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext-grass,perennial rye injection solution 100,000 bau/ml</i>        | Tier 4        | SP           |
| <i>allerg ext-penicillium notatum injection solution 1:20 , 31,000 unit/ml</i> | Tier 4        | SP           |
| <i>allerg ext-tall ragweed pollen injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext-tree pollen-acacia injection solution 1:20</i>                   | Tier 4        | SP           |
| <i>allerg ext-tree pollen-alder injection solution 1:20</i>                    | Tier 4        | SP           |
| <i>allerg ext-tree pollen-red oak injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext-tree poll-jun, west injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext-tree poll-red maple injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ext-weed pollen-mugwort injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg ex-weed pol-rgh pigweed injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml</i>   | Tier 4        | SP           |
| <i>allerg xt,grass pollen-timothy injection solution 100,000 bau/ml</i>        | Tier 4        | SP           |

| <b>Drug</b>                                                                        | <b>Status</b> | <b>Notes</b> |
|------------------------------------------------------------------------------------|---------------|--------------|
| <i>allerg xt,grass-meadow fescue injection<br/>solution 100,000 bau/ml</i>         | Tier 4        | SP           |
| <i>allerg xt-sheep sor,yellw dock injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg xt-tree poll-elm, cedar injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allerg xt-weed poll-dog fennel injection<br/>solution 1 :20</i>                 | Tier 4        | SP           |
| <i>allerg xt-white birch pollen injection<br/>solution 1:20</i>                    | Tier 4        | SP           |
| <i>allerg xt-white pine pollen injection<br/>solution 1:20</i>                     | Tier 4        | SP           |
| <i>allergen ext-amer beech pollen injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen ext-aspergillus fumig injection<br/>solution 1:20 , 8,000 unit/ml</i>  | Tier 4        | SP           |
| <i>allergen ext-aureoba.pullulans injection<br/>solution 1:20 , 51,000 unit/ml</i> | Tier 4        | SP           |
| <i>allergen ext-botrytis cinerea injection<br/>solution 1:20 , 43,000 unit/ml</i>  | Tier 4        | SP           |
| <i>allergen ext-c.cladosporioides injection<br/>solution 1:20 , 64,000 unit/ml</i> | Tier 4        | SP           |
| <i>allergen ext-candida albicans injection<br/>solution 1:1000</i>                 | Tier 4        | SP           |
| <i>allergen ext-cattle epithelium injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen ext-crop pollen-corn injection<br/>solution 1:20</i>                   | Tier 4        | SP           |
| <i>allergen ext-english plantain injection<br/>solution 1:20</i>                   | Tier 4        | SP           |
| <i>allergen ext-german cockroach injection<br/>solution 1 :20</i>                  | Tier 4        | SP           |
| <i>allergen ext-olive tree pollen injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen ext-rabbit epithelium injection<br/>solution 1:10 , 1:20</i>           | Tier 4        | SP           |
| <i>allergen extract-s. cerevisiae injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen ext-t. mentagrophytes injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen ext-tree pollen,pecan injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen xt tree pol-aust pine injection<br/>solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen xt-am.sycamore pollen injection<br/>solution 1:20</i>                  | Tier 4        | SP           |

| <b>Drug</b>                                                                    | <b>Status</b> | <b>Notes</b> |
|--------------------------------------------------------------------------------|---------------|--------------|
| <i>allergen xt-grass pollen-bahia injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen xt-grass pollen-brome injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergen xt-grass pollen-quack injection solution 1:10</i>                  | Tier 4        | SP           |
| <i>allergen xt-mite,d.pteronysin injection solution 10,000 unit/ml</i>         | Tier 4        | SP           |
| <i>allergen xt-queen palm pollen injection solution 1 :20</i>                  | Tier 4        | SP           |
| <i>allergen xt-virginia live oak injection solution 1:20</i>                   | Tier 4        | SP           |
| <i>allergenic ex-horse epithelium injection solution 1 :10, 1:20</i>           | Tier 4        | SP           |
| <i>allergenic ext, mixed feathers injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergenic ext-dog epithelium injection solution 1:10 , 1:20</i>            | Tier 4        | SP           |
| <i>allergenic ext-grass pollen injection solution 100,000 bau/ml</i>           | Tier 4        | SP           |
| <i>allergenic ext-mite, d farinae injection solution 10,000 unit/ml</i>        | Tier 4        | SP           |
| <i>allergenic ext-mixed ragweed injection solution 1:20 , 100 unit/ml</i>      | Tier 4        | SP           |
| <i>allergenic ext-mucor plumbeus injection solution 1:20 , 30,000 unit/ml</i>  | Tier 4        | SP           |
| <i>allergenic extract-alfalfa injection solution 1:20</i>                      | Tier 4        | SP           |
| <i>allergenic extract-cockroach injection solution 1:20</i>                    | Tier 4        | SP           |
| <i>allergenic extract-corn smut injection solution 1:20</i>                    | Tier 4        | SP           |
| <i>allergenic extract-fire ant injection solution 1:10 , 1:20</i>              | Tier 4        | SP           |
| <i>allergenic extract-guinea pig injection solution 1:20</i>                   | Tier 4        | SP           |
| <i>allergenic extract-mosquito injection solution 1:100</i>                    | Tier 4        | SP           |
| <i>allergenic extract-weed pollen injection solution 1:20</i>                  | Tier 4        | SP           |
| <i>allergenic ext-tree pollen injection solution 1:20</i>                      | Tier 4        | SP           |
| <i>allergenic xt-epicoccum nigrum injection solution 1:20 , 27,000 unit/ml</i> | Tier 4        | SP           |
| <i>allergenic xt-mouse epithelium injection solution 1:20</i>                  | Tier 4        | SP           |

| Drug                                                                       | Status | Notes  |
|----------------------------------------------------------------------------|--------|--------|
| <i>allergen-weed-lambsquarters injection solution 1:20</i>                 | Tier 4 | SP     |
| <i>allergn ext-mount.cedar pollen injection solution 1:20</i>              | Tier 4 | SP     |
| <i>allergn xt-red mulberry pollen injection solution 1:20</i>              | Tier 4 | SP     |
| <i>allergn xt-wht mulberry pollen injection solution 1:20</i>              | Tier 4 | SP     |
| <i>cat hair std allergenic ext injection solution 10,000 bau/ml</i>        | Tier 4 | SP     |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU                                        | Tier 2 | PA     |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM                                        | Tier 2 | PA     |
| ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY         | Tier 2 | PA     |
| ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)                           | Tier 3 | PA     |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)                 | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)                 | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)     | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG                           | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)               | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)               | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)  | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)   | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)             | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG                  | Tier 4 | PA; SP |

| Drug                                                                                 | Status | Notes             |
|--------------------------------------------------------------------------------------|--------|-------------------|
| PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG                       | Tier 4 | PA; SP            |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG                          | Tier 4 | PA; SP            |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                           | Tier 2 | PA                |
| <i>std grass pollen-sweet vernal injection solution 100,000 bau/ml</i>               | Tier 4 | SP                |
| <i>tree pollen-arizona cypress injection solution 1:20</i>                           | Tier 4 | SP                |
| <i>tree pollen-bald cypress injection solution 1:20</i>                              | Tier 4 | SP                |
| <i>tree pollen-privet injection solution 1:20</i>                                    | Tier 4 | SP                |
| <i>tree pollen-sweet gum injection solution 1:20</i>                                 | Tier 4 | SP                |
| <i>weed pollen-carelessweed injection solution 1:40</i>                              | Tier 4 | SP                |
| <i>weed pollen-short ragweed injection solution 1:20</i>                             | Tier 4 | SP                |
| <i>weed pollen-true marsh elder injection solution 1:20</i>                          | Tier 4 | SP                |
| <i>weed pollen-western ragweed injection solution 1:20</i>                           | Tier 4 | SP                |
| <b>Antihistamines - 1St Generation</b>                                               |        |                   |
| <i>brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml</i>                | Tier 4 | SP                |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                                   | Tier 1 | Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                        | Tier 1 | Age (Min 2 Years) |
| <i>clemastine oral tablet 2.68 mg</i>                                                | Tier 1 |                   |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                           | Tier 1 |                   |
| <i>cyproheptadine oral tablet 4 mg</i>                                               | Tier 1 |                   |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)                                | Tier 1 |                   |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i>                               | Tier 4 | SP                |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i>                                | Tier 4 | SP                |
| <i>diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml</i> | Tier 4 | SP                |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>                     | Tier 4 | SP                |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                                      | Tier 1 |                   |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                               | Tier 1 |                   |

| Drug                                                                           | Status | Notes                                                                                                                              |
|--------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>                          | Tier 1 |                                                                                                                                    |
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)                       | Tier 1 |                                                                                                                                    |
| KARBINAL ER ORAL<br>SUSPENSION,EXTENDED REL 12 HR<br>4 MG/5 ML                 | Tier 3 | ST; ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml</i>            | Tier 4 | SP                                                                                                                                 |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)          | Tier 1 |                                                                                                                                    |
| <i>promethazine oral syrup 6.25 mg/5 ml</i>                                    | Tier 1 |                                                                                                                                    |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>                          | Tier 1 |                                                                                                                                    |
| <b>Antihistamines - 2Nd Generation</b>                                         |        |                                                                                                                                    |
| <i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))         | Tier 1 |                                                                                                                                    |
| <i>desloratadine oral tablet 5 mg</i> (Clarinet)                               | Tier 1 | QL (1 EA per 1 day)                                                                                                                |
| <i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>                   | Tier 1 | ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)      |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)                        | Tier 1 | ST; ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)     |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)                   | Tier 1 |                                                                                                                                    |
| QUZYTIR INTRAVENOUS SOLUTION<br>10 MG/ML                                       | Tier 4 | SP                                                                                                                                 |
| <b>Nasal Antihistamine</b>                                                     |        |                                                                                                                                    |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>                          | Tier 1 | QL (60 ML per 30 days)                                                                                                             |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | Tier 1 | QL (60 ML per 30 days)                                                                                                             |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)                    | Tier 1 | QL (30.5 GM per 30 days)                                                                                                           |

| Drug                                                                                            | Status | Notes                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>                                     |        |                                                                                                                                                                          |
| <i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)               | Tier 1 | ST; ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)                      |
| <b>Nasal Anti-Inflammatory Steroids</b>                                                         |        |                                                                                                                                                                          |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>                                    | Tier 1 | QL (25 ML per 30 days)                                                                                                                                                   |
| <i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief) | Tier 1 | QL (16 GM per 30 days)                                                                                                                                                   |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex 24hr Allergy)              | Tier 1 | QL (17 GM per 30 days)                                                                                                                                                   |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION                                                | Tier 2 | QL (6.8 GM per 30 days)                                                                                                                                                  |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION                                                | Tier 2 | QL (10.6 GM per 30 days)                                                                                                                                                 |
| SINUVA SINUS IMPLANT 1,350 MCG                                                                  | Tier 4 | PA; SP                                                                                                                                                                   |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION                                          | Tier 2 | ST; ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days) |
| <b>Antiemesis/Antivertigo</b>                                                                   |        |                                                                                                                                                                          |
| <b>Antiemetic, Cannabinoid-Type</b>                                                             |        |                                                                                                                                                                          |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)                                    | Tier 1 | ST; ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)                  |
| SYNDROS ORAL SOLUTION 5 MG/ML                                                                   | Tier 3 | ST; ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)                                     |
| <b>Antiemetic/Antivertigo Agents</b>                                                            |        |                                                                                                                                                                          |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG                                      | Tier 4 | SP                                                                                                                                                                       |
| AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML                              | Tier 4 | SP                                                                                                                                                                       |

| Drug                                                                                           | Status | Notes                                                                                                              |
|------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------|
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG                                                   | Tier 2 | QL (1 EA per 28 days)                                                                                              |
| ANZEMET ORAL TABLET 50 MG                                                                      | Tier 3 | ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)  |
| APONVIE INTRAVENOUS EMULSION 7.2 MG/ML                                                         | Tier 4 | SP                                                                                                                 |
| <i>aprepitant oral capsule 125 mg</i>                                                          | Tier 1 | QL (1 EA per 21 days)                                                                                              |
| <i>aprepitant oral capsule 40 mg</i>                                                           | Tier 1 | QL (1 EA per 28 days)                                                                                              |
| <i>aprepitant oral capsule 80 mg</i> (Emend)                                                   | Tier 1 | QL (2 EA per 21 days)                                                                                              |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)                        | Tier 1 | QL (3 EA per 21 days)                                                                                              |
| BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML), 5 MG/2 ML (2.5 MG/ML)                   | Tier 4 | SP                                                                                                                 |
| CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML                                                        | Tier 4 | SP                                                                                                                 |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)                                             | Tier 1 |                                                                                                                    |
| <i>dimenhydrinate injection solution 50 mg/ml</i>                                              | Tier 4 | SP                                                                                                                 |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis) | Tier 1 | QL (120 EA per 30 days)                                                                                            |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)                         | Tier 2 | QL (3 EA per 21 days)                                                                                              |
| <i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))                     | Tier 4 | SP                                                                                                                 |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>                        | Tier 4 | SP                                                                                                                 |
| <i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>                            | Tier 4 | SP                                                                                                                 |
| <i>granisetron hcl oral tablet 1 mg</i>                                                        | Tier 1 | ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days) |
| <i>meclizine oral tablet 12.5 mg</i>                                                           | Tier 1 |                                                                                                                    |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                                     | Tier 1 |                                                                                                                    |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>                                       | Tier 4 | SP                                                                                                                 |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>                                        | Tier 4 | SP                                                                                                                 |
| <i>ondansetron hcl intravenous solution 2 mg/ml</i>                                            | Tier 4 | SP                                                                                                                 |

| Drug                                                                                              | Status | Notes                                                                                                             |
|---------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------|
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>                                                    | Tier 1 | QL (50 ML per 15 days)                                                                                            |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                                                     | Tier 1 |                                                                                                                   |
| <i>ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml</i> | Tier 4 | SP                                                                                                                |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>                                          | Tier 1 |                                                                                                                   |
| <i>palonosetron intravenous solution 0.25 mg/2 ml, 0.25 mg/5 ml</i>                               | Tier 4 | SP                                                                                                                |
| <i>palonosetron intravenous syringe 0.25 mg/5 ml</i>                                              | Tier 4 | SP                                                                                                                |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>                | Tier 4 | SP                                                                                                                |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)                               | Tier 1 |                                                                                                                   |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                                         | Tier 1 |                                                                                                                   |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)                        | Tier 1 |                                                                                                                   |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)                               | Tier 1 |                                                                                                                   |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR                                                   | Tier 3 | ST; ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)                 | Tier 1 |                                                                                                                   |
| SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML                                   | Tier 4 | SP                                                                                                                |
| TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (trimethobenzamide)                                        | Tier 4 | SP                                                                                                                |
| <i>trimethobenzamide oral capsule 300 mg</i>                                                      | Tier 1 |                                                                                                                   |
| VARUBI ORAL TABLET 90 MG                                                                          | Tier 3 | QL (2 EA per 14 days)                                                                                             |
| <b>Asthma And Copd</b>                                                                            |        |                                                                                                                   |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>                                               |        |                                                                                                                   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (25.8 GM per 30 days)                         |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                   |

| Drug                                                                                                                              | Status | Notes                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| <b>Anticholinergics, Orally Inhaled Long Acting</b>                                                                               |        |                                                                                         |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                                                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)  |
| SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 EA per 30 days) |
| <b>Beta-Adrenergic Agents</b>                                                                                                     |        |                                                                                         |
| albuterol sulfate oral syrup 2 mg/5 ml                                                                                            | Tier 1 |                                                                                         |
| albuterol sulfate oral tablet 2 mg, 4 mg                                                                                          | Tier 1 |                                                                                         |
| albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg                                                                   | Tier 1 |                                                                                         |
| terbutaline oral tablet 2.5 mg, 5 mg                                                                                              | Tier 1 |                                                                                         |
| terbutaline subcutaneous solution 1 mg/ml                                                                                         | Tier 4 | SP                                                                                      |
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>                                                                              |        |                                                                                         |
| albuterol sulfate inhalation hfa aerosol (Proventil HFA) inhaler 90 mcg/actuation                                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation (Xopenex HFA)                                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>                                                                         |        |                                                                                         |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION                                                                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)  |

| Drug                                                                                                                                       | Status | Notes                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| <b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>                                                                                 |        |                                                                                           |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)                                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)  |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)  |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE                                                                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>                                                                                    |        |                                                                                           |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION                                                                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION                                                                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                           |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                           |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION                                                                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 GM per 30 days)    |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>                                                                                     |        |                                                                                           |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 GM per 30 days)   |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION                                                                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (32.1 GM per 30 days) |

| Drug                                                                                                                   |                                  | Status | Notes                                                                                     |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|-------------------------------------------------------------------------------------------|
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE                                           | (fluticasone furoate-vilanterol) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE                                                             |                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION                                      | (budesonide-formoterol)          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30.9 GM per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>                | (Breyna)                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30.9 GM per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | (Wixela Inhub)                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE                          | (fluticasone propion-salmeterol) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| <b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>                                                              |                                  |        |                                                                                           |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION                                              |                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10.7 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG                                                         |                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG                                                         |                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)      |

| Drug                                                                                                  | Status | Notes                                                                                     |
|-------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| <b>Glucocorticoids, Orally Inhaled</b>                                                                |        |                                                                                           |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 EA per 30 days)   |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 ML per 30 days)  |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 ML per 30 days)   |
| <i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 EA per 30 days)   |
| <i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (120 EA per 30 days)  |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (21.2 GM per 30 days) |
| <b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>                                             |        |                                                                                           |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML                                    | Tier 4 | PA; SP                                                                                    |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML                                     | Tier 4 | PA; SP                                                                                    |

| Drug                                                                   | Status | Notes                                                           |
|------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>              |        |                                                                 |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML                        | Tier 4 | PA; SP                                                          |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML                                  | Tier 4 | PA; SP                                                          |
| <b>Leukotriene Receptor Antagonists</b>                                |        |                                                                 |
| montelukast oral granules in packet 4 mg (Singulair)                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| montelukast oral tablet 10 mg (Singulair)                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| zafirlukast oral tablet 10 mg, 20 mg (Accolate)                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Mast Cell Stabilizers</b>                                           |        |                                                                 |
| cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)                     | Tier 1 |                                                                 |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                           |        |                                                                 |
| cromolyn inhalation solution for nebulization 20 mg/2 ml               | Tier 1 |                                                                 |
| <b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>                  |        |                                                                 |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 3 |                                                                 |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                  | Tier 4 | PA; SP                                                          |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML                    | Tier 4 | PA; SP                                                          |
| XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML                                | Tier 3 |                                                                 |
| <b>Monoclonal Antibody - Interleukin-5 Antagonists</b>                 |        |                                                                 |
| CINQAIR INTRAVENOUS SOLUTION 10 MG/ML                                  | Tier 4 | PA; SP                                                          |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                            | Tier 4 | PA; SP                                                          |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                  | Tier 4 | PA; SP                                                          |

| Drug                                                                | Status | Notes                                                                                |
|---------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| NUCALA SUBCUTANEOUS SYRINGE<br>100 MG/ML, 40 MG/0.4 ML              | Tier 4 | PA; SP                                                                               |
| <b>Phosphodiesterase-4 (Pde4) Inhibitors</b>                        |        |                                                                                      |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day) |
| <b>Respiratory Aids, Devices, Equipment</b>                         |        |                                                                                      |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)     | Tier 3 |                                                                                      |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE                               | Tier 3 |                                                                                      |
| AEROCHAMBER MINI SPACER (inhalational spacing device)               | Tier 3 |                                                                                      |
| AEROCHAMBER MV SPACER (inhalational spacing device)                 | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)       | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER                               | Tier 3 |                                                                                      |
| AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)        | Tier 3 |                                                                                      |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device) | Tier 3 |                                                                                      |
| AEROECLIPSE II NEBULIZER (nebulizers)                               | Tier 3 |                                                                                      |
| AEROECLIPSE XL NEBULIZER (nebulizers)                               | Tier 3 |                                                                                      |
| AEROGear ACTION ASTHMA KIT KIT                                      | Tier 3 |                                                                                      |
| AERONEB GO NEBULIZER (nebulizers)                                   | Tier 3 |                                                                                      |
| AEROTRACH PLUS SPACER (inhalational spacing device)                 | Tier 3 |                                                                                      |
| AEROVENT PLUS SPACER (inhalational spacing device)                  | Tier 3 |                                                                                      |
| AIRS DISPOSABLE NEBULIZER (nebulizers)                              | Tier 3 |                                                                                      |
| ALTERA NEBULIZER HANDSET (nebulizers)                               | Tier 3 |                                                                                      |
| ALTERA NEBULIZER SYSTEM (nebulizers)                                | Tier 3 |                                                                                      |
| ASTHMAPACK CHILDREN'S KIT                                           | Tier 3 |                                                                                      |

| Drug                                   |                               | Status | Notes |
|----------------------------------------|-------------------------------|--------|-------|
| AURA PORTANEB                          | (nebulizers)                  | Tier 3 |       |
| BREATHERITE MDI SPACER                 | (inhalational spacing device) | Tier 3 |       |
| BREATHERITE SPACER-MASK, NEO. SPACER   |                               | Tier 3 |       |
| BREATHERITE SPACER-MASK, ADULT SPACER  |                               | Tier 3 |       |
| BREATHERITE SPACER-MASK, CHILD SPACER  |                               | Tier 3 |       |
| BREATHERITE SPACER-MASK, INFANT SPACER |                               | Tier 3 |       |
| BREATHERITE SPACER-MASK, S.CHLD SPACER |                               | Tier 3 |       |
| BREATHERITE VALVED MDI CHAMBER SPACER  | (inhalational spacing device) | Tier 3 |       |
| BREATHERITE VALVED MDI SPACER          | (inhalational spacing device) | Tier 3 |       |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER  |                               | Tier 3 |       |
| CLEVER CHOICE CHAMBER-MED MASK SPACER  |                               | Tier 3 |       |
| CLEVER CHOICE CHAMBER-SM MASK SPACER   |                               | Tier 3 |       |
| CLEVER CHOICE NEBULIZER DEVICE         | (nebulizer and compressor)    | Tier 3 |       |
| CLEVER CHOICE WHISPER AIRE PED DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| COMFORTSEAL LARGE MASK DEVICE          |                               | Tier 3 |       |
| COMFORTSEAL MEDIUM MASK DEVICE         |                               | Tier 3 |       |
| COMFORTSEAL SMALL MASK DEVICE          |                               | Tier 3 |       |
| COMPACT SPACE CHAMBER SPACER           | (inhalational spacing device) | Tier 3 |       |
| COMPACT SPACE CHAMBER-LRG MASK SPACER  |                               | Tier 3 |       |
| COMPACT SPACE CHAMBER-MED MASK SPACER  |                               | Tier 3 |       |
| COMPACT SPACE CHAMBER-SM MASK SPACER   |                               | Tier 3 |       |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE   | (nebulizer and compressor)    | Tier 3 |       |
| DEVILBISS DISPOSABLE NEBULIZER         | (nebulizers)                  | Tier 3 |       |
| DEVILBISS PULMO-AIDE COMPRESSOR DEVICE |                               | Tier 3 |       |

| Drug                                  |                               | Status | Notes |
|---------------------------------------|-------------------------------|--------|-------|
| DEVILBISS PULMOMATE COMPRESSOR DEVICE |                               | Tier 3 |       |
| DEVILBISS PULMONEB LT COMP-NEB DEVICE | (nebulizer and compressor)    | Tier 3 |       |
| DEVILBISS TRAVELER COMPRESSOR DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| EASIVENT HOLDING CHAMBER SPACER       | (inhalational spacing device) | Tier 3 |       |
| EASIVENT MASK LARGE DEVICE            |                               | Tier 3 |       |
| EASIVENT MASK MEDIUM DEVICE           |                               | Tier 3 |       |
| EASIVENT MASK SMALL DEVICE            |                               | Tier 3 |       |
| EASY NEB COMPRESSOR NEBULIZER DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| EBASE CONTROLLER DEVICE               |                               | Tier 3 |       |
| FLEXICHAMBER SPACER                   | (inhalational spacing device) | Tier 3 |       |
| FLEXICHAMBER-LG CHILD MASK DEVICE     |                               | Tier 3 |       |
| FLEXICHAMBER-SM ADULT MASK DEVICE     |                               | Tier 3 |       |
| FLEXICHAMBER-SM CHILD MASK DEVICE     |                               | Tier 3 |       |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE | (nebulizer and compressor)    | Tier 3 |       |
| INNOSPIRE DELUXE DEVICE               | (nebulizer and compressor)    | Tier 3 |       |
| INNOSPIRE ELEGANCE DEVICE             | (nebulizer and compressor)    | Tier 3 |       |
| INNOSPIRE ESSENCE DEVICE              | (nebulizer and compressor)    | Tier 3 |       |
| INNOSPIRE GO NEBULIZER                | (nebulizers)                  | Tier 3 |       |
| INNOSPIRE MINI DEVICE                 | (nebulizer and compressor)    | Tier 3 |       |
| LC PLUS                               | (nebulizers)                  | Tier 3 |       |
| LC PLUS NEBULIZER-PED MASK            | (nebulizers)                  | Tier 3 |       |
| LITE TOUCH-MEDIUM MASK DEVICE         |                               | Tier 3 |       |
| LITEAIRE MDI CHAMBER SPACER           | (inhalational spacing device) | Tier 3 |       |
| LITETOUCH-LARGE MASK DEVICE           |                               | Tier 3 |       |
| LITETOUCH-SMALL MASK DEVICE           |                               | Tier 3 |       |
| MC 300 NEBULIZER W-MOUTHPIECE         | (nebulizers)                  | Tier 3 |       |
| MC 300 NEBULIZER-UNVRSL TUBING        | (nebulizers)                  | Tier 3 |       |
| MICROAIR MESH NEBULIZER               | (nebulizers)                  | Tier 3 |       |
| MICROCHAMBER SPACER                   | (inhalational spacing device) | Tier 3 |       |

| Drug                                   |                               | Status | Notes |
|----------------------------------------|-------------------------------|--------|-------|
| MICROSPACER SPACER                     | (inhalational spacing device) | Tier 3 |       |
| MINI PLUS NEBULIZER                    | (nebulizers)                  | Tier 3 |       |
| MINI WRIGHT PEAK FLOW METER DEVICE     | (peak flow meter)             | Tier 3 |       |
| <i>nebulizer and compressor device</i> | (Clever Choice Nebulizer)     | Tier 3 |       |
| OMBRA COMPRESSOR SYSTEM DEVICE         | (nebulizer and compressor)    | Tier 3 |       |
| OPTICHAMBER ADULT MASK-LARGE DEVICE    |                               | Tier 3 |       |
| OPTICHAMBER DIAMOND LG MASK SPACER     |                               | Tier 3 |       |
| OPTICHAMBER DIAMOND VHC SPACER         | (inhalational spacing device) | Tier 3 |       |
| OPTICHAMBER DIAMOND-MED MSK SPACER     |                               | Tier 3 |       |
| OPTICHAMBER DIAMOND-SML MASK SPACER    |                               | Tier 3 |       |
| PARI LC SPRINT NEBULIZER SET           | (nebulizers)                  | Tier 3 |       |
| PARI LC SPRINT SINUS                   | (nebulizers)                  | Tier 3 |       |
| PARI SINUS AEROSOL SYSTEM DEVICE       | (nebulizer and compressor)    | Tier 3 |       |
| PARI TREK S COMBO PACK DEVICE          | (nebulizer and compressor)    | Tier 3 |       |
| PARI TREK S COMPACT COMPRESSOR DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| PEDIATRIC BEAR NEBULIZER DEVICE        | (nebulizer and compressor)    | Tier 3 |       |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| PEDIATRIC DINOSAUR NEBULIZER DEVICE    | (nebulizer and compressor)    | Tier 3 |       |
| PEDIATRIC DOG NEBULIZER DEVICE         | (nebulizer and compressor)    | Tier 3 |       |
| PEDIATRIC FROG NEBULIZER DEVICE        | (nebulizer and compressor)    | Tier 3 |       |
| PFLEX INSPIRATORY TRAINER DEVICE       |                               | Tier 3 |       |
| POCKET CHAMBER SPACER                  | (inhalational spacing device) | Tier 3 |       |
| PORTABLE NEBULIZER SYSTEM DEVICE       | (nebulizer and compressor)    | Tier 3 |       |
| PRIMEAIRE SPACER                       | (inhalational spacing device) | Tier 3 |       |
| PROCARE COMPRESSOR NEBULIZER DEVICE    | (nebulizer and compressor)    | Tier 3 |       |

| Drug                                    |                               | Status | Notes |
|-----------------------------------------|-------------------------------|--------|-------|
| PROCARE PEDIATRIC NEBULIZER DEVICE      | (nebulizer and compressor)    | Tier 3 |       |
| PROCARE SPACER WITH ADULT MASK SPACER   |                               | Tier 3 |       |
| PROCARE SPACER WITH CHILD MASK SPACER   |                               | Tier 3 |       |
| PROCHAMBER SPACER                       | (inhalational spacing device) | Tier 3 |       |
| PRODIGY MINI-MIST NEBULIZER             | (nebulizers)                  | Tier 3 |       |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE    | (nebulizer and compressor)    | Tier 3 |       |
| PRONEB MAX COMPRESSOR-LC SPRINT DEVICE  | (nebulizer and compressor)    | Tier 3 |       |
| PROVENT NASAL DEVICE                    |                               | Tier 3 |       |
| PROVENT STARTER NASAL DEVICE            |                               | Tier 3 |       |
| PULMO-AIDE COMPRESSOR DEVICE            |                               | Tier 3 |       |
| PULMONEB LT COMPRESSOR NEBULIZER DEVICE | (nebulizer and compressor)    | Tier 3 |       |
| PUREAIR MINI NEBULIZER DEVICE           | (nebulizer and compressor)    | Tier 3 |       |
| QUAKE VIBRATORY PEP DEVICE              |                               | Tier 3 |       |
| RITEFLO AEROCHAMBER SPACER              | (inhalational spacing device) | Tier 3 |       |
| SAMI THE SEAL DEVICE                    | (nebulizer and compressor)    | Tier 3 |       |
| SIDESTREAM                              | (nebulizers)                  | Tier 3 |       |
| SIDESTREAM NEBULIZER                    | (nebulizers)                  | Tier 3 |       |
| SIDESTREAM PLUS                         | (nebulizers)                  | Tier 3 |       |
| SILICONE MASK - INFANT DEVICE           |                               | Tier 3 |       |
| SINUSTAR NEBULIZER                      | (nebulizers)                  | Tier 3 |       |
| SMARTNEB COMPRESSOR NEBULIZER DEVICE    | (nebulizer and compressor)    | Tier 3 |       |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Tier 3 |       |
| SOOTHENEB MESH NEBULIZER                | (nebulizers)                  | Tier 3 |       |
| SPACE CHAMBER SPACER                    | (inhalational spacing device) | Tier 3 |       |
| SPACE CHAMBER WITH LARGE MASK SPACER    |                               | Tier 3 |       |
| SPACE CHAMBER WITH MEDIUM MASK SPACER   |                               | Tier 3 |       |
| SPACE CHAMBER WITH SMALL MASK SPACER    |                               | Tier 3 |       |
| STRIVE PEAK FLOW METER DEVICE           | (peak flow meter)             | Tier 3 |       |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE     |                               | Tier 3 |       |

| Drug                                                                              | Status | Notes                                                           |
|-----------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| THRESHOLD IMT TRAINER DEVICE                                                      | Tier 3 |                                                                 |
| THRESHOLD PEP DEVICE DEVICE                                                       | Tier 3 |                                                                 |
| TRUNEB NEBULIZER (nebulizers)                                                     | Tier 3 |                                                                 |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter)                                  | Tier 3 |                                                                 |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)                    | Tier 3 |                                                                 |
| VIXONE NEBULIZER (nebulizers)                                                     | Tier 3 |                                                                 |
| VIXONE NEBULIZER-ADULT MASK (nebulizers)                                          | Tier 3 |                                                                 |
| VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)                                       | Tier 3 |                                                                 |
| VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)                       | Tier 3 |                                                                 |
| VORTEX VHC FROG MASK-CHILD SPACER                                                 | Tier 3 |                                                                 |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER                                             | Tier 3 |                                                                 |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)                  | Tier 3 |                                                                 |
| <b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>                             |        |                                                                 |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)                     | Tier 4 | PA; SP                                                          |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)                          | Tier 4 | PA; SP                                                          |
| <b>Xanthines</b>                                                                  |        |                                                                 |
| <i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>              | Tier 4 | SP                                                              |
| <i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)       | Tier 4 | SP                                                              |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                       | Tier 1 |                                                                 |
| <i>caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)</i> | Tier 4 | SP                                                              |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                                    | Status | Notes                                                                                                                        |
|-----------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------|
| <i>theophylline oral solution 80 mg/15 ml</i>                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                              |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                              |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                              |
| <b>Autonomic Nervous System Disorders</b>                                               |        |                                                                                                                              |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                   |        |                                                                                                                              |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | Tier 1 | ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days) |
| <i>memantine oral solution 2 mg/ml</i>                                                  | Tier 1 | QL (300 ML per 30 days)                                                                                                      |
| <i>memantine oral tablet 10 mg</i>                                                      | Tier 1 | QL (60 EA per 30 days)                                                                                                       |
| <i>memantine oral tablet 5 mg</i> (Namenda)                                             | Tier 1 | QL (60 EA per 30 days)                                                                                                       |
| <i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)                | Tier 1 | QL (49 EA per 28 days)                                                                                                       |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG                          | Tier 2 | ST; ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days) |
| <b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>                          |        |                                                                                                                              |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG                      | Tier 2 | ST; ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG          | Tier 2 | ST; ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)    |
| <b>Amyloid Directed Monoclonal Antibody</b>                                             |        |                                                                                                                              |
| ADUHELM INTRAVENOUS SOLUTION 100 MG/ML                                                  | Tier 4 | PA; SP                                                                                                                       |
| LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML                                                  | Tier 4 | PA; SP                                                                                                                       |

| Drug                                                                                                                             | Status | Notes                   |
|----------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Cholinesterase Inhibitors</b>                                                                                                 |        |                         |
| ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML                                                                                       | Tier 4 | SP                      |
| donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)                                                                               | Tier 1 |                         |
| donepezil oral tablet, disintegrating 10 mg, 5 mg                                                                                | Tier 1 |                         |
| galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg                                                              | Tier 1 | QL (30 EA per 30 days)  |
| galantamine oral solution 4 mg/ml                                                                                                | Tier 1 | QL (200 ML per 30 days) |
| galantamine oral tablet 12 mg, 4 mg, 8 mg                                                                                        | Tier 1 | QL (60 EA per 30 days)  |
| neostigmine in sterile water injection syringe 5 mg/5 ml                                                                         | Tier 4 | SP                      |
| neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml (Bloxivert)                                                    | Tier 4 | SP                      |
| neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml) | Tier 4 | SP                      |
| PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML)                                                                      | Tier 4 | SP                      |
| pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)                                                                          | Tier 1 |                         |
| pyridostigmine bromide oral tablet 30 mg                                                                                         | Tier 1 |                         |
| pyridostigmine bromide oral tablet 60 mg (Mestinon)                                                                              | Tier 1 |                         |
| pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)                                                   | Tier 1 |                         |
| REGONOL INJECTION SOLUTION 5 MG/ML                                                                                               | Tier 4 | SP                      |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg                                                                    | Tier 1 |                         |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)                            | Tier 1 | QL (30 EA per 30 days)  |
| <b>Neonatal Fc Receptor (FcRn) Inhibitors</b>                                                                                    |        |                         |
| RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML                                                                                         | Tier 4 | PA; SP                  |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML                                                                | Tier 4 | PA; SP                  |
| VYVGART INTRAVENOUS SOLUTION 20 MG/ML                                                                                            | Tier 4 | PA; SP                  |

| Drug                                                                                   | Status | Notes                                                           |
|----------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <b>Behavioral Health - Antidepressants</b>                                             |        |                                                                 |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>                                     |        |                                                                 |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Antidepressant - Nmda Receptor Antagonist</b>                                       |        |                                                                 |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)          | Tier 4 | PA; SP                                                          |
| <b>Antidepressant - Postpartum Depression (Ppd)</b>                                    |        |                                                                 |
| ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML                                                  | Tier 4 | SP                                                              |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG                                              | Tier 2 | PA                                                              |
| <b>Maois - Non-Selective &amp; Irreversible</b>                                        |        |                                                                 |
| MARPLAN ORAL TABLET 10 MG                                                              | Tier 3 |                                                                 |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)                                           | Tier 1 |                                                                 |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)                                     | Tier 1 |                                                                 |
| <b>Monoamine Oxidase(Mao) Inhibitors</b>                                               |        |                                                                 |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                    | Tier 3 | QL (1 EA per 1 day)                                             |
| <b>Ndma Receptor Antagonist And Ndri Comb</b>                                          |        |                                                                 |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG                                    | Tier 3 | PA                                                              |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>                              |        |                                                                 |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                                            | Status | Notes                                                                                |
|-------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>                                           |        |                                                                                      |
| <i>citalopram oral solution 10 mg/5 ml</i>                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>                                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day) |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |

| Drug                                                                                              | Status | Notes                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)                                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>sertraline oral capsule 150 mg, 200 mg</i>                                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                                                           |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)                                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>                                         |        |                                                                                                                                                                                                                                                                |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                               | Tier 1 |                                                                                                                                                                                                                                                                |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>                                            |        |                                                                                                                                                                                                                                                                |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                            | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |

| Drug                                                                                      | Status | Notes                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)                         | Tier 2 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG                   | Tier 2 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |
| <b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>                                    |        |                                                                                                                                                                                                                                                                |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)                                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                                                           |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                |

| Drug                                                                                      | Status | Notes                                                                                |
|-------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>                             |        |                                                                                      |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG                                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day) |
| <b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>                                 |        |                                                                                      |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                     | Tier 1 |                                                                                      |
| <b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>                                  |        |                                                                                      |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | Tier 1 |                                                                                      |
| <b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>                             |        |                                                                                      |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>               | Tier 1 |                                                                                      |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                 | Tier 1 |                                                                                      |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                          | Tier 1 |                                                                                      |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                                   | Tier 1 |                                                                                      |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                               | Tier 1 |                                                                                      |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                    | Tier 1 |                                                                                      |
| <i>doxepin oral concentrate 10 mg/ml</i>                                                  | Tier 1 |                                                                                      |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                     | Tier 1 |                                                                                      |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                      | Tier 1 |                                                                                      |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                    | Tier 1 |                                                                                      |
| <i>nortriptyline oral solution 10 mg/5 ml</i>                                             | Tier 1 |                                                                                      |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>                                              | Tier 1 |                                                                                      |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                     | Tier 1 |                                                                                      |
| <b>Behavioral Health - Other</b>                                                          |        |                                                                                      |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>                                           |        |                                                                                      |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)                               | Tier 1 | PA                                                                                   |

| Drug                                                                                                           | Status | Notes                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)                     | Tier 1 | QL (60 EA per 30 days)                                                                                                                                                            |
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>                                          | Tier 1 | QL (120 EA per 30 days)                                                                                                                                                           |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                                           | Tier 1 | QL (60 EA per 30 days)                                                                                                                                                            |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)                                           | Tier 1 | QL (1800 ML per 30 days)                                                                                                                                                          |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)                                                   | Tier 1 | QL (180 EA per 30 days)                                                                                                                                                           |
| <i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)                                                   | Tier 1 | ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)    |
| <i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)                                          | Tier 1 | ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)                                            | Tier 1 | ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)    |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)                                                    | Tier 1 | QL (90 EA per 30 days)                                                                                                                                                            |
| <i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis) | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)      | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                               |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)     | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                               |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)  | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                               |

| Drug                                                                                             | Status | Notes                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML                                       | Tier 3 | ST; ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days) |
| DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                       | Tier 3 | ST; ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)     |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)   | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                      |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse) | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                      |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)                                                | Tier 1 | QL (150 EA per 30 days)                                                                                                                                                                  |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)                                   | Tier 3 | ST; ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)        |
| <b>Anti-Alcoholic Preparations</b>                                                               |        |                                                                                                                                                                                          |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>                                   | Tier 1 |                                                                                                                                                                                          |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                     | Tier 1 |                                                                                                                                                                                          |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG                                     | Tier 4 | SP                                                                                                                                                                                       |
| <b>Anti-Anxiety - Benzodiazepines</b>                                                            |        |                                                                                                                                                                                          |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML                                                     | Tier 2 |                                                                                                                                                                                          |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)                                | Tier 1 |                                                                                                                                                                                          |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)         | Tier 1 |                                                                                                                                                                                          |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                        | Tier 1 |                                                                                                                                                                                          |

| Drug                                                                              | Status | Notes  |
|-----------------------------------------------------------------------------------|--------|--------|
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                       | Tier 1 |        |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                 | Tier 1 |        |
| <i>diazepam injection solution 5 mg/ml</i>                                        | Tier 4 | SP     |
| <i>diazepam injection syringe 5 mg/ml</i>                                         | Tier 4 | SP     |
| DIAZEPAM INTENSOL ORAL (diazepam)<br>CONCENTRATE 5 MG/ML                          | Tier 1 |        |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                      | Tier 1 |        |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>      | Tier 1 |        |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                            | Tier 1 |        |
| LORAZEPAM INTENSOL ORAL (lorazepam)<br>CONCENTRATE 2 MG/ML                        | Tier 1 |        |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                    | Tier 1 |        |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                          | Tier 1 |        |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                  | Tier 1 |        |
| <b>Anti-Anxiety Drugs</b>                                                         |        |        |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                    | Tier 1 |        |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                     | Tier 1 |        |
| <b>Anti-Mania Drugs</b>                                                           |        |        |
| EQUETRO ORAL CAPSULE, ER<br>MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG               | Tier 3 |        |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                      | Tier 1 |        |
| <i>lithium carbonate oral tablet 300 mg</i>                                       | Tier 1 |        |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)           | Tier 1 |        |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                      | Tier 1 |        |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                   | Tier 1 |        |
| <b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>                    |        |        |
| LUMRYZ ORAL EXTEND RELEASE<br>GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Tier 4 | PA; SP |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                             | Tier 4 | PA; SP |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML                                                   | Tier 4 | PA; SP |

| Drug                                                                         | Status | Notes                       |
|------------------------------------------------------------------------------|--------|-----------------------------|
| <b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>                    |        |                             |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                       | Tier 1 |                             |
| <b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>                     |        |                             |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                              | Tier 2 | QL (1 EA per 1 day)         |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)                          | Tier 2 | QL (7 EA per 28 days)       |
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                    |        |                             |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | Tier 4 | SP; QL (2.4 ML per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | Tier 4 | SP; QL (3.2 ML per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG  | Tier 4 | SP; QL (1 EA per 26 days)   |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | Tier 4 | SP; QL (1 EA per 26 days)   |
| <i>aripiprazole oral solution 1 mg/ml</i>                                    | Tier 1 |                             |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)   | Tier 1 |                             |
| <i>aripiprazole oral tablet,disintegrating 10 mg</i>                         | Tier 1 | QL (3 EA per 1 day)         |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i>                         | Tier 1 | QL (2 EA per 1 day)         |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML   | Tier 4 | SP                          |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML        | Tier 4 | SP; QL (3.9 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML          | Tier 4 | SP; QL (1.6 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML          | Tier 4 | SP; QL (2.4 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML          | Tier 4 | SP; QL (3.2 ML per 14 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                  | Tier 2 | QL (1 EA per 1 day)         |

| Drug                                                                               | Status | Notes                                                                                         |
|------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|
| REXULTI ORAL TABLETS,DOSE PACK<br>0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG<br>(3)      | Tier 2 | QL (1 EA per 1 day)                                                                           |
| <b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>                        |        |                                                                                               |
| ADASUVE INHALATION AEROSOL<br>POWDR BREATH ACTIVATED 10 MG                         | Tier 4 | SP                                                                                            |
| <i>loxapine succinate oral capsule 10 mg,<br/>25 mg, 5 mg, 50 mg</i>               | Tier 1 |                                                                                               |
| <b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>                      |        |                                                                                               |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)           | Tier 1 | QL (2 EA per 1 day)                                                                           |
| CAPLYTA ORAL CAPSULE 10.5 MG,<br>21 MG, 42 MG                                      | Tier 3 | ST; ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day) |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)               | Tier 1 |                                                                                               |
| <i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | QL (3 EA per 1 day)                                                                           |
| FANAPT ORAL TABLET 1 MG, 10 MG,<br>12 MG, 2 MG, 4 MG, 6 MG, 8 MG                   | Tier 3 | QL (2 EA per 1 day)                                                                           |
| FANAPT ORAL TABLETS,DOSE PACK<br>1MG(2)-2MG(2)- 4MG(2)-6MG(2)                      | Tier 3 | QL (8 EA per 28 days)                                                                         |
| INVEGA HAFYERA INTRAMUSCULAR<br>SYRINGE 1,092 MG/3.5 ML                            | Tier 4 | SP; QL (3.5 ML per 166 days)                                                                  |
| INVEGA HAFYERA INTRAMUSCULAR<br>SYRINGE 1,560 MG/5 ML                              | Tier 4 | SP; QL (5 ML per 166 days)                                                                    |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 117<br>MG/0.75 ML                         | Tier 4 | SP; QL (0.75 ML per 21 days)                                                                  |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 156<br>MG/ML                              | Tier 4 | SP; QL (1 ML per 21 days)                                                                     |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 234<br>MG/1.5 ML                          | Tier 4 | SP; QL (1.5 ML per 21 days)                                                                   |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 39<br>MG/0.25 ML                          | Tier 4 | SP; QL (0.25 ML per 21 days)                                                                  |
| INVEGA SUSTENNA<br>INTRAMUSCULAR SYRINGE 78<br>MG/0.5 ML                           | Tier 4 | SP; QL (0.5 ML per 21 days)                                                                   |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 273 MG/0.88 ML                              | Tier 4 | SP; QL (88 ML per 70 days)                                                                    |
| INVEGA TRINZA INTRAMUSCULAR<br>SYRINGE 410 MG/1.32 ML                              | Tier 4 | SP; QL (1.32 ML per 70 days)                                                                  |

| Drug                                                                                                                        | Status | Notes                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML                                                                          | Tier 4 | SP; QL (1.75 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML                                                                          | Tier 4 | SP; QL (2.63 ML per 70 days) |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)                                                          | Tier 1 | QL (30 EA per 30 days)       |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)                                                                                | Tier 1 | QL (60 EA per 30 days)       |
| <i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)                                                                  | Tier 4 | SP                           |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)                                           | Tier 1 |                              |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)                                     | Tier 1 |                              |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>                                                                | Tier 1 | QL (1 EA per 1 day)          |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                                   | Tier 1 | QL (1 EA per 1 day)          |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                                                         | Tier 1 | QL (2 EA per 1 day)          |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG                                               | Tier 4 | SP; QL (1 EA per 28 days)    |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                                       | Tier 1 |                              |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)                    | Tier 1 |                              |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)                | Tier 4 | SP; QL (1 EA per 14 days)    |
| <i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo) | Tier 4 | SP; QL (1 EA per 14 days)    |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)                                                                        | Tier 1 |                              |
| <i>risperidone oral tablet 0.25 mg</i>                                                                                      | Tier 1 |                              |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                                   | Tier 1 |                              |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                      | Tier 1 |                              |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)        | Tier 4 | SP; QL (1 EA per 14 days)    |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                                            | Tier 3 | QL (1 EA per 1 day)          |

| Drug                                                                                       | Status | Notes                        |
|--------------------------------------------------------------------------------------------|--------|------------------------------|
| SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)             | Tier 3 |                              |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML                           | Tier 4 | SP; QL (0.28 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML                           | Tier 4 | SP; QL (0.35 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML                           | Tier 4 | SP; QL (0.42 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML                           | Tier 4 | SP; QL (0.56 ML per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML                            | Tier 4 | SP; QL (0.7 ML per 56 days)  |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML                            | Tier 4 | SP; QL (0.14 ML per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML                            | Tier 4 | SP; QL (0.21 ML per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML                                                         | Tier 3 | QL (18 ML per 1 day)         |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)                    | Tier 1 |                              |
| <i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)       | Tier 4 | SP                           |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG                | Tier 4 | SP; QL (1 EA per 14 days)    |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG                        | Tier 4 | SP; QL (1 EA per 28 days)    |
| <b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>                                  |        |                              |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                    | Tier 1 |                              |
| <b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>                                  |        |                              |
| <i>droperidol injection solution 2.5 mg/ml</i>                                             | Tier 4 | SP                           |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate) | Tier 4 | SP                           |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                      | Tier 4 | SP                           |

| Drug                                                                                             | Status | Notes               |
|--------------------------------------------------------------------------------------------------|--------|---------------------|
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i>                                         | Tier 4 | SP                  |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                              | Tier 1 |                     |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                            | Tier 1 |                     |
| <b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>                                       |        |                     |
| <i>molindone oral tablet 10 mg</i>                                                               | Tier 1 | QL (8 EA per 1 day) |
| <i>molindone oral tablet 25 mg</i>                                                               | Tier 1 | QL (9 EA per 1 day) |
| <i>molindone oral tablet 5 mg</i>                                                                | Tier 1 |                     |
| <b>Anti-Psychotics,Phenothiazines</b>                                                            |        |                     |
| <i>chlorpromazine injection solution 25 mg/ml</i>                                                | Tier 4 | SP                  |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                                       | Tier 1 |                     |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                            | Tier 1 |                     |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                        | Tier 4 | SP                  |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                             | Tier 4 | SP                  |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                 | Tier 1 |                     |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>                                                  | Tier 1 |                     |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                    | Tier 1 |                     |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                          | Tier 1 |                     |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                      | Tier 1 |                     |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                       | Tier 1 |                     |
| <b>Barbiturates</b>                                                                              |        |                     |
| AMYTAL INJECTION RECON SOLN 500 MG                                                               | Tier 4 | SP                  |
| <i>pentobarbital sodium injection solution 50 mg/ml</i>                                          | Tier 4 | SP                  |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>                                            | Tier 1 |                     |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 |                     |
| <i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>                               | Tier 4 | SP                  |
| SEZABY INTRAVENOUS RECON SOLN 100 MG                                                             | Tier 4 | SP                  |

| Drug                                                             | Status | Notes                 |
|------------------------------------------------------------------|--------|-----------------------|
| <b>Benzodiazepine Antagonists</b>                                |        |                       |
| <i>flumazenil intravenous solution 0.1 mg/ml</i>                 | Tier 4 | SP                    |
| <b>Central Nervous System Stimulants</b>                         |        |                       |
| <i>doxapram intravenous solution 20 mg/ml</i> (Dopram)           | Tier 4 | SP                    |
| <b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>           |        |                       |
| ADDYI ORAL TABLET 100 MG                                         | Tier 3 | PA                    |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML                | Tier 3 | PA                    |
| <b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>            |        |                       |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML                               | Tier 4 | PA; SP                |
| <i>tasimelteon oral capsule 20 mg</i> (Hetlioze)                 | Tier 4 | PA; SP                |
| <b>Narcolepsy And Sleep Disorder Therapy Agents</b>              |        |                       |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)  | Tier 1 | QL (1 EA per 1 day)   |
| <i>armodafinil oral tablet 50 mg</i> (Nuvigil)                   | Tier 1 | QL (3 EA per 1 day)   |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)           | Tier 1 | QL (2 EA per 1 day)   |
| SUNOSI ORAL TABLET 150 MG, 75 MG                                 | Tier 3 | PA                    |
| <b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>        |        |                       |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG                               | Tier 4 | PA; SP                |
| <b>Narcotic Antagonists</b>                                      |        |                       |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION                 | Tier 2 | QL (4 EA per 30 days) |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG                            | Tier 3 |                       |
| <i>nalmefene injection solution 1 mg/ml</i>                      | Tier 4 | SP                    |
| <i>naloxone injection auto-injector 10 mg/0.4 ml</i>             | Tier 1 |                       |
| <i>naloxone injection solution 0.4 mg/ml</i>                     | Tier 4 | SP                    |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>             | Tier 1 |                       |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | Tier 1 | QL (4 EA per 30 days) |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG                              | Tier 3 |                       |
| <i>naltrexone oral tablet 50 mg</i>                              | Tier 1 |                       |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                  | Tier 3 | QL (4 EA per 30 days) |

| Drug                                                                                                                                                             | Status | Notes                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML                                                                                                                              | Tier 3 | QL (2 ML per 30 days) |
| <b>Sedative-Hypnotics - Benzodiazepines</b>                                                                                                                      |        |                       |
| estazolam oral tablet 1 mg, 2 mg                                                                                                                                 | Tier 1 |                       |
| flurazepam oral capsule 15 mg, 30 mg                                                                                                                             | Tier 1 |                       |
| lorazepam injection solution 2 mg/ml, 4 mg/ml (Ativan)                                                                                                           | Tier 4 | SP                    |
| lorazepam injection syringe 2 mg/ml                                                                                                                              | Tier 4 | SP                    |
| midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml                                                                                                               | Tier 1 |                       |
| quazepam oral tablet 15 mg (Doral)                                                                                                                               | Tier 1 |                       |
| temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)                                                                                                  | Tier 1 |                       |
| triazolam oral tablet 0.125 mg                                                                                                                                   | Tier 1 |                       |
| triazolam oral tablet 0.25 mg (Halcion)                                                                                                                          | Tier 1 |                       |
| <b>Sedative-Hypnotics, Non-Barbiturate</b>                                                                                                                       |        |                       |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                                                                                                   | Tier 2 | QL (1 EA per 1 day)   |
| dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml) (Precedex in 0.9 % sodium chlor) | Tier 4 | SP                    |
| dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)                                                                | Tier 4 | SP                    |
| dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)                                                          | Tier 4 | SP                    |
| dexmedetomidine intravenous solution 100 mcg/ml (Precedex)                                                                                                       | Tier 4 | SP                    |
| doxepin oral tablet 3 mg, 6 mg (Silenor)                                                                                                                         | Tier 1 | QL (1 EA per 1 day)   |
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)                                                                                                               | Tier 1 | QL (1 EA per 1 day)   |
| ketamine sublingual troche 100 mg                                                                                                                                | Tier 1 |                       |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG                                                                                                       | Tier 1 |                       |
| PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML)                                                                                   | Tier 4 | SP                    |
| PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML) (dexmedetomidine in 0.9 % nacl) | Tier 4 | SP                    |
| zaleplon oral capsule 10 mg, 5 mg                                                                                                                                | Tier 1 | QL (1 EA per 1 day)   |
| zolpidem oral tablet 10 mg, 5 mg (Ambien)                                                                                                                        | Tier 1 | QL (1 EA per 1 day)   |

| Drug                                                                                                                 | Status | Notes                  |
|----------------------------------------------------------------------------------------------------------------------|--------|------------------------|
| zolpidem oral tablet,ext release (Ambien CR)<br>multiphase 12.5 mg, 6.25 mg                                          | Tier 1 | QL (1 EA per 1 day)    |
| zolpidem sublingual tablet 1.75 mg, 3.5 mg                                                                           | Tier 1 | QL (1 EA per 1 day)    |
| <b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>                                                            |        |                        |
| NUPLAZID ORAL CAPSULE 34 MG                                                                                          | Tier 4 | PA; SP                 |
| NUPLAZID ORAL TABLET 10 MG                                                                                           | Tier 4 | PA; SP                 |
| <b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>                                                    |        |                        |
| olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg                                                                 | Tier 1 | QL (1 EA per 1 day)    |
| olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg (Symbyax)                                              | Tier 1 | QL (1 EA per 1 day)    |
| <b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>                                                             |        |                        |
| clonidine hcl oral tablet extended release 12 hr 0.1 mg                                                              | Tier 1 |                        |
| guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)                                    | Tier 1 |                        |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>                                                            |        |                        |
| dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR) | Tier 1 | QL (1 EA per 1 day)    |
| dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)                                                         | Tier 1 | QL (2 EA per 1 day)    |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)                                                 | Tier 1 | QL (90 EA per 30 days) |
| methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg (Metadate CD)                  | Tier 1 | QL (1 EA per 1 day)    |
| methylphenidate hcl oral capsule, er biphasic 30-70 30 mg (Metadate CD)                                              | Tier 1 | QL (2 EA per 1 day)    |
| methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg (Ritalin LA)                                  | Tier 1 | QL (1 EA per 1 day)    |
| methylphenidate hcl oral capsule,er biphasic 50-50 30 mg (Ritalin LA)                                                | Tier 1 | QL (2 EA per 1 day)    |
| methylphenidate hcl oral capsule,er biphasic 50-50 60 mg                                                             | Tier 1 | QL (1 EA per 1 day)    |
| methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)                                                   | Tier 1 |                        |
| methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)                                                         | Tier 1 | QL (90 EA per 30 days) |
| methylphenidate hcl oral tablet extended release 10 mg                                                               | Tier 1 | QL (3 EA per 1 day)    |

| Drug                                                                                                       | Status | Notes                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)                                | Tier 1 | QL (90 EA per 30 days)                                                                                                                                                                                                      |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                                                         |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)                              | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                                         |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>                                       | Tier 1 | QL (90 EA per 30 days)                                                                                                                                                                                                      |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana) | Tier 1 | ST; ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)                                                      |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG                                             | Tier 3 | QL (1 EA per 1 day)                                                                                                                                                                                                         |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG                                                    | Tier 3 | QL (2 EA per 1 day)                                                                                                                                                                                                         |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                                         | Tier 3 | 120mL BOTTLE; QL (240 ML per 30 days)                                                                                                                                                                                       |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                                         | Tier 3 | 150mL BOTTLE; QL (300 ML per 30 days)                                                                                                                                                                                       |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                                         | Tier 3 | 180mL BOTTLE; QL (360 ML per 30 days)                                                                                                                                                                                       |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)                                                         | Tier 3 | 60mL BOTTLE; QL (60 ML per 30 days)                                                                                                                                                                                         |
| <b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>                                                  |        |                                                                                                                                                                                                                             |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)               | Tier 1 |                                                                                                                                                                                                                             |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG                                                          | Tier 3 | ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years) |

| Drug                                                                                                                                   | Status | Notes                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>150 MG                                                                                | Tier 3 | ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>200 MG                                                                                | Tier 3 | ST; ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years) |
| <b>Cardiovascular Disease - Arrhythmia</b>                                                                                             |        |                                                                                                                                                                                                                             |
| <b>Antiarrhythmics</b>                                                                                                                 |        |                                                                                                                                                                                                                             |
| <i>adenosine intravenous solution 3 mg/ml</i>                                                                                          | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>adenosine intravenous syringe 3 mg/ml</i>                                                                                           | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)</i> | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>amiodarone intravenous solution 50 mg/ml</i>                                                                                        | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>amiodarone intravenous syringe 150 mg/3 ml</i>                                                                                      | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)                                                                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                             |
| <i>bretylum tosylate injection solution 50 mg/ml</i>                                                                                   | Tier 4 | SP                                                                                                                                                                                                                          |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)                                                                    | Tier 1 |                                                                                                                                                                                                                             |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)                                                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                             |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                                                                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                             |

| Drug                                                                                                                | Status | Notes                                                                    |
|---------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|
| <i>ibutilide fumarate intravenous solution</i> (Corvert)<br>0.1 mg/ml                                               | Tier 4 | SP                                                                       |
| <i>lidocaine (pf) intravenous solution 20</i> (Xylocaine (Cardiac) (PF))<br>mg/ml (2 %)                             | Tier 4 | SP                                                                       |
| <i>lidocaine (pf) intravenous syringe 100</i><br>mg/5 ml (2 %), 50 mg/5 ml (1 %)                                    | Tier 4 | SP                                                                       |
| <i>lidocaine in 5 % dextrose (pf)</i><br><i>intravenous parenteral solution 4 mg/ml</i><br>(0.4 %), 8 mg/ml (0.8 %) | Tier 4 | SP                                                                       |
| <i>mexiletine oral capsule 150 mg, 200 mg,</i><br><i>250 mg</i>                                                     | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| MULTAQ ORAL TABLET 400 MG                                                                                           | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| NEXTERONE INTRAVENOUS<br>SOLUTION 150 MG/100 ML (1.5<br>MG/ML), 360 MG/200 ML (1.8 MG/ML)                           | Tier 4 | SP                                                                       |
| NORPACE CR ORAL CAPSULE,<br>EXTENDED RELEASE 100 MG                                                                 | Tier 2 |                                                                          |
| NORPACE CR ORAL CAPSULE, (disopyramide phosphate)<br>EXTENDED RELEASE 150 MG                                        | Tier 2 |                                                                          |
| PACERONE ORAL TABLET 100 MG, (amiodarone)<br>200 MG, 400 MG                                                         | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>procainamide injection solution 100</i><br><i>mg/ml, 500 mg/ml</i>                                               | Tier 4 | SP                                                                       |
| <i>procainamide intravenous syringe 100</i><br><i>mg/ml</i>                                                         | Tier 4 | SP                                                                       |
| <i>propafenone oral capsule,extended</i><br><i>release 12 hr 225 mg, 325 mg, 425 mg</i>                             | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>propafenone oral tablet 150 mg, 225 mg,</i><br><i>300 mg</i>                                                     | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>quinidine gluconate oral tablet extended</i><br><i>release 324 mg</i>                                            | Tier 1 |                                                                          |
| <i>quinidine sulfate oral tablet 200 mg, 300</i><br><i>mg</i>                                                       | Tier 1 |                                                                          |

| Drug                                                                                                                                                                                           | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Cardiovascular Disease - Cardiac Stimulant</b>                                                                                                                                              |        |       |
| <b>Adrenergic Agents,Catecholamines</b>                                                                                                                                                        |        |       |
| dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml) | Tier 4 | SP    |
| dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)                                                                 | Tier 4 | SP    |
| epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)                                                                                                                                         | Tier 4 | SP    |
| epinephrine hcl in 0.9 % nacl intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)                                           | Tier 4 | SP    |
| epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)                                                                                           | Tier 4 | SP    |
| epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)                                          | Tier 4 | SP    |
| epinephrine hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 mcg/ml)                                                                                                                   | Tier 4 | SP    |
| epinephrine in 0.9 % sod chlor intravenous solution 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)                                                                  | Tier 4 | SP    |
| epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)                                                                                                                       | Tier 4 | SP    |
| epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml) (Adrenalin)                                                                                                                             | Tier 4 | SP    |
| epinephrine injection syringe 0.1 mg/ml                                                                                                                                                        | Tier 1 |       |
| epinephrine intravenous solution 0.1 mg/ml                                                                                                                                                     | Tier 4 | SP    |
| isoproterenol hcl injection solution 0.2 mg/ml (Isuprel)                                                                                                                                       | Tier 4 | SP    |
| isoproterenol in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml)                                                                                                                      | Tier 4 | SP    |
| norepinephrine bitart in water intravenous solution 2 mg/ml                                                                                                                                    | Tier 4 | SP    |

| Drug                                                                                                                                                                                      | Status | Notes                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <i>norepinephrine bitart in water intravenous syringe 4 mg/50 ml (80 mcg/ml)</i>                                                                                                          | Tier 4 | SP                                                                  |
| <i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))                                                                                                     | Tier 4 | SP                                                                  |
| <i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)</i>                             | Tier 4 | SP                                                                  |
| <i>norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 32 mg/250 ml (128 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)</i> | Tier 4 | SP                                                                  |
| <i>racepineph in sod chl,iso (pf) injection syringe 1 mg/ml</i>                                                                                                                           | Tier 4 | SP                                                                  |
| <b>Digitalis Glycosides</b>                                                                                                                                                               |        |                                                                     |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                                                                                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                                                                                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i> (Lanoxin)                                                                                                                       | Tier 4 | SP                                                                  |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                                                                                                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)                                                                                                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                                                                                                                                 | Tier 1 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML) (digoxin)                                                                                                                              | Tier 2 |                                                                     |
| LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML)                                                                                                                                     | Tier 4 | SP                                                                  |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                                                                                                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |

| Drug                                                                                                                                           | Status | Notes                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| LANOXIN ORAL TABLET 62.5 MCG (digoxin)<br>(0.0625 MG)                                                                                          | Tier 2 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)                                                                                    | Tier 4 | SP                                                                  |
| <b>Inotropic Drugs</b>                                                                                                                         |        |                                                                     |
| <i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> | Tier 4 | SP                                                                  |
| <i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>                                                                               | Tier 4 | SP                                                                  |
| <i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>                                    | Tier 4 | SP                                                                  |
| <i>milrinone intravenous solution 1 mg/ml</i>                                                                                                  | Tier 4 | SP                                                                  |
| <b>Cardiovascular Disease - Hypertension</b>                                                                                                   |        |                                                                     |
| <b>Ace Inhibitor/Calcium Channel Blocker Combination</b>                                                                                       |        |                                                                     |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)                                                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>                                                                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>                                                                                     |        |                                                                     |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)                                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>                                                                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                                                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |

| Drug                                                                                                  | Status | Notes                                                           |
|-------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>enalapril-hydrochlorothiazide oral tablet</i> (Vaseretic)<br>10-25 mg                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>enalapril-hydrochlorothiazide oral tablet</i><br>5-12.5 mg                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>fosinopril-hydrochlorothiazide oral tablet</i><br>10-12.5 mg, 20-12.5 mg                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>lisinopril-hydrochlorothiazide oral tablet</i> (Zestoretic)<br>10-12.5 mg, 20-12.5 mg, 20-25 mg    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic)<br>10-12.5 mg, 20-12.5 mg, 20-25 mg      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Alpha/Beta-Adrenergic Blocking Agents</b>                                                          |        |                                                                 |
| <i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>carvedilol phosphate oral capsule, er multiphase</i> 24 hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>labetalol in dextrose, iso-osm intravenous solution</i> 1 mg/ml                                    | Tier 4 | SP                                                              |
| <i>labetalol in nacl (iso-osmot) intravenous solution</i> 1 mg/ ml                                    | Tier 4 | SP                                                              |
| <i>labetalol intravenous solution</i> 5 mg/ml                                                         | Tier 4 | SP                                                              |
| <i>labetalol intravenous syringe</i> 10 mg/2 ml (5 mg/ml), 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml) | Tier 4 | SP                                                              |
| <i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg                                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Alpha-Adrenergic Blocking Agents</b>                                                               |        |                                                                 |
| CARDURA XL ORAL TABLET<br>EXTENDED RELEASE 24HR 4 MG, 8 MG                                            | Tier 3 |                                                                 |
| <i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)                                         | Tier 1 |                                                                 |
| <i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzyline)                                              | Tier 4 | PA; SP                                                          |

| Drug                                                                                                                                   | Status | Notes                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>phentolamine injection recon soln 5 mg</i>                                                                                          | Tier 4 | SP                                                              |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)                                                                              | Tier 1 |                                                                 |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                  | Tier 1 |                                                                 |
| <b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>                                                                              |        |                                                                 |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>                                                                              |        |                                                                 |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)                                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>                                                                          |        |                                                                 |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)                                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                                       | Status | Notes                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <b>Antihypertensives, Ace Inhibitors</b>                                                   |        |                                                                                                                                                                                                           |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>benazepril oral tablet 5 mg</i>                                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)                                    | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days) |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>enalaprilat intravenous solution 1.25 mg/ml</i>                                         | Tier 4 | SP                                                                                                                                                                                                        |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                           |

| Drug                                                               | Status | Notes                                                                                                                                                                                                       |
|--------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| QBRELIS ORAL SOLUTION 1 MG/ML                                      | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>          |        |                                                                                                                                                                                                             |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>eprosartan oral tablet 600 mg</i>                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                             |

| Drug                                                                                                         | Status | Notes                                                           |
|--------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)                                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Antihypertensives, Miscellaneous</b>                                                                      |        |                                                                 |
| <i>metyrosine oral capsule 250 mg</i> (Demser)                                                               | Tier 1 |                                                                 |
| NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML) | Tier 4 | SP                                                              |
| <i>sodium nitroprusside intravenous solution 25 mg/ml</i>                                                    | Tier 4 | SP                                                              |
| <b>Antihypertensives, Sympatholytic</b>                                                                      |        |                                                                 |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                                      | Tier 1 |                                                                 |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)                                      | Tier 1 |                                                                 |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)                                      | Tier 1 |                                                                 |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)                                      | Tier 1 |                                                                 |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                                                     | Tier 1 |                                                                 |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                                 | Tier 1 |                                                                 |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>                                       | Tier 1 |                                                                 |
| <i>methyldopate intravenous solution 250 mg/5 ml</i>                                                         | Tier 4 | SP                                                              |
| <b>Antihypertensives, Vasodilators</b>                                                                       |        |                                                                 |
| CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML (fenoldopam)                                                          | Tier 4 | SP                                                              |
| <i>hydralazine injection solution 20 mg/ml</i>                                                               | Tier 4 | SP                                                              |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                   | Tier 1 |                                                                 |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                                   | Tier 1 |                                                                 |
| <b>Beta-Adrenergic Blocking Agents</b>                                                                       |        |                                                                 |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                                                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                                                                                       | Status | Notes                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                                                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i> (Brevibloc in NaCl (iso-osm)) | Tier 4 | SP                                                                                                                                                                                                                      |
| <i>esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)</i>                     | Tier 4 | SP                                                                                                                                                                                                                      |
| <i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)                                                                    | Tier 4 | SP                                                                                                                                                                                                                      |
| <i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>                                                                                 | Tier 4 | SP                                                                                                                                                                                                                      |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML                                                                                                         | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG                                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>                                                                                  | Tier 4 | SP                                                                                                                                                                                                                      |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)                                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>                                                                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)                                                                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                         |

| Drug                                                                                              | Status | Notes                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>propranolol intravenous solution 1 mg/ml</i>                                                   | Tier 4 | SP                                                                                                                                                                       |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>sotalol intravenous solution 150 mg/10 ml (15 mg/ml)</i>                                       | Tier 4 | SP                                                                                                                                                                       |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| <i>sotalol oral tablet 240 mg</i> (Betapace)                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |
| SOTYLIZE ORAL SOLUTION 5 MG/ML                                                                    | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                          |

| Drug                                                                                                                                  | Status | Notes                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>                                                                         |        |                                                                     |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)                                                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <b>Calcium Channel Blocking Agents</b>                                                                                                |        |                                                                     |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)                                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)                                                                 | Tier 4 | SP                                                                  |
| CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML) (nicardipine in nacl (iso-os)) | Tier 4 | SP                                                                  |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML                                                                              | Tier 4 | SP                                                                  |
| CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)                                                                                           | Tier 3 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl in 0.9% nacl intravenous solution 125 mg/125 ml (1 mg/ml)</i>                                                        | Tier 4 | SP                                                                  |
| <i>diltiazem hcl intravenous recon soln 100 mg</i>                                                                                    | Tier 4 | SP                                                                  |

| Drug                                                                                                        | Status | Notes                                                           |
|-------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>diltiazem hcl intravenous solution 5 mg/ml</i>                                                           | Tier 4 | SP                                                              |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral tablet 90 mg</i>                                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>diltiazem in dextrose 5 % intravenous solution 125 mg/125 ml (1 mg/ml)</i>                               | Tier 4 | SP                                                              |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                                                                                         | Status | Notes                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <i>felodipine oral tablet extended release</i><br>24 hr 10 mg, 2.5 mg, 5 mg                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>isradipine oral capsule</i> 2.5 mg, 5 mg                                                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)                                                                                     | Tier 1 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)                                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nicardipine in 0.9 % sod chlor intravenous syringe</i> 1 mg/10 ml                                                                         | Tier 4 | SP                                                                  |
| <i>nicardipine in nacl (iso-os) intravenous piggyback</i> 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml) (Cardene IV in sodium chloride) | Tier 4 | SP                                                                  |
| <i>nicardipine intravenous solution</i> 25 mg/10 ml (Cardene IV)                                                                             | Tier 4 | SP                                                                  |
| <i>nicardipine intravenous syringe</i> 2.5 mg/ml                                                                                             | Tier 4 | SP                                                                  |
| <i>nicardipine oral capsule</i> 20 mg, 30 mg                                                                                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nifedipine oral capsule</i> 10 mg, 20 mg                                                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg, 90 mg (Procardia XL)                                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg                                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nimodipine oral capsule</i> 30 mg                                                                                                         | Tier 1 |                                                                     |
| <i>nisoldipine oral tablet extended release</i> 24 hr 17 mg, 34 mg, 8.5 mg (Sular)                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |

| Drug                                                                                                                    | Status | Notes                                                           |
|-------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>nisoldipine oral tablet extended release</i><br>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML                                                                                      | Tier 4 | PA; SP                                                          |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML                                                                           | Tier 4 | PA; SP                                                          |
| TAZTIA XT ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 180 MG, 240 MG, 300 MG,<br>360 MG           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TIADYL T ER ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 180 MG, 240 MG, 300 MG,<br>360 MG, 420 MG | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>verapamil intravenous solution 2.5 mg/ml</i>                                                                         | Tier 4 | SP                                                              |
| <i>verapamil intravenous syringe 2.5 mg/ml</i>                                                                          | Tier 4 | SP                                                              |
| <i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM)<br>100 mg, 200 mg, 300 mg                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>verapamil oral capsule,ext rel. pellets 24</i><br><i>hr 120 mg, 180 mg, 240 mg, 360 mg</i>                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>verapamil oral tablet 120 mg, 40 mg, 80</i><br><i>mg</i>                                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>verapamil oral tablet extended release</i> (Calan SR)<br>120 mg                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>verapamil oral tablet extended release</i><br>180 mg, 240 mg                                                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Loop Diuretics</b>                                                                                                   |        |                                                                 |
| <i>bumetanide injection solution 0.25 mg/ml</i>                                                                         | Tier 4 | SP                                                              |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2</i><br><i>mg</i>                                                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>ethacrynate sodium intravenous recon</i> (Sodium Edecrin)<br><i>soln 50 mg</i>                                       | Tier 4 | SP                                                              |

| Drug                                                                          | Status | Notes                                                               |
|-------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)                            | Tier 1 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML                                         | Tier 3 |                                                                     |
| <i>furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)</i> | Tier 4 | SP                                                                  |
| <i>furosemide injection solution 10 mg/ml</i>                                 | Tier 4 | SP                                                                  |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>torsemide oral tablet 20 mg</i> (Soaanz)                                   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <b>Osmotic Diuretics</b>                                                      |        |                                                                     |
| <i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitol 20 %)      | Tier 4 | SP                                                                  |
| <i>mannitol 25 % intravenous solution 25 %</i>                                | Tier 4 | SP                                                                  |
| OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (mannitol 15 %)            | Tier 4 | SP                                                                  |
| <b>Potassium Sparing Diuretics</b>                                            |        |                                                                     |
| <i>amiloride oral tablet 5 mg</i>                                             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |

| Drug                                                                                        | Status | Notes                                                           |
|---------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| <b>Potassium Sparing Diuretics In Combination</b>                                           |        |                                                                 |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                               | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>                                   |        |                                                                 |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG                                      | Tier 4 | PA; SP                                                          |
| <b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>                                   |        |                                                                 |
| ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))                                     | Tier 4 | PA; SP                                                          |
| LIQREV ORAL SUSPENSION 10 MG/ML                                                             | Tier 4 | PA; SP                                                          |
| <i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)          | Tier 4 | PA; SP                                                          |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio) | Tier 4 | PA; SP                                                          |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                           | Tier 1 | PA                                                              |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)                              | Tier 4 | PA; SP                                                          |
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                                   |        |                                                                 |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)                                       | Tier 4 | PA; SP                                                          |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)                                      | Tier 4 | PA; SP                                                          |
| OPSUMIT ORAL TABLET 10 MG                                                                   | Tier 4 | PA; SP                                                          |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG                                                   | Tier 4 | PA; SP                                                          |

| Drug                                                                                                                                 | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Pulmonary Antihypertensives, Prostacyclin-Type</b>                                                                                |        |        |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri)                                                                  | Tier 4 | PA; SP |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)                                       | Tier 4 | PA; SP |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)                                      | Tier 4 | PA; SP |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG                                   | Tier 4 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG                                                         | Tier 4 | PA; SP |
| <i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)                                      | Tier 4 | PA; SP |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG | Tier 4 | PA; SP |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                                                               | Tier 4 | PA; SP |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                                                   | Tier 4 | PA; SP |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)                                                    | Tier 4 | PA; SP |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML                                                               | Tier 4 | PA; SP |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG                                                                                             | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG                                   | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)                                                                           | Tier 4 | PA; SP |
| VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol)                                                                         | Tier 4 | PA; SP |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML                                                                   | Tier 4 | PA; SP |

| Drug                                                                    | Status | Notes                                                                                |
|-------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| <b>Renin Inhibitor, Direct</b>                                          |        |                                                                                      |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)                  | Tier 1 |                                                                                      |
| <b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>                   |        |                                                                                      |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | Tier 3 |                                                                                      |
| <b>Thiazide And Related Diuretics</b>                                   |        |                                                                                      |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i>              | Tier 4 | SP                                                                                   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| DIURIL ORAL SUSPENSION 250 MG/5 ML                                      | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                         | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| <b>Vasodilators, Combination</b>                                        |        |                                                                                      |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)            | Tier 1 |                                                                                      |
| <b>Vasodilators,Miscellaneous</b>                                       |        |                                                                                      |
| PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML (alprostadil)        | Tier 4 | SP                                                                                   |
| <b>Cardiovascular Disease - Lipid Irregularity</b>                      |        |                                                                                      |
| <b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>           |        |                                                                                      |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day) |

| Drug                                                              | Status | Notes                                                                                                                                                                                                              |
|-------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                               |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                               |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | Tier 1 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                           |
| <b>Antihyperlipidemic - Angiopoietin-Like 3 Inhibitor</b>         |        |                                                                                                                                                                                                                    |
| EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML                            | Tier 4 | PA; SP                                                                                                                                                                                                             |
| <b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>           |        |                                                                                                                                                                                                                    |
| NEXLETOL ORAL TABLET 180 MG                                       | Tier 2 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days |
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>          |        |                                                                                                                                                                                                                    |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG   | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)    |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                    | Tier 3 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                |

| Drug                                                              | Status  | Notes                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)            | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                            |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)            | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                                                                                                                                            |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Tier 3  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                                                                                                                                            |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)       | Tier 3  | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                                                                                             |
| FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)                     | Tier 3  | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                                                                                                                                             |
| <i>fluvastatin oral capsule 20 mg</i>                             | \$Copay | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |

| Drug                                                                    | Status  | Notes                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluvastatin oral capsule 40 mg</i>                                   | \$Copay | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL) | \$Copay | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)              | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)                                                                                                                            |

| Drug                                                       | Status  | Notes                                                                                                                                                                                                                |
|------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>          | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)      | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)     | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |

| Drug                                                            | Status  | Notes                                                                                                                                                                                                                |
|-----------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>simvastatin oral tablet 5 mg</i>                             | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 80 mg</i>                            | Tier 1  | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                             |
| <b>Antihyperlipidemic - Mtp Inhibitor</b>                       |         |                                                                                                                                                                                                                      |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG                 | Tier 4  | PA; SP                                                                                                                                                                                                               |
| <b>Antihyperlipidemic - Pcsk9 Inhibitors</b>                    |         |                                                                                                                                                                                                                      |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML      | Tier 2  | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days   |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | Tier 2  | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days   |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML           | Tier 2  | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days   |

| Drug                                                                                | Status | Notes                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REPATHA SYRINGE SUBCUTANEOUS<br>SYRINGE 140 MG/ML                                   | Tier 2 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days |
| <b>Antihyperlipidemic-Acyl And Cholesterol Absorption Inhibitors</b>                |        |                                                                                                                                                                                                                    |
| NEXLIZET ORAL TABLET 180-10 MG                                                      | Tier 2 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days |
| <b>Bile Salt Sequestrants</b>                                                       |        |                                                                                                                                                                                                                    |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| <i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                    |

| Drug                                                                       | Status | Notes                                                                                            |
|----------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------|
| COLESTID FLAVORED ORAL PACKET<br>7.5 GRAM                                  | Tier 3 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>colestipol oral granules 5 gram</i> (Colestid)                          | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>colestipol oral packet 5 gram</i> (Colestid)                            | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                            | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| PREVALITE ORAL POWDER 4 GRAM (cholestyramine-<br>aspartame)                | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| PREVALITE ORAL POWDER IN<br>PACKET 4 GRAM (cholestyramine-<br>aspartame)   | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <b>Lipotropics</b>                                                         |        |                                                                                                  |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia)                                 | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (1 EA per 1<br>day) |
| <i>fenofibrate micronized oral capsule 134<br/>mg, 200 mg, 67 mg</i>       | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>fenofibrate nanocrystallized oral tablet<br/>145 mg, 48 mg</i> (Tricor) | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)                    | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)                   | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                               | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |

| Drug                                                                                           | Status | Notes                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                            |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                            |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid)                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                            |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>                      | Tier 1 |                                                                                                                                                                            |
| NIACOR ORAL TABLET 500 MG (niacin)                                                             | Tier 1 |                                                                                                                                                                            |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)                                  | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)                                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (8 EA per 1 day)                                                                                       |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 day)                                                                                       |
| <b>Niacin Preparations</b>                                                                     |        |                                                                                                                                                                            |
| <i>niacin oral tablet 500 mg</i> (Niacor)                                                      | Tier 1 |                                                                                                                                                                            |
| <b>Cardiovascular Disease - Miscellaneous Agents</b>                                           |        |                                                                                                                                                                            |
| <b>Adrenergic Vasopressor Agents</b>                                                           |        |                                                                                                                                                                            |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northra)                                 | Tier 4 | PA; SP                                                                                                                                                                     |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>                                               | Tier 1 |                                                                                                                                                                            |
| <b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>                                      |        |                                                                                                                                                                            |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG                                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                       |

| Drug                                                                                                                           | Status | Notes                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|
| <b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>                                                                 |        |                                                                                       |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>                                                                  | Tier 1 | QL (60 EA per 30 days)                                                                |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>                                                                    | Tier 1 | QL (120 EA per 30 days)                                                               |
| <b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>                                                                        |        |                                                                                       |
| CORLANOR ORAL SOLUTION 5 MG/5 ML                                                                                               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (20 ML per 1 day) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG                                                                                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)  |
| <b>Antihyperlip - Hmg-CoA&amp;Calcium Channel Blocker Cb</b>                                                                   |        |                                                                                       |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | Tier 1 | QL (1 EA per 1 day)                                                                   |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>                                                     | Tier 1 | QL (1 EA per 1 day)                                                                   |
| <b>Cardiac Myosin Inhibitor</b>                                                                                                |        |                                                                                       |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG                                                                                | Tier 4 | PA; SP                                                                                |
| <b>Protein Stabilizers</b>                                                                                                     |        |                                                                                       |
| VYNDAMAX ORAL CAPSULE 61 MG                                                                                                    | Tier 4 | PA; SP                                                                                |
| VYNDAQEL ORAL CAPSULE 20 MG                                                                                                    | Tier 4 | PA; SP                                                                                |
| <b>Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones</b>                                                                      |        |                                                                                       |
| GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML                                                                             | Tier 4 | SP                                                                                    |
| <b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>                                                                              |        |                                                                                       |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG                                                                                        | Tier 3 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| <b>Cardiovascular Disease - Vasodilation Vasodilators, Coronary</b>                                                            |        |                                                                                       |
| <i>amyl nitrite inhalation solution 0.3 ml</i>                                                                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                       |

| Drug                                                                                                                                       | Status | Notes                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>                                                                                | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)                                                                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)                                                                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                                                     | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)                                                                                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR                                                                                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>                                                                            | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                                                                  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                                                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS     |

| Drug                                                                             | Status  | Notes                                                                                                                   |
|----------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------|
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)              | Tier 3  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                         |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)   | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                         |
| <b>Vasodilators, Peripheral</b>                                                  |         |                                                                                                                         |
| <i>ergoloid oral tablet 1 mg</i>                                                 | Tier 1  |                                                                                                                         |
| <i>papaverine injection solution 30 mg/ml</i>                                    | Tier 1  |                                                                                                                         |
| <b>Contraception/Oxytocics</b>                                                   |         |                                                                                                                         |
| <b>Contraceptives, Intravaginal, Systemic</b>                                    |         |                                                                                                                         |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR                                      | \$Copay | ST; ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days) |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)        | \$Copay | QL (1 EA per 28 days)                                                                                                   |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)     | \$Copay | QL (1 EA per 28 days)                                                                                                   |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | \$Copay | QL (1 EA per 28 days)                                                                                                   |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)       | \$Copay | QL (1 EA per 28 days)                                                                                                   |
| <b>Contraceptives, Implantable</b>                                               |         |                                                                                                                         |
| NEXPLANON SUBDERMAL IMPLANT 68 MG                                                | Tier 3  | \$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS                                                                       |
| <b>Contraceptives, Injectable</b>                                                |         |                                                                                                                         |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                        | \$Copay | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)                                                      |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)     | \$Copay | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)                                                         |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)        | \$Copay | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)                                                         |
| <b>Contraceptives, Intravaginal</b>                                              |         |                                                                                                                         |
| PHEXXI VAGINAL GEL 1.8-1-0.4 %                                                   | Tier 3  | PA                                                                                                                      |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %                                     | \$Copay |                                                                                                                         |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %                                         | \$Copay |                                                                                                                         |

| Drug                                                                  |                                  | Status  | Notes                  |
|-----------------------------------------------------------------------|----------------------------------|---------|------------------------|
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %                                 |                                  | \$Copay |                        |
| <b>Contraceptives, Oral</b>                                           |                                  |         |                        |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG                                   | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| AFTER PILL ORAL TABLET 1.5 MG                                         | (levonorgestrel)                 | \$Copay |                        |
| AFTERA ORAL TABLET 1.5 MG                                             | (levonorgestrel)                 | \$Copay |                        |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG                                | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                             | (norethindrone-ethin estradiol)  | \$Copay |                        |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                  |                                  | \$Copay |                        |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28)                              | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| APRI ORAL TABLET 0.15-0.03 MG                                         | (desogestrel-ethinyl estradiol)  | \$Copay |                        |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                         |                                  | \$Copay |                        |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                    | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                        | (norethindrone ac-eth estradiol) | \$Copay |                        |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                            | (norethindrone ac-eth estradiol) | \$Copay |                        |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                 | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)      | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| AYUNA ORAL TABLET 0.15-0.03 MG                                        | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                | (desog-e.estradiol/e.estradiol)  | \$Copay |                        |

| Drug                                                                          |                                  | Status  | Notes                  |
|-------------------------------------------------------------------------------|----------------------------------|---------|------------------------|
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                                        |                                  | \$Copay |                        |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                          | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)               | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                   | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                            |                                  | \$Copay |                        |
| CAMILA ORAL TABLET 0.35 MG                                                    | (norethindrone (contraceptive))  | \$Copay |                        |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)       | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)         | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                               |                                  | \$Copay |                        |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)               | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| CHATEAL (28) ORAL TABLET 0.15-0.03 MG                                         | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                      | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                       | (norgestrel-ethinyl estradiol)   | \$Copay |                        |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                             | (desogestrel-ethinyl estradiol)  | \$Copay |                        |
| CYRED ORAL TABLET 0.15-0.03 MG                                                | (desogestrel-ethinyl estradiol)  | \$Copay |                        |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                     | (norethindrone-ethin estradiol)  | \$Copay |                        |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                          |                                  | \$Copay |                        |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)          | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| DEBLITANE ORAL TABLET 0.35 MG                                                 | (norethindrone (contraceptive))  | \$Copay |                        |
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | (Azurette (28))                  | \$Copay |                        |
| DOLISHALE ORAL TABLET 90-20 MCG (28)                                          | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>    | (Beyaz)                          | \$Copay |                        |

| Drug                                                                                            |  | Status  | Notes                  |
|-------------------------------------------------------------------------------------------------|--|---------|------------------------|
| <i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy)<br>3-0.03-0.451 mg (21) (7)          |  | \$Copay |                        |
| <i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28))<br>3-0.02 mg                   |  | \$Copay |                        |
| <i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella)<br>3-0.03 mg                         |  | \$Copay |                        |
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)                                                  |  | \$Copay |                        |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                            |  | \$Copay |                        |
| ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)                                |  | \$Copay |                        |
| ELLA ORAL TABLET 30 MG                                                                          |  | \$Copay |                        |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)             |  | \$Copay |                        |
| ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                |  | \$Copay |                        |
| ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                       |  | \$Copay |                        |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)                           |  | \$Copay |                        |
| <i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28))<br>1-35 mg-mcg              |  | \$Copay |                        |
| <i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28))<br>1-50 mg-mcg              |  | \$Copay |                        |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                          |  | \$Copay |                        |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)        |  | \$Copay |                        |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                |  | \$Copay |                        |
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)            |  | \$Copay |                        |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) |  | \$Copay |                        |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)     |  | \$Copay |                        |
| HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)                               |  | \$Copay |                        |
| HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                     |  | \$Copay |                        |
| HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)                                                   |  | \$Copay |                        |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)      |  | \$Copay | QL (91 EA per 84 days) |
| INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))                                    |  | \$Copay |                        |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                               |  | \$Copay |                        |

| Drug                                                                                                |                                  | Status  | Notes                  |
|-----------------------------------------------------------------------------------------------------|----------------------------------|---------|------------------------|
| JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)                               | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| JASMIEL (28) ORAL TABLET 3-0.02 MG                                                                  | (drospirenone-ethinyl estradiol) | \$Copay |                        |
| JENCYCLA ORAL TABLET 0.35 MG                                                                        | (norethindrone (contraceptive))  | \$Copay |                        |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)                                          | (levonorgestrel-ethinyl estrad)  | \$Copay | QL (91 EA per 84 days) |
| JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)                                                     | (levonorgest-eth.estradiol-iron) | \$Copay | QL (28 EA per 28 days) |
| JULEBER ORAL TABLET 0.15-0.03 MG                                                                    | (desogestrel-ethinyl estradiol)  | \$Copay |                        |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                         | (norethindrone ac-eth estradiol) | \$Copay |                        |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                             | (norethindrone ac-eth estradiol) | \$Copay |                        |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                                       | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                                           | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                                  | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                                       | (noreth-ethinyl estradiol-iron)  | \$Copay |                        |
| KALLIGA ORAL TABLET 0.15-0.03 MG                                                                    | (desogestrel-ethinyl estradiol)  | \$Copay |                        |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                                                | (desog-e.estradiol/e.estradiol)  | \$Copay |                        |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG                                                            | (ethynodiol diac-eth estradiol)  | \$Copay |                        |
| KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG                                                            | (ethynodiol diac-eth estradiol)  | \$Copay |                        |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG                                                               | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | \$Copay | QL (91 EA per 84 days) |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | \$Copay |                        |
| <i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | \$Copay | QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                                                         | (norethindrone ac-eth estradiol) | \$Copay |                        |

| Drug                                                                                    |                                  | Status  | Notes                  |
|-----------------------------------------------------------------------------------------|----------------------------------|---------|------------------------|
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                                                 | (norethindrone ac-eth estradiol) | \$Copay |                        |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                                      | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)                           | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                               | (norethindrone-e.estradiol-iron) | \$Copay |                        |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                           | (noreth-ethinyl estradiol-iron)  | \$Copay |                        |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG                                                |                                  | \$Copay |                        |
| LESSINA ORAL TABLET 0.1-20 MG-MCG                                                       | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                                | (levonorg-eth estrad triphasic)  | \$Copay |                        |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>          | (Joyeaux)                        | \$Copay | QL (28 EA per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                | (After Pill)                     | \$Copay |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                          | (Afirmelle)                      | \$Copay |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | \$Copay |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | \$Copay |                        |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | \$Copay | QL (91 EA per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | \$Copay |                        |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG                                                      | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                  |                                  | \$Copay |                        |
| LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)                 | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days) |
| LORYNA (28) ORAL TABLET 3-0.02 MG                                                       | (drospirenone-ethinyl estradiol) | \$Copay |                        |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG                                             | (norgestrel-ethinyl estradiol)   | \$Copay |                        |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG                                               | (drospirenone-ethinyl estradiol) | \$Copay |                        |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG                                                   | (levonorgestrel-ethinyl estrad)  | \$Copay |                        |

| Drug                                                                |                                  | Status  | Notes                                                                                                                                                  |
|---------------------------------------------------------------------|----------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| LYLEQ ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | \$Copay |                                                                                                                                                        |
| LYZA ORAL TABLET 0.35 MG                                            | (norethindrone (contraceptive))  | \$Copay |                                                                                                                                                        |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG                              | (levonorgestrel-ethinyl estrad)  | \$Copay |                                                                                                                                                        |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                      | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                                        |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)       | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                                        |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                   | (norethindrone ac-eth estradiol) | \$Copay |                                                                                                                                                        |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG                       | (norethindrone ac-eth estradiol) | \$Copay |                                                                                                                                                        |
| MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)            | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                                        |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                                        |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)     | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                                        |
| MILI ORAL TABLET 0.25-35 MG-MCG                                     | (norgestimate-ethinyl estradiol) | \$Copay |                                                                                                                                                        |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG                              | (norgestimate-ethinyl estradiol) | \$Copay |                                                                                                                                                        |
| MY CHOICE ORAL TABLET 1.5 MG                                        | (levonorgestrel)                 | \$Copay |                                                                                                                                                        |
| MY WAY ORAL TABLET 1.5 MG                                           | (levonorgestrel)                 | \$Copay |                                                                                                                                                        |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG                  |                                  | \$Copay | ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days                                                        |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                         |                                  | \$Copay |                                                                                                                                                        |
| NEW DAY ORAL TABLET 1.5 MG                                          | (levonorgestrel)                 | \$Copay |                                                                                                                                                        |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)                           |                                  | \$Copay | ST; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day) |
| NIKKI (28) ORAL TABLET 3-0.02 MG                                    | (drospirenone-ethinyl estradiol) | \$Copay |                                                                                                                                                        |
| NORA-BE ORAL TABLET 0.35 MG                                         | (norethindrone (contraceptive))  | \$Copay |                                                                                                                                                        |

| Drug                                                                              |                                  | Status  | Notes |
|-----------------------------------------------------------------------------------|----------------------------------|---------|-------|
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) | (Wymzya Fe)                      | \$Copay |       |
| noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) | (Kaitlib Fe)                     | \$Copay |       |
| norethindrone (contraceptive) oral tablet 0.35 mg                                 | (Camila)                         | \$Copay |       |
| norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg                          | (Aurovela 1.5/30 (21))           | \$Copay |       |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg                            | (Aurovela 1/20 (21))             | \$Copay |       |
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)            | (Gemmily)                        | \$Copay |       |
| norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)             | (Aurovela Fe 1-20 (28))          | \$Copay |       |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)           | (Aurovela Fe 1.5/30 (28))        | \$Copay |       |
| norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)         | (Tilia Fe)                       | \$Copay |       |
| norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)   | (Charlotte 24 Fe)                | \$Copay |       |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg              | (Tri-Lo-Estarylla)               | \$Copay |       |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)         | (Tri-Estarylla)                  | \$Copay |       |
| norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg                         | (Estarylla)                      | \$Copay |       |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG                                     |                                  | \$Copay |       |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)                                    |                                  | \$Copay |       |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG                                         | (norethindrone-ethin estradiol)  | \$Copay |       |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                              |                                  | \$Copay |       |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG                                           | (norethindrone-ethin estradiol)  | \$Copay |       |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                                |                                  | \$Copay |       |
| NYMYO ORAL TABLET 0.25-35 MG-MCG                                                  | (norgestimate-ethinyl estradiol) | \$Copay |       |
| OCELLA ORAL TABLET 3-0.03 MG                                                      | (drospirenone-ethinyl estradiol) | \$Copay |       |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG                                               | (levonorgestrel)                 | \$Copay |       |

| Drug                                                                   |                                  | Status  | Notes                                                                                                                           |
|------------------------------------------------------------------------|----------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------|
| OPTION-2 ORAL TABLET 1.5 MG                                            | (levonorgestrel)                 | \$Copay |                                                                                                                                 |
| PHILITH ORAL TABLET 0.4-35 MG-MCG                                      |                                  | \$Copay |                                                                                                                                 |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | \$Copay |                                                                                                                                 |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG                                     | (levonorgestrel-ethinyl estrad)  | \$Copay |                                                                                                                                 |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG                                | (desogestrel-ethinyl estradiol)  | \$Copay |                                                                                                                                 |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG  | (l norgest/e.estradiol-e.estrad) | \$Copay |                                                                                                                                 |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | \$Copay | QL (91 EA per 84 days)                                                                                                          |
| SHAROBEL ORAL TABLET 0.35 MG                                           | (norethindrone (contraceptive))  | \$Copay |                                                                                                                                 |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | \$Copay |                                                                                                                                 |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$Copay | QL (91 EA per 84 days)                                                                                                          |
| SLYND ORAL TABLET 4 MG (28)                                            |                                  | \$Copay | ST; ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days) |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG                               | (norgestimate-ethinyl estradiol) | \$Copay |                                                                                                                                 |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | \$Copay |                                                                                                                                 |
| SYEDA ORAL TABLET 3-0.03 MG                                            | (drospirenone-ethinyl estradiol) | \$Copay |                                                                                                                                 |
| TAKE ACTION ORAL TABLET 1.5 MG                                         | (levonorgestrel)                 | \$Copay |                                                                                                                                 |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |
| TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)                        | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)                    | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)               | (norgestimate-ethinyl estradiol) | \$Copay |                                                                                                                                 |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)               | (norethindrone-e.estradiol-iron) | \$Copay |                                                                                                                                 |

| Drug                                                                     |                                       | Status  | Notes |
|--------------------------------------------------------------------------|---------------------------------------|---------|-------|
| TRI-LINYAH ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)                 | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-LO-ESTARYLLA ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG                | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-LO-MARZIA ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG                   | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-LO-MILI ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG                     | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-LO-SPRINTEC ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG                 | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25<br>MG-35 MCG (28)                   | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-NYMYO ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)                  | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-SPRINTEC (28) ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)          | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRIVORA (28) ORAL TABLET 50-30<br>(6)/75-40 (5)/125-30(10)               | (levonorg-eth estrad<br>triphasic)    | \$Copay |       |
| TRI-VYLIBRA LO ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG                  | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TRI-VYLIBRA ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)                | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| TULANA ORAL TABLET 0.35 MG                                               | (norethindrone<br>(contraceptive))    | \$Copay |       |
| TURQOZ (28) ORAL TABLET 0.3-30<br>MG-MCG                                 | (norgestrel-ethinyl<br>estradiol)     | \$Copay |       |
| TYBLUME ORAL TABLET,CHEWABLE<br>0.1 MG- 20 MCG                           |                                       | \$Copay |       |
| TYDEMY ORAL TABLET 3-0.03-0.451<br>MG (21) (7)                           | (drospirenone-e.estradiol-<br>lm.fa)  | \$Copay |       |
| VELIVET TRIPHASIC REGIMEN (28)<br>ORAL TABLET 0.1/.125/.15-25 MG-<br>MCG |                                       | \$Copay |       |
| VESTURA (28) ORAL TABLET 3-0.02<br>MG                                    | (drospirenone-ethinyl<br>estradiol)   | \$Copay |       |
| VIENVA ORAL TABLET 0.1-20 MG-<br>MCG                                     | (levonorgestrel-ethinyl<br>estradiol) | \$Copay |       |
| VIORELE (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5                 | (desog-<br>e.estradiol/e.estradiol)   | \$Copay |       |
| VOLNEA (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5                  | (desog-<br>e.estradiol/e.estradiol)   | \$Copay |       |
| VYFEMLA (28) ORAL TABLET 0.4-35<br>MG-MCG                                |                                       | \$Copay |       |
| VYLIBRA ORAL TABLET 0.25-35 MG-<br>MCG                                   | (norgestimate-ethinyl<br>estradiol)   | \$Copay |       |
| WEA (28) ORAL TABLET 0.5-35 MG-<br>MCG                                   |                                       | \$Copay |       |

| Drug                                                                                    |                                      | Status  | Notes                 |
|-----------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------|
| WYMZYA FE ORAL<br>TABLET,CHEWABLE 0.4MG-<br>35MCG(21) AND 75 MG (7)                     | (noreth-ethinyl estradiol-<br>iron)  | \$Copay |                       |
| ZARAH ORAL TABLET 3-0.03 MG                                                             | (drospirenone-ethinyl<br>estradiol)  | \$Copay |                       |
| ZOVIA 1-35 (28) ORAL TABLET 1-35<br>MG-MCG                                              | (ethynodiol diac-eth<br>estradiol)   | \$Copay |                       |
| ZUMANDIMINE (28) ORAL TABLET 3-<br>0.03 MG                                              | (drospirenone-ethinyl<br>estradiol)  | \$Copay |                       |
| <b>Contraceptives,Transdermal</b>                                                       |                                      |         |                       |
| <i>norelgestromin-ethin.estradiol<br/>transdermal patch weekly 150-35<br/>mcg/24 hr</i> | (Xulane)                             | \$Copay | QL (3 EA per 28 days) |
| TWIRLA TRANSDERMAL PATCH<br>WEEKLY 120-30 MCG/24 HR                                     |                                      | Tier 3  | QL (3 EA per 28 days) |
| XULANE TRANSDERMAL PATCH<br>WEEKLY 150-35 MCG/24 HR                                     | (norelgestromin-<br>ethin.estradiol) | \$Copay | QL (3 EA per 28 days) |
| ZAFEMY TRANSDERMAL PATCH<br>WEEKLY 150-35 MCG/24 HR                                     | (norelgestromin-<br>ethin.estradiol) | \$Copay | QL (3 EA per 28 days) |
| <b>Diaphragms/Cervical Cap</b>                                                          |                                      |         |                       |
| CAYA CONTOURED VAGINAL<br>DIAPHRAGM 65-80 MM                                            |                                      | \$Copay |                       |
| FEMCAP VAGINAL DEVICE 22 MM, 26<br>MM, 30 MM                                            |                                      | \$Copay |                       |
| OMNIFLEX DIAPHRAGM VAGINAL<br>DIAPHRAGM 65 MM                                           |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL<br>DIAPHRAGM 60 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL<br>DIAPHRAGM 65 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL<br>DIAPHRAGM 70 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL<br>DIAPHRAGM 75 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL<br>DIAPHRAGM 80 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL<br>DIAPHRAGM 85 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL<br>DIAPHRAGM 90 MM                                       |                                      | \$Copay |                       |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL<br>DIAPHRAGM 95 MM                                       |                                      | \$Copay |                       |
| <b>Oxytocics</b>                                                                        |                                      |         |                       |
| <i>carboprost tromethamine intramuscular<br/>solution 250 mcg/ml</i>                    | (Hemabate)                           | Tier 4  | SP                    |
| <i>carboprost tromethamine intramuscular<br/>syringe 250 mcg/ml</i>                     |                                      | Tier 4  | SP                    |

| Drug                                                                                                                        | Status | Notes                                    |
|-----------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------|
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG                                                                             | Tier 3 |                                          |
| HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (carboprost tromethamine)                                                        | Tier 4 | SP                                       |
| <i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>                                                                 | Tier 4 | SP                                       |
| <i>methylergonovine oral tablet 0.2 mg</i>                                                                                  | Tier 1 | QL (28 EA per 30 days)                   |
| <i>oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml</i> | Tier 4 | SP                                       |
| <i>oxytocin in dextrose 5 % in I<sub>r</sub> intravenous solution 20 unit/1,000 ml, 30 unit/500 ml</i>                      | Tier 4 | SP                                       |
| <i>oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml</i>   | Tier 4 | SP                                       |
| <i>oxytocin injection solution 10 unit/ml</i> (Pitocin)                                                                     | Tier 4 | SP                                       |
| PITOCIN INJECTION SOLUTION 10 UNIT/ML (oxytocin)                                                                            | Tier 4 | SP                                       |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G                                                                                             | Tier 3 |                                          |
| <b>Cough And Cold</b>                                                                                                       |        |                                          |
| <b>1St Gen Antihistamine &amp; Decongestant Combinations</b>                                                                |        |                                          |
| PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)                                                      | Tier 1 |                                          |
| <b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>                                                                      |        |                                          |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG                                                                    | Tier 1 |                                          |
| <b>Antitussives,Non-Narcotic</b>                                                                                            |        |                                          |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>                                                                      | Tier 1 |                                          |
| <b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>                                                                   |        |                                          |
| PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph-codeine)                                       | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| <b>Narcotic Antitussive-1St Generation Antihistamine</b>                                                                    |        |                                          |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>                                         | Tier 1 | QL (10 ML per 1 day); Age (Min 18 Years) |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                                                                      | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |

| Drug                                                              |                                | Status | Notes                                                                                                                              |
|-------------------------------------------------------------------|--------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| TUXARIN ER ORAL TABLET<br>EXTENDED RELEASE 12 HR 8-54.3<br>MG     |                                | Tier 3 | ST; ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>                 |                                |        |                                                                                                                                    |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>           | (Hydromet)                     | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years)                                                                                           |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>               | (Hycodan (with homatropine))   | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years)                                                                                            |
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML                                 | (hydrocodone-homatropine)      | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years)                                                                                           |
| <b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>         |                                |        |                                                                                                                                    |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML                             | (brompheniramine-pseudoeph-dm) | Tier 1 |                                                                                                                                    |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>    | (Bromfed DM)                   | Tier 1 |                                                                                                                                    |
| <b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>           |                                |        |                                                                                                                                    |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                 |                                | Tier 1 |                                                                                                                                    |
| <b>Nose Preparations, Vasoconstrictors (Rx)</b>                   |                                |        |                                                                                                                                    |
| <i>epinephrine hcl nasal solution 1 mg/ml</i>                     | (Adrenalin)                    | Tier 1 |                                                                                                                                    |
| <b>Sympathomimetic Agents</b>                                     |                                |        |                                                                                                                                    |
| AKOVAZ INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)                   | (ephedrine sulfate)            | Tier 4 | SP                                                                                                                                 |
| BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML                           |                                | Tier 4 | SP                                                                                                                                 |
| EMERPHED INTRAVENOUS SOLUTION 5 MG/ML                             | (ephedrine sulfate)            | Tier 4 | SP                                                                                                                                 |
| EMERPHED INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML)                 | (ephedrine sulfate)            | Tier 4 | SP                                                                                                                                 |
| EMERPHED INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML)                |                                | Tier 4 | SP                                                                                                                                 |
| <i>ephedrine sulfate intravenous solution 5 mg/ml</i>             | (Emerphed)                     | Tier 4 | SP                                                                                                                                 |
| <i>ephedrine sulfate intravenous solution 50 mg/ml</i>            | (Akovaz)                       | Tier 4 | SP                                                                                                                                 |
| <i>ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)</i> | (Akovaz)                       | Tier 4 | SP                                                                                                                                 |

| Drug                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>ephedrine sulfate-0.9%nacl(pf)</i><br><i>intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 15 mg/3 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)</i>                                                                                                                                           | Tier 4 | SP    |
| IMMPHENTIV INTRAVENOUS SOLUTION 0.1 MG/ML                                                                                                                                                                                                                                                                                                        | Tier 4 | SP    |
| <i>phenylephrine hcl in 0.9% nacl</i><br><i>intravenous solution 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 300 mg/250 ml (1,200 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)</i> | Tier 4 | SP    |
| <i>phenylephrine hcl in 0.9% nacl</i><br><i>intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 5 mg/50 ml (100 mcg/ml)</i>                                                                                          | Tier 4 | SP    |
| <i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)                                                                                                                                                                                                                                                                                  | Tier 4 | SP    |
| <i>phenylephrine in sterile water</i><br><i>intravenous syringe 60 mg/50 ml (1,200 mcg/ml)</i>                                                                                                                                                                                                                                                   | Tier 4 | SP    |
| REZIPRES INTRAVENOUS SOLUTION 4.7 MG/ML                                                                                                                                                                                                                                                                                                          | Tier 4 | SP    |
| <b>Dermatology - Acne</b>                                                                                                                                                                                                                                                                                                                        |        |       |
| <b>Acne Agents,Systemic</b>                                                                                                                                                                                                                                                                                                                      |        |       |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                                                                                                                                                                                                                                                                                  | Tier 1 |       |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)                                                                                                                                                                                                                                                                                        | Tier 1 |       |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                                                                                                                                                                                                                                                                                  | Tier 1 |       |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)                                                                                                                                                                                                                                                                           | Tier 1 |       |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)                                                                                                                                                                                                                                                                                  | Tier 1 |       |
| <b>Acne Agents,Topical</b>                                                                                                                                                                                                                                                                                                                       |        |       |
| ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)                                                                                                                                                                                                                                                                                         | Tier 3 |       |
| ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)                                                                                                                                                                                                                                                                                 | Tier 3 |       |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)                                                                                                                                                                                                                                                                              | Tier 3 |       |

| Drug                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------|--------|-------|
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)                  | Tier 1 |       |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)            | Tier 1 |       |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 %                                                            | Tier 3 |       |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 %                                                          | Tier 3 | PA    |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)                | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>                                       | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton) | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)                | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>                             | Tier 1 |       |
| <i>dapsone topical gel 5 %</i> (Aczone)                                                     | Tier 1 |       |
| <i>dapsone topical gel with pump 7.5 %</i> (Aczone)                                         | Tier 1 |       |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)                                          | Tier 3 |       |
| DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)                                       | Tier 3 |       |
| DEOXIADENTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiron-niacin)                     | Tier 3 |       |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %                                                      | Tier 3 |       |
| DEOXIARVAR TOPICAL CREAM 0.05-1-4 %                                                         | Tier 3 |       |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spironolactone-niacin)                              | Tier 3 |       |
| DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)                                             | Tier 3 |       |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %                                                       | Tier 3 |       |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spironolactone-niacin)                           | Tier 3 |       |
| DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)                                          | Tier 3 |       |
| DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)                                      | Tier 3 |       |
| DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)                             | Tier 3 |       |
| DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)                            | Tier 3 |       |
| DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)                            | Tier 3 |       |
| IDYYXIATAR TOPICAL GEL 0.025-5 %                                                            | Tier 3 |       |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)                    | Tier 3 |       |

| Drug                                                       |                                  | Status | Notes |
|------------------------------------------------------------|----------------------------------|--------|-------|
| INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %                    |                                  | Tier 3 |       |
| INZDEOXIA TOPICAL GEL 2.5-1-4 %                            | (benzoyl per-clindamycin-niacin) | Tier 3 |       |
| NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %                     | (clindamycin-benzoyl peroxide)   | Tier 1 |       |
| ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %                |                                  | Tier 3 |       |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %                |                                  | Tier 3 |       |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %                 |                                  | Tier 3 |       |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %                     | (tretinoin-benzoyl-clinda-niac)  | Tier 3 |       |
| ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %                      | (tretinoin-benzoyl-clinda-niac)  | Tier 3 |       |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %                       |                                  | Tier 3 |       |
| ONZDEOXIA TOPICAL GEL 5-1-4 %                              | (benzoyl per-clindamycin-niacin) | Tier 3 |       |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 %                        | (tretinoin-hyaluronate-niacin)   | Tier 3 |       |
| OXIAVAR TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Tier 3 |       |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %                       | (tretinoin-hyaluronate-niacin)   | Tier 3 |       |
| OXIAVARY TOPICAL CREAM 0.1-4 %                             |                                  | Tier 3 |       |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 %                          | (tretinoin-hyaluronate-niacin)   | Tier 3 |       |
| SAROXIA TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Tier 3 |       |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | (Klaron)                         | Tier 1 |       |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 %                        | (tretinoin-clindamycin-niacin)   | Tier 3 |       |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 %                         | (tretinoin-spironolact-niacin)   | Tier 3 |       |
| TAROXIA TOPICAL CREAM 0.025-4 %                            | (tretinoin-niacinamide)          | Tier 3 |       |
| TAROXIA TOPICAL GEL 0.025-4 %                              | (tretinoin-niacinamide)          | Tier 3 |       |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 %                          | (tretinoin-spironolact-niacin)   | Tier 3 |       |
| VAROXIA TOPICAL CREAM 0.05-4 %                             | (tretinoin-niacinamide)          | Tier 3 |       |
| VAROXIA TOPICAL GEL 0.05-4 %                               | (tretinoin-niacinamide)          | Tier 3 |       |
| <b>Antibiotics, Miscellaneous, Other</b>                   |                                  |        |       |
| <i>bacitracin intramuscular recon soln 50,000 unit</i>     |                                  | Tier 4 | SP    |

| Drug                                                                           | Status | Notes                                                                                    |
|--------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| <b>Keratolytic-Glucocorticoid Combinations</b>                                 |        |                                                                                          |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                                         | Tier 2 |                                                                                          |
| <b>Rosacea Agents, Topical</b>                                                 |        |                                                                                          |
| AVEIDA TOPICAL GEL 1-1 %                                                       | Tier 3 |                                                                                          |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazole-niacin)               | Tier 3 |                                                                                          |
| <i>azelaic acid topical gel 15 %</i>                                           | Tier 1 |                                                                                          |
| <i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)                      | Tier 1 |                                                                                          |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %                                         | Tier 3 |                                                                                          |
| DAZOMON TOPICAL GEL 0.25 %                                                     | Tier 3 |                                                                                          |
| FINACEA TOPICAL FOAM 15 %                                                      | Tier 2 |                                                                                          |
| IDARAN TOPICAL OINTMENT 1-2 %                                                  | Tier 3 |                                                                                          |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan)                            | Tier 1 |                                                                                          |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan)                              | Tier 1 |                                                                                          |
| <i>metronidazole topical gel 1 %</i> (Metrogel)                                | Tier 1 |                                                                                          |
| <i>metronidazole topical gel with pump 1 %</i>                                 | Tier 1 |                                                                                          |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion)                       | Tier 1 |                                                                                          |
| ROSADAN TOPICAL CREAM 0.75 % (metronidazole)                                   | Tier 1 |                                                                                          |
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin)                                       | Tier 1 | ST; ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days |
| <b>Topical Antiandrogenic Agents</b>                                           |        |                                                                                          |
| WINLEVI TOPICAL CREAM 1 %                                                      | Tier 3 | PA                                                                                       |
| <b>Topical Preparations, Antibacterials</b>                                    |        |                                                                                          |
| BASADROX TOPICAL GEL IN PACKET                                                 | Tier 3 |                                                                                          |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 %                                        | Tier 3 |                                                                                          |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)               | Tier 1 |                                                                                          |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone) | Tier 1 |                                                                                          |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 %                                         | Tier 3 |                                                                                          |
| IODOSORB TOPICAL GEL 0.9 %                                                     | Tier 3 |                                                                                          |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)                       | Tier 1 |                                                                                          |
| NORMLGEL AG TOPICAL GEL 0.11 %                                                 | Tier 3 |                                                                                          |
| SILVASORB TOPICAL GEL, EXTENDED RELEASE                                        | Tier 1 |                                                                                          |
| <i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>                       | Tier 1 |                                                                                          |

| Drug                                                                                           | Status | Notes                                                                               |
|------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------|
| STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %                                | Tier 1 |                                                                                     |
| <b>Vitamin A Derivatives</b>                                                                   |        |                                                                                     |
| <i>adapalene topical cream 0.1 %</i> (Differin)                                                | Tier 1 |                                                                                     |
| <i>adapalene topical gel 0.3 %</i>                                                             | Tier 1 |                                                                                     |
| <i>adapalene topical gel with pump 0.3 %</i> (Differin)                                        | Tier 1 |                                                                                     |
| <i>adapalene topical lotion 0.1 %</i> (Differin)                                               | Tier 1 | Age (Max 39 Years)                                                                  |
| ALTRENO TOPICAL LOTION 0.05 %                                                                  | Tier 3 |                                                                                     |
| AVITA TOPICAL CREAM 0.025 % (tretinoin)                                                        | Tier 1 |                                                                                     |
| AVITA TOPICAL GEL 0.025 % (tretinoin)                                                          | Tier 1 |                                                                                     |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)                        | Tier 1 | Age (Max 39 Years)                                                                  |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i> (Retin-A Micro Pump) | Tier 1 | Age (Max 39 Years)                                                                  |
| <i>tretinoin topical cream 0.025 %</i> (Avita)                                                 | Tier 1 |                                                                                     |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)                                         | Tier 1 |                                                                                     |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A)                                                  | Tier 1 |                                                                                     |
| <i>tretinoin topical gel 0.025 %</i> (Avita)                                                   | Tier 1 |                                                                                     |
| <i>tretinoin topical gel 0.05 %</i> (Atralin)                                                  | Tier 1 |                                                                                     |
| <b>Vitamin A Derivatives, Topical Acne Agents</b>                                              |        |                                                                                     |
| ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)                                        | Tier 3 |                                                                                     |
| ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)                                         | Tier 3 |                                                                                     |
| <b>Dermatology - Antiinfective</b>                                                             |        |                                                                                     |
| <b>Topical Antibiotics</b>                                                                     |        |                                                                                     |
| CENTANY AT TOPICAL OINTMENT KIT 2 %                                                            | Tier 3 |                                                                                     |
| <i>clindamycin phosphate topical foam 1 %</i> (Clindacin)                                      | Tier 1 |                                                                                     |
| <i>clindamycin phosphate topical gel 1 %</i>                                                   | Tier 1 |                                                                                     |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)                           | Tier 1 | ST; ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)                                    | Tier 1 |                                                                                     |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)                                  | Tier 1 | QL (180 ML per 1 FILL)                                                              |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)                                  | Tier 1 |                                                                                     |
| ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)                                          | Tier 1 |                                                                                     |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel)                                      | Tier 1 |                                                                                     |
| <i>erythromycin with ethanol topical solution 2 %</i>                                          | Tier 1 | QL (180 ML per 1 FILL)                                                              |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)                            | Tier 1 |                                                                                     |
| <i>gentamicin topical cream 0.1 %</i>                                                          | Tier 1 | QL (90 GM per 1 FILL)                                                               |
| <i>gentamicin topical ointment 0.1 %</i>                                                       | Tier 1 | QL (90 GM per 1 FILL)                                                               |

| Drug                                                                      | Status | Notes                                                                               |
|---------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------|
| <i>mupirocin calcium topical cream 2 %</i>                                | Tier 1 | QL (90 GM per 1 FILL)                                                               |
| <i>mupirocin topical ointment 2 %</i> (Centany)                           | Tier 1 | QL (90 GM per 1 FILL)                                                               |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)                       | Tier 3 |                                                                                     |
| XEPI TOPICAL CREAM 1 %                                                    | Tier 3 | ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| <b>Topical Antifungal/Antiinflammatory, Steriod Agent</b>                 |        |                                                                                     |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                  | Tier 1 |                                                                                     |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                 | Tier 1 |                                                                                     |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)               | Tier 3 |                                                                                     |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl) | Tier 3 |                                                                                     |
| PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)                 | Tier 3 |                                                                                     |
| <b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>                 |        |                                                                                     |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)             | Tier 3 |                                                                                     |
| <b>Topical Antifungals</b>                                                |        |                                                                                     |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                                    | Tier 3 |                                                                                     |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)                         | Tier 1 | QL (180 GM per 1 FILL)                                                              |
| <i>ciclopirox topical gel 0.77 %</i>                                      | Tier 1 |                                                                                     |
| <i>ciclopirox topical shampoo 1 %</i>                                     | Tier 1 |                                                                                     |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)                         | Tier 1 | QL (19.8 ML per 1 FILL)                                                             |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))         | Tier 1 | QL (180 ML per 1 FILL)                                                              |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit) | Tier 1 | QL (19.8 ML per 1 FILL)                                                             |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))         | Tier 1 |                                                                                     |
| <i>clotrimazole topical solution 1 %</i>                                  | Tier 1 |                                                                                     |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin) | Tier 3 |                                                                                     |
| <i>econazole topical cream 1 %</i>                                        | Tier 1 | QL (170 GM per 1 FILL)                                                              |
| ECOZA TOPICAL FOAM 1 %                                                    | Tier 3 |                                                                                     |
| EXELDERM TOPICAL CREAM 1 % (sulconazole)                                  | Tier 2 |                                                                                     |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole)                               | Tier 2 |                                                                                     |
| EXODERM TOPICAL LOTION 25-1 %                                             | Tier 1 |                                                                                     |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)              | Tier 3 |                                                                                     |

| Drug                                                                            | Status | Notes                                                                                                                   |
|---------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------|
| HEXIOUNYL TOPICAL LOTION 3-5-20 %                                               | Tier 3 |                                                                                                                         |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %                                             | Tier 3 |                                                                                                                         |
| IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)                             | Tier 3 |                                                                                                                         |
| <i>ketoconazole topical cream 2 %</i>                                           | Tier 1 | QL (180 GM per 1 FILL)                                                                                                  |
| <i>ketoconazole topical shampoo 2 %</i>                                         | Tier 1 | QL (360 ML per 1 FILL)                                                                                                  |
| KETODAN KIT TOPICAL COMBO PACK 2 %                                              | Tier 3 |                                                                                                                         |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                            | Tier 1 |                                                                                                                         |
| <i>luliconazole topical cream 1 %</i> (Luzu)                                    | Tier 1 | ST; ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days) |
| MENTAX TOPICAL CREAM 1 % (butenafine)                                           | Tier 3 |                                                                                                                         |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion) | Tier 1 |                                                                                                                         |
| <i>naftifine topical cream 1 %</i>                                              | Tier 1 |                                                                                                                         |
| <i>naftifine topical cream 2 %</i>                                              | Tier 1 | QL (180 GM per 1 FILL)                                                                                                  |
| <i>naftifine topical gel 2 %</i> (Naftin)                                       | Tier 1 |                                                                                                                         |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Tier 1 |                                                                                                                         |
| <i>nystatin topical cream 100,000 unit/gram</i>                                 | Tier 1 |                                                                                                                         |
| <i>nystatin topical ointment 100,000 unit/gram</i>                              | Tier 1 | QL (90 GM per 1 FILL)                                                                                                   |
| <i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)                     | Tier 1 |                                                                                                                         |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                | Tier 1 |                                                                                                                         |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>          | Tier 1 | QL (180 GM per 1 FILL)                                                                                                  |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Tier 1 |                                                                                                                         |
| <i>oxiconazole topical cream 1 %</i> (Oxistat)                                  | Tier 1 | QL (180 GM per 1 FILL)                                                                                                  |
| OXISTAT TOPICAL LOTION 1 %                                                      | Tier 3 |                                                                                                                         |
| PHEDRAX TOPICAL SHAMPOO 2-2 %                                                   | Tier 3 |                                                                                                                         |
| PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)                          | Tier 3 |                                                                                                                         |
| <i>sulconazole topical cream 1 %</i> (Exelderm)                                 | Tier 1 |                                                                                                                         |
| <i>sulconazole topical solution 1 %</i> (Exelderm)                              | Tier 1 |                                                                                                                         |
| <i>tavaborole topical solution with applicator 5 %</i> (Kerydin)                | Tier 1 | PA                                                                                                                      |

| Drug                                                             |                                 | Status | Notes                                                                               |
|------------------------------------------------------------------|---------------------------------|--------|-------------------------------------------------------------------------------------|
| <b>Topical Antiparasitics</b>                                    |                                 |        |                                                                                     |
| <i>malathion topical lotion 0.5 %</i>                            | (Ovide)                         | Tier 1 |                                                                                     |
| <i>permethrin topical cream 5 %</i>                              | (Elimite)                       | Tier 1 |                                                                                     |
| <i>spinosad topical suspension 0.9 %</i>                         | (Natroba)                       | Tier 1 |                                                                                     |
| ULESFIA TOPICAL LOTION 5 %                                       |                                 | Tier 3 |                                                                                     |
| <b>Topical Antivirals</b>                                        |                                 |        |                                                                                     |
| <i>acyclovir topical ointment 5 %</i>                            | (Zovirax)                       | Tier 1 |                                                                                     |
| <b>Topical Pleuromutilin Derivatives</b>                         |                                 |        |                                                                                     |
| ALTABAX TOPICAL OINTMENT 1 %                                     |                                 | Tier 3 | ST; ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| <b>Topical Sulfonamides</b>                                      |                                 |        |                                                                                     |
| BP 10-1 TOPICAL CLEANSER 10-1 %                                  | (sulfacetamide sodium-sulfur)   | Tier 1 |                                                                                     |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 %                        | (sulfacetamide sod-sulfur-urea) | Tier 1 |                                                                                     |
| ECEOXIA TOPICAL CREAM 10-4 %                                     | (sulfacetamide-niacinamide)     | Tier 3 |                                                                                     |
| <i>mafenide acetate topical packet 50 gram</i>                   | (Sulfamylon)                    | Tier 1 |                                                                                     |
| OXIAICE TOPICAL LOTION 15-4 %                                    |                                 | Tier 3 |                                                                                     |
| ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %           | (sulfacetamide sodium-sulfur)   | Tier 1 |                                                                                     |
| ROSULA TOPICAL CLEANSER 10-4.5 %                                 |                                 | Tier 3 |                                                                                     |
| <i>silver sulfadiazine topical cream 1 %</i>                     | (SSD)                           | Tier 1 |                                                                                     |
| SSD TOPICAL CREAM 1 %                                            | (silver sulfadiazine)           | Tier 1 |                                                                                     |
| SSS 10-5 TOPICAL CREAM 10-5 % (W/W)                              | (sulfacetamide sodium-sulfur)   | Tier 1 |                                                                                     |
| SSS 10-5 TOPICAL FOAM 10-5 %                                     | (sulfacetamide sodium-sulfur)   | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>       | (Avar LS)                       | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> | (Avar)                          | Tier 1 | QL (1419 GM per 1 FILL)                                                             |
| <i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>    | (Plexion)                       | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>        | (Sumaxin)                       | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>          | (Avar-E LS)                     | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>    | (SSS 10-5)                      | Tier 1 |                                                                                     |
| <i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i>       | (Plexion)                       | Tier 1 |                                                                                     |

| Drug                                                                                                 | Status | Notes                                                                                                                            |
|------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)                                | Tier 1 |                                                                                                                                  |
| sulfacetamide sodium-sulfur topical lotion 9.8-4.8 % (Plexion)                                       | Tier 1 |                                                                                                                                  |
| sulfacetamide sodium-sulfur topical pads, medicated 10-4 % (Sumaxin)                                 | Tier 1 |                                                                                                                                  |
| sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 % (Plexion Cleansing Cloths)             | Tier 1 |                                                                                                                                  |
| sulfacetamide sodium-sulfur topical suspension 10-5 %                                                | Tier 1 |                                                                                                                                  |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %                                             | Tier 1 | QL (1419 ML per 1 FILL)                                                                                                          |
| SULFAMYLON TOPICAL CREAM 85 MG/G                                                                     | Tier 3 |                                                                                                                                  |
| SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)                                                 | Tier 3 |                                                                                                                                  |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa) | Tier 3 |                                                                                                                                  |
| <b>Dermatology - Antiinflammatory</b>                                                                |        |                                                                                                                                  |
| <b>Interleukin-13 (Il-13) Inhibitors, Mab</b>                                                        |        |                                                                                                                                  |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML                                                                 | Tier 4 | PA; SP                                                                                                                           |
| <b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>                                            |        |                                                                                                                                  |
| EUCRISA TOPICAL OINTMENT 2 %                                                                         | Tier 2 |                                                                                                                                  |
| <b>Topical Antibiotics/Antiinflammatory,Steroidal</b>                                                |        |                                                                                                                                  |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %                                            | Tier 3 | ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %                                                | Tier 3 | ST; ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days |
| <b>Topical Anti-Inflammatory Steroidal</b>                                                           |        |                                                                                                                                  |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                                                                        | Tier 3 |                                                                                                                                  |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %                                                       | Tier 1 |                                                                                                                                  |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)                                                          | Tier 1 |                                                                                                                                  |

| Drug                                                                            | Status | Notes                                                                                               |
|---------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| ALA-SCALP TOPICAL LOTION 2 %                                                    | Tier 1 | ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days |
| <i>alclometasone topical cream 0.05 %</i>                                       | Tier 1 |                                                                                                     |
| <i>alclometasone topical ointment 0.05 %</i>                                    | Tier 1 |                                                                                                     |
| <i>betamethasone dipropionate topical cream 0.05 %</i>                          | Tier 1 |                                                                                                     |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>                         | Tier 1 |                                                                                                     |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>                       | Tier 1 |                                                                                                     |
| <i>betamethasone valerate topical cream 0.1 %</i>                               | Tier 1 |                                                                                                     |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)                       | Tier 1 |                                                                                                     |
| <i>betamethasone valerate topical lotion 0.1 %</i>                              | Tier 1 |                                                                                                     |
| <i>betamethasone valerate topical ointment 0.1 %</i>                            | Tier 1 |                                                                                                     |
| <i>betamethasone, augmented topical cream 0.05 %</i>                            | Tier 1 |                                                                                                     |
| <i>betamethasone, augmented topical gel 0.05 %</i>                              | Tier 1 |                                                                                                     |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | Tier 1 |                                                                                                     |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | Tier 1 |                                                                                                     |
| CAPEX TOPICAL SHAMPOO 0.01 %                                                    | Tier 3 |                                                                                                     |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)                    | Tier 3 |                                                                                                     |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)                        | Tier 3 |                                                                                                     |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)                     | Tier 3 |                                                                                                     |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)                     | Tier 3 |                                                                                                     |
| <i>clobetasol scalp solution 0.05 %</i>                                         | Tier 1 |                                                                                                     |
| <i>clobetasol topical cream 0.05 %</i>                                          | Tier 1 |                                                                                                     |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | Tier 1 |                                                                                                     |
| <i>clobetasol topical gel 0.05 %</i>                                            | Tier 1 |                                                                                                     |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | Tier 1 |                                                                                                     |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate)                            | Tier 1 |                                                                                                     |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | Tier 1 |                                                                                                     |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)                     | Tier 1 |                                                                                                     |

| Drug                                                             | Status | Notes                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>clobetasol-emollient topical cream 0.05 %</i>                 | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)         | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>clocortolone pivalate topical cream 0.1 %</i>                 | Tier 1 | ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                                      |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %              | Tier 3 |                                                                                                                                                                                                                                                            |
| CORDRAN TAPE LARGE ROLL<br>TOPICAL TAPE 4 MCG/CM2                | Tier 3 | ST; ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days) |
| CORDRAN TOPICAL CREAM 0.025 %                                    | Tier 3 | ST; ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days                                                                                                                                                     |
| <i>desonide topical cream 0.05 %</i> (DesOwen)                   | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>desonide topical gel 0.05 %</i>                               | Tier 1 | ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days                    |
| <i>desonide topical lotion 0.05 %</i>                            | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>desonide topical ointment 0.05 %</i>                          | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)    | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>desoximetasone topical gel 0.05 %</i> (Topicort)              | Tier 1 |                                                                                                                                                                                                                                                            |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort) | Tier 1 |                                                                                                                                                                                                                                                            |

| Drug                                                    |                              | Status | Notes                                                                                                                                                                                                                                         |
|---------------------------------------------------------|------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>desoximetasone topical spray, non-aerosol 0.25 %</i> | (Topicort)                   | Tier 1 | ST; ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i>     | (Derma-Smoothe/FS Scalp Oil) | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinolone topical cream 0.01 %</i>                |                              | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinolone topical cream 0.025 %</i>               | (Synalar)                    | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinolone topical oil 0.01 %</i>                  | (Derma-Smoothe/FS Body Oil)  | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinolone topical ointment 0.025 %</i>            | (Synalar)                    | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinolone topical solution 0.01 %</i>             | (Synalar)                    | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide topical cream 0.05 %</i>                |                              | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide topical cream 0.1 %</i>                 | (Vanos)                      | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide topical gel 0.05 %</i>                  |                              | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide topical ointment 0.05 %</i>             |                              | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide topical solution 0.05 %</i>             |                              | Tier 1 |                                                                                                                                                                                                                                               |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 %                     | (fluocinonide-emollient)     | Tier 1 |                                                                                                                                                                                                                                               |
| <i>fluocinonide-emollient topical cream 0.05 %</i>      | (Fluocinonide-E)             | Tier 1 |                                                                                                                                                                                                                                               |
| FLUOXIA TOPICAL CREAM 0.05-4 %                          |                              | Tier 3 |                                                                                                                                                                                                                                               |
| <i>flurandrenolide topical cream 0.05 %</i>             | (Cordran)                    | Tier 1 | ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days       |
| <i>flurandrenolide topical lotion 0.05 %</i>            | (Cordran)                    | Tier 1 |                                                                                                                                                                                                                                               |
| <i>flurandrenolide topical ointment 0.05 %</i>          | (Cordran)                    | Tier 1 | ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)                                                                                |

| Drug                                                         | Status | Notes                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>fluticasone propionate topical cream</i><br>0.05 %        | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>fluticasone propionate topical lotion</i> 0.05 % (Beser)  | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>fluticasone propionate topical ointment</i><br>0.005 %    | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>halcinonide topical cream</i> 0.1 % (Halog)               | Tier 1 | ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                                                     |
| <i>halobetasol propionate topical cream</i><br>0.05 %        | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>halobetasol propionate topical ointment</i><br>0.05 %     | Tier 1 |                                                                                                                                                                                                                                                                  |
| HALOG TOPICAL OINTMENT 0.1 %                                 | Tier 3 | ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                                                     |
| HALOG TOPICAL SOLUTION 0.1 %                                 | Tier 3 | ST; ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                                                     |
| <i>hydrocortisone butyrate topical cream</i><br>0.1 %        | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>hydrocortisone butyrate topical lotion</i> 0.1 % (Locoid) | Tier 1 | ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |

| Drug                                                                               | Status | Notes                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>hydrocortisone butyrate topical ointment</i><br>0.1 %                           | Tier 1 | ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| <i>hydrocortisone butyrate topical solution</i><br>0.1 %                           | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone butyr-emollient topical cream</i> 0.1 % (Locoid Lipocream)       | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical cream</i> 1 % (Ala-Cort)                                 | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical cream</i> 2.5 %                                          | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical cream with perineal applicator</i> 1 %                   | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical cream with perineal applicator</i> 2.5 % (Procto-Med HC) | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical lotion</i> 2.5 %                                         | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))                        | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone topical ointment</i> 2.5 %                                       | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone valerate topical cream</i><br>0.2 %                              | Tier 1 |                                                                                                                                                                                                                                         |
| <i>hydrocortisone valerate topical ointment</i><br>0.2 %                           | Tier 1 | ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                   |
| <i>mometasone topical cream</i> 0.1 %                                              | Tier 1 |                                                                                                                                                                                                                                         |
| <i>mometasone topical ointment</i> 0.1 %                                           | Tier 1 |                                                                                                                                                                                                                                         |
| <i>mometasone topical solution</i> 0.1 %                                           | Tier 1 |                                                                                                                                                                                                                                         |
| NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)                          | Tier 3 |                                                                                                                                                                                                                                         |

| Drug                                                                        | Status | Notes                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PANDEL TOPICAL CREAM 0.1 %                                                  | Tier 3 | ST; ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days) |
| <i>prednicarbate topical cream 0.1 %</i>                                    | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>prednicarbate topical ointment 0.1 %</i>                                 | Tier 1 |                                                                                                                                                                                                                                                                  |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 1 |                                                                                                                                                                                                                                                                  |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)  | Tier 1 |                                                                                                                                                                                                                                                                  |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 1 |                                                                                                                                                                                                                                                                  |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 %                                     | Tier 2 |                                                                                                                                                                                                                                                                  |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %                                      | Tier 3 | ST; ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days                                                                                                                            |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 %                                     | Tier 3 | QL (375 GM per 30 days)                                                                                                                                                                                                                                          |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %          | Tier 3 | QL (375 GM per 30 days)                                                                                                                                                                                                                                          |
| SYNALAR TS TOPICAL KIT 0.01 %                                               | Tier 3 |                                                                                                                                                                                                                                                                  |
| TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)                   | Tier 3 |                                                                                                                                                                                                                                                                  |
| TEXACORT TOPICAL SOLUTION 2.5 %                                             | Tier 2 | ST; ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days                                                                                                                                                              |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)      | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>triamcinolone acetonide topical cream 0.025 %</i>                        | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)                | Tier 1 |                                                                                                                                                                                                                                                                  |
| <i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)                | Tier 1 | QL (454 GM per 30 days)                                                                                                                                                                                                                                          |

| Drug                                                                     | Status | Notes                                                                                                      |
|--------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------|
| <i>triamcinolone acetonide topical lotion</i><br>0.025 %, 0.1 %          | Tier 1 |                                                                                                            |
| <i>triamcinolone acetonide topical ointment</i><br>0.025 %, 0.1 %, 0.5 % | Tier 1 |                                                                                                            |
| TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)                    | Tier 1 |                                                                                                            |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)                    | Tier 1 | QL (454 GM per 30 days)                                                                                    |
| <b>Topical Anti-Inflammatory, Nsaids</b>                                 |        |                                                                                                            |
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 % | Tier 1 |                                                                                                            |
| <i>diclofenac sodium topical drops</i> 1.5 %                             | Tier 1 |                                                                                                            |
| <i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))            | Tier 1 |                                                                                                            |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %                                   | Tier 3 | ST; ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day) |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)              | Tier 3 |                                                                                                            |
| <b>Topical Janus Kinase (Jak) Inhibitors</b>                             |        |                                                                                                            |
| OPZELURA TOPICAL CREAM 1.5 %                                             | Tier 2 | PA                                                                                                         |
| <b>Dermatology - Antipruritic Drugs</b>                                  |        |                                                                                                            |
| <b>Antipruritics, Systemic</b>                                           |        |                                                                                                            |
| KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML                                   | Tier 4 | PA; SP                                                                                                     |
| <b>Dermatology - Miscellaneous</b>                                       |        |                                                                                                            |
| <b>Antiperspirants</b>                                                   |        |                                                                                                            |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)             | Tier 2 |                                                                                                            |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                         | Tier 2 |                                                                                                            |
| <b>Antiseborrheic Agents</b>                                             |        |                                                                                                            |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)           | Tier 2 |                                                                                                            |
| OVACE PLUS TOPICAL CREAM 10 %                                            | Tier 3 |                                                                                                            |
| OVACE PLUS TOPICAL LOTION 9.8 %                                          | Tier 3 | ST; ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days                |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)                  | Tier 3 |                                                                                                            |
| <i>selenium sulfide topical lotion</i> 2.5 %                             | Tier 1 |                                                                                                            |
| <i>selenium sulfide topical shampoo</i> 2.25 %, 2.3 %                    | Tier 1 |                                                                                                            |
| <i>sulfacetamide sodium topical cleanser</i> 10 % (Ovace)                | Tier 1 |                                                                                                            |
| <i>sulfacetamide sodium topical cleanser, gel</i> 10 % (Ovace Plus Wash) | Tier 1 |                                                                                                            |

| Drug                                                                                     |                               | Status | Notes |
|------------------------------------------------------------------------------------------|-------------------------------|--------|-------|
| <i>sulfacetamide sodium topical shampoo 10 %</i>                                         | (Ovace Plus Shampoo)          | Tier 1 |       |
| <i>sulfacetamide sodium topical shampoo 9.8 %</i>                                        | (Plexion NS)                  | Tier 1 |       |
| TERSI FOAM TOPICAL FOAM 2.25 %                                                           |                               | Tier 3 |       |
| <b>Antiseptics,Miscellaneous</b>                                                         |                               |        |       |
| <i>guaiacol liquid</i>                                                                   |                               | Tier 3 |       |
| <i>phenol injection solution 6 %</i>                                                     |                               | Tier 4 | SP    |
| <b>Emollients</b>                                                                        |                               |        |       |
| <i>ammonium lactate topical cream 12 %</i>                                               |                               | Tier 1 |       |
| <i>ammonium lactate topical lotion 12 %</i>                                              | (Skin Treatment)              | Tier 1 |       |
| ATRAPRO CP TOPICAL COMBO<br>PACK,CREAM AND GEL                                           |                               | Tier 3 |       |
| KERASTAT TOPICAL CREAM                                                                   |                               | Tier 3 |       |
| KERASTAT TOPICAL GEL 5 %                                                                 |                               | Tier 3 |       |
| MB HYDROGEL TOPICAL KIT,CREAM<br>AND GEL 96.53-3-0.4 -0.066 %                            |                               | Tier 1 |       |
| PRESERA TOPICAL FOAM                                                                     |                               | Tier 3 |       |
| XCLAIR TOPICAL CREAM                                                                     |                               | Tier 3 |       |
| <b>Iodine Antiseptics</b>                                                                |                               |        |       |
| BETADINE OPHTHALMIC PREP<br>OPHTHALMIC (EYE) SOLUTION 5 %                                | (povidone-iodine)             | Tier 3 |       |
| <i>povidone-iodine ophthalmic (eye)<br/>solution 5 %</i>                                 | (Betadine Ophthalmic<br>Prep) | Tier 1 |       |
| <b>Irrigants</b>                                                                         |                               |        |       |
| <i>acetic acid irrigation solution 0.25 %</i>                                            |                               | Tier 1 |       |
| <i>lactated ringers irrigation solution</i>                                              |                               | Tier 3 |       |
| <i>neomycin-polymyxin b gu irrigation<br/>solution 40 mg-200,000 unit/ml</i>             |                               | Tier 1 |       |
| PHYSIOLYTE IRRIGATION SOLUTION<br>140-5-3-98 MEQ/L                                       |                               | Tier 3 |       |
| PHYSIOSOL IRRIGATION IRRIGATION<br>SOLUTION 140-5-3-98 MEQ/L                             |                               | Tier 3 |       |
| <i>ringer's irrigation solution</i>                                                      |                               | Tier 1 |       |
| <i>sodium chloride irrigation solution 0.9 %</i>                                         | (Sterile Saline)              | Tier 1 |       |
| <i>sorbitol irrigation solution 3 %</i>                                                  |                               | Tier 1 |       |
| <i>sorbitol-mannitol transurethral solution<br/>2.7-0.54 gram/100 ml</i>                 |                               | Tier 1 |       |
| TIS-U-SOL PENTALYTE IRRIGATION<br>IRRIGATION SOLUTION 800-40-20-<br>8.75- 6.25 MG/100 ML |                               | Tier 3 |       |
| VASHE IRRIGATION IRRIGATION<br>SOLUTION 0.033 %                                          |                               | Tier 3 |       |
| <i>water for irrigation, sterile irrigation<br/>solution</i>                             | (Curity Sterile Water)        | Tier 1 |       |

| Drug                                                                                | Status | Notes                                                                                                           |
|-------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|
| <b>Irritants/Counter-Irritants</b>                                                  |        |                                                                                                                 |
| <i>cantharidin in acetone topical solution</i><br>0.7 %                             | Tier 1 |                                                                                                                 |
| <i>methyl salicylate oil</i> (Wintergreen Oil)                                      | Tier 1 |                                                                                                                 |
| <i>methyl salicylate topical liquid</i>                                             | Tier 1 |                                                                                                                 |
| QUTENZA TOPICAL KIT 8 %                                                             | Tier 3 | PA                                                                                                              |
| WINTERGREEN OIL OIL (methyl salicylate)                                             | Tier 1 |                                                                                                                 |
| YCANTH TOPICAL SOLUTION WITH<br>APPLICATOR 0.7 %                                    | Tier 3 | PA                                                                                                              |
| <b>Keratolytics</b>                                                                 |        |                                                                                                                 |
| <i>benzoyl peroxide topical foam</i> 9.8 % (BenzePro)                               | Tier 1 |                                                                                                                 |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)                                              | Tier 1 |                                                                                                                 |
| CEM-UREA TOPICAL GEL 45 % (urea)                                                    | Tier 1 |                                                                                                                 |
| CONDYLOX TOPICAL GEL 0.5 % (podofilox)                                              | Tier 3 | ST; ST: Requires prior prescription for 0.5% Podofilox solution within the past 120 days; QL (0.5 GM per 1 day) |
| HYDRO 35 TOPICAL FOAM 35 % (urea)                                                   | Tier 3 |                                                                                                                 |
| KERALYT SCALP COMPLETE<br>TOPICAL KIT, SHAMPOO AND GEL 6-6 %                        | Tier 3 |                                                                                                                 |
| METDRAY TOPICAL GEL 17-2 %                                                          | Tier 3 |                                                                                                                 |
| NENDRUX TOPICAL GEL 40-5 %                                                          | Tier 3 |                                                                                                                 |
| PACNEX HP TOPICAL PADS,<br>MEDICATED 7 %                                            | Tier 3 |                                                                                                                 |
| PACNEX LP TOPICAL PADS,<br>MEDICATED 4.25 %                                         | Tier 3 |                                                                                                                 |
| ODOCON TOPICAL LIQUID 25 %                                                          | Tier 1 |                                                                                                                 |
| <i>podofilox topical gel</i> 0.5 % (Condylox)                                       | Tier 1 | ST; ST: Requires prior prescription for 0.5% Podofilox solution within the past 120 days; QL (0.5 GM per 1 day) |
| <i>podofilox topical solution</i> 0.5 %                                             | Tier 1 | QL (0.5 ML per 1 day)                                                                                           |
| PR BENZOYL PEROXIDE TOPICAL<br>CLEANSER 7 %                                         | Tier 1 |                                                                                                                 |
| PRONAL TOPICAL GEL 10-40 %                                                          | Tier 3 |                                                                                                                 |
| <i>salicylic acid topical cream</i> 6 % (Salimez)                                   | Tier 1 |                                                                                                                 |
| <i>salicylic acid topical cream, extended<br/>release</i> 6 %                       | Tier 1 |                                                                                                                 |
| <i>salicylic acid topical film forming liquid<br/>w/appl</i> 27.5 % (Virasal)       | Tier 1 |                                                                                                                 |
| <i>salicylic acid topical film-forming soln er<br/>w/ appl</i> 28.5 % (UltraSal-ER) | Tier 1 |                                                                                                                 |
| <i>salicylic acid topical foam</i> 6 % (Salvax)                                     | Tier 1 |                                                                                                                 |

| Drug                                                                     | Status | Notes |
|--------------------------------------------------------------------------|--------|-------|
| <i>salicylic acid topical liquid 26 %</i>                                | Tier 1 |       |
| <i>salicylic acid topical lotion 6 %</i>                                 | Tier 1 |       |
| <i>salicylic acid topical lotion, extended release 6 %</i>               | Tier 1 |       |
| <i>salicylic acid topical ointment 3 %</i>                               | Tier 1 |       |
| <i>salicylic acid topical shampoo 6 %</i> (Keralyt)                      | Tier 1 |       |
| SALIMEZ FORTE TOPICAL CREAM 10 %                                         | Tier 3 |       |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 %                                      | Tier 3 |       |
| SALVAX TOPICAL FOAM 6 % (salicylic acid)                                 | Tier 1 |       |
| <i>silver nitrate applicators topical stick 75-25 %</i>                  | Tier 1 |       |
| <i>silver nitrate topical solution 10 %</i>                              | Tier 1 |       |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid) | Tier 3 |       |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %                              | Tier 3 |       |
| URAMAXIN TOPICAL FOAM 20 %                                               | Tier 3 |       |
| URAMAXIN TOPICAL LOTION 45 % (urea)                                      | Tier 3 |       |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)                             | Tier 1 |       |
| <i>urea topical cream 39 %</i> (Uredeb)                                  | Tier 1 |       |
| <i>urea topical cream 40 %, 47 %</i>                                     | Tier 1 |       |
| <i>urea topical cream 45 %</i> (Uramaxin)                                | Tier 1 |       |
| <i>urea topical cream 50 %</i> (Ure-K)                                   | Tier 1 |       |
| <i>urea topical foam 35 %</i> (Hydro 35)                                 | Tier 1 |       |
| <i>urea topical gel 45 %</i> (CEM-Urea)                                  | Tier 1 |       |
| <i>urea topical lotion 40 %</i>                                          | Tier 1 |       |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %                          | Tier 3 |       |
| <b>Oxidizing Agents</b>                                                  |        |       |
| <i>hydrogen peroxide solution 3 %</i>                                    | Tier 1 |       |
| <b>Protectives</b>                                                       |        |       |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG                                     | Tier 3 |       |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %                               | Tier 1 |       |
| PR CREAM TOPICAL CREAM                                                   | Tier 1 |       |
| RECEDO TOPICAL GEL                                                       | Tier 3 |       |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)   | Tier 1 |       |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 %                                      | Tier 3 |       |
| <i>zinc oxide topical ointment 20 %</i>                                  | Tier 1 |       |

| Drug                                                                   | Status | Notes                                                                                                   |
|------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------|
| <i>zinc oxide topical paste 25 %</i>                                   | Tier 1 |                                                                                                         |
| <b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>              |        |                                                                                                         |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 %                                     | Tier 2 |                                                                                                         |
| EPIFOAM TOPICAL FOAM 1-1 %                                             | Tier 3 | ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)      | Tier 1 |                                                                                                         |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort) | Tier 1 |                                                                                                         |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)               | Tier 2 | ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %                                | Tier 2 |                                                                                                         |
| PRAMOSONE TOPICAL OINTMENT 1-1 %                                       | Tier 2 | ST; ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)          | Tier 2 |                                                                                                         |
| <b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>          |        |                                                                                                         |
| <i>bexarotene topical gel 1 %</i> (Targretin)                          | Tier 4 | PA; SP                                                                                                  |
| <i>diclofenac sodium topical gel 3 %</i>                               | Tier 1 | QL (100 GM per 1 FILL)                                                                                  |
| FLUOROPLEX TOPICAL CREAM 1 %                                           | Tier 3 | PA                                                                                                      |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)                        | Tier 1 | PA                                                                                                      |
| <i>fluorouracil topical cream 5 %</i> (Efudex)                         | Tier 1 |                                                                                                         |
| <i>fluorouracil topical solution 2 %, 5 %</i>                          | Tier 1 |                                                                                                         |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 %                                 | Tier 2 | QL (5 EA per 1 FILL)                                                                                    |
| PANRETIN TOPICAL GEL 0.1 %                                             | Tier 4 | SP; QL (60 GM per 28 days)                                                                              |
| TOLAK TOPICAL CREAM 4 %                                                | Tier 2 |                                                                                                         |
| VALCHLOR TOPICAL GEL 0.016 %                                           | Tier 4 | PA; SP                                                                                                  |
| <b>Topical Local Anesthetics</b>                                       |        |                                                                                                         |
| ANACAINE TOPICAL OINTMENT 10 %                                         | Tier 3 |                                                                                                         |
| ANASTIA TOPICAL LOTION 2.75 %                                          | Tier 3 |                                                                                                         |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %                           | Tier 3 |                                                                                                         |

| Drug                                                                                              | Status | Notes                   |
|---------------------------------------------------------------------------------------------------|--------|-------------------------|
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)                                        | Tier 3 |                         |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY                                              | Tier 3 |                         |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY                                                     | Tier 3 |                         |
| DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH, MEDICATED 5 %                              | Tier 1 | QL (90 EA per 30 days)  |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 %                                                              | Tier 3 |                         |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 %                                                              | Tier 3 |                         |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 %                                                             | Tier 3 |                         |
| <i>ethyl chloride topical aerosol, spray 100 %</i>                                                | Tier 1 |                         |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %                                              | Tier 1 |                         |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)        | Tier 1 |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %                                           | Tier 1 |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %                                           | Tier 3 |                         |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>                                                 | Tier 1 |                         |
| <i>lidocaine hcl topical cream 3 %</i> (Lidopin)                                                  | Tier 1 |                         |
| <i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)                       | Tier 1 | QL (90 EA per 30 days)  |
| <i>lidocaine topical ointment 5 %</i>                                                             | Tier 1 | QL (240 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>                                               | Tier 1 |                         |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra)) | Tier 1 |                         |
| LIDOCAN III TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)                                     | Tier 1 | QL (90 EA per 30 days)  |
| LIDOPIN TOPICAL CREAM 3.25 %                                                                      | Tier 3 |                         |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                          | Tier 3 |                         |
| NUMBONEX TOPICAL LOTION 2.75 %                                                                    | Tier 3 |                         |
| NYNUTEY TOPICAL CREAM 23-7 %                                                                      | Tier 3 |                         |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %                                            | Tier 3 |                         |
| REGENECARE TOPICAL GEL 2 %                                                                        | Tier 3 |                         |
| SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY                                                          | Tier 3 |                         |

| Drug                                                                                                                           | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| TRANZAREL TOPICAL GEL 4 %                                                                                                      | Tier 3 |        |
| <b>Topical Preparations,Miscellaneous</b>                                                                                      |        |        |
| <i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)                                                            | Tier 1 |        |
| <b>Topical/Mucous Membr./Subcut. Enzymes</b>                                                                                   |        |        |
| AMPHADASE INJECTION SOLUTION 150 UNIT/ML                                                                                       | Tier 4 | SP     |
| HYLENEX INJECTION SOLUTION 150 UNIT/ML                                                                                         | Tier 4 | SP     |
| HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML | Tier 4 | SP     |
| NEXOBRID POWDER COMPONENT TOPICAL POWDER                                                                                       | Tier 3 |        |
| NEXOBRID TOPICAL GEL 8.8 %                                                                                                     | Tier 3 |        |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM                                                                                          | Tier 3 | PA     |
| <b>Dermatology - Pigmentation Disorders</b>                                                                                    |        |        |
| <b>Hyperpigmentation Agents, Systemic</b>                                                                                      |        |        |
| SCENESSE SUBCUTANEOUS IMPLANT 16 MG                                                                                            | Tier 4 | PA; SP |
| <b>Dermatology - Psoriasis/Eczema</b>                                                                                          |        |        |
| <b>Antipsoriatic Agents,Systemic</b>                                                                                           |        |        |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                                                            | Tier 4 | SP     |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML                                                                      | Tier 4 | PA; SP |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML                                                                                         | Tier 4 | PA; SP |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>                                                                    | Tier 1 |        |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML                                                                                    | Tier 4 | PA; SP |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML                                                                                         | Tier 4 | PA; SP |
| SOTYKTU ORAL TABLET 6 MG                                                                                                       | Tier 4 | PA; SP |
| SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML                                                                                          | Tier 4 | PA; SP |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML                                                                | Tier 4 | PA; SP |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML                                                                | Tier 4 | PA; SP |

| Drug                                                                                                 | Status | Notes                                                                                                           |
|------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML                                         | Tier 4 | PA; SP                                                                                                          |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 80 MG/ML                                                       | Tier 4 | PA; SP                                                                                                          |
| TREMFYA SUBCUTANEOUS AUTO-<br>INJECTOR 100 MG/ML                                                     | Tier 4 | PA; SP                                                                                                          |
| TREMFYA SUBCUTANEOUS SYRINGE<br>100 MG/ML                                                            | Tier 4 | PA; SP                                                                                                          |
| <b>Antipsoriatics Agents</b>                                                                         |        |                                                                                                                 |
| <i>calcipotriene scalp solution 0.005 %</i>                                                          | Tier 1 |                                                                                                                 |
| <i>calcipotriene topical cream 0.005 %</i>                                                           | Tier 1 |                                                                                                                 |
| <i>calcipotriene topical ointment 0.005 %</i>                                                        | Tier 1 |                                                                                                                 |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                                             | Tier 1 |                                                                                                                 |
| DIOOXIA TOPICAL CREAM 0.005-4 %                                                                      | Tier 3 |                                                                                                                 |
| DRITHOCREME HP TOPICAL CREAM<br>1 %                                                                  | Tier 2 | ST; ST: Requires prior<br>prescription for a Topical<br>Anti-inflammatory Steroidal<br>within the past 120 days |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)                                                      | Tier 1 |                                                                                                                 |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)                                                | Tier 1 | Age (Max 39 Years)                                                                                              |
| ZITHRANOL TOPICAL SHAMPOO 1 %                                                                        | Tier 3 | ST; ST: Requires prior<br>prescription for a Topical<br>Anti-inflammatory Steroidal<br>within the past 120 days |
| <b>IL-23 Receptor Antagonist, Monoclonal<br/>Antibody</b>                                            |        |                                                                                                                 |
| SKYRIZI INTRAVENOUS SOLUTION 60<br>MG/ML                                                             | Tier 4 | PA; SP                                                                                                          |
| SKYRIZI SUBCUTANEOUS<br>WEARABLE INJECTOR 180 MG/1.2 ML<br>(150 MG/ML), 360 MG/2.4 ML (150<br>MG/ML) | Tier 4 | PA; SP                                                                                                          |
| <b>Topical Agents, Miscellaneous</b>                                                                 |        |                                                                                                                 |
| L-MESITRAN SOFT TOPICAL GEL 40<br>%                                                                  | Tier 3 |                                                                                                                 |
| MUSCUSOLICE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 2 %, 5<br>%                                    | Tier 3 |                                                                                                                 |
| NEURAPTINE TOPICAL CREAM,<br>METERED-DOSE APPLICATOR 10 %                                            | Tier 3 |                                                                                                                 |
| OMEZA TOPICAL OINTMENT IN<br>PACKET                                                                  | Tier 3 |                                                                                                                 |
| <b>Topical Immunosuppressive Agents</b>                                                              |        |                                                                                                                 |
| HYFTOR TOPICAL GEL 0.2 %                                                                             | Tier 4 | PA; SP                                                                                                          |
| NUJO TOPICAL SOLUTION 0.1 %                                                                          | Tier 3 |                                                                                                                 |

| Drug                                                                                            | Status | Notes                                                                                |
|-------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------|
| NUJU TOPICAL CREAM 0.1 %<br>(tacrolimus-vehicle base no.238)                                    | Tier 3 |                                                                                      |
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %<br>(tacrolimus-hyaluronate-niacin)          | Tier 3 |                                                                                      |
| OXIANUJO TOPICAL OINTMENT 0.1-4 %<br>(tacrolimus-niacinamide)                                   | Tier 3 |                                                                                      |
| <i>pimecrolimus topical cream 1 %</i><br>(Elidel)                                               | Tier 1 |                                                                                      |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                                | Tier 1 |                                                                                      |
| <b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>                                         |        |                                                                                      |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>                               | Tier 1 |                                                                                      |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i><br>(Taclonex)               | Tier 1 |                                                                                      |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %<br>(clobetasol-calcipotriene)                            | Tier 3 |                                                                                      |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %                                                             | Tier 3 |                                                                                      |
| WYNZORA TOPICAL CREAM 0.005-0.064 %                                                             | Tier 3 |                                                                                      |
| <b>Diabetes</b>                                                                                 |        |                                                                                      |
| <b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>                                    |        |                                                                                      |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG                                                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day) |
| <b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>                                       |        |                                                                                      |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                      |

| Drug                                                                                                          | Status | Notes                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                       |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG                                                                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                       |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                       |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                       |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                       |
| <b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>                                                    |        |                                                                                                                                       |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)                                            | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                  |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)                                                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                  |
| JARDIANCE ORAL TABLET 10 MG, 25 MG                                                                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                  |
| <b>Antihyperglycemic - Dopamine Receptor Agonists</b>                                                         |        |                                                                                                                                       |
| CYCLOSET ORAL TABLET 0.8 MG                                                                                   | Tier 3 | ST; ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days |

| Drug                                                                                                                     | Status | Notes                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic - Incretin Mimetics Combination</b>                                                                 |        |                                                                                                                                                                |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                |
| <b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>                                                                  |        |                                                                                                                                                                |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)                                                               | Tier 1 |                                                                                                                                                                |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                         | Tier 1 |                                                                                                                                                                |
| <b>Antihyperglycemic, Amylin Analog-Type</b>                                                                             |        |                                                                                                                                                                |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML                                                                 | Tier 2 |                                                                                                                                                                |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML                                                                  | Tier 2 |                                                                                                                                                                |
| <b>Antihyperglycemic, Dpp-4 Inhibitors</b>                                                                               |        |                                                                                                                                                                |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                           |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG                                                                                 | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Januvia within the past 120 days; QL (1 EA per 1 day) |
| <b>Antihyperglycemic, Insulin-Release Stimulant Type</b>                                                                 |        |                                                                                                                                                                |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                                                 | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                |
| <i>glipizide oral tablet 2.5 mg</i>                                                                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                           |

| Drug                                                                                     | Status | Notes                                                                                                                                                                 |
|------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>glipizide oral tablet extended release</i> (Glucotrol XL)<br>24hr 10 mg, 2.5 mg, 5 mg | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)                     | Tier 1 |                                                                                                                                                                       |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                             | Tier 1 |                                                                                                                                                                       |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                        | Tier 1 |                                                                                                                                                                       |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>                                |        |                                                                                                                                                                       |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)                              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| <b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>                             |        |                                                                                                                                                                       |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG                                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                  |
| <b>Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)</b>                                |        |                                                                                                                                                                       |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet)                                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                    | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>                       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                       |
| RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML                                 | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day) |

| Drug                                                                                              | Status | Notes                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>                                    |        |                                                                                                                                                                                                                      |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)                                                                                                                              |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (15 ML per 28 days)                                                                                                                              |
| <b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>                                   |        |                                                                                                                                                                                                                      |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                      |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                          | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                                                      |
| <b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>                                    |        |                                                                                                                                                                                                                      |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)                            | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>                                          |        |                                                                                                                                                                                                                      |
| KORLYM ORAL TABLET 300 MG (mifepristone)                                                          | Tier 4 | PA; SP                                                                                                                                                                                                               |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)                                                   | Tier 4 | PA; SP                                                                                                                                                                                                               |
| <b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>                                     |        |                                                                                                                                                                                                                      |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i> (Xigduo XR) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| <i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i> (Xigduo XR)  | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |

| Drug                                                                                       | Status | Notes                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |
| <b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>                              |        |                                                                                                                                                                                                                      |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                                        | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |

| Drug                                                                              | Status | Notes                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)                | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>                         |        |                                                                                                                                                                                                                      |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)                                                                                                                                 |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                                                                                 |
| <b>Blood Sugar Diagnostics</b>                                                    |        |                                                                                                                                                                                                                      |
| FREESTYLE INSULINX STRIP (blood sugar diagnostic)                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)                                                                                                                             |
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)                                                                                                                             |
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)                                                                                                                             |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)                                                                                                                             |
| FREESTYLE TEST STRIP (blood sugar diagnostic)                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days)                                                                                                                             |

| Drug                               |                               | Status | Notes                                                                                    |
|------------------------------------|-------------------------------|--------|------------------------------------------------------------------------------------------|
| PRECISION XTRA TEST STRIP          | (blood sugar diagnostic)      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (200 EA per 30 days) |
| <b>Diabetic Supplies</b>           |                               |        |                                                                                          |
| ACCU-CHEK FASTCLIX LANCING DEV KIT | (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ACCU-CHEK MULTICLIX LANCET KIT     | (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ACCU-CHEK SOFT DEV LANCETS KIT     | (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ADJUSTABLE LANCING DEVICE          | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ADVANCED LANCING DEVICE KIT        | (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ADVOCATE LANCING DEVICE            | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| ALTERNATE SITE LANCING DEVICE      | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| AQUA LANCE LANCING DEVICE          | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| AUTO-LANCET MINI                   | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| AUTOLET IMPRESSION LANC DEV KIT    | (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| AUTOLET LANCING DEVICE             | (lancing device)              | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |

| Drug                                      | Status | Notes                                                           |
|-------------------------------------------|--------|-----------------------------------------------------------------|
| AUTOSOFT 30 INFUSION SET                  | Tier 3 |                                                                 |
| AUTOSOFT 90 INFUSION SET                  | Tier 3 |                                                                 |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET | Tier 3 |                                                                 |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET | Tier 3 |                                                                 |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET | Tier 3 |                                                                 |
| BIGFOOT UNITY KIT                         | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE      | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE       | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE       | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE     | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE        | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE      | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE       | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE       | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE      | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE      | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE       | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE     | Tier 3 |                                                                 |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE      | Tier 3 |                                                                 |
| CAREONE LANCING DEVICE (lancing device)   | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CARESOFT LANCING DEVICE (lancing device)  | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CARETOUCH LANCING DEVICE (lancing device) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                            | Status | Notes                                                                                   |
|-------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| CEQUR SIMPLICITY DEVICE 2 UNIT                  | Tier 3 | PA                                                                                      |
| CEQUR SIMPLICITY INSERTER                       | Tier 3 | PA                                                                                      |
| DEXCOM G6 RECEIVER                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days) |
| DEXCOM G6 SENSOR DEVICE                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (3 EA per 30 days)  |
| DEXCOM G6 TRANSMITTER DEVICE                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 90 days)  |
| DEXCOM G7 RECEIVER                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR DEVICE                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (3 EA per 30 days)  |
| DROPLET GENTEEL LANCING DEVICE (lancing device) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| DROPLET LANCING DEVICE (lancing device)         | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| EASY MINI EJECT LANCING DEVICE (lancing device) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| EASY TOUCH LANCING DEVICE (lancing device)      | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| EMBRACE LANCING DEVICE (lancing device)         | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE  | Tier 4 | SP                                                                                      |

| Drug                                                    | Status | Notes                                                                           |
|---------------------------------------------------------|--------|---------------------------------------------------------------------------------|
| EVERSENSE E3 SMART TRANSMITTER DEVICE                   | Tier 3 | PA                                                                              |
| FORA LANCING DEVICE (lancing device)                    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                 |
| FREESTYLE LIBRE 14 DAY READER                           | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT                       | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 READER                                | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 2 SENSOR KIT                            | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 READER                                | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE                         | Tier 2 | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| GLUCOCOM AUTOLINK                                       | Tier 3 |                                                                                 |
| GOJJI LANCING DEVICE (lancing device)                   | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                 |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE                        | Tier 3 | PA                                                                              |
| GUARDIAN 4 TRANSMITTER DEVICE                           | Tier 3 | PA                                                                              |
| GUARDIAN LINK 3 TRANSMITTER DEVICE                      | Tier 3 | PA                                                                              |
| GUARDIAN SENSOR 3 DEVICE                                | Tier 3 | PA                                                                              |
| HEALTHY ACCENTS AUTOLET (lancing device)                | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                 |
| HYPOLANCE AST LANCING KIT (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                 |

| Drug                                                   |                                  | Status | Notes                                                           |
|--------------------------------------------------------|----------------------------------|--------|-----------------------------------------------------------------|
| INCONTROL LANCING DEVICE                               | (lancing device)                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      |                                  | Tier 3 |                                                                 |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      |                                  | Tier 3 |                                                                 |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      |                                  | Tier 3 |                                                                 |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN |                                  | Tier 3 |                                                                 |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN |                                  | Tier 3 |                                                                 |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN |                                  | Tier 3 |                                                                 |
| <i>lancing device</i>                                  | (Adjustable Lancing Device)      | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANCING DEVICE WITH LANCETS                            | (lancing device)                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>lancing device with lancets kit</i>                 | (Accu-Chek FastClix Lancing Dev) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANCING SYSTEM                                         | (lancing device)                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANZO LANCING DEVICE KIT                               | (lancing device with lancets)    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET            |                                  | Tier 3 |                                                                 |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET            |                                  | Tier 3 |                                                                 |
| MICROLET 2 LANCING DEVICE KIT                          | (lancing device with lancets)    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MICROLET NEXT LANCING DEVICE KIT                       | (lancing device with lancets)    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                    | Status | Notes                                                                                   |
|---------------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| MINI LANCING DEVICE (lancing device)                    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| MINIMED 630G INSULIN PUMP                               | Tier 3 | PA                                                                                      |
| MINIMED 770G INSULIN PUMP                               | Tier 3 | PA                                                                                      |
| MINIMED 780G INSULIN PUMP                               | Tier 3 | PA                                                                                      |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET             | Tier 3 |                                                                                         |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET             | Tier 3 |                                                                                         |
| MINIMED QUICK SET 18" INFUSION SET                      | Tier 3 |                                                                                         |
| MINIMED QUICK SET 23" INFUSION SET                      | Tier 3 |                                                                                         |
| MINIMED QUICK SET 32" INFUSION SET                      | Tier 3 |                                                                                         |
| MINIMED QUICK SET 43" INFUSION SET                      | Tier 3 |                                                                                         |
| MINIMED SILHOUETTE 18" INFUSION SET                     | Tier 3 |                                                                                         |
| MINIMED SILHOUETTE 23" INFUSION SET                     | Tier 3 |                                                                                         |
| MINIMED SILHOUETTE 32" INFUSION SET                     | Tier 3 |                                                                                         |
| MINIMED SILHOUETTE 43" INFUSION SET                     | Tier 3 |                                                                                         |
| MINIMED SURE T 18" INFUSION SET                         | Tier 3 |                                                                                         |
| MINIMED SURE T 23" INFUSION SET                         | Tier 3 |                                                                                         |
| MINIMED SURE T 32" INFUSION SET                         | Tier 3 |                                                                                         |
| MULTI-LANCET DEVICE 2 KIT (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                   | Tier 3 |                                                                                         |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |

| Drug                                                     | Status | Notes                                                                                               |
|----------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| OMNIPOD CLASSIC PODS (GEN 3)<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                            |
| OMNIPOD DASH INTRO KIT (GEN 4)<br>SUBCUTANEOUS CARTRIDGE | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (1 EA per<br>365 days) |
| OMNIPOD DASH PDM KIT (GEN 4)                             | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (1 EA per<br>365 days) |
| OMNIPOD DASH PODS (GEN 4)<br>SUBCUTANEOUS CARTRIDGE      | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                            |
| OMNIPOD GO PODS 10 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (10 EA per<br>30 days) |

| Drug                                                            | Status | Notes                                                                                   |
|-----------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| OMNIPOD GO PODS<br>SUBCUTANEOUS CARTRIDGE                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (10 EA per 30 days) |
| ON CALL LANCING DEVICE (lancing device)                         | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| ON CALL PLUS LANCING DEVICE (lancing device)                    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| ONETOUCH DELICA PLUS LANC DEV KIT (lancing device with lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| PRODIGY LANCING DEVICE (lancing device)                         | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| RELIAMED MINI LANCING DEVICE (lancing device)                   | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| RIGHTTEST GD500 LANCING DEVICE (lancing device)                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| SMARTDIABETES VANTAGE (lancing device)                          | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| SOLUS V2 LANCING DEVICE KIT (lancing device with lancets)       | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| SURE COMFORT LANCING PEN (lancing device)                       | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| SUREFLEX DEVICE WITH LANCETS KIT (lancing device with lancets)  | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |
| SUREFLEX LANCING DEVICE (lancing device)                        | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                         |

| Drug                                       | Status | Notes                                                           |
|--------------------------------------------|--------|-----------------------------------------------------------------|
| SURE-PEN LANCING DEVICE (lancing device)   | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| T:FLEX SUBCUTANEOUS CARTRIDGE              | Tier 3 |                                                                 |
| T:SLIM X2 BASAL-IQ INSULIN PMP             | Tier 3 | PA                                                              |
| T:SLIM X2 CONTROL-IQ                       | Tier 3 | PA                                                              |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE           | Tier 3 |                                                                 |
| TEMPO SMART BUTTON DEVICE                  | Tier 3 |                                                                 |
| TEMPO WELCOME KIT KIT                      | Tier 3 |                                                                 |
| TRUEDRAW LANCING DEVICE (lancing device)   | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TRUSTEEL INFUSION SET 23" INFUSION SET     | Tier 3 |                                                                 |
| TRUSTEEL INFUSION SET 32" INFUSION SET     | Tier 3 |                                                                 |
| ULTI-LANCE (lancing device)                | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)  | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets) | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| VARISOFT INFUSION SET 23" INFUSION SET     | Tier 3 |                                                                 |
| VARISOFT INFUSION SET 32" INFUSION SET     | Tier 3 |                                                                 |
| VARISOFT INFUSION SET 43" INFUSION SET     | Tier 3 |                                                                 |
| V-GO 20 DEVICE                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| V-GO 30 DEVICE                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                         | Status | Notes                                                                                     |
|------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| V-GO 40 DEVICE                                                               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                           |
| VIVAGUARD LANCING DEVICE (lancing device)                                    | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                           |
| <b>Diabetic Ulcer Preparations, Topical</b>                                  |        |                                                                                           |
| REGRANEX TOPICAL GEL 0.01 %                                                  | Tier 2 |                                                                                           |
| <b>Disease Modifying Agents For Type 1 Diabetes</b>                          |        |                                                                                           |
| LANTIDRA INTRAPORTAL SUSPENSION                                              | Tier 4 | PA; SP                                                                                    |
| TZIELD INTRAVENOUS SOLUTION 1 MG/ML                                          | Tier 4 | PA; SP                                                                                    |
| <b>Hyperglycemics</b>                                                        |        |                                                                                           |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                        | Tier 1 |                                                                                           |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)     |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL)     |
| <i>glucagon hcl injection recon soln 1 mg</i> (Glucagon (HCl) Emergency Kit) | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)   |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.8 ML per 1 FILL)   |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.4 ML per 1 FILL)   |

| Drug                                                                                                                                                            | Status | Notes                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| GVOKE HYPOPEN 2-PACK<br>SUBCUTANEOUS AUTO-INJECTOR 1<br>MG/0.2 ML                                                                                               | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.8 ML<br>per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5<br>MG/0.1 ML                                                                                               | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.4 ML<br>per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                                                                                                 | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.8 ML<br>per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 0.5<br>MG/0.1 ML                                                                                               | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.4 ML<br>per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE<br>SUBCUTANEOUS SYRINGE 1 MG/0.2<br>ML                                                                                                 | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.8 ML<br>per 1 FILL) |
| GVOKE SUBCUTANEOUS SOLUTION<br>1 MG/0.2 ML                                                                                                                      | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.8 ML<br>per 1 FILL) |
| ZEGALOGUE AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>0.6 MG/0.6 ML                                                                                           | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (2.4 ML<br>per 1 FILL) |
| ZEGALOGUE SYRINGE<br>SUBCUTANEOUS SYRINGE 0.6<br>MG/0.6 ML                                                                                                      | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (2.4 ML<br>per 1 FILL) |
| <b>Insulins</b>                                                                                                                                                 |        |                                                                                                     |
| AFREZZA INHALATION CARTRIDGE<br>WITH INHALER 12 UNIT, 4 UNIT, 4<br>UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/<br>12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12<br>UNIT (90) | Tier 3 | PA; \$0 COPAY AT<br>WELLSTAR PHARMACIES<br>OR CVS FOR OUT-OF-<br>AREA MEMBERS                       |

| Drug                                                                             | Status | Notes                                                                                               |
|----------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)        | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (12 ML per<br>28 days) |
| HUMALOG MIX 50-50 INSULN U-100<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (50-50) | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days) |
| HUMALOG MIX 50-50 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (50-50)     | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days) |
| HUMALOG MIX 75-25(U-100)INSULN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (75-25) | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days) |
| HUMALOG U-100 INSULIN<br>SUBCUTANEOUS CARTRIDGE 100<br>UNIT/ML                   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days) |
| HUMULIN 70/30 U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML (70-30)    | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days) |
| HUMULIN 70/30 U-100 KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (70-30)   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days) |
| HUMULIN N NPH INSULIN KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)  | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days) |
| HUMULIN N NPH U-100 INSULIN<br>SUBCUTANEOUS SUSPENSION 100<br>UNIT/ML            | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days) |
| HUMULIN R REGULAR U-100 INSULN<br>INJECTION SOLUTION 100 UNIT/ML                 | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days) |

| Drug                                                                                                             | Status | Notes                                                                                     |
|------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML                                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)   |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 ML per 28 days)   |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i> (Toujeo SoloStar U-300 Insulin) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (13.5 ML per 28 days) |
| <i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i> (Toujeo Max U-300 SoloStar)       | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 28 days)   |
| <i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)   | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)                      | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)             | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)                           | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (40 ML per 28 days)   |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML                                               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 28 days)   |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)                                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 28 days)   |

| Drug                                                                                                            | Status | Notes                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------|
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                                   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days)   |
| MYXREDLIN INTRAVENOUS<br>SOLUTION 100 UNIT/100 ML (1<br>UNIT/ML)                                                | Tier 4 | SP; \$0 COPAY AT<br>WELLSTAR PHARMACIES<br>OR CVS FOR OUT-OF-<br>AREA MEMBERS                         |
| SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                  | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days)   |
| SEMGLEE(INSULIN GLARG-<br>YFGN)PEN SUBCUTANEOUS INSULIN (insulin glargine-yfgn)<br>PEN 100 UNIT/ML (3 ML)       | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days)   |
| TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300<br>SUBCUTANEOUS INSULIN PEN 300 conc)<br>UNIT/ML (3 ML)       | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (18 ML per<br>28 days)   |
| TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300<br>SUBCUTANEOUS INSULIN PEN 300 conc)<br>UNIT/ML (1.5 ML) | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (13.5 ML<br>per 28 days) |
| TRESIBA FLEXTouch U-100 (insulin degludec)<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML)                    | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (30 ML per<br>28 days)   |
| TRESIBA FLEXTouch U-200 (insulin degludec)<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                    | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (18 ML per<br>28 days)   |
| TRESIBA U-100 INSULIN (insulin degludec)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                                | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (40 ML per<br>28 days)   |
| <b>Urine Glucose Test Aids</b>                                                                                  |        |                                                                                                       |
| DIASTIX STRIP                                                                                                   | Tier 3 |                                                                                                       |
| NO-STICK GLUCOSE STRIP                                                                                          | Tier 3 |                                                                                                       |
| <b>Urine Glucose/Acetone Test Aids,Strips</b>                                                                   |        |                                                                                                       |
| KETO-DIASTIX STRIP                                                                                              | Tier 3 |                                                                                                       |

| Drug                                                                                                         | Status | Notes                       |
|--------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
| <b>Ear - General Disorders</b>                                                                               |        |                             |
| <b>Ear Preparations Anti-Inflammatory</b>                                                                    |        |                             |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops 0.01 %</i>                           | Tier 1 |                             |
| <b>Ear Preparations, Misc. Anti-Infectives</b>                                                               |        |                             |
| <i>acetic acid otic (ear) solution 2 %</i>                                                                   | Tier 1 |                             |
| CORTANE-B TOPICAL LOTION 1-1-0.1 %                                                                           | Tier 3 |                             |
| <i>hydrocortisone-acetic acid otic (ear)</i><br><i>drops 1-2 %</i>                                           | Tier 1 |                             |
| <b>Ear Preparations, Antibiotics</b>                                                                         |        |                             |
| <i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal)<br><i>0.2 %</i>                                   | Tier 1 |                             |
| CORTISPORIN-TC OTIC (EAR)<br>DROPS, SUSPENSION 3.3-3-10-0.5<br>MG/ML                                         | Tier 3 |                             |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>drops, suspension 3.5-10,000-1 mg/ml-</i><br><i>unit/ml-%</i>  | Tier 1 |                             |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                      | Tier 1 |                             |
| <i>ofloxacin otic (ear) drops 0.3 %</i>                                                                      | Tier 1 |                             |
| <b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>                                                      |        |                             |
| <i>ciprofloxacin-dexamethasone otic (ear)</i><br><i>drops, suspension 0.3-0.1 %</i>                          | Tier 1 |                             |
| <i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel)<br><i>solution 0.3-0.025 % (0.25 ml)</i>               | Tier 1 |                             |
| <b>Electrolyte Regulation</b>                                                                                |        |                             |
| <b>Arginine Vasopressin (Avp) Receptor Antagonists</b>                                                       |        |                             |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca)                                                                  | Tier 4 | SP; QL (30 EA per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca)                                                                  | Tier 4 | SP; QL (60 EA per 365 days) |
| VAPRISOL IN 5 % DEXTROSE<br>INTRAVENOUS SOLUTION 20 MG/100<br>ML                                             | Tier 4 | SP                          |
| <b>Bicarbonate Producing/Containing Agents</b>                                                               |        |                             |
| <i>sodium acetate intravenous solution 2</i><br><i>meq/ml, 4 meq/ml</i>                                      | Tier 4 | SP                          |
| <i>sodium bicarbonate in d5w intravenous</i><br><i>solution 150 meq/1,000 ml, 150</i><br><i>meq/1,150 ml</i> | Tier 4 | SP                          |
| <i>sodium bicarbonate intravenous solution</i><br><i>1 meq/ml (8.4 %), 4.2 %</i>                             | Tier 4 | SP                          |

| Drug                                                                                                                           | Status | Notes                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| sodium bicarbonate intravenous syringe<br>10 meq/10 ml (8.4 %), 4.2 % (0.5<br>meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1<br>meq/ml) | Tier 4 | SP                                                                                                                                                                                                                                |
| VAXCHORA BUFFER COMPONENT<br>ORAL SUSPENSION FOR<br>RECONSTITUTION                                                             | Tier 3 |                                                                                                                                                                                                                                   |
| <b>Drugs Used To Treat Acidosis</b>                                                                                            |        |                                                                                                                                                                                                                                   |
| THAM INTRAVENOUS SOLUTION 36<br>MG/ML (0.3 M)                                                                                  | Tier 4 | SP                                                                                                                                                                                                                                |
| tromethamine in sterile water<br>intravenous syringe 1.8 gram/50 ml (0.3<br>molar)                                             | Tier 4 | SP                                                                                                                                                                                                                                |
| <b>Electrolyte Depleters</b>                                                                                                   |        |                                                                                                                                                                                                                                   |
| calcium acetate(phosphat bind) oral<br>capsule 667 mg                                                                          | Tier 1 |                                                                                                                                                                                                                                   |
| calcium acetate(phosphat bind) oral<br>tablet 667 mg                                                                           | Tier 1 |                                                                                                                                                                                                                                   |
| FOSRENOL ORAL POWDER IN<br>PACKET 1,000 MG, 750 MG                                                                             | Tier 3 | ST; ST: Requires prior<br>prescription for Velphoro<br>AND ONE of the following:<br>generic Calcium Acetate,<br>Lanthanum Carbonate,<br>Sevelamer Carbonate,<br>Sevelamer HCL within the<br>past 365 days; QL (3 EA<br>per 1 day) |
| lanthanum oral tablet, chewable 1,000<br>mg, 500 mg, 750 mg (Fosrenol)                                                         | Tier 1 |                                                                                                                                                                                                                                   |
| LOKELMA ORAL POWDER IN PACKET<br>10 GRAM, 5 GRAM                                                                               | Tier 2 |                                                                                                                                                                                                                                   |
| sevelamer carbonate oral powder in<br>packet 0.8 gram, 2.4 gram (Renvela)                                                      | Tier 1 |                                                                                                                                                                                                                                   |
| sevelamer carbonate oral tablet 800 mg (Renvela)                                                                               | Tier 1 |                                                                                                                                                                                                                                   |
| sevelamer hcl oral tablet 400 mg, 800<br>mg                                                                                    | Tier 1 |                                                                                                                                                                                                                                   |
| sodium polystyrene sulfonate oral<br>powder                                                                                    | Tier 1 |                                                                                                                                                                                                                                   |
| SPS (WITH SORBITOL) ORAL<br>SUSPENSION 15-20 GRAM/60 ML                                                                        | Tier 1 |                                                                                                                                                                                                                                   |
| SPS (WITH SORBITOL) RECTAL<br>ENEMA 30-40 GRAM/120 ML                                                                          | Tier 3 |                                                                                                                                                                                                                                   |
| VELPHORO ORAL<br>TABLET, CHEWABLE 500 MG                                                                                       | Tier 2 | QL (6 EA per 1 day)                                                                                                                                                                                                               |
| VELTASSA ORAL POWDER IN<br>PACKET 16.8 GRAM, 25.2 GRAM, 8.4<br>GRAM                                                            | Tier 3 | PA                                                                                                                                                                                                                                |

| Drug                                                                     | Status | Notes                                                                                                                                                                                                     |
|--------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                         | Tier 3 | ST; ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day) |
| <b>Electrolyte Maintenance</b>                                           |        |                                                                                                                                                                                                           |
| <i>electrolyte-148 intravenous parenteral solution</i> (Plasma-Lyte 148) | Tier 4 | SP                                                                                                                                                                                                        |
| <i>electrolyte-48 in d5w intravenous parenteral solution</i>             | Tier 4 | SP                                                                                                                                                                                                        |
| <i>electrolyte-a intravenous parenteral solution</i> (Plasma-Lyte A)     | Tier 4 | SP                                                                                                                                                                                                        |
| <i>intraventricular electrolytes1 intraventricular solution</i>          | Tier 4 | SP                                                                                                                                                                                                        |
| IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %                    | Tier 4 | SP                                                                                                                                                                                                        |
| ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                         | Tier 4 | SP                                                                                                                                                                                                        |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %            | Tier 4 | SP                                                                                                                                                                                                        |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION                                | Tier 4 | SP                                                                                                                                                                                                        |
| <i>lactated ringers intravenous parenteral solution</i>                  | Tier 4 | SP                                                                                                                                                                                                        |
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION               | Tier 4 | SP                                                                                                                                                                                                        |
| NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %           | Tier 4 | SP                                                                                                                                                                                                        |
| NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION                               | Tier 4 | SP                                                                                                                                                                                                        |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION                        | Tier 4 | SP                                                                                                                                                                                                        |
| NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML                       | Tier 4 | SP                                                                                                                                                                                                        |
| PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION (electrolyte-148)        | Tier 4 | SP                                                                                                                                                                                                        |
| PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (electrolyte-a)            | Tier 4 | SP                                                                                                                                                                                                        |
| <i>ringer's intravenous parenteral solution</i>                          | Tier 4 | SP                                                                                                                                                                                                        |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML                  | Tier 4 | SP                                                                                                                                                                                                        |

| Drug                                                                                                                                         | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Phosphate Replacement</b>                                                                                                                 |        |       |
| GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML                                                                                                     | Tier 4 | SP    |
| <i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml</i>                                                      | Tier 4 | SP    |
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml, 3 mmol/ml (4.7 meq/ml)</i>                                                 | Tier 4 | SP    |
| <i>sodium phosphate intravenous solution 3 mmol/ml</i>                                                                                       | Tier 4 | SP    |
| <b>Potassium Replacement</b>                                                                                                                 |        |       |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                                                                                             | Tier 3 |       |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)                                                                      | Tier 1 |       |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)                                                                   | Tier 1 |       |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)                                                                   | Tier 1 |       |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)                                                                   | Tier 1 |       |
| <i>potassium acetate intravenous solution 2 meq/ml</i>                                                                                       | Tier 4 | SP    |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>                                 | Tier 4 | SP    |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l), 20 meq/l, 40 meq/500 ml (80 meq/l), 40 meq/l</i> | Tier 4 | SP    |
| <i>potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)</i>                                                            | Tier 4 | SP    |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>                                                      | Tier 4 | SP    |
| <i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>                                                                  | Tier 4 | SP    |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>             | Tier 4 | SP    |
| <i>potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml), 100 meq/50 ml</i>                                                 | Tier 4 | SP    |
| <i>potassium chloride intravenous solution 2 meq/ml</i>                                                                                      | Tier 4 | SP    |

| Drug                                                                              |                                  | Status | Notes |
|-----------------------------------------------------------------------------------|----------------------------------|--------|-------|
| potassium chloride oral capsule, extended release 10 meq, 8 meq                   |                                  | Tier 1 |       |
| potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml                         |                                  | Tier 1 |       |
| potassium chloride oral packet 20 meq                                             | (Klor-Con)                       | Tier 1 |       |
| potassium chloride oral tablet extended release 10 meq                            | (Klor-Con 10)                    | Tier 1 |       |
| potassium chloride oral tablet extended release 20 meq                            | (K-Tab)                          | Tier 1 |       |
| potassium chloride oral tablet extended release 8 meq                             | (Klor-Con 8)                     | Tier 1 |       |
| potassium chloride oral tablet, er particles/crystals 10 meq                      | (Klor-Con M10)                   | Tier 1 |       |
| potassium chloride oral tablet, er particles/crystals 15 meq                      | (Klor-Con M15)                   | Tier 1 |       |
| potassium chloride oral tablet, er particles/crystals 20 meq                      | (Klor-Con M20)                   | Tier 1 |       |
| potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l           |                                  | Tier 4 | SP    |
| potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l           |                                  | Tier 4 | SP    |
| potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l |                                  | Tier 4 | SP    |
| potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml         |                                  | Tier 4 | SP    |
| <b>Sodium/Saline Preparations</b>                                                 |                                  |        |       |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE                                  | (sodium chloride 0.9 % (flush))  | Tier 1 |       |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE                                  | (sodium chloride 0.9 % (flush))  | Tier 1 |       |
| NORMAL SALINE FLUSH INJECTION SYRINGE                                             | (sodium chloride 0.9 % (flush))  | Tier 1 |       |
| sodium chlor 0.9% bacteriostat injection solution 0.9 %                           |                                  | Tier 1 |       |
| sodium chloride 0.325 % intravenous syringe 0.325 %                               |                                  | Tier 4 | SP    |
| sodium chloride 0.45 % intravenous parenteral solution 0.45 %                     |                                  | Tier 1 |       |
| sodium chloride 0.9 % (flush) injection syringe                                   | (BD PosiFlush Normal Saline 0.9) | Tier 1 |       |
| sodium chloride 0.9 % (flush) injection syringe, with swab cap                    | (SwabFlush)                      | Tier 4 | SP    |
| sodium chloride 0.9 % injection solution                                          |                                  | Tier 1 |       |
| sodium chloride 0.9 % intravenous parenteral solution                             |                                  | Tier 1 |       |

| Drug                                                                                     | Status | Notes                       |
|------------------------------------------------------------------------------------------|--------|-----------------------------|
| sodium chloride 0.9 % intravenous piggyback                                              | Tier 1 |                             |
| sodium chloride 3 % hypertonic intravenous parenteral solution 3 %                       | Tier 4 | SP                          |
| sodium chloride 5 % hypertonic intravenous parenteral solution 5 %                       | Tier 4 | SP                          |
| sodium chloride injection syringe 0.9 %                                                  | Tier 1 |                             |
| sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml                     | Tier 4 | SP                          |
| <b>Endocrine Disorder - Fertility</b>                                                    |        |                             |
| <b>Drugs To Treat Impotency</b>                                                          |        |                             |
| CAVERJECT IMPULSE<br>INTRACAVERNOSAL KIT 10 MCG, 20 MCG                                  | Tier 3 | QL (1 EA per 5 days)        |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG                                      | Tier 3 | QL (1 EA per 5 days)        |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG                                         | Tier 3 | QL (1 EA per 5 days)        |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG                                          | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)     | Tier 1 |                             |
| IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML                                              | Tier 1 |                             |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG                              | Tier 3 | QL (1 EA per 5 days)        |
| sildenafil oral tablet 100 mg, 25 mg, 50 mg (Viagra)                                     | Tier 1 | QL (1 EA per 5 days)        |
| tadalafil oral tablet 10 mg, 20 mg (Cialis)                                              | Tier 1 |                             |
| tadalafil oral tablet 2.5 mg                                                             | Tier 1 | PA                          |
| tadalafil oral tablet 5 mg (Cialis)                                                      | Tier 1 | PA                          |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG            | Tier 3 |                             |
| <b>Fertility Stimulating Preparations,Non-Fsh</b>                                        |        |                             |
| CLOMID ORAL TABLET 50 MG (clomiphene citrate)                                            | Tier 3 |                             |
| clomiphene citrate oral tablet 50 mg (Clomid)                                            | Tier 1 |                             |
| <b>Follicle Stim./Luteinizing Hormones</b>                                               |        |                             |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT                                                  | Tier 4 | SP                          |
| <b>Follicle-Stimulating Hormone (Fsh)</b>                                                |        |                             |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML | Tier 4 | SP                          |

| Drug                                                                                                          | Status | Notes               |
|---------------------------------------------------------------------------------------------------------------|--------|---------------------|
| GONAL-F RFF REDI-JECT<br>SUBCUTANEOUS PEN INJECTOR<br>300/0.5 UNIT/ML, 450/0.75 UNIT/ML,<br>900/1.5 UNIT/ML   | Tier 4 | SP                  |
| GONAL-F RFF SUBCUTANEOUS<br>RECON SOLN 75 UNIT                                                                | Tier 4 | SP                  |
| GONAL-F SUBCUTANEOUS RECON<br>SOLN 1,050 UNIT, 450 UNIT                                                       | Tier 4 | SP                  |
| <b>Human Chorionic Gonadotropin (Hcg)</b>                                                                     |        |                     |
| <i>chorionic gonadotropin, human injection<br/>recon soln 6,000 unit</i>                                      | Tier 4 | SP                  |
| <i>chorionic gonadotropin, human</i> (Novarel)<br><i>intramuscular recon soln 10,000 unit</i>                 | Tier 3 |                     |
| NOVAREL INTRAMUSCULAR RECON (chorionic gonadotropin,<br>SOLN 10,000 UNIT human)                               | Tier 2 |                     |
| NOVAREL INTRAMUSCULAR RECON<br>SOLN 5,000 UNIT                                                                | Tier 2 |                     |
| OVIDREL SUBCUTANEOUS SYRINGE<br>250 MCG/0.5 ML                                                                | Tier 2 |                     |
| PREGNYL INTRAMUSCULAR RECON (chorionic gonadotropin,<br>SOLN 10,000 UNIT human)                               | Tier 3 |                     |
| <b>Pregnancy Facilitating/Maintaining<br/>Agent,Hormonal</b>                                                  |        |                     |
| CRINONE VAGINAL GEL 8 %                                                                                       | Tier 3 |                     |
| ENDOMETRIN VAGINAL INSERT 100<br>MG                                                                           | Tier 2 |                     |
| <b>Endocrine Disorder - Other</b>                                                                             |        |                     |
| <b>Adrenal Steroid Inhibitors</b>                                                                             |        |                     |
| ISTURISA ORAL TABLET 1 MG, 5 MG                                                                               | Tier 4 | PA; SP              |
| RECORLEV ORAL TABLET 150 MG                                                                                   | Tier 4 | PA; SP              |
| <b>Adrenocorticotrophic Hormones</b>                                                                          |        |                     |
| ACTHAR INJECTION GEL 80 UNIT/ML                                                                               | Tier 4 | PA; SP              |
| CORTROPHIN GEL INJECTION GEL<br>80 UNIT/ML                                                                    | Tier 4 | PA; SP              |
| <b>Antidiuretic And Vasopressor<br/>Hormones</b>                                                              |        |                     |
| <i>desmopressin injection solution 4</i> (DDAVP)<br><i>mcg/ml</i>                                             | Tier 1 |                     |
| <i>desmopressin nasal spray with pump 10</i><br><i>mcg/spray (0.1 ml)</i>                                     | Tier 1 |                     |
| <i>desmopressin nasal spray,non-aerosol</i><br><i>10 mcg/spray (0.1 ml), 150 mcg/spray</i><br><i>(0.1 ml)</i> | Tier 1 |                     |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)                                                        | Tier 1 |                     |
| NOC DURNA (MEN) SUBLINGUAL<br>TABLET,DISINTEGRATING 55.3 MCG                                                  | Tier 3 | QL (1 EA per 1 day) |

| Drug                                                                                                               | Status | Notes                   |
|--------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG                                                         | Tier 3 | QL (1 EA per 1 day)     |
| NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)                                  | Tier 3 | QL (3.8 GM per 30 days) |
| TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG                                                                            | Tier 4 | SP                      |
| <i>vasopressin in 0.9 % sod chlor intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)</i> | Tier 4 | SP                      |
| <i>vasopressin in 0.9 % sod chlor intravenous syringe 2 unit/2 ml (1 unit/ml)</i>                                  | Tier 4 | SP                      |
| <i>vasopressin in dextrose 5 % intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)</i>    | Tier 4 | SP                      |
| <i>vasopressin in dextrose 5 % intravenous syringe 5 unit/5 ml (1 unit/ml)</i>                                     | Tier 4 | SP                      |
| <i>vasopressin intravenous solution 20 unit/ml</i> (Vasostriect)                                                   | Tier 4 | SP                      |
| VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML                                                           | Tier 4 | SP                      |
| <b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>                                                          |        |                         |
| CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG                                                                       | Tier 4 | PA; SP                  |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG                                                                     | Tier 4 | PA; SP                  |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG                                                                       | Tier 4 | PA; SP                  |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG                                                                       | Tier 4 | PA; SP                  |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)                                                                      | Tier 4 | PA; SP                  |
| <i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>                                    | Tier 4 | PA; SP                  |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>                                                                     | Tier 4 | PA; SP                  |
| <i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>                                                                | Tier 4 | PA; SP                  |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG                                    | Tier 4 | PA; SP                  |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG                                                                       | Tier 4 | PA; SP                  |

| Drug                                                                                        | Status | Notes                                                                                              |
|---------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------|
| <b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>                                   |        |                                                                                                    |
| EVENITY SUBCUTANEOUS SYRINGE<br>105 MG/1.17 ML, 210MG/2.34ML (<br>105MG/1.17MLX2)           | Tier 4 | PA; SP; \$0 COPAY AT<br>WELLSTAR PHARMACIES<br>OR CVS FOR OUT-OF-<br>AREA MEMBERS                  |
| <b>Bone Formation Stim. Agents - Parathyroid Hormone</b>                                    |        |                                                                                                    |
| <i>teriparatide subcutaneous pen injector</i> (Forteo)<br><i>20 mcg/dose (600mcg/2.4ml)</i> | Tier 4 | PA; SP; \$0 COPAY AT<br>WELLSTAR PHARMACIES<br>OR CVS FOR OUT-OF-<br>AREA MEMBERS                  |
| <b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>                                   |        |                                                                                                    |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56<br>ML)                           | Tier 4 | PA; SP; \$0 COPAY AT<br>WELLSTAR PHARMACIES<br>OR CVS FOR OUT-OF-<br>AREA MEMBERS                  |
| <b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>                               |        |                                                                                                    |
| FOSAMAX PLUS D ORAL TABLET 70<br>MG- 2,800 UNIT, 70 MG- 5,600 UNIT                          | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                           |
| <b>Bone Resorption Inhibitors</b>                                                           |        |                                                                                                    |
| <i>alendronate oral solution 70 mg/75 ml</i>                                                | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (75 ML per<br>7 days) |
| <i>alendronate oral tablet 10 mg, 35 mg, 5<br/>mg</i>                                       | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                           |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                                              | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                           |
| <i>calcitonin (salmon) injection solution 200<br/>unit/ml</i> (Miacalcin)                   | Tier 1 |                                                                                                    |
| <i>calcitonin (salmon) nasal spray, non-<br/>aerosol 200 unit/actuation</i>                 | Tier 1 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                           |

| Drug                                                                                                        | Status  | Notes                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ibandronate intravenous solution 3 mg/3 ml</i>                                                           | Tier 4  | ST; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Alendronate or Ibandronate within the past 120 days                      |
| <i>ibandronate intravenous syringe 3 mg/3 ml</i>                                                            | Tier 4  | ST; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Alendronate or Ibandronate within the past 120 days                      |
| <i>ibandronate oral tablet 150 mg</i>                                                                       | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                       |
| <i>pamidronate intravenous recon soln 30 mg, 90 mg</i>                                                      | Tier 4  | SP                                                                                                                                                                                    |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | Tier 4  | SP                                                                                                                                                                                    |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML                                                                        | Tier 4  | PA; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                               |
| <i>raloxifene oral tablet 60 mg</i> (Evista)                                                                | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)                                   |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                                                             | Tier 1  | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |

| Drug                                                                              | Status | Notes                                                                                                                                                                                |
|-----------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>risedronate oral tablet 30 mg, 5 mg</i>                                        | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)  |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                                    | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days) |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)           | Tier 1 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)                              | Tier 4 | PA; SP                                                                                                                                                                               |
| <i>zoledronic acid intravenous recon soln 4 mg</i>                                | Tier 4 | SP                                                                                                                                                                                   |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i>                             | Tier 4 | SP                                                                                                                                                                                   |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>           | Tier 4 | SP                                                                                                                                                                                   |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast) | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                                                  |
| <i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>           | Tier 4 | SP                                                                                                                                                                                   |
| <b>Calcimimetic, Parathyroid Calcium Enhancer</b>                                 |        |                                                                                                                                                                                      |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)                             | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                              |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)                                    | Tier 4 | SP; QL (4 EA per 1 day)                                                                                                                                                              |
| PARSABIV INTRAVENOUS SOLUTION 5 MG/ML                                             | Tier 4 | PA; SP                                                                                                                                                                               |

| Drug                                                                                                                                                                                                 | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Growth Hormone Receptor Antagonists</b>                                                                                                                                                           |        |        |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                                                                                                                                   | Tier 4 | SP     |
| <b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>                                                                                                                                         |        |        |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG                                                                                                                                                              | Tier 4 | PA; SP |
| <b>Growth Hormones</b>                                                                                                                                                                               |        |        |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | Tier 4 | PA; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)                                                                                                                        | Tier 4 | PA; SP |
| NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                      | Tier 4 | PA; SP |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)                                                                                                                   | Tier 4 | PA; SP |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG                                                                                                                                                             | Tier 4 | PA; SP |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG                                                                                                                                                    | Tier 4 | PA; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG                                                                                                 | Tier 4 | PA; SP |
| <b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>                                                                                                                                            |        |        |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)                                                                                                                                    | Tier 4 | SP     |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                                                                                                                                          | Tier 1 |        |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml, 5 mcg/ml</i>                                                                                                                          | Tier 4 | SP     |
| <i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i> (Zemplar)                                                                                                                                | Tier 4 | SP     |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)                                                                                                                                              | Tier 1 |        |
| <i>paricalcitol oral capsule 4 mcg</i>                                                                                                                                                               | Tier 1 |        |

| Drug                                                                 | Status | Notes                   |
|----------------------------------------------------------------------|--------|-------------------------|
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24<br>HR 30 MCG            | Tier 2 | QL (2 EA per 1 day)     |
| <b>Insulin-Like Growth Factor-1 (Igf-1)<br/>Hormones</b>             |        |                         |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML                           | Tier 4 | PA; SP                  |
| <b>Leptin Hormone Analogs</b>                                        |        |                         |
| MYALEPT SUBCUTANEOUS RECON<br>SOLN 5 MG/ML (FINAL CONC.)             | Tier 4 | SP; QL (1 EA per 1 day) |
| <b>Lhrh (Gnrh) Antagonist,Estrogen And<br/>Progestin Comb</b>        |        |                         |
| MYFEMBREE ORAL TABLET 40-1-0.5<br>MG                                 | Tier 2 | PA                      |
| ORIAHNN ORAL CAPSULE,<br>SEQUENTIAL 300-1-0.5MG(AM) /300<br>MG(PM)   | Tier 2 | PA                      |
| <b>Lhrh(Gnrh) Agonist Analog Pituitary<br/>Suppressants</b>          |        |                         |
| SYNAREL NASAL SPRAY, NON-<br>AEROSOL 2 MG/ML                         | Tier 4 | PA; SP                  |
| <b>Lhrh(Gnrh) Antagonist,Pituitary<br/>Suppressant Agents</b>        |        |                         |
| <i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide)                | Tier 4 | SP                      |
| FYREMADEL SUBCUTANEOUS<br>SYRINGE 250 MCG/0.5 ML (ganirelix)         | Tier 4 | SP                      |
| <i>ganirelix subcutaneous syringe 250<br/>mcg/0.5 ml</i> (Fyremadel) | Tier 4 | SP                      |
| ORILISSA ORAL TABLET 150 MG, 200<br>MG                               | Tier 2 | PA                      |
| <b>Lhrh(Gnrh) Agnst Pit. Sup-Central<br/>Precocious Puberty</b>      |        |                         |
| FENSOLVI SUBCUTANEOUS<br>SYRINGE 45 MG                               | Tier 4 | PA; SP                  |
| SUPPRELIN LA IMPLANT KIT 50 MG<br>(65 MCG/DAY)                       | Tier 4 | PA; SP                  |
| TRIPTODUR INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>22.5 MG  | Tier 4 | PA; SP                  |
| <b>Natriuretic Peptides</b>                                          |        |                         |
| VOXZOGO SUBCUTANEOUS RECON<br>SOLN 0.4 MG, 0.56 MG, 1.2 MG           | Tier 4 | PA; SP                  |
| <b>Pituitary Suppressive Agents</b>                                  |        |                         |
| <i>cabergoline oral tablet 0.5 mg</i>                                | Tier 1 |                         |
| <i>danazol oral capsule 100 mg, 200 mg,<br/>50 mg</i>                | Tier 1 |                         |

| Drug                                                                                                                                               | Status | Notes               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|
| <b>Thymus Tissue Replacement</b>                                                                                                                   |        |                     |
| RETHYMIC IMPLANT IMPLANT                                                                                                                           | Tier 4 | SP                  |
| <b>Endocrine Disorder - Thyroid</b>                                                                                                                |        |                     |
| <b>Antithyroid Preparations</b>                                                                                                                    |        |                     |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                         | Tier 1 |                     |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                          | Tier 1 |                     |
| <b>Insulin-Like Growth Factor Receptor (Igf-R) Inhib</b>                                                                                           |        |                     |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG                                                                                                              | Tier 4 | PA; SP              |
| <b>Iodine Containing Agents</b>                                                                                                                    |        |                     |
| IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML                                                                                                            | Tier 4 | SP                  |
| LUGOLS ORAL SOLUTION 5 %                                                                                                                           | Tier 3 |                     |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI)                                                                                             | Tier 1 |                     |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)                                                                                                    | Tier 1 |                     |
| STRONG IODINE ORAL SOLUTION 5 %                                                                                                                    | Tier 1 |                     |
| <b>Thyroid Hormones</b>                                                                                                                            |        |                     |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                                            | Tier 3 |                     |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG                                                                                      | Tier 3 |                     |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                                     | Tier 3 |                     |
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG                                                                                                  | Tier 3 |                     |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)                                                                                           | Tier 3 |                     |
| ERMEZA ORAL SOLUTION 30 MCG/ML                                                                                                                     | Tier 1 |                     |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                 | Tier 1 | QL (2 EA per 1 day) |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)          | Tier 3 | QL (2 EA per 1 day) |
| <i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>                                                                              | Tier 4 | SP                  |
| <i>levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml</i>                                                                         | Tier 4 | SP                  |
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint) | Tier 1 |                     |

| Drug                                                                                                                                                                                                      | Status | Notes                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)                                                                 | Tier 1 | QL (2 EA per 1 day)  |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)                                                                                                                                                         | Tier 1 | QL (2 EA per 1 day)  |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                                         | Tier 3 | QL (2 EA per 1 day)  |
| <i>liothyronine intravenous solution 10 mcg/ml</i>                                                                                                                                                        | Tier 4 | SP                   |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)                                                                                                                                           | Tier 1 |                      |
| NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                                                                                              | Tier 3 |                      |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))                                                                                                                                | Tier 1 |                      |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                              | Tier 3 | QL (2 EA per 1 day)  |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML                                                                                                                                                                        | Tier 3 | QL (20 ML per 1 day) |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)                                                                                                                         | Tier 1 |                      |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                               | Tier 3 |                      |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG                                                                                                                                                          | Tier 3 |                      |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 |                      |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                                                              | Tier 3 | QL (2 EA per 1 day)  |
| <b>Eye - General Disorders</b>                                                                                                                                                                            |        |                      |
| <b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>                                                                                                                                                     |        |                      |
| <i>dexamet-moxifl-ketoro-nacl(pf) intraocular solution 1-0.5-0.4 mg/ml</i>                                                                                                                                | Tier 4 | SP                   |

| Drug                                                                                                            | Status | Notes                  |
|-----------------------------------------------------------------------------------------------------------------|--------|------------------------|
| <i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>                           | Tier 1 |                        |
| <i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>                                      | Tier 1 |                        |
| <i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>                                      | Tier 1 |                        |
| <i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>                             | Tier 1 |                        |
| <i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>                            | Tier 1 |                        |
| <i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>                                       | Tier 1 |                        |
| <b>Eye Antibiotic-Corticoid Combinations</b>                                                                    |        |                        |
| <i>dexameth-moxiflox(pf)-nacl,iso intraocular solution 1-5 mg/ml</i>                                            | Tier 4 | SP                     |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)       | Tier 1 |                        |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | Tier 1 |                        |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)          | Tier 1 |                        |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>                      | Tier 1 |                        |
| NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)              | Tier 1 |                        |
| <i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>                                              | Tier 1 |                        |
| <i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>                                  | Tier 1 |                        |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %                                                                    | Tier 2 |                        |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>                                     | Tier 1 |                        |
| <b>Eye Antihistamines</b>                                                                                       |        |                        |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i>                                                                 | Tier 1 | QL (12 ML per 30 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i>                                                                 | Tier 1 | QL (10 ML per 30 days) |

| Drug                                                               |                                | Status | Notes                                                                                                                                           |
|--------------------------------------------------------------------|--------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i>                    | (Eye Allergy Itch-Redness Rlf) | Tier 1 |                                                                                                                                                 |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i>                    | (Eye Allergy Itch Relief)      | Tier 1 | QL (3 ML per 30 days)                                                                                                                           |
| <b>Eye Antiinflammatory Agents</b>                                 |                                |        |                                                                                                                                                 |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %                   |                                | Tier 3 | QL (60 EA per 15 days)                                                                                                                          |
| <i>bromfenac ophthalmic (eye) drops 0.07 %</i>                     | (Prolensa)                     | Tier 1 | ST; ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (3 ML per 16 days) |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>                     |                                | Tier 1 | QL (3.4 ML per 16 days)                                                                                                                         |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> |                                | Tier 1 | QL (15 ML per 14 days)                                                                                                                          |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG                            |                                | Tier 3 |                                                                                                                                                 |
| DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %                             |                                | Tier 4 | SP                                                                                                                                              |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>              |                                | Tier 1 | QL (10 ML per 14 days)                                                                                                                          |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i>                 | (Durezol)                      | Tier 1 | QL (10 ML per 14 days)                                                                                                                          |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>     | (FML Liquifilm)                | Tier 1 | QL (10 ML per 14 days)                                                                                                                          |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>           |                                | Tier 1 |                                                                                                                                                 |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %                     |                                | Tier 2 | QL (3.4 ML per 16 days)                                                                                                                         |
| ILUVIEN INTRAVITREAL IMPLANT 0.19 MG                               |                                | Tier 4 | SP                                                                                                                                              |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i>                      | (Acular LS)                    | Tier 1 |                                                                                                                                                 |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i>                      | (Acular)                       | Tier 1 | QL (20 ML per 30 days)                                                                                                                          |
| KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %   |                                | Tier 3 |                                                                                                                                                 |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %                            |                                | Tier 2 | QL (7 GM per 14 days)                                                                                                                           |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %                       |                                | Tier 2 | QL (10 GM per 14 days)                                                                                                                          |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>      | (Lotemax)                      | Tier 1 | QL (10 GM per 14 days)                                                                                                                          |

| Drug                                                                              | Status | Notes                                                                                                                                                 |
|-----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)      | Tier 1 | ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)    | Tier 1 | QL (20 ML per 14 days)                                                                                                                                |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %                                   | Tier 3 | ST; ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days) |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG                                               | Tier 4 | SP                                                                                                                                                    |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>            | Tier 1 | QL (20 ML per 14 days)                                                                                                                                |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)    | Tier 1 | QL (20 ML per 14 days)                                                                                                                                |
| <i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i> | Tier 1 |                                                                                                                                                       |
| <i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>   | Tier 1 |                                                                                                                                                       |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                   | Tier 1 | QL (20 ML per 14 days)                                                                                                                                |
| RETISERT INTRAVITREAL IMPLANT 0.59 MG                                             | Tier 4 | SP                                                                                                                                                    |
| TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML                                    | Tier 4 | SP                                                                                                                                                    |
| XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML                                    | Tier 4 | SP                                                                                                                                                    |
| YUTIQ INTRAVITREAL IMPLANT 0.18 MG                                                | Tier 4 | SP                                                                                                                                                    |
| <b>Eye Antivirals</b>                                                             |        |                                                                                                                                                       |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                    | Tier 1 |                                                                                                                                                       |
| <b>Eye Local Anesthetics</b>                                                      |        |                                                                                                                                                       |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %                                             | Tier 3 |                                                                                                                                                       |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)                               | Tier 1 |                                                                                                                                                       |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)                            | Tier 1 |                                                                                                                                                       |

| Drug                                                                                       | Status | Notes  |
|--------------------------------------------------------------------------------------------|--------|--------|
| ALTAFLUOR BENOX OPHTHALMIC (fluorescein-benoxinate)<br>(EYE) DROPS 0.25-0.4 %              | Tier 1 |        |
| <i>fluorescein-benoxinate ophthalmic (eye)<br/>drops 0.3-0.4 %</i>                         | Tier 1 |        |
| <i>fluorescein-proparacaine ophthalmic<br/>(eye) drops 0.25-0.5 %</i>                      | Tier 1 |        |
| IHEEZO (PF) OPHTHALMIC (EYE)<br>DROPPERETTE, GEL 3 %                                       | Tier 3 |        |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                                 | Tier 1 |        |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops<br/>0.5 %</i>                                | Tier 1 |        |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)                             | Tier 1 |        |
| <b>Eye Sulfonamides</b>                                                                    |        |        |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>drops 10 %</i>                                | Tier 1 |        |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>ointment 10 %</i>                             | Tier 1 |        |
| <i>sulfacetamide-prednisolone ophthalmic<br/>(eye) drops 10 %-0.23 % (0.25 %)</i>          | Tier 1 |        |
| <b>Eye Vasoconstrictors (Rx Only)</b>                                                      |        |        |
| <i>phenylephrine hcl ophthalmic (eye)<br/>drops 10 %, 2.5 %</i>                            | Tier 1 |        |
| UPNEEQ (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.1 %                                          | Tier 3 | PA     |
| <b>Ophthalmic (Eye) Antiparasitics</b>                                                     |        |        |
| XDEMVIY OPHTHALMIC (EYE) DROPS<br>0.25 %                                                   | Tier 4 | PA; SP |
| <b>Ophthalmic Antibiotics</b>                                                              |        |        |
| <i>bacitracin ophthalmic (eye) ointment 500<br/>unit/gram</i>                              | Tier 1 |        |
| <i>bacitracin-polymyxin b ophthalmic (eye)<br/>ointment 500-10,000 unit/gram</i> (Polycin) | Tier 1 |        |
| BESIVANCE OPHTHALMIC (EYE)<br>DROPS, SUSPENSION 0.6 %                                      | Tier 2 |        |
| CILOXAN OPHTHALMIC (EYE)<br>OINTMENT 0.3 %                                                 | Tier 2 |        |
| <i>ciprofloxacin hcl ophthalmic (eye) drops<br/>0.3 %</i>                                  | Tier 1 |        |
| <i>erythromycin ophthalmic (eye) ointment<br/>5 mg/gram (0.5 %)</i>                        | Tier 1 |        |
| <i>gatifloxacin ophthalmic (eye) drops 0.5<br/>%</i>                                       | Tier 1 |        |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>                                             | Tier 1 |        |
| KLARITY-A (AZITHRO-CHONDR)(PF)<br>OPHTHALMIC (EYE) DROPS 1-0.25 %                          | Tier 3 |        |

| Drug                                                                                                | Status | Notes                   |
|-----------------------------------------------------------------------------------------------------|--------|-------------------------|
| levofloxacin ophthalmic (eye) drops 1.5 %                                                           | Tier 1 |                         |
| moxifloxacin (pf)-bss intracameral solution 1 mg/ml                                                 | Tier 4 | SP                      |
| moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)                                                 | Tier 1 |                         |
| moxifloxacin ophthalmic (eye) drops, viscous 0.5 %                                                  | Tier 1 |                         |
| moxifloxacin-sod chlor,iso(pf) intraocular solution 0.8 mg/0.8 ml, 4 mg/0.8 ml, 5 mg/ml             | Tier 4 | SP                      |
| moxifloxacin-sod chlor,iso(pf) intraocular syringe 0.3 mg/0.3 ml, 1.6 mg/ml                         | Tier 4 | SP                      |
| neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin) | Tier 1 |                         |
| neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml                 | Tier 1 |                         |
| NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin) | Tier 1 |                         |
| ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)                                                    | Tier 1 |                         |
| POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)                     | Tier 1 |                         |
| polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml                           | Tier 1 |                         |
| tobramycin ophthalmic (eye) drops 0.3 %                                                             | Tier 1 |                         |
| tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %                                                | Tier 1 |                         |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %                                                              | Tier 2 |                         |
| vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml                                      | Tier 1 |                         |
| <b>Ophthalmic Antifungal Agents</b>                                                                 |        |                         |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %                                                       | Tier 3 |                         |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                                            |        |                         |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %                                           | Tier 1 |                         |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                                                    | Tier 2 | QL (5.5 ML per 30 days) |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)                                         | Tier 1 | QL (60 EA per 30 days)  |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %                                                         | Tier 4 | PA; SP                  |

| Drug                                                                                                                                             | Status | Notes                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| XIIDRA OPHTHALMIC (EYE)<br>DROPPERETTE 5 %                                                                                                       | Tier 2 | QL (60 EA per 30 days)                                                                                                            |
| <b>Ophthalmic Complement Inhibitors</b>                                                                                                          |        |                                                                                                                                   |
| IZERVAY INTRAVITREAL SOLUTION 2<br>MG/0.1 ML                                                                                                     | Tier 4 | PA; SP                                                                                                                            |
| SYFOVRE INTRAVITREAL SOLUTION<br>15 MG /0.1 ML                                                                                                   | Tier 4 | PA; SP                                                                                                                            |
| <b>Ophthalmic Human Nerve Growth<br/>Factor (Hngf)</b>                                                                                           |        |                                                                                                                                   |
| OXERVATE OPHTHALMIC (EYE)<br>DROPS 0.002 %                                                                                                       | Tier 4 | PA; SP                                                                                                                            |
| <b>Ophthalmic Mast Cell Stabilizers</b>                                                                                                          |        |                                                                                                                                   |
| ALOCRIL OPHTHALMIC (EYE) DROPS<br>2 %                                                                                                            | Tier 2 | ST; ST: Requires prior<br>prescription for Cromolyn<br>4% ophthalmic drops within<br>the past 120 days; QL (20<br>ML per 30 days) |
| ALOMIDE OPHTHALMIC (EYE) DROPS<br>0.1 %                                                                                                          | Tier 2 | ST; ST: Requires prior<br>prescription for Cromolyn<br>4% ophthalmic drops within<br>the past 120 days; QL (40<br>ML per 30 days) |
| <i>cromolyn ophthalmic (eye) drops 4 %</i>                                                                                                       | Tier 1 | QL (50 ML per 30 days)                                                                                                            |
| <b>Ophthalmic Preparations,<br/>Miscellaneous</b>                                                                                                |        |                                                                                                                                   |
| AMVISC INTRAOCULAR SYRINGE 12<br>MG/ML                                                                                                           | Tier 3 |                                                                                                                                   |
| AMVISC PLUS INTRAOCULAR<br>SYRINGE 16 MG/ML                                                                                                      | Tier 3 |                                                                                                                                   |
| BIOLON INTRAOCULAR SYRINGE 10<br>MG/ML                                                                                                           | Tier 3 |                                                                                                                                   |
| DISCOVISC INTRAOCULAR SYRINGE<br>40-17 MG/ML                                                                                                     | Tier 4 | SP                                                                                                                                |
| DUOVISC VISCO ELASTIC<br>INTRAOCULAR SYRINGE 3 %-4<br>%(0.35ML) 1 % (0.4 ML), 3 %-4 %(0.5<br>ML) 1 % (0.55 ML), 4 %-3 % (0.5ML) 1<br>% (0.85 ML) | Tier 4 | SP                                                                                                                                |
| HEALON ENDOCOAT INTRAOCULAR<br>SYRINGE 30 MG/ML                                                                                                  | Tier 3 |                                                                                                                                   |
| HEALON GV PRO INTRAOCULAR<br>SYRINGE 18 MG/ML                                                                                                    | Tier 3 |                                                                                                                                   |
| HEALON PRO INTRAOCULAR<br>SYRINGE 10 MG/ML                                                                                                       | Tier 3 |                                                                                                                                   |
| HEALON5 PRO INTRAOCULAR<br>SYRINGE 23 MG/ML                                                                                                      | Tier 3 |                                                                                                                                   |
| <i>hyaluronidase(pf)-sodchlor,iso<br/>intraocular solution 175 unit/ml</i>                                                                       | Tier 4 | SP                                                                                                                                |

| Drug                                                                        | Status | Notes                 |
|-----------------------------------------------------------------------------|--------|-----------------------|
| PROVISC INTRAOCULAR SYRINGE 10 MG/ML                                        | Tier 3 |                       |
| TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)                       | Tier 3 |                       |
| VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML)                             | Tier 4 | SP                    |
| <b>Eye - Glaucoma</b>                                                       |        |                       |
| <b>Carbonic Anhydrase Inhibitors</b>                                        |        |                       |
| acetazolamide oral capsule, extended release 500 mg                         | Tier 1 |                       |
| acetazolamide oral tablet 125 mg, 250 mg                                    | Tier 1 |                       |
| acetazolamide sodium injection recon soln 500 mg                            | Tier 4 | SP                    |
| methazolamide oral tablet 25 mg, 50 mg                                      | Tier 1 |                       |
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                             |        |                       |
| apraclonidine ophthalmic (eye) drops 0.5 %                                  | Tier 1 |                       |
| AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %                  | Tier 1 |                       |
| betaxolol ophthalmic (eye) drops 0.5 %                                      | Tier 1 |                       |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %                         | Tier 3 |                       |
| bimatoprost ophthalmic (eye) drops 0.03 %                                   | Tier 1 | QL (1 ML per 12 days) |
| brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)               | Tier 1 |                       |
| brimonidine ophthalmic (eye) drops 0.2 %                                    | Tier 1 |                       |
| brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %                | Tier 1 |                       |
| brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)             | Tier 1 |                       |
| carteolol ophthalmic (eye) drops 1 %                                        | Tier 1 |                       |
| dorzolamide (pf) ophthalmic (eye) drops 2 %                                 | Tier 1 |                       |
| dorzolamide ophthalmic (eye) drops 2 %                                      | Tier 1 |                       |
| dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF)) | Tier 1 | QL (2 EA per 1 day)   |
| dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %                     | Tier 1 |                       |
| dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)          | Tier 1 |                       |
| DURYSTA INTRACAMERAL IMPLANT 10 MCG                                         | Tier 4 | SP                    |

| Drug                                                                                           | Status | Notes                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IDOSE TR INTRACAMERAL IMPLANT<br>75 MCG                                                        | Tier 4 | SP                                                                                                                                                                                                            |
| IOPIDINE OPHTHALMIC (EYE)<br>DROPPERETTE 1 %                                                   | Tier 3 |                                                                                                                                                                                                               |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)                                    | Tier 1 |                                                                                                                                                                                                               |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>                                                | Tier 1 |                                                                                                                                                                                                               |
| LUMIGAN OPHTHALMIC (EYE) DROPS<br>0.01 %                                                       | Tier 2 | QL (2.5 ML per 25 days)                                                                                                                                                                                       |
| MIOCHOL-E INTRAOCULAR KIT 1 %<br>(10 MG/ML)                                                    | Tier 4 | SP                                                                                                                                                                                                            |
| MIOSTAT INTRAOCULAR SOLUTION<br>0.01 %                                                         | Tier 4 | SP                                                                                                                                                                                                            |
| PHOSPHOLINE IODIDE OPHTHALMIC<br>(EYE) DROPS 0.125 %                                           | Tier 3 |                                                                                                                                                                                                               |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>                                    | Tier 1 |                                                                                                                                                                                                               |
| RHOPRESSA OPHTHALMIC (EYE)<br>DROPS 0.02 %                                                     | Tier 3 | ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days) |
| ROCKLATAN OPHTHALMIC (EYE)<br>DROPS 0.02-0.005 %                                               | Tier 3 | ST; ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 1-0.2 %                                         | Tier 2 |                                                                                                                                                                                                               |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))                    | Tier 1 | QL (1 EA per 1 day)                                                                                                                                                                                           |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF)) | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                           |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>                                    | Tier 1 |                                                                                                                                                                                                               |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)                      | Tier 1 |                                                                                                                                                                                                               |

| Drug                                                                                                 | Status | Notes                                                                                                                                         |
|------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>                           | Tier 1 |                                                                                                                                               |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>                            | Tier 1 |                                                                                                                                               |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)                                        | Tier 1 | QL (2.5 ML per 25 days)                                                                                                                       |
| VUITY OPHTHALMIC (EYE) DROPS 1.25 %                                                                  | Tier 3 | PA                                                                                                                                            |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %                                                               | Tier 3 | ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %                                                     | Tier 3 | ST; ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |
| <b>Mydriatics</b>                                                                                    |        |                                                                                                                                               |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)                                         | Tier 1 |                                                                                                                                               |
| <i>atropine ophthalmic (eye) ointment 1 %</i>                                                        | Tier 1 |                                                                                                                                               |
| <i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>                                        | Tier 1 |                                                                                                                                               |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %                                                           | Tier 3 |                                                                                                                                               |
| <i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)                                          | Tier 1 |                                                                                                                                               |
| <i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>                              | Tier 1 |                                                                                                                                               |
| <i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i> | Tier 1 |                                                                                                                                               |
| <i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>               | Tier 1 |                                                                                                                                               |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)                                            | Tier 1 |                                                                                                                                               |
| <i>lidocaine-phenylephrin-bss(pf) intraocular syringe 1-1.5 %</i>                                    | Tier 4 | SP                                                                                                                                            |
| <i>lidocaine-phenylephrin in water intraocular solution 1-1.5 %</i>                                  | Tier 4 | SP                                                                                                                                            |
| <i>phenylephrine (pf)-bss intraocular syringe 1.5 %</i>                                              | Tier 4 | SP                                                                                                                                            |
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                                 | Tier 1 |                                                                                                                                               |

| Drug                                                                                                          | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>racepineph-lidocaine-bss 7(pf)</i><br><i>intraocular solution 0.025-0.75 %</i>                             | Tier 4 | SP     |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>                                                               | Tier 1 |        |
| <i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)                                                      | Tier 1 |        |
| <b>Ophthalmic Antifibrotic Agents</b>                                                                         |        |        |
| <i>mitomycin (pf) in water ophthalmic (eye)</i><br><i>syringe 0.2 mg/ml, 0.4 mg/ml</i>                        | Tier 4 | SP     |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG                                                                           | Tier 3 |        |
| <b>Eye - Miscellaneous</b>                                                                                    |        |        |
| <b>Agents For Corneal Collagen Cross-Linking</b>                                                              |        |        |
| PHOTREXA CROSS-LINKING KIT<br>OPHTHALMIC (EYE) COMBO, DROPS<br>AND DROPS VISCOUS 0.146 % -0.146 %             | Tier 3 |        |
| PHOTREXA OPHTHALMIC (EYE)<br>DROPS 0.146 %                                                                    | Tier 3 |        |
| PHOTREXA VISCOUS OPHTHALMIC<br>(EYE) DROPS, VISCOUS 0.146 %                                                   | Tier 3 |        |
| <b>Artificial Tears</b>                                                                                       |        |        |
| KLARITY (CHONDROITIN) (PF)<br>OPHTHALMIC (EYE) DROPS 0.25 %                                                   | Tier 3 |        |
| <b>Eye Irrigations</b>                                                                                        |        |        |
| BALANCED SALT INTRAOCULAR SOLUTION (balanced salt soln no.2 irrig.)                                           | Tier 4 | SP     |
| BSS PLUS INTRAOCULAR SOLUTION                                                                                 | Tier 4 | SP     |
| <b>Eye Mydriatic And Nsaid Combinations</b>                                                                   |        |        |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe-ketor-wat)        | Tier 1 |        |
| OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %                                                                       | Tier 4 | SP     |
| <i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc)) | Tier 1 |        |
| <b>Eye Preparations, Miscellaneous (Otc)</b>                                                                  |        |        |
| GELFILM OPHTHALMIC (EYE) FILM                                                                                 | Tier 3 |        |
| <b>Ocular Photoactivated Vessel-Occluding Agents</b>                                                          |        |        |
| VISUDYNE INTRAVENOUS RECON SOLN 15 MG                                                                         | Tier 4 | SP     |
| <b>Ophth Vasc. Endothelial Growth Factor Antagonists</b>                                                      |        |        |
| EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML                                                                   | Tier 4 | PA; SP |

| Drug                                                                                                  | Status | Notes  |
|-------------------------------------------------------------------------------------------------------|--------|--------|
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML                                                              | Tier 4 | PA; SP |
| EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML                                                               | Tier 4 | PA; SP |
| <b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>                                                 |        |        |
| BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML                                                               | Tier 4 | PA; SP |
| <i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml</i> | Tier 4 | PA; SP |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML                                                          | Tier 4 | PA; SP |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML                                          | Tier 4 | PA; SP |
| LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML                                         | Tier 4 | PA; SP |
| LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML                                          | Tier 4 | PA; SP |
| SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML                                             | Tier 4 | PA; SP |
| SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML                                                            | Tier 4 | PA; SP |
| <b>Ophthalmic Cystine Depleting Agents</b>                                                            |        |        |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %                                                              | Tier 4 | PA; SP |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %                                                                | Tier 4 | PA; SP |
| <b>Fluid Replacement</b>                                                                              |        |        |
| <b>Iv Solutions: Dextrose And Lactated Ringers</b>                                                    |        |        |
| <i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>                                  | Tier 4 | SP     |
| <b>Iv Solutions: Dextrose-Saline</b>                                                                  |        |        |
| <i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>                                   | Tier 4 | SP     |
| <i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>                                  | Tier 4 | SP     |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>                                 | Tier 4 | SP     |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>                                    | Tier 4 | SP     |
| <i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>                                   | Tier 4 | SP     |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>                                 | Tier 4 | SP     |

| Drug                                                                  | Status | Notes                                                                                                                             |
|-----------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------|
| dextrose 5%-0.3 % sod.chloride<br>intravenous parenteral solution     | Tier 4 | SP                                                                                                                                |
| <b>Iv Solutions: Dextrose-Water</b>                                   |        |                                                                                                                                   |
| dextrose 10 % in water (d10w)<br>intravenous parenteral solution 10 % | Tier 4 | SP                                                                                                                                |
| dextrose 20 % in water (d20w)<br>intravenous parenteral solution 20 % | Tier 4 | SP                                                                                                                                |
| dextrose 25 % in water (d25w)<br>intravenous syringe                  | Tier 4 | SP                                                                                                                                |
| dextrose 30 % in water (d30w)<br>intravenous parenteral solution      | Tier 4 | SP                                                                                                                                |
| dextrose 40 % in water (d40w)<br>intravenous parenteral solution 40 % | Tier 4 | SP                                                                                                                                |
| dextrose 5 % in water (d5w) intravenous<br>parenteral solution        | Tier 4 | SP                                                                                                                                |
| dextrose 5 % in water (d5w) intravenous<br>piggyback 5 %              | Tier 4 | SP                                                                                                                                |
| dextrose 50 % in water (d50w)<br>intravenous parenteral solution      | Tier 4 | SP                                                                                                                                |
| dextrose 50 % in water (d50w)<br>intravenous syringe                  | Tier 4 | SP                                                                                                                                |
| dextrose 70 % in water (d70w)<br>intravenous parenteral solution      | Tier 4 | SP                                                                                                                                |
| <b>Nucleic Acid/Nucleotide Supplements</b>                            |        |                                                                                                                                   |
| XURIDEN ORAL GRANULES IN<br>PACKET 2 GRAM                             | Tier 4 | PA; SP                                                                                                                            |
| <b>Gout And Related Diseases</b>                                      |        |                                                                                                                                   |
| <b>Colchicine</b>                                                     |        |                                                                                                                                   |
| colchicine oral capsule 0.6 mg (Mitigare)                             | Tier 1 | QL (2 EA per 1 day)                                                                                                               |
| colchicine oral tablet 0.6 mg (Colcrys)                               | Tier 1 | QL (4 EA per 1 day)                                                                                                               |
| GLOPERBA ORAL SOLUTION 0.6<br>MG/5 ML                                 | Tier 3 | ST; ST: Requires prior<br>prescription for Colchicine<br>capsules or tablets within<br>the past 120 days; QL (10<br>ML per 1 day) |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>                           |        |                                                                                                                                   |
| allopurinol oral tablet 100 mg (Zyloprim)                             | Tier 1 |                                                                                                                                   |
| allopurinol oral tablet 300 mg                                        | Tier 1 |                                                                                                                                   |
| allopurinol sodium intravenous recon<br>soln 500 mg (Aloprim)         | Tier 4 | SP                                                                                                                                |
| febuxostat oral tablet 40 mg, 80 mg (Uloric)                          | Tier 1 | ST; ST: Requires prior<br>prescription for Allopurinol<br>within the past 120 days;<br>QL (30 EA per 30 days)                     |

| Drug                                                                                             | Status | Notes                                                                                             |
|--------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------|
| <b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>                                              |        |                                                                                                   |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG                                                     | Tier 4 | SP                                                                                                |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML                                                           | Tier 4 | PA; SP                                                                                            |
| <b>Uricosuric Agents</b>                                                                         |        |                                                                                                   |
| <i>probenecid oral tablet 500 mg</i>                                                             | Tier 1 |                                                                                                   |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>                                              | Tier 1 |                                                                                                   |
| <b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>                                           |        |                                                                                                   |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG                                                       | Tier 3 | ST; ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day) |
| <b>Hematological Disorders</b>                                                                   |        |                                                                                                   |
| <b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>                                          |        |                                                                                                   |
| ADZYNMA INTRAVENOUS KIT 1,500 UNIT, 500 UNIT                                                     | Tier 4 | PA; SP                                                                                            |
| CABLIVI INJECTION KIT 11 MG                                                                      | Tier 4 | PA; SP                                                                                            |
| CABLIVI INJECTION RECON SOLN 11 MG                                                               | Tier 4 | PA; SP                                                                                            |
| <b>Anticoagulant Reversal Agent For Factor Xa Inhib.</b>                                         |        |                                                                                                   |
| ANDEXXA INTRAVENOUS RECON SOLN 200 MG                                                            | Tier 4 | SP                                                                                                |
| <b>Anticoagulant Reversal Agents</b>                                                             |        |                                                                                                   |
| PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML                                                     | Tier 4 | SP                                                                                                |
| <b>Anticoagulants,Coumarin Type</b>                                                              |        |                                                                                                   |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)        | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                   |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                   |
| <b>Antifibrinolytic Agents</b>                                                                   |        |                                                                                                   |
| <i>aminocaproic acid intravenous solution 250 mg/ml</i>                                          | Tier 4 | SP                                                                                                |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)                                 | Tier 1 |                                                                                                   |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)                                   | Tier 1 |                                                                                                   |

| Drug                                                                                                                                                                                                             | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| FIBRYGA INTRAVENOUS RECON<br>SOLN 1 GRAM (700 MG- 1,300 MG)                                                                                                                                                      | Tier 4 | SP    |
| RIASTAP INTRAVENOUS RECON<br>SOLN 1 GRAM (900MG-1,300MG)                                                                                                                                                         | Tier 4 | SP    |
| <i>tranexamic acid in nacl,iso-os<br/>intravenous piggyback 1,000 mg/100 ml<br/>(10 mg/ml)</i>                                                                                                                   | Tier 4 | SP    |
| <i>tranexamic acid intravenous solution</i> (Cyklokapron)<br><i>1,000 mg/10 ml (100 mg/ml)</i>                                                                                                                   | Tier 4 | SP    |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                                                                                        | Tier 1 |       |
| <b>Antihemophilic Factors</b>                                                                                                                                                                                    |        |       |
| ADVATE INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT,<br>3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500<br>(+/-) UNIT                                               | Tier 4 | SP    |
| ADYNOVATE INTRAVENOUS<br>SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT,<br>3,000 (+/-) UNIT, 500 (+/-) UNIT, 750<br>(+/-) UNIT                                                | Tier 4 | SP    |
| AFSTYLA INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT RANGE, 1,500<br>(+/-) UNIT RANGE, 2,000 (+/-) UNIT<br>RANGE, 2,500 (+/-) UNIT RANGE, 250<br>(+/-) UNIT RANGE, 3,000 (+/-) UNIT<br>RANGE, 500 (+/-) UNIT RANGE | Tier 4 | SP    |
| ALPHANATE INTRAVENOUS RECON<br>SOLN 1,000 (400 VWF) UNIT/10 ML,<br>1,500 (600 VWF) UNIT/10 ML, 2,000<br>(800 VWF) UNIT/10 ML, 250 (100 VWF)<br>UNIT/5 ML, 500 (200 VWF) UNIT/5 ML                                | Tier 4 | SP    |
| ALTUVIIIIO INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>4000 (+/-) UNIT, 500 (+/-) UNIT                                                                 | Tier 4 | SP    |
| ELOCTATE INTRAVENOUS RECON<br>SOLN 1,000 UNIT, 1,500 UNIT, 2,000<br>UNIT, 250 UNIT, 3,000 UNIT, 4,000<br>UNIT, 5,000 UNIT, 500 UNIT, 6,000<br>UNIT, 750 UNIT                                                     | Tier 4 | SP    |
| ESPEROCT INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 500 (+/-) UNIT                                                                                  | Tier 4 | SP    |
| FEIBA NF INTRAVENOUS RECON<br>SOLN 1,750-3,250 UNIT, 350-650 UNIT,<br>700-1,300 UNIT                                                                                                                             | Tier 4 | SP    |

| Drug                                                                                                                                             | Status | Notes |
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| HEMOFIL M HIGH INTRAVENOUS<br>RECON SOLN 801-1,500 UNIT                                                                                          | Tier 4 | SP    |
| HEMOFIL M LOW INTRAVENOUS<br>RECON SOLN 220-400 UNIT                                                                                             | Tier 4 | SP    |
| HEMOFIL M MID INTRAVENOUS<br>RECON SOLN 401-800 UNIT                                                                                             | Tier 4 | SP    |
| HEMOFIL M SUPER HIGH<br>INTRAVENOUS RECON SOLN 1,501-<br>2,000 UNIT                                                                              | Tier 4 | SP    |
| HUMATE-P INTRAVENOUS RECON<br>SOLN 1,000-2,400 UNIT, 250-600 UNIT,<br>500-1,200 UNIT                                                             | Tier 4 | SP    |
| JIVI INTRAVENOUS RECON SOLN<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000<br>(+/-) UNIT, 500 (+/-) UNIT                                           | Tier 4 | SP    |
| KOATE INTRAVENOUS RECON SOLN<br>1,000 (+/-) UNIT, 250 (+/-) UNIT, 500<br>(+/-) UNIT                                                              | Tier 4 | SP    |
| KOGENATE FS INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 2,000<br>(+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-)<br>UNIT, 500 (+/-) UNIT                 | Tier 4 | SP    |
| KOVALTRY INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>500 (+/-) UNIT                    | Tier 4 | SP    |
| NOVOEIGHT INTRAVENOUS RECON<br>SOLN 1,000 (+/-) UNIT, 1,500 (+/-)<br>UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT,<br>3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 4 | SP    |
| NOVOSEVEN RT INTRAVENOUS<br>RECON SOLN 1 MG (1,000 MCG), 2<br>MG (2,000 MCG), 5 MG (5,000 MCG), 8<br>MG (8,000 MCG)                              | Tier 4 | SP    |
| NUWIQ INTRAVENOUS RECON SOLN<br>1,500 UNIT, 1000 UNIT, 2,000 UNIT,<br>2,500 UNIT, 250 UNIT, 3,000 UNIT,<br>4,000 UNIT, 500 UNIT                  | Tier 4 | SP    |
| OBIZUR INTRAVENOUS RECON SOLN<br>500 (+/-) UNIT RANGE                                                                                            | Tier 4 | SP    |
| RECOMBINATE INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 500 (+/-) UNIT                 | Tier 4 | SP    |
| SEVENFACT INTRAVENOUS RECON<br>SOLN 1 MG (1,000 MCG), 5 MG (5,000<br>MCG)                                                                        | Tier 4 | SP    |
| WILATE INTRAVENOUS RECON SOLN<br>1,000-1,000 UNIT, 500-500 UNIT                                                                                  | Tier 4 | SP    |

| Drug                                                                                                                              | Status | Notes                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------|
| XYNTHA INTRAVENOUS SOLUTION<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250<br>(+/-) UNIT, 500 (+/-) UNIT                              | Tier 4 | SP                                                                                                  |
| XYNTHA SOLOFUSE INTRAVENOUS<br>SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>500 (+/-) UNIT | Tier 4 | SP                                                                                                  |
| <b>Antiporphyria Factors</b>                                                                                                      |        |                                                                                                     |
| PANHEMATIN INTRAVENOUS RECON<br>SOLN 350 MG                                                                                       | Tier 4 | SP                                                                                                  |
| <b>Blood Factors,Miscellaneous</b>                                                                                                |        |                                                                                                     |
| VONVENDI INTRAVENOUS RECON<br>SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-<br>) UNIT RANGE                                               | Tier 4 | SP                                                                                                  |
| <b>Citrates As Anticoagulants</b>                                                                                                 |        |                                                                                                     |
| ACD SOLUTION A SOLUTION 2.45-2.2<br>GRAM- 800 MG/100 ML                                                                           | Tier 3 |                                                                                                     |
| ACD-A SOLUTION , 2.45-2.2 GRAM-<br>730 MG/100 ML                                                                                  | Tier 3 |                                                                                                     |
| <i>anticoag citrate phos dextrose solution<br/>2.63-222 gram-mg/100ml</i>                                                         | Tier 1 |                                                                                                     |
| <i>citric-sod citrat-sod phos-dex solution<br/>0.327-2.63 gram/100 ml</i>                                                         | Tier 1 |                                                                                                     |
| REGIOCIT (EUA) SOLUTION 5.03-5.29<br>GRAM/L                                                                                       | Tier 3 |                                                                                                     |
| <i>sodium citrate in 0.9 % nacl solution 0.5<br/>%</i>                                                                            | Tier 1 |                                                                                                     |
| <i>sodium citrate intra-catheter solution 4 %</i>                                                                                 | Tier 1 |                                                                                                     |
| <i>sodium citrate intra-catheter syringe 4 %<br/>(3 ml), 4 % (5 ml)</i>                                                           | Tier 1 |                                                                                                     |
| <i>sodium citrate solution 4 gram /100 ml (4<br/>%)</i>                                                                           | Tier 1 |                                                                                                     |
| TRICITRASOL INJECTION<br>CONCENTRATE 46.7 %                                                                                       | Tier 4 | SP                                                                                                  |
| <b>Coagulants</b>                                                                                                                 |        |                                                                                                     |
| <i>protamine intravenous solution 10 mg/ml</i>                                                                                    | Tier 4 | SP                                                                                                  |
| <b>Complement (C3) Inhibitors</b>                                                                                                 |        |                                                                                                     |
| EMPAVELI SUBCUTANEOUS<br>SOLUTION 1,080 MG/20 ML                                                                                  | Tier 4 | PA; SP                                                                                              |
| <b>Direct Factor Xa Inhibitors</b>                                                                                                |        |                                                                                                     |
| ELIQUIS DVT-PE TREAT 30D START<br>ORAL TABLETS,DOSE PACK 5 MG (74<br>TABS)                                                        | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (74 EA per<br>30 days) |

| Drug                                                                                 | Status | Notes                                                                                   |
|--------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------|
| ELIQUIS ORAL TABLET 2.5 MG                                                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)    |
| ELIQUIS ORAL TABLET 5 MG                                                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (74 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (51 EA per 30 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML                                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (20 ML per 1 day)   |
| XARELTO ORAL TABLET 10 MG, 20 MG                                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)    |
| XARELTO ORAL TABLET 15 MG, 2.5 MG                                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)    |
| <b>Drugs To Treat Acute Hepatic Porphyrria (Ahp)</b>                                 |        |                                                                                         |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML                                             | Tier 4 | PA; SP                                                                                  |
| <b>Erythroid Maturation Agents</b>                                                   |        |                                                                                         |
| REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG                                        | Tier 4 | PA; SP                                                                                  |
| <b>Factor Ix Complex (Pcc) Preparations</b>                                          |        |                                                                                         |
| BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT                                 | Tier 4 | SP                                                                                      |
| KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)   | Tier 4 | SP                                                                                      |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT | Tier 4 | SP                                                                                      |

| Drug                                                                                                                                      | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Factor Ix Preparations</b>                                                                                                             |        |        |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT                                                    | Tier 4 | SP     |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT                                        | Tier 4 | SP     |
| BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                                     | Tier 4 | SP     |
| IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT                      | Tier 4 | SP     |
| IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                         | Tier 4 | SP     |
| REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                                       | Tier 4 | SP     |
| RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT                                                     | Tier 4 | SP     |
| <b>Factor X Preparations</b>                                                                                                              |        |        |
| COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE                                                                | Tier 4 | SP     |
| <b>Factor Xiii Preparations</b>                                                                                                           |        |        |
| CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT                                                                                          | Tier 4 | SP     |
| TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT                                                                                                  | Tier 4 | SP     |
| <b>Gene Therapy Agents - Hematopoietic</b>                                                                                                |        |        |
| OMISIRGE INTRAVENOUS SUSPENSION                                                                                                           | Tier 4 | PA; SP |
| <b>Hematinics, Other</b>                                                                                                                  |        |        |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML     | Tier 4 | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 4 | PA; SP |

| Drug                                                                                                                                         | Status | Notes                                                                                        |
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| <b>Hemophilia Treatment Agents, Non-Factor Replacement</b>                                                                                   |        |                                                                                              |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML                                                              | Tier 4 | PA; SP                                                                                       |
| HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                                                                                       | Tier 1 | PA                                                                                           |
| <b>Hemorrhologic Agents</b>                                                                                                                  |        |                                                                                              |
| <i>pentoxifylline oral tablet extended release 400 mg</i>                                                                                    | Tier 1 |                                                                                              |
| <b>Heparin And Related Preparations</b>                                                                                                      |        |                                                                                              |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)                                                                                | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 30 days)  |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                          |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)                                                                              | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (24 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)                                                                             | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (15 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)                                                                               | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 30 days)  |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)                                                                             | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 30 days)  |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML                                                                                          | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (8 ML per 1 day)     |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML                                                                                         | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (7.6 ML per 30 days) |

| Drug                                                                                                                                                                           | Status | Notes                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------|
| FRAGMIN SUBCUTANEOUS SYRINGE<br>10,000 ANTI-XA UNIT/ML                                                                                                                         | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (60 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>12,500 ANTI-XA UNIT/0.5 ML                                                                                                                     | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (30 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>15,000 ANTI-XA UNIT/0.6 ML                                                                                                                     | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (36 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>18,000 ANTI-XA UNIT/0.72 ML                                                                                                                    | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML                                                                                           | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (12 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>7,500 ANTI-XA UNIT/0.3 ML                                                                                                                      | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (18 ML per 30 days)   |
| HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML                                                                                                                              | Tier 1 |                                                                                               |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml</i> | Tier 4 | SP                                                                                            |
| <i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>                                            | Tier 1 |                                                                                               |
| <i>heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)</i>                                                         | Tier 4 | SP                                                                                            |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>                                                                            | Tier 4 | SP                                                                                            |

| Drug                                                                                                                                 | Status | Notes  |
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| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | Tier 1 |        |
| <i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>                         | Tier 4 | SP     |
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>                                                                    | Tier 1 |        |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>                             | Tier 1 |        |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>                                                                             | Tier 1 |        |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>                                                     | Tier 1 |        |
| HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))<br>INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML                                | Tier 1 |        |
| <i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 25,000 unit/250 ml, 25,000 unit/500 ml</i>     | Tier 4 | SP     |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>                                                                        | Tier 1 |        |
| <i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>                                                                    | Tier 4 | SP     |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>                                                      | Tier 1 |        |
| <i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>                                                                 | Tier 1 |        |
| <i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>                                                                           | Tier 1 |        |
| <i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))                            | Tier 1 |        |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>                                                                  | Tier 1 |        |
| <b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>                                                                            |        |        |
| ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML                                                                                                | Tier 4 | PA; SP |
| FABHALTA ORAL CAPSULE 200 MG                                                                                                         | Tier 4 | SP     |
| SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML                                                                                            | Tier 4 | PA; SP |
| TAVNEOS ORAL CAPSULE 10 MG                                                                                                           | Tier 4 | PA; SP |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML                                                                                             | Tier 4 | PA; SP |

| Drug                                                                                                | Status | Notes  |
|-----------------------------------------------------------------------------------------------------|--------|--------|
| VEOPOZ INJECTION SOLUTION 200 MG/ML                                                                 | Tier 4 | PA; SP |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML                     | Tier 3 |        |
| <b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>                                             |        |        |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG                                                  | Tier 3 | PA     |
| <b>Leukocyte (Wbc) Stimulants</b>                                                                   |        |        |
| LEUKINE INJECTION RECON SOLN 250 MCG                                                                | Tier 4 | PA; SP |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML                               | Tier 4 | PA; SP |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                           | Tier 4 | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                              | Tier 4 | PA; SP |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                           | Tier 4 | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                                              | Tier 4 | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                                        | Tier 4 | PA; SP |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                                           | Tier 4 | PA; SP |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML                               | Tier 3 | PA     |
| <b>Plasma Expanders</b>                                                                             |        |        |
| <i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i> (Hespan 6 % in NS)                     | Tier 4 | SP     |
| HEXTEND INTRAVENOUS SOLUTION 6 %                                                                    | Tier 4 | SP     |
| LMD 10 % IN 0.9 % SODIUM CHLOR INTRAVENOUS PARENTERAL SOLUTION 10 % (dextran 40 10 % in 0.9 % nacl) | Tier 4 | SP     |
| LMD 10 % IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 10 % (dextran 40 10 % in 5% dextrose)      | Tier 4 | SP     |
| <b>Plasma Proteins</b>                                                                              |        |        |
| ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 % (albumin, human 25 %)                               | Tier 4 | SP     |
| ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 % (albumin, human 5 %)                                  | Tier 4 | SP     |

| Drug                                                                                 | Status | Notes  |
|--------------------------------------------------------------------------------------|--------|--------|
| albumin, human 25 % intravenous<br>parenteral solution 25 % (Albuked-25)             | Tier 4 | SP     |
| albumin, human 5 % intravenous<br>parenteral solution 5 % (Albuked-5)                | Tier 4 | SP     |
| ALBUMINEX 25 % INTRAVENOUS<br>SOLUTION 25 %                                          | Tier 4 | SP     |
| ALBUMINEX 5 % INTRAVENOUS<br>SOLUTION 5 %                                            | Tier 4 | SP     |
| ALBURX (HUMAN) 25 %<br>INTRAVENOUS PARENTERAL<br>SOLUTION 25 % (albumin, human 25 %) | Tier 4 | SP     |
| ALBURX (HUMAN) 5 % INTRAVENOUS<br>PARENTERAL SOLUTION 5 % (albumin, human 5 %)       | Tier 4 | SP     |
| ALBUTEIN 25 % INTRAVENOUS<br>PARENTERAL SOLUTION 25 % (albumin, human 25 %)          | Tier 4 | SP     |
| ALBUTEIN 5 % INTRAVENOUS<br>PARENTERAL SOLUTION 5 % (albumin, human 5 %)             | Tier 4 | SP     |
| ATRYN INTRAVENOUS RECON SOLN<br>1,750 UNIT, 525 UNIT                                 | Tier 4 | SP     |
| FLEXBUMIN 25 % INTRAVENOUS<br>PARENTERAL SOLUTION 25 % (albumin, human 25 %)         | Tier 4 | SP     |
| FLEXBUMIN 5 % INTRAVENOUS<br>PARENTERAL SOLUTION 5 % (albumin, human 5 %)            | Tier 4 | SP     |
| OCTAPLAS (BLOOD GROUP A)<br>INTRAVENOUS SOLUTION 45 TO 70<br>MG/ML                   | Tier 4 | SP     |
| OCTAPLAS (BLOOD GROUP AB)<br>INTRAVENOUS SOLUTION 45 TO 70<br>MG/ML                  | Tier 4 | SP     |
| OCTAPLAS (BLOOD GROUP B)<br>INTRAVENOUS SOLUTION 45 TO 70<br>MG/ML                   | Tier 4 | SP     |
| OCTAPLAS (BLOOD GROUP O)<br>INTRAVENOUS SOLUTION 45 TO 70<br>MG/ML                   | Tier 4 | SP     |
| PLASBUMIN 25 % INTRAVENOUS<br>PARENTERAL SOLUTION 25 % (albumin, human 25 %)         | Tier 4 | SP     |
| PLASBUMIN 5 % INTRAVENOUS<br>PARENTERAL SOLUTION 5 % (albumin, human 5 %)            | Tier 4 | SP     |
| PLASMANATE INTRAVENOUS<br>PARENTERAL SOLUTION 5 % (plasma protein fraction)          | Tier 4 | SP     |
| RYPLAZIM INTRAVENOUS RECON<br>SOLN 68.8 MG                                           | Tier 4 | PA; SP |
| THROMBATE III INTRAVENOUS<br>RECON SOLN 500 (+/-) UNIT                               | Tier 4 | SP     |

| Drug                                                                                                                                            | Status  | Notes                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------|
| <b>Platelet Aggregation Inhibitors</b>                                                                                                          |         |                                                                                                  |
| ADULT ASPIRIN REGIMEN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG                                                                 | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| ADULT LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG                                                                | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| AGGRASTAT CONCENTRATE<br>INTRAVENOUS CONCENTRATE 250<br>MCG/ML                                                                                  | Tier 4  | SP                                                                                               |
| AGGRASTAT IN SODIUM CHLORIDE (tirofiban-0.9% sodium<br>INTRAVENOUS SOLUTION 12.5 chloride)<br>MG/250 ML (50 MCG/ML), 5 MG/100 ML<br>(50 MCG/ML) | Tier 4  | SP                                                                                               |
| ASPIRIN CHILDRENS ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                                                                                       | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)                                                                                   | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)                                                                | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>aspirin-dipyridamole oral capsule, er<br/>multiphase 12 hr 25-200 mg</i>                                                                     | Tier 1  | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| BAYER LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG                                                                | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| BRILINTA ORAL TABLET 60 MG, 90<br>MG                                                                                                            | Tier 2  | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (2 EA per 1<br>day) |
| CHILDREN'S ASPIRIN ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                                                                                      | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                     | Tier 1  | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS                         |

| Drug                                                                                                                                          | Status  | Notes                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------|
| <i>clopidogrel oral tablet 300 mg</i>                                                                                                         | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 30 days) |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                                                                                                 | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                        |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                                                                                           | Tier 1  |                                                                                        |
| <i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>                                                                                  | Tier 4  | SP                                                                                     |
| KENGREAL INTRAVENOUS RECON SOLN 50 MG                                                                                                         | Tier 4  | SP                                                                                     |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)                                                                                            | Tier 1  | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day)   |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)                                                                                        | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                        |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)                                                                        | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                        |
| <i>tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)</i> (Aggrastat in sodium chloride) | Tier 4  | SP                                                                                     |
| ZONTIVITY ORAL TABLET 2.08 MG                                                                                                                 | Tier 3  | QL (1 EA per 1 day)                                                                    |
| <b>Platelet Reducing Agents</b>                                                                                                               |         |                                                                                        |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                                                                                               | Tier 1  |                                                                                        |
| <i>anagrelide oral capsule 1 mg</i>                                                                                                           | Tier 1  |                                                                                        |
| <b>Protein C Preparations</b>                                                                                                                 |         |                                                                                        |
| CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT                                                                                           | Tier 4  | SP                                                                                     |
| CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT                                                                                        | Tier 4  | SP                                                                                     |
| <b>Pyruvate Kinase Activators</b>                                                                                                             |         |                                                                                        |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                                                                                       | Tier 4  | PA; SP                                                                                 |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)                                                                     | Tier 4  | PA; SP                                                                                 |

| Drug                                                                      | Status | Notes                                                                                                                                                |
|---------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sickle Cell Anemia Agents</b>                                          |        |                                                                                                                                                      |
| ADAKVEO INTRAVENOUS SOLUTION<br>10 MG/ML                                  | Tier 4 | PA; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                              |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                      |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                       | Tier 4 | PA; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                              |
| OXBRYTA ORAL TABLET 300 MG, 500 MG                                        | Tier 4 | PA; SP                                                                                                                                               |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG                                 | Tier 4 | PA; SP                                                                                                                                               |
| SIKLOS ORAL TABLET 1,000 MG                                               | Tier 3 | ST; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days |
| SIKLOS ORAL TABLET 100 MG                                                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (2 EA per 1 day)                                                                 |
| <b>Spleen Tyrosine Kinase Inhibitors</b>                                  |        |                                                                                                                                                      |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                      | Tier 4 | PA; SP                                                                                                                                               |
| <b>Thrombin Inhibitors, Sel., Direct, &amp; Rev.-Hirudin Type</b>         |        |                                                                                                                                                      |
| <i>bivalirudin intravenous recon soln 250 mg</i> (Angiomax)               | Tier 4 | SP                                                                                                                                                   |
| <i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>            | Tier 4 | SP                                                                                                                                                   |
| <b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>           |        |                                                                                                                                                      |
| <i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>         | Tier 4 | SP                                                                                                                                                   |
| <i>argatroban intravenous solution 100 mg/ml</i>                          | Tier 4 | SP                                                                                                                                                   |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | Tier 3 | PA; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                  |

| Drug                                                                                                             | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Thrombolytic Enzymes</b>                                                                                      |        |        |
| ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG                                                                    | Tier 4 | SP     |
| CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG                                                                  | Tier 4 | SP     |
| RETAVASE INTRAVENOUS RECON SOLN 10 UNIT, 10 X 2 UNIT (20 UNIT)                                                   | Tier 4 | SP     |
| TNKASE INTRAVENOUS RECON SOLN 50 MG                                                                              | Tier 4 | SP     |
| <b>Thrombopoietin Receptor Agonists</b>                                                                          |        |        |
| DOPTelet (10 TAB PACK) ORAL TABLET 20 MG                                                                         | Tier 4 | PA; SP |
| DOPTelet (15 TAB PACK) ORAL TABLET 20 MG                                                                         | Tier 4 | PA; SP |
| DOPTelet (30 TAB PACK) ORAL TABLET 20 MG                                                                         | Tier 4 | PA; SP |
| MULPLETA ORAL TABLET 3 MG                                                                                        | Tier 4 | PA; SP |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG                                                         | Tier 4 | PA; SP |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG                                                                    | Tier 4 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG                                                                | Tier 4 | PA; SP |
| <b>Topical Hemostatics</b>                                                                                       |        |        |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G                                                                              | Tier 3 |        |
| AVITENE FLOUR TOPICAL POWDER                                                                                     | Tier 3 |        |
| AVITENE TOPICAL POWDER IN PACKET                                                                                 | Tier 3 |        |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM                                                         | Tier 3 |        |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM                                                                           | Tier 3 |        |
| EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "                                                       | Tier 3 |        |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Tier 3 |        |
| FLOSEAL TOPICAL KIT 2,500 UNIT                                                                                   | Tier 3 |        |
| GEL-FLOW NT TOPICAL SYRINGE                                                                                      | Tier 4 | SP     |
| GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT                                                                          | Tier 4 | SP     |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT                                                                        | Tier 3 |        |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT                                                                 | Tier 3 |        |

| Drug                                                                                                                               | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| GELFOAM SPONGE SIZE 200<br>TOPICAL SPONGE 200                                                                                      | Tier 3 |       |
| GELFOAM TOPICAL SPONGE 4                                                                                                           | Tier 3 |       |
| MONSEL'S TOPICAL SOLUTION WITH<br>APPLICATOR 0.2 TO 0.22 GRAM/ML                                                                   | Tier 1 |       |
| RECOTHROM SPRAY KIT TOPICAL<br>RECON SOLN 20,000 UNIT                                                                              | Tier 3 |       |
| RECOTHROM TOPICAL RECON SOLN<br>20,000 UNIT, 5,000 UNIT                                                                            | Tier 3 |       |
| SURGIFLO TOPICAL SYRINGE                                                                                                           | Tier 4 | SP    |
| SYRINGE AVITENE TOPICAL<br>POWDER                                                                                                  | Tier 3 |       |
| TACHOSIL TOPICAL ADHESIVE<br>PATCH,MEDICATED 4.8 X 4.8 CM, 9.5<br>X 4.8 CM                                                         | Tier 3 |       |
| THROMBI-GEL TOPICAL PADS,<br>MEDICATED 10 CM2, 100 CM2, 40<br>CM2                                                                  | Tier 1 |       |
| THROMBIN-JMI NASAL NASAL SPRAY<br>SYRINGE 5,000 UNIT                                                                               | Tier 1 |       |
| THROMBIN-JMI TOPICAL RECON<br>SOLN 20,000 UNIT, 5,000 UNIT                                                                         | Tier 1 |       |
| THROMBIN-JMI TOPICAL SPRAY<br>SYRINGE 20,000 UNIT, 5,000 UNIT                                                                      | Tier 1 |       |
| THROMBIN-JMI TOPICAL<br>SPRAY, NON-AEROSOL 20,000 UNIT                                                                             | Tier 1 |       |
| THROMBI-PAD TOPICAL PADS,<br>MEDICATED 3 X 3 "                                                                                     | Tier 1 |       |
| ULTRAFOAM TOPICAL SPONGE 2 X<br>6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM,<br>8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1<br>CM                   | Tier 3 |       |
| VISTASEAL-FIBRIN SEALANT<br>TOPICAL SYRINGE 500 UNIT-80 MG<br>/ML (10 ML), 500 UNIT-80 MG /ML (2<br>ML), 500 UNIT-80 MG /ML (4 ML) | Tier 3 |       |
| <b>Vitamin K Preparations</b>                                                                                                      |        |       |
| <i>phytonadione (vitamin k1) injection<br/>solution 1 mg/0.5 ml</i> (vitamin K)                                                    | Tier 4 | SP    |
| <i>phytonadione (vitamin k1) injection<br/>solution 10 mg/ml</i> (Vitamin K1)                                                      | Tier 1 |       |
| <i>phytonadione (vitamin k1) injection<br/>syringe 1 mg/0.5 ml</i>                                                                 | Tier 1 |       |
| <i>phytonadione (vitamin k1) oral tablet 5<br/>mg</i> (Mephyton)                                                                   | Tier 1 |       |
| VITAMIN K INJECTION SOLUTION 1<br>MG/0.5 ML (phytonadione (vitamin<br>k1))                                                         | Tier 1 |       |

| Drug                                                                                                                                                     | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))                                                                                       | Tier 1 |       |
| <b>Hormonal Deficiency</b>                                                                                                                               |        |       |
| <b>Androgenic Agents</b>                                                                                                                                 |        |       |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR                                                                                             | Tier 3 | PA    |
| AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)                                                                                                     | Tier 4 | SP    |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG                                                                                                             | Tier 3 | PA    |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)                                                                                                         | Tier 3 | PA    |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                                                             | Tier 1 | PA    |
| TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML                                                                                                                  | Tier 4 | SP    |
| TESTOPEL IMPLANT PELLETT 75 MG                                                                                                                           | Tier 4 | SP    |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)                                                                 | Tier 1 | PA    |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>                                                                                                | Tier 1 | PA    |
| <i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>                                                                                                 | Tier 4 | SP    |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)                                                                                          | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)                                                            | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)                                                              | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)                                                          | Tier 1 | PA    |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel) | Tier 1 | PA    |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>                                                                  | Tier 1 | PA    |
| TLANDO ORAL CAPSULE 112.5 MG                                                                                                                             | Tier 3 | PA    |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML                                                                             | Tier 3 | PA    |
| <b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>                                                                                            |        |       |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                                                                                                                | Tier 3 |       |

| Drug                                                                                                            |                                | Status | Notes                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------|--------|-------------------------------------------------------------------------------------------------------------|
| <b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>                                                   |                                |        |                                                                                                             |
| DUAVEE ORAL TABLET 0.45-20 MG                                                                                   |                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                             |
| <b>Estrogen And Progestin Combinations</b>                                                                      |                                |        |                                                                                                             |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                                                                  |                                | Tier 3 | ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)    |
| BIJUVA ORAL CAPSULE 1-100 MG                                                                                    |                                | Tier 3 | ST; ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days) |
| <b>Estrogen/Androgen Combinations</b>                                                                           |                                |        |                                                                                                             |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG                                                                          | (estrogens-methyltestosterone) | Tier 1 |                                                                                                             |
| COVARYX ORAL TABLET 1.25-2.5 MG                                                                                 | (estrogens-methyltestosterone) | Tier 1 |                                                                                                             |
| EEMT HS ORAL TABLET 0.625-1.25 MG                                                                               | (estrogens-methyltestosterone) | Tier 1 |                                                                                                             |
| EEMT ORAL TABLET 1.25-2.5 MG                                                                                    | (estrogens-methyltestosterone) | Tier 1 |                                                                                                             |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>                                                   | (Covaryx H.S.)                 | Tier 1 |                                                                                                             |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>                                                     | (Covaryx)                      | Tier 1 |                                                                                                             |
| <b>Estrogenic Agents</b>                                                                                        |                                |        |                                                                                                             |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG                                                                        | (estradiol-norethindrone acet) | Tier 1 |                                                                                                             |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR                                                       |                                | Tier 3 | QL (1 EA per 7 days)                                                                                        |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR                                  |                                | Tier 2 | QL (2 EA per 7 days)                                                                                        |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML                                                                        | (estradiol cypionate)          | Tier 3 |                                                                                                             |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | (estradiol)                    | Tier 1 | QL (2 EA per 7 days)                                                                                        |

| Drug                                                                                                                                                        | Status | Notes                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|
| ELESTRIN TRANSDERMAL GEL IN<br>METERED-DOSE PUMP 0.87<br>GRAM/ACTUATION                                                                                     | Tier 3 | ST; ST: Requires prior<br>prescription for Alora or<br>Estradiol within the past<br>120 days; QL (52 GM per<br>30 days)   |
| <i>estradiol implant pellet 10 mg, 12.5 mg,<br/>25 mg, 37.5 mg, 50 mg, 6 mg</i>                                                                             | Tier 4 | SP                                                                                                                        |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)                                                                                                   | Tier 1 |                                                                                                                           |
| <i>estradiol transdermal gel in packet 0.25<br/>mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram<br/>(0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)                   | Tier 1 | QL (30 EA per 30 days)                                                                                                    |
| <i>estradiol transdermal gel in packet 1<br/>mg/gram (0.1 %)</i> (Divigel)                                                                                  | Tier 1 | QL (30 GM per 30 days)                                                                                                    |
| <i>estradiol transdermal gel in packet 1.25<br/>mg/1.25 gram (0.1 %)</i> (Divigel)                                                                          | Tier 1 | QL (37.5 GM per 30 days)                                                                                                  |
| <i>estradiol transdermal patch semiweekly<br/>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05<br/>mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)                  | Tier 1 | QL (2 EA per 7 days)                                                                                                      |
| <i>estradiol transdermal patch weekly 0.025<br/>mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24<br/>hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1<br/>mg/24 hr</i> (Climara) | Tier 1 | QL (1 EA per 7 days)                                                                                                      |
| <i>estradiol valerate intramuscular oil 10<br/>mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)                                                                  | Tier 1 |                                                                                                                           |
| <i>estradiol-norethindrone acet oral tablet<br/>0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)                                                                          | Tier 1 |                                                                                                                           |
| EVAMIST TRANSDERMAL<br>SPRAY, NON-AEROSOL 1.53<br>MG/SPRAY (1.7%)                                                                                           | Tier 3 | ST; ST: Requires prior<br>prescription for Alora or<br>Estradiol within the past<br>120 days; QL (16.2 ML per<br>30 days) |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-<br>MCG, 1-5 MG-MCG (norethindrone ac-eth<br>estradiol)                                                                      | Tier 1 |                                                                                                                           |
| JINTELI ORAL TABLET 1-5 MG-MCG<br>(norethindrone ac-eth<br>estradiol)                                                                                       | Tier 1 |                                                                                                                           |
| LYLLANA TRANSDERMAL PATCH<br>SEMIWEEKLY 0.025 MG/24 HR, 0.0375<br>MG/24 HR, 0.05 MG/24 HR, 0.075<br>MG/24 HR, 0.1 MG/24 HR (estradiol)                      | Tier 1 | QL (2 EA per 7 days)                                                                                                      |
| MENOSTAR TRANSDERMAL PATCH<br>WEEKLY 14 MCG/24 HR                                                                                                           | Tier 3 | QL (1 EA per 7 days)                                                                                                      |
| MIMVEY ORAL TABLET 1-0.5 MG<br>(estradiol-norethindrone<br>acet)                                                                                            | Tier 1 |                                                                                                                           |
| <i>norethindrone ac-eth estradiol oral tablet<br/>0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)                                                                  | Tier 1 |                                                                                                                           |
| PREMARIN INJECTION RECON SOLN<br>25 MG                                                                                                                      | Tier 4 | SP                                                                                                                        |

| Drug                                                                                                                                  | Status | Notes                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG                                                                                          | Tier 2 |                                                                                                                 |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)                                                                         | Tier 2 |                                                                                                                 |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)                                                                                  | Tier 2 |                                                                                                                 |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG                                                                 | Tier 2 |                                                                                                                 |
| <b>Menopausal Symptoms Suppressant - Ssris</b>                                                                                        |        |                                                                                                                 |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>                                                                             | Tier 1 | ST; ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day) |
| <b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>                                                                            |        |                                                                                                                 |
| VEOZAH ORAL TABLET 45 MG                                                                                                              | Tier 3 | PA                                                                                                              |
| <b>Progestational Agents</b>                                                                                                          |        |                                                                                                                 |
| CRINONE VAGINAL GEL 4 %                                                                                                               | Tier 3 |                                                                                                                 |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)                                                                  | Tier 1 |                                                                                                                 |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                                                         | Tier 1 |                                                                                                                 |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                                                        | Tier 1 |                                                                                                                 |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)                                                               | Tier 1 |                                                                                                                 |
| <b>Immunization</b>                                                                                                                   |        |                                                                                                                 |
| <b>Antisera</b>                                                                                                                       |        |                                                                                                                 |
| ASCENIV INTRAVENOUS SOLUTION 10 %                                                                                                     | Tier 4 | PA; SP                                                                                                          |
| BABYBIG INTRAVENOUS RECON SOLN 100 MG                                                                                                 | Tier 4 | SP                                                                                                              |
| BIVIGAM INTRAVENOUS SOLUTION 10 %                                                                                                     | Tier 4 | PA; SP                                                                                                          |
| <i>botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit</i>                                                           | Tier 4 | SP                                                                                                              |
| CNJ-016 (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 50,000 UNIT                                                                         | Tier 4 | SP                                                                                                              |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %                                                                                                 | Tier 4 | PA; SP                                                                                                          |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) | Tier 4 | PA; SP                                                                                                          |

| Drug                                                                                                                                                                          | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| CYTOGAM INTRAVENOUS SOLUTION<br>50 MG/ML                                                                                                                                      | Tier 4 | SP     |
| FLEBOGAMMA DIF INTRAVENOUS<br>SOLUTION 10 %, 5 %                                                                                                                              | Tier 4 | PA; SP |
| GAMASTAN INTRAMUSCULAR<br>SOLUTION 15-18 % RANGE                                                                                                                              | Tier 4 | PA; SP |
| GAMASTAN S/D INTRAMUSCULAR<br>SOLUTION 15-18 % RANGE                                                                                                                          | Tier 4 | PA; SP |
| GAMMAGARD LIQUID INJECTION<br>SOLUTION 10 %                                                                                                                                   | Tier 4 | PA; SP |
| GAMMAGARD S-D (IGA < 1 MCG/ML)<br>INTRAVENOUS RECON SOLN 10<br>GRAM, 5 GRAM                                                                                                   | Tier 4 | PA; SP |
| GAMMAKED INJECTION SOLUTION 1<br>GRAM/10 ML (10 %), 10 GRAM/100 ML<br>(10 %), 20 GRAM/200 ML (10 %), 5<br>GRAM/50 ML (10 %)                                                   | Tier 4 | PA; SP |
| GAMMAPLEX (WITH SORBITOL)<br>INTRAVENOUS SOLUTION 5 %                                                                                                                         | Tier 4 | PA; SP |
| GAMMAPLEX INTRAVENOUS<br>SOLUTION 10 %                                                                                                                                        | Tier 4 | PA; SP |
| GAMUNEX-C INJECTION SOLUTION 1<br>GRAM/10 ML (10 %), 10 GRAM/100 ML<br>(10 %), 2.5 GRAM/25 ML (10 %), 20<br>GRAM/200 ML (10 %), 40 GRAM/400<br>ML (10 %), 5 GRAM/50 ML (10 %) | Tier 4 | PA; SP |
| HEPAGAM B INJECTION SOLUTION<br>>312 UNIT/ML, GREATER THAN 312<br>UNIT/ML (5 ML)                                                                                              | Tier 4 | SP     |
| HIZENTRA SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %)                                                    | Tier 4 | PA; SP |
| HIZENTRA SUBCUTANEOUS<br>SYRINGE 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %)                                                     | Tier 4 | PA; SP |
| HYPERHEP B INTRAMUSCULAR<br>SOLUTION 220 UNIT/ML, 220 UNIT/ML<br>(5 ML)                                                                                                       | Tier 4 | SP     |
| HYPERHEP B INTRAMUSCULAR<br>SYRINGE 220 UNIT/ML                                                                                                                               | Tier 4 | SP     |
| HYPERHEP B NEONATAL<br>INTRAMUSCULAR SYRINGE 110<br>UNIT/0.5 ML                                                                                                               | Tier 4 | SP     |
| HYPERRAB (PF) INTRAMUSCULAR<br>SOLUTION 300 UNIT/ML                                                                                                                           | Tier 4 | SP     |

| Drug                                                                                                                                                                     | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| HYPERRAB S/D (PF)<br>INTRAMUSCULAR SOLUTION 150<br>UNIT/ML                                                                                                               | Tier 4 | SP     |
| HYPERRHO S/D INTRAMUSCULAR<br>SYRINGE 1,500 UNIT (300 MCG), 250<br>UNIT (50 MCG)                                                                                         | Tier 4 | SP     |
| HYPERTET (PF) INTRAMUSCULAR<br>SYRINGE 250 UNIT/ML                                                                                                                       | Tier 4 | SP     |
| HYQVIA IG COMPONENT<br>SUBCUTANEOUS SOLUTION 10<br>GRAM/100 ML (10 %), 2.5 GRAM/25 ML<br>(10 %), 20 GRAM/200 ML (10 %), 30<br>GRAM/300 ML (10 %), 5 GRAM/50 ML<br>(10 %) | Tier 4 | PA; SP |
| HYQVIA SUBCUTANEOUS SOLUTION<br>10 GRAM /100 ML (10 %), 2.5 GRAM<br>/25 ML (10 %), 20 GRAM /200 ML (10<br>%), 30 GRAM /300 ML (10 %), 5 GRAM<br>/50 ML (10 %)            | Tier 4 | PA; SP |
| IMOGAM RABIES-HT (PF)<br>INTRAMUSCULAR SOLUTION 150<br>UNIT/ML                                                                                                           | Tier 4 | SP     |
| KEDRAB (PF) INTRAMUSCULAR<br>SOLUTION 150 UNIT/ML                                                                                                                        | Tier 4 | SP     |
| MICRHOGAM ULTRA-FILTERED PLUS<br>INTRAMUSCULAR SYRINGE 250 UNIT<br>(50 MCG)                                                                                              | Tier 4 | SP     |
| NABI-HB INTRAMUSCULAR<br>SOLUTION GREATER THAN 1,560<br>UNIT/5 ML, GREATER THAN 312<br>UNIT/ML                                                                           | Tier 4 | SP     |
| OCTAGAM INTRAVENOUS SOLUTION<br>10 %, 5 %                                                                                                                                | Tier 4 | PA; SP |
| PANZYGA INTRAVENOUS SOLUTION<br>10 %                                                                                                                                     | Tier 4 | PA; SP |
| PRIVIGEN INTRAVENOUS SOLUTION<br>10 %                                                                                                                                    | Tier 4 | PA; SP |
| RHOGAM ULTRA-FILTERED PLUS<br>INTRAMUSCULAR SYRINGE 1,500<br>UNIT (300 MCG)                                                                                              | Tier 4 | SP     |
| RHOPHYLAC INJECTION SYRINGE<br>1,500 UNIT (300 MCG)/2 ML                                                                                                                 | Tier 4 | SP     |
| VARIZIG INTRAMUSCULAR<br>SOLUTION 125 UNIT/1.2 ML                                                                                                                        | Tier 4 | SP     |
| WINRHO SDF INJECTION SOLUTION<br>1,500 UNIT (300 MCG)/1.3 ML, 15000<br>UNIT(3000 MCG)/13 ML, 2,500 UNIT<br>(500 MCG)/2.2 ML, 5,000 UNIT(1000<br>MCG)/4.4 ML              | Tier 4 | SP     |

| Drug                                                                                                             | Status | Notes                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------|
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | Tier 4 | PA; SP                                                                                                                      |
| <b>Covid-19 Vaccines</b>                                                                                         |        |                                                                                                                             |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 12 Years)                 |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML                                               | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 12 Years)                 |
| MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)         |
| NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML                                             | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.5 ML per 1 FILL); Age (Min 12 Years)                 |
| PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years) |
| PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML                          | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)           |
| SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML                                            | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (0.5 ML per 1 FILL); Age (Min 12 Years)                 |

| Drug                                                                                   | Status                                      | Notes                                                                                                                      |
|----------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| SPIKEVAX 2023-2024(12Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 50<br>MCG/0.5 ML               | Tier 3                                      | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS; QL (0.5 ML<br>per 1 FILL); Age (Min 12<br>Years) |
| <b>Enteric Virus Vaccines</b>                                                          |                                             |                                                                                                                            |
| IPOLE INJECTION SUSPENSION 40-8-<br>32 UNIT/0.5 ML                                     | Tier 4                                      | SP                                                                                                                         |
| ROTARIX ORAL SUSPENSION<br>10EXP6 CCID50 /1.5 ML                                       | Tier 3                                      |                                                                                                                            |
| ROTATEQ VACCINE ORAL SOLUTION<br>2 ML                                                  | Tier 3                                      |                                                                                                                            |
| <b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>                                         |                                             |                                                                                                                            |
| TYPHIM VI INTRAMUSCULAR<br>SOLUTION 25 MCG/0.5 ML                                      | Tier 4                                      | SP                                                                                                                         |
| TYPHIM VI INTRAMUSCULAR<br>SYRINGE 25 MCG/0.5 ML                                       | (typhoid vi polysacch<br>vaccine)<br>Tier 4 | SP                                                                                                                         |
| VIVOTIF ORAL CAPSULE, DELAYED<br>RELEASE(DR/EC) 2 BILLION UNIT                         | Tier 3                                      |                                                                                                                            |
| <b>Gram Negative Cocci Vaccines</b>                                                    |                                             |                                                                                                                            |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML                                | \$Copay                                     | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1 IN 365<br>DAYS AND 10-25 YEARS<br>OF AGE                                          |
| MENACTRA (PF) INTRAMUSCULAR<br>SOLUTION 4 MCG/0.5 ML                                   | \$Copay                                     | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 11-23 YEARS<br>OF AGE                                        |
| MENQUADFI (PF) INTRAMUSCULAR<br>SOLUTION 10 MCG/0.5 ML                                 | \$Copay                                     | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 11-23 YEARS<br>OF AGE                                        |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5<br>ML                    | \$Copay                                     | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1 IN 365<br>DAYS AND 11-23 YEARS<br>OF AGE                                          |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5<br>MCG/0.5 ML               | \$Copay                                     | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1 IN 365<br>DAYS AND 11-23 YEARS<br>OF AGE                                          |
| MENVEO MENA COMPONENT (PF)<br>INTRAMUSCULAR RECON SOLN 10<br>MCG /0.5 ML (FINAL)       | Tier 4                                      | SP                                                                                                                         |
| MENVEO MENCYW-135 COMPNT (PF)<br>INTRAMUSCULAR RECON SOLN 5<br>MCG X 3/ 0.5 ML (FINAL) | Tier 4                                      | SP                                                                                                                         |
| PENBRAYA (PF) INTRAMUSCULAR<br>KIT 5-120 MCG/0.5 ML                                    | Tier 4                                      | SP                                                                                                                         |

| Drug                                                                                             | Status  | Notes                                                                                                    |
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| PENBRAYA MENACWY<br>COMPONENT(PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>5 MCG/0.5 ML | Tier 4  | SP                                                                                                       |
| PENBRAYA MENB COMPONENT (PF)<br>INTRAMUSCULAR SYRINGE 120<br>MCG/0.5 ML                          | Tier 4  | SP                                                                                                       |
| TRUMENBA INTRAMUSCULAR<br>SYRINGE 120 MCG/0.5 ML                                                 | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1.5 IN 365<br>DAYS AND 10-25 YEARS<br>OF AGE                      |
| <b>Gram Positive Cocci Vaccines</b>                                                              |         |                                                                                                          |
| PNEUMOVAX-23 INJECTION<br>SOLUTION 25 MCG/0.5 ML                                                 | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 65 YEARS OF<br>AGE OR OLDER                |
| PNEUMOVAX-23 INJECTION SYRINGE<br>25 MCG/0.5 ML                                                  | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 65 YEARS OF<br>AGE OR OLDER                |
| PREVNAR 13 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                                  | Tier 4  | SP                                                                                                       |
| PREVNAR 20 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                                  | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 65 YEARS OF<br>AGE OR OLDER                |
| VAXNEUVANCE (PF)<br>INTRAMUSCULAR SYRINGE 0.5 ML                                                 | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 65 YEARS OF<br>AGE OR OLDER                |
| <b>Influenza Virus Vaccines</b>                                                                  |         |                                                                                                          |
| AFLURIA QD 2023-24(3YR UP)(PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML            | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 AND<br>FILL OF 1 IN 180 DAYS                                  |
| AFLURIA QUAD 2023-2024(6MO UP)<br>INTRAMUSCULAR SUSPENSION 60<br>MCG (15 MCG X 4)/0.5 ML         | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 AND<br>FILL OF 1 IN 180 DAYS                                  |
| FLUAD QUAD 2023-24(65Y UP)(PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML            | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 180 DAYS AND 65<br>YEARS OF AGE OR<br>OLDER  |
| FLUARIX QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML               | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 AND<br>FILL OF 1 IN 180 DAYS                                  |
| FLUBLOK QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG<br>(45 MCG X 4)/0.5 ML              | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 180 DAYS, AND<br>18 YEARS OF AGE OR<br>OLDER |

| Drug                                                                                     | Status  | Notes                                                                                        |
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| FLUCELVAX QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML     | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUCELVAX QUAD 2023-2024<br>INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML          | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLULAVAL QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML      | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUMIST QUAD 2023-2024 NASAL<br>NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML          | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS                              |
| FLUZONE HIGHDOSE QUAD 23-24 PF<br>INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML                   | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER |
| FLUZONE QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML       | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUZONE QUAD 2023-2024<br>INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML            | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| <b>Neurotoxic Virus Vaccines</b>                                                         |         |                                                                                              |
| DENGVAXIA (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP4.5-6 CCID50/0.5 ML | Tier 4  | SP                                                                                           |
| IMOVAX RABIES VACCINE (PF)<br>INTRAMUSCULAR RECON SOLN 2.5 UNIT                          | Tier 4  | SP                                                                                           |
| IXIARO (PF) INTRAMUSCULAR<br>SYRINGE 6 MCG/0.5 ML                                        | Tier 4  | SP                                                                                           |
| RABAVERT (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>2.5 UNIT                 | Tier 4  | SP                                                                                           |
| STAMARIL (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>1,000 UNIT/0.5 ML         | Tier 4  | SP                                                                                           |
| TICOVAC INTRAMUSCULAR SYRINGE<br>1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML                         | Tier 4  | SP                                                                                           |
| YF-VAX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10 EXP4.74 UNIT/0.5 ML      | Tier 4  | SP                                                                                           |
| <b>Toxin-Producing Bacilli<br/>Vaccines/Toxoids</b>                                      |         |                                                                                              |
| <i>bcg vaccine, live (pf) percutaneous<br/>suspension for reconstitution 50 mg</i>       | Tier 4  | SP                                                                                           |
| BIOTHRAX INTRAMUSCULAR<br>SUSPENSION 0.5 ML/DOSE                                         | Tier 4  | SP                                                                                           |

| Drug                                                                                                | Status  | Notes                                                                                     |
|-----------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------|
| CYFENDUS (NATIONAL STOCKPILE)<br>INTRAMUSCULAR SUSPENSION 0.5<br>ML/DOSE                            | Tier 4  | SP                                                                                        |
| VAXCHORA ACTIVE COMPONENT<br>ORAL SUSPENSION FOR<br>RECONSTITUTION 4X10EXP8 TO 2X<br>10EXP9 CF UNIT | Tier 3  |                                                                                           |
| VAXCHORA VACCINE ORAL<br>SUSPENSION FOR RECONSTITUTION<br>4X10EXP8 TO 2X 10EXP9 CF UNIT             | Tier 3  |                                                                                           |
| <b>Vaccine/Toxoid<br/>Preparations, Combinations</b>                                                |         |                                                                                           |
| ACTHIB (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                               | Tier 4  | SP                                                                                        |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML      | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-<br>5-3-5 MCG)-5LF/0.5 ML         | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SUSPENSION 2.5-8-5 LF-MCG-<br>LF/0.5ML                               | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                                      | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER |
| DAPTACEL (DTAP PEDIATRIC) (PF)<br>INTRAMUSCULAR SUSPENSION 15-<br>10-5 LF-MCG-LF/0.5ML              | Tier 4  | SP                                                                                        |
| HIBERIX (PF) INTRAMUSCULAR<br>RECON SOLN 10 MCG/0.5 ML                                              | Tier 4  | SP                                                                                        |
| INFANRIX (DTAP) (PF)<br>INTRAMUSCULAR SYRINGE 25-58-10<br>LF-MCG-LF/0.5ML                           | Tier 4  | SP                                                                                        |
| KINRIX (PF) INTRAMUSCULAR<br>SYRINGE 25 LF-58 MCG-10 LF/0.5 ML                                      | Tier 4  | SP                                                                                        |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500 TCID50/0.5<br>ML                              | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 2 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER   |
| PEDVAX HIB (PF) INTRAMUSCULAR<br>SOLUTION 7.5 MCG/0.5 ML                                            | Tier 4  | SP                                                                                        |
| PENTACEL (PF) INTRAMUSCULAR<br>KIT 15LF-48MCG-62DU -10 MCG/0.5ML                                    | Tier 4  | SP                                                                                        |

| Drug                                                                                  | Status  | Notes                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML                 | Tier 4  | SP                                                                                                                                                                                                            |
| PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML     | Tier 4  | SP                                                                                                                                                                                                            |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER                                                                                                                                |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | Tier 4  | SP                                                                                                                                                                                                            |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML                 | Tier 4  | SP                                                                                                                                                                                                            |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML                    | Tier 4  | SP                                                                                                                                                                                                            |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)     | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER                                                                                                                              |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML                      | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER                                                                                                                              |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML                                 | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER                                                                                                                              |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML                   | Tier 4  | SP                                                                                                                                                                                                            |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML                      | Tier 4  | SP                                                                                                                                                                                                            |
| <b>Viral/Tumorigenic Vaccines</b>                                                     |         |                                                                                                                                                                                                               |
| ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                                       | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER |

| Drug                                                                               | Status  | Notes                                                                                                                     |
|------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------|
| ACAM2000 (NATIONAL STOCKPILE)<br>PERCUTANEOUS RECON SOLN 1-<br>5X10EXP8 UNIT/ML    | Tier 4  | SP                                                                                                                        |
| <i>adenovirus vac live type-4, 7 oral<br/>tablet, delayed release (dr/ec)</i>      | Tier 3  |                                                                                                                           |
| <i>adenovirus vaccine live type-4 oral<br/>tablet, delayed release (dr/ec)</i>     | Tier 3  |                                                                                                                           |
| <i>adenovirus vaccine live type-7 oral<br/>tablet, delayed release (dr/ec)</i>     | Tier 3  |                                                                                                                           |
| AREXVY (PF) INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>120 MCG/0.5 ML       | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1, FILL OF<br>1 IN 365 DAYS, AND 60<br>YEARS OF AGE OR<br>OLDER                    |
| AREXVY ANTIGEN COMPONENT<br>INTRAMUSCULAR SUSPENSION FOR<br>RECONSTITUTION 120 MCG | Tier 4  | SP                                                                                                                        |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SUSPENSION 20 MCG/ML                                | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 4 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER                                   |
| ENGRIX-B (PF) INTRAMUSCULAR<br>SYRINGE 20 MCG/ML                                   | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 4 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER                                   |
| ENGRIX-B PEDIATRIC (PF)<br>INTRAMUSCULAR SYRINGE 10<br>MCG/0.5 ML                  | Tier 4  | SP                                                                                                                        |
| ERVEBO(PF)(NATIONAL STOCKPILE)<br>INTRAMUSCULAR SUSPENSION 1 ML                    | Tier 4  | SP                                                                                                                        |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SUSPENSION 0.5 ML                                 | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1.5 IN 365<br>DAYS AND 9-45 YEARS<br>OF AGE; Age (Min 9 Years<br>and Max 46 Years) |
| GARDASIL 9 (PF) INTRAMUSCULAR<br>SYRINGE 0.5 ML                                    | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1.5 IN 365<br>DAYS AND 9-45 YEARS<br>OF AGE; Age (Min 9 Years<br>and Max 46 Years) |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 1,440 ELISA UNIT/ML                           | \$Copay | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 2 IN 365<br>DAYS AND 18 YEARS OF<br>AGE OR OLDER                                   |
| HAVRIX (PF) INTRAMUSCULAR<br>SYRINGE 720 ELISA UNIT/0.5 ML                         | Tier 4  | SP                                                                                                                        |

| Drug                                                                             | Status  | Notes                                                                          |
|----------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------|
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                              | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| IXCHIQ INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML                              | Tier 4  | SP                                                                             |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5               | Tier 4  | SP                                                                             |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML               | Tier 4  | SP                                                                             |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML                               | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML                 | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML                         | Tier 4  | SP                                                                             |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML                               | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML                            | Tier 4  | SP                                                                             |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML          | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER |
| SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG | Tier 4  | SP                                                                             |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML                     | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML                               | Tier 4  | SP                                                                             |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML                                   | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML                                  | Tier 4  | SP                                                                             |

| Drug                                                                      | Status  | Notes                                                                          |
|---------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML                               | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| <b>Immunosuppression/Modulation</b>                                       |         |                                                                                |
| <b>Immunomodulators</b>                                                   |         |                                                                                |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML                            | Tier 4  | PA; SP                                                                         |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML                            | Tier 4  | SP                                                                             |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML                                   | Tier 4  | PA; SP                                                                         |
| <i>imiquimod topical cream in packet 5 %</i>                              | Tier 1  | QL (2 EA per 1 day)                                                            |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT                          | Tier 4  | SP                                                                             |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 %                                         | Tier 3  |                                                                                |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizine-niacin)          | Tier 3  |                                                                                |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)          | Tier 3  |                                                                                |
| <b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>                  |         |                                                                                |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG                              | Tier 4  | SP                                                                             |
| <b>Immunosuppressant-Interferon Gamma Inhibitor, Mab</b>                  |         |                                                                                |
| GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML                                     | Tier 4  | PA; SP                                                                         |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)                     | Tier 4  | PA; SP                                                                         |
| <b>Immunosuppressives</b>                                                 |         |                                                                                |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML                                       | Tier 4  | SP                                                                             |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                    | Tier 4  | SP                                                                             |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)                            | Tier 4  | SP                                                                             |
| <i>azathioprine sodium injection recon soln 100 mg</i>                    | Tier 4  | SP                                                                             |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)         | Tier 4  | SP                                                                             |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)         | Tier 1  |                                                                                |

| Drug                                                                                        | Status | Notes  |
|---------------------------------------------------------------------------------------------|--------|--------|
| <i>cyclosporine modified oral capsule 50 mg</i>                                             | Tier 1 |        |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)                              | Tier 1 |        |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)                                 | Tier 1 |        |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | Tier 1 |        |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                  | Tier 1 |        |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                     | Tier 1 |        |
| LUPKYNIS ORAL CAPSULE 7.9 MG                                                                | Tier 4 | PA; SP |
| <i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)     | Tier 4 | SP     |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                 | Tier 1 |        |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)        | Tier 1 |        |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                  | Tier 1 |        |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)  | Tier 1 |        |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                   | Tier 2 |        |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                      | Tier 2 |        |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG                                                       | Tier 4 | SP     |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML                                                        | Tier 4 | SP     |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                                        | Tier 2 |        |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG                                                | Tier 2 |        |
| RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)                                                  | Tier 2 |        |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)                                         | Tier 2 |        |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                        | Tier 2 |        |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)                                           | Tier 2 |        |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune)                                           | Tier 1 |        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)                                  | Tier 1 |        |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                                 | Tier 1 |        |

| Drug                                                                                   | Status | Notes  |
|----------------------------------------------------------------------------------------|--------|--------|
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG                                             | Tier 4 | SP     |
| <b>Rho Kinase Inhibitor</b>                                                            |        |        |
| REZUROCK ORAL TABLET 200 MG                                                            | Tier 4 | PA; SP |
| <b>Infectious Disease - Bacterial</b>                                                  |        |        |
| <b>Absorbable Sulfonamides</b>                                                         |        |        |
| <i>sulfadiazine oral tablet 500 mg</i>                                                 | Tier 1 |        |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>               | Tier 4 | SP     |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)        | Tier 1 |        |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                   | Tier 1 |        |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)               | Tier 1 |        |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)               | Tier 1 |        |
| <b>Antibacterial Monoclonal Antibodies</b>                                             |        |        |
| RAXIBACUMAB (NAT'L STOCKPILE) INTRAVENOUS SOLUTION 50 MG/ML                            | Tier 4 | SP     |
| ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML                                                 | Tier 4 | SP     |
| <b>Betalactams</b>                                                                     |        |        |
| <i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)                         | Tier 4 | SP     |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                  | Tier 4 | PA; SP |
| XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2)                            | Tier 4 | SP     |
| <b>Carbapenems (Thienamycins)</b>                                                      |        |        |
| <i>ertapenem injection recon soln 1 gram</i>                                           | Tier 4 | SP     |
| <i>imipenem-cilastatin intravenous recon soln 250 mg</i>                               | Tier 4 | SP     |
| <i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)                 | Tier 4 | SP     |
| <i>meropenem intravenous recon soln 1 gram, 2 gram, 500 mg</i>                         | Tier 4 | SP     |
| <i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i> | Tier 4 | SP     |
| RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM                                             | Tier 4 | SP     |
| VABOMERE INTRAVENOUS RECON SOLN 2 GRAM                                                 | Tier 4 | SP     |

| Drug                                                                                                  | Status | Notes |
|-------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Cephalosporin Antibiotics - Siderophore</b>                                                        |        |       |
| FETROJA INTRAVENOUS RECON SOLN 1 GRAM                                                                 | Tier 4 | SP    |
| <b>Cephalosporins - Extended Spectrum, Anti-Mrsa</b>                                                  |        |       |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG                                                         | Tier 4 | SP    |
| <b>Cephalosporins - 1St Generation</b>                                                                |        |       |
| <i>cefadroxil oral capsule 500 mg</i>                                                                 | Tier 1 |       |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>                         | Tier 1 |       |
| <i>cefadroxil oral tablet 1 gram</i>                                                                  | Tier 1 |       |
| <i>cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml</i>                             | Tier 4 | SP    |
| <i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>                              | Tier 4 | SP    |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml</i> | Tier 4 | SP    |
| <i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>                                   | Tier 4 | SP    |
| <i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml, 3 gram/30 ml</i>        | Tier 4 | SP    |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 20 gram, 300 g, 500 mg</i>       | Tier 4 | SP    |
| <i>cefazolin intravenous recon soln 1 gram, 2 gram, 3 gram</i>                                        | Tier 4 | SP    |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                                 | Tier 1 |       |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                         | Tier 1 |       |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                          | Tier 1 |       |
| <b>Cephalosporins - 2Nd Generation</b>                                                                |        |       |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                                           | Tier 1 |       |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>              | Tier 1 |       |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                             | Tier 1 |       |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)                                        | Tier 4 | SP    |
| <i>cefotetan intravenous recon soln 10 gram</i>                                                       | Tier 4 | SP    |

| Drug                                                                                      | Status | Notes |
|-------------------------------------------------------------------------------------------|--------|-------|
| <i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>    | Tier 4 | SP    |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>                           | Tier 4 | SP    |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 1 |       |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                               | Tier 1 |       |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                       | Tier 1 |       |
| <i>cefuroxime sodium injection recon soln 750 mg</i>                                      | Tier 4 | SP    |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>                        | Tier 4 | SP    |
| <b>Cephalosporins - 3Rd Generation</b>                                                    |        |       |
| AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM                                                    | Tier 4 | SP    |
| <i>cefdinir oral capsule 300 mg</i>                                                       | Tier 1 |       |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>               | Tier 1 |       |
| <i>cefixime oral capsule 400 mg</i>                                                       | Tier 1 |       |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>               | Tier 1 |       |
| <i>cefotaxime injection recon soln 1 gram</i>                                             | Tier 4 | SP    |
| <i>cefotaxime injection recon soln 2 gram</i> (Claforan)                                  | Tier 4 | SP    |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>             | Tier 1 |       |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                             | Tier 1 |       |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)                  | Tier 4 | SP    |
| <i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>   | Tier 4 | SP    |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg</i> | Tier 4 | SP    |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>                                  | Tier 4 | SP    |
| CLAFORAN INJECTION RECON SOLN 10 GRAM, 2 GRAM (cefotaxime)                                | Tier 4 | SP    |
| CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM                                            | Tier 4 | SP    |
| TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM (ceftazidime)                         | Tier 4 | SP    |
| TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM                                             | Tier 4 | SP    |

| Drug                                                                                                                  | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------|--------|-------|
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM                                                                               | Tier 4 | SP    |
| <b>Cephalosporins - 4Th Generation</b>                                                                                |        |       |
| <i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>                                      | Tier 4 | SP    |
| <i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>                                 | Tier 4 | SP    |
| <i>cefepime injection recon soln 1 gram, 2 gram</i>                                                                   | Tier 4 | SP    |
| <i>cefepime intravenous recon soln 100 gram</i>                                                                       | Tier 4 | SP    |
| <b>Chemotherapeutics, Antibacterial, Misc.</b>                                                                        |        |       |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                                                     | Tier 1 |       |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)                                                              | Tier 1 |       |
| <i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>                                                                | Tier 1 |       |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)                                   | Tier 1 |       |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML                                                                                      | Tier 2 |       |
| <i>trimethoprim oral tablet 100 mg</i>                                                                                | Tier 1 |       |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG                                                                             | Tier 2 |       |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG                                                                             | Tier 3 |       |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG                                                                                 | Tier 3 |       |
| URO-458 ORAL TABLET 81-10.8-40.8 MG                                                                                   | Tier 1 |       |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)                                          | Tier 1 |       |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG                                                                                 | Tier 1 |       |
| <b>Cyclic Lipopeptides</b>                                                                                            |        |       |
| <i>daptomycin in 0.9 % sod chlor intravenous piggyback 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml</i> | Tier 4 | SP    |
| <i>daptomycin intravenous recon soln 350 mg</i>                                                                       | Tier 4 | SP    |
| <i>daptomycin intravenous recon soln 500 mg</i> (Cubicin RF)                                                          | Tier 4 | SP    |

| Drug                                                                                                | Status | Notes                  |
|-----------------------------------------------------------------------------------------------------|--------|------------------------|
| <b>Fecal Microbiota Transplantation (Fmt)</b>                                                       |        |                        |
| REBYOTA RECTAL ENEMA 150 ML                                                                         | Tier 4 | PA; SP                 |
| VOWST ORAL CAPSULE                                                                                  | Tier 4 | PA; SP                 |
| <b>Glycylcyclines</b>                                                                               |        |                        |
| <i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)                                           | Tier 4 | SP                     |
| <b>Macrolides</b>                                                                                   |        |                        |
| <i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)                                       | Tier 4 | SP                     |
| <i>azithromycin oral packet 1 gram</i> (Zithromax)                                                  | Tier 1 |                        |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)         | Tier 1 |                        |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)                                          | Tier 1 |                        |
| <i>azithromycin oral tablet 600 mg</i>                                                              | Tier 1 |                        |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>                   | Tier 1 |                        |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                                    | Tier 1 |                        |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i>                                     | Tier 1 |                        |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML                                                 | Tier 2 | QL (10 ML per 1 day)   |
| DIFICID ORAL TABLET 200 MG                                                                          | Tier 2 | QL (20 EA per 10 days) |
| E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)                                         | Tier 1 |                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)                          | Tier 1 |                        |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)                                 | Tier 1 |                        |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG (erythromycin lactobionate)                                | Tier 4 | SP                     |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules) | Tier 1 |                        |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)      | Tier 1 |                        |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)                                  | Tier 1 |                        |
| <i>erythromycin lactobionate intravenous recon soln 500 mg</i> (Erythrocin)                         | Tier 4 | SP                     |
| <i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>                                    | Tier 1 |                        |
| <i>erythromycin oral tablet 250 mg, 500 mg</i>                                                      | Tier 1 |                        |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)           | Tier 1 |                        |

| Drug                                                                                               | Status | Notes                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------|
| <b>Nitrofurantoin Derivatives</b>                                                                  |        |                                                                                                                  |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)                              | Tier 1 |                                                                                                                  |
| nitrofurantoin macrocrystal oral capsule 25 mg (Macrochantin)                                      | Tier 1 | QL (4 EA per 1 day)                                                                                              |
| nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)                                      | Tier 1 |                                                                                                                  |
| nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)                                             | Tier 1 |                                                                                                                  |
| <b>Oxazolidinones</b>                                                                              |        |                                                                                                                  |
| linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml (Zyvox)                               | Tier 4 | SP                                                                                                               |
| linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)                                   | Tier 1 |                                                                                                                  |
| linezolid oral tablet 600 mg (Zyvox)                                                               | Tier 1 |                                                                                                                  |
| linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml                       | Tier 4 | SP                                                                                                               |
| SIVEXTRO INTRAVENOUS RECON SOLN 200 MG                                                             | Tier 4 | SP                                                                                                               |
| SIVEXTRO ORAL TABLET 200 MG                                                                        | Tier 2 | ST; ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days) |
| ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML                                                          | Tier 4 | SP                                                                                                               |
| <b>Penicillins</b>                                                                                 |        |                                                                                                                  |
| amoxicillin oral capsule 250 mg, 500 mg                                                            | Tier 1 |                                                                                                                  |
| amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml  | Tier 1 |                                                                                                                  |
| amoxicillin oral tablet 500 mg, 875 mg                                                             | Tier 1 |                                                                                                                  |
| amoxicillin oral tablet, chewable 125 mg, 250 mg                                                   | Tier 1 |                                                                                                                  |
| amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml    | Tier 1 |                                                                                                                  |
| amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)        | Tier 1 |                                                                                                                  |
| amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600) | Tier 1 |                                                                                                                  |
| amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg                                     | Tier 1 |                                                                                                                  |
| amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)                                     | Tier 1 |                                                                                                                  |

| Drug                                                                                                                       | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)                         | Tier 1 |       |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>                                            | Tier 1 |       |
| <i>ampicillin oral capsule 500 mg</i>                                                                                      | Tier 1 |       |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>                              | Tier 4 | SP    |
| <i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>                                                             | Tier 4 | SP    |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)                                        | Tier 4 | SP    |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>                                                        | Tier 4 | SP    |
| BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)                        | Tier 4 | SP    |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML                               | Tier 4 | SP    |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>                                                                           | Tier 1 |       |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)                                                              | Tier 3 |       |
| <i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>                                     | Tier 4 | SP    |
| <i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>                                                              | Tier 4 | SP    |
| <i>nafcillin intravenous recon soln 2 gram</i>                                                                             | Tier 4 | SP    |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>                                     | Tier 4 | SP    |
| <i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>                                                              | Tier 4 | SP    |
| <i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i> | Tier 4 | SP    |
| <i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i> (Pfizerpen-G)                           | Tier 4 | SP    |
| <i>penicillin g sodium injection recon soln 5 million unit</i>                                                             | Tier 4 | SP    |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                                                     | Tier 1 |       |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                   | Tier 1 |       |

| Drug                                                                                                        | Status | Notes |
|-------------------------------------------------------------------------------------------------------------|--------|-------|
| PFIZERPEN-G INJECTION RECON (penicillin g potassium)<br>SOLN 20 MILLION UNIT, 5 MILLION UNIT                | Tier 4 | SP    |
| <i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> | Tier 4 | SP    |
| ZOSYN IN DEXTROSE (ISO-OSM)<br>INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML     | Tier 4 | SP    |
| <b>Pleuromutilin Derivatives</b>                                                                            |        |       |
| XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML                                                                   | Tier 4 | SP    |
| XENLETA ORAL TABLET 600 MG                                                                                  | Tier 3 | PA    |
| <b>Quinolones</b>                                                                                           |        |       |
| BAXDELA INTRAVENOUS RECON SOLN 300 MG                                                                       | Tier 4 | SP    |
| BAXDELA ORAL TABLET 450 MG                                                                                  | Tier 3 | PA    |
| CIPRO ORAL (ciprofloxacin)<br>SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML                        | Tier 2 |       |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                                         | Tier 1 |       |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                                                 | Tier 1 |       |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>                     | Tier 4 | SP    |
| <i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)                    | Tier 1 |       |
| FACTIVE ORAL TABLET 320 MG                                                                                  | Tier 3 |       |
| <i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>                 | Tier 4 | SP    |
| <i>levofloxacin intravenous solution 25 mg/ml</i>                                                           | Tier 4 | SP    |
| <i>levofloxacin oral solution 250 mg/10 ml</i>                                                              | Tier 1 |       |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                                      | Tier 1 |       |
| <i>moxifloxacin oral tablet 400 mg</i>                                                                      | Tier 1 |       |
| <i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>                                   | Tier 4 | SP    |
| <i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))    | Tier 4 | SP    |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                                 | Tier 1 |       |

| Drug                                                                         | Status | Notes                                                                                                                                                                       |
|------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tetracyclines</b>                                                         |        |                                                                                                                                                                             |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>                             | Tier 1 |                                                                                                                                                                             |
| DOXY-100 INTRAVENOUS RECON SOLN 100 MG (doxycycline hyclate)                 | Tier 4 | SP                                                                                                                                                                          |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)          | Tier 4 | SP                                                                                                                                                                          |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)             | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline hyclate oral tablet 100 mg</i> (LymePak)                      | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)                    | Tier 1 | ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)                                         |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)                      | Tier 1 | ST; ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)                     | Tier 1 | ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)                                          |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)            | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline monohydrate oral capsule 150 mg</i>                           | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)                  | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)             | Tier 1 | ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)                                          |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | Tier 1 |                                                                                                                                                                             |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)                  | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>              | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                         |
| MINOCIN INTRAVENOUS RECON SOLN 100 MG                                        | Tier 4 | SP                                                                                                                                                                          |

| Drug                                                                                                  | Status | Notes                                                                                                                              |
|-------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                                  | Tier 1 |                                                                                                                                    |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                                   | Tier 1 |                                                                                                                                    |
| MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)                                            | Tier 1 | QL (2 EA per 1 day)                                                                                                                |
| MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)                                             | Tier 1 | ST; ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| NUZYRA INTRAVENOUS RECON SOLN 100 MG                                                                  | Tier 4 | SP                                                                                                                                 |
| NUZYRA ORAL TABLET 150 MG                                                                             | Tier 3 | PA                                                                                                                                 |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                                       | Tier 1 |                                                                                                                                    |
| <i>tetracycline oral tablet 250 mg, 500 mg</i>                                                        | Tier 1 |                                                                                                                                    |
| XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG                                                           | Tier 4 | SP                                                                                                                                 |
| <b>Infectious Disease - Fungal</b>                                                                    |        |                                                                                                                                    |
| <b>Antifungal Agents</b>                                                                              |        |                                                                                                                                    |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                                      | Tier 1 |                                                                                                                                    |
| CRESEMBA INTRAVENOUS RECON SOLN 372 MG                                                                | Tier 4 | SP                                                                                                                                 |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG                                                                 | Tier 3 | PA                                                                                                                                 |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i> | Tier 4 | SP                                                                                                                                 |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)                   | Tier 1 |                                                                                                                                    |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)                                              | Tier 1 |                                                                                                                                    |
| <i>fluconazole oral tablet 150 mg, 50 mg</i>                                                          | Tier 1 |                                                                                                                                    |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                                              | Tier 1 |                                                                                                                                    |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                                    | Tier 1 |                                                                                                                                    |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox)                                                 | Tier 1 |                                                                                                                                    |
| <i>ketoconazole oral tablet 200 mg</i>                                                                | Tier 1 |                                                                                                                                    |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (posaconazole)                                            | Tier 4 | SP                                                                                                                                 |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG                                                   | Tier 3 | PA                                                                                                                                 |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG                                                       | Tier 3 |                                                                                                                                    |
| <i>posaconazole intravenous solution 300 mg/16.7 ml</i> (Noxafil)                                     | Tier 4 | SP                                                                                                                                 |

| Drug                                                                                         | Status | Notes  |
|----------------------------------------------------------------------------------------------|--------|--------|
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)                         | Tier 1 | PA     |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)                    | Tier 1 | PA     |
| <i>terbinafine hcl oral tablet 250 mg</i>                                                    | Tier 1 |        |
| VIVJOA ORAL CAPSULE 150 MG                                                                   | Tier 3 | PA     |
| <i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)                                 | Tier 4 | SP     |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)        | Tier 1 |        |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)                                        | Tier 1 |        |
| <b>Antifungal Antibiotics</b>                                                                |        |        |
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML                                                       | Tier 4 | SP     |
| <i>amphotericin b injection recon soln 50 mg</i>                                             | Tier 4 | SP     |
| <i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)    | Tier 4 | SP     |
| BREXAFEMME ORAL TABLET 150 MG                                                                | Tier 3 | PA     |
| <i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)                            | Tier 4 | SP     |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG                                   | Tier 4 | SP     |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                                    | Tier 1 |        |
| <i>griseofulvin microsize oral tablet 500 mg</i>                                             | Tier 1 |        |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                                | Tier 1 |        |
| <i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)                            | Tier 4 | SP     |
| <i>nystatin oral suspension 100,000 unit/ml</i>                                              | Tier 1 |        |
| <i>nystatin oral tablet 500,000 unit</i>                                                     | Tier 1 |        |
| REZZAYO INTRAVENOUS RECON SOLN 200 MG                                                        | Tier 4 | PA; SP |
| <b>Infectious Disease - Miscellaneous</b>                                                    |        |        |
| <b>Aminoglycoside-Anticoagulant Combinations</b>                                             |        |        |
| <i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>                      | Tier 4 | SP     |
| <i>gentamicin-sodium citrate intra-catheter syringe 1,600 mcg/5 ml-4 %, 960 mcg/3 ml-4 %</i> | Tier 4 | SP     |
| <b>Aminoglycosides</b>                                                                       |        |        |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>                                | Tier 4 | SP     |

| Drug                                                                                                                                         | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                                                                                | Tier 4 | PA; SP |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i> | Tier 4 | SP     |
| <i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>                                                                                    | Tier 4 | SP     |
| <i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>                                                                           | Tier 4 | SP     |
| <i>neomycin oral tablet 500 mg</i>                                                                                                           | Tier 1 |        |
| <i>streptomycin intramuscular recon soln 1 gram</i>                                                                                          | Tier 4 | SP     |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                                                                                  | Tier 4 | PA; SP |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)                                                    | Tier 4 | PA; SP |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)                                                                 | Tier 4 | PA; SP |
| <i>tobramycin sulfate injection recon soln 1.2 gram</i>                                                                                      | Tier 4 | SP     |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>                                                                              | Tier 4 | SP     |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)                                              | Tier 4 | PA; SP |
| ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML                                                                                                         | Tier 4 | SP     |
| <b>Antibacterial Agents,Miscellaneous</b>                                                                                                    |        |        |
| <i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)                                                                | Tier 1 |        |
| <b>Antileprotics</b>                                                                                                                         |        |        |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                                                                     | Tier 1 |        |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG                                                                                          | Tier 4 | PA; SP |
| <b>Anti-Mycobacterium Agents</b>                                                                                                             |        |        |
| <i>ethambutol oral tablet 100 mg</i>                                                                                                         | Tier 1 |        |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol)                                                                                             | Tier 1 |        |
| <i>isoniazid injection solution 100 mg/ml</i>                                                                                                | Tier 4 | SP     |
| <i>isoniazid oral solution 50 mg/5 ml</i>                                                                                                    | Tier 1 |        |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                                                                                  | Tier 1 |        |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                                                                                             | Tier 3 |        |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                                                       | Tier 1 |        |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin)                                                                                             | Tier 1 |        |
| TRECTOR ORAL TABLET 250 MG                                                                                                                   | Tier 3 |        |

| Drug                                                                                                 | Status | Notes               |
|------------------------------------------------------------------------------------------------------|--------|---------------------|
| <b>Antitubercular Antibiotics</b>                                                                    |        |                     |
| <i>cycloserine oral capsule 250 mg</i>                                                               | Tier 1 |                     |
| <i>pretomanid oral tablet 200 mg</i>                                                                 | Tier 3 | QL (1 EA per 1 day) |
| PRIFTIN ORAL TABLET 150 MG                                                                           | Tier 3 |                     |
| <i>rifampin intravenous recon soln 600 mg</i> (Rifadin)                                              | Tier 4 | SP                  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                          | Tier 1 |                     |
| SIRTURO ORAL TABLET 100 MG, 20 MG                                                                    | Tier 4 | PA; SP              |
| <b>Chloramphenicol And Derivatives</b>                                                               |        |                     |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>                                   | Tier 4 | SP                  |
| <b>Lincosamides</b>                                                                                  |        |                     |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)                              | Tier 1 |                     |
| <i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> | Tier 4 | SP                  |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>    | Tier 4 | SP                  |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)                  | Tier 1 |                     |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)                         | Tier 1 |                     |
| <i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)                                  | Tier 4 | SP                  |
| <i>lincomycin injection solution 300 mg/ml</i> (Lincocin)                                            | Tier 4 | SP                  |
| <b>Lipoglycopeptide Antibiotic</b>                                                                   |        |                     |
| DALVANCE INTRAVENOUS SOLUTION 500 MG                                                                 | Tier 4 | SP                  |
| KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG                                                              | Tier 4 | SP                  |
| ORBACTIV INTRAVENOUS RECON SOLN 400 MG                                                               | Tier 4 | SP                  |
| VIBATIV INTRAVENOUS RECON SOLN 750 MG                                                                | Tier 4 | SP                  |
| <b>Polymyxin And Derivatives</b>                                                                     |        |                     |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)            | Tier 4 | SP                  |
| <i>polymyxin b sulfate injection recon soln 500,000 unit</i>                                         | Tier 4 | SP                  |

| Drug                                                                                                                                                                                                   | Status | Notes                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rifamycins And Related Derivative Antibiotics</b>                                                                                                                                                   |        |                                                                                                                                                              |
| AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG                                                                                                                                                    | Tier 3 | ST; ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL) |
| XIFAXAN ORAL TABLET 200 MG                                                                                                                                                                             | Tier 3 | PA                                                                                                                                                           |
| XIFAXAN ORAL TABLET 550 MG                                                                                                                                                                             | Tier 2 | PA                                                                                                                                                           |
| <b>Vancomycin And Derivatives</b>                                                                                                                                                                      |        |                                                                                                                                                              |
| vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml                                                                                                       | Tier 4 | SP                                                                                                                                                           |
| vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml | Tier 4 | SP                                                                                                                                                           |
| vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml                                                                                                           | Tier 4 | SP                                                                                                                                                           |
| vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml                                                                                                       | Tier 4 | SP                                                                                                                                                           |
| vancomycin injection recon soln 100 gram                                                                                                                                                               | Tier 4 | SP                                                                                                                                                           |
| vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg                                                                                                       | Tier 4 | SP                                                                                                                                                           |
| vancomycin oral capsule 125 mg (Vancocin)                                                                                                                                                              | Tier 1 | QL (56 EA per 1 FILL)                                                                                                                                        |
| vancomycin oral capsule 250 mg (Vancocin)                                                                                                                                                              | Tier 1 | QL (112 EA per 1 FILL)                                                                                                                                       |
| vancomycin oral recon soln 25 mg/ml (Firvanq)                                                                                                                                                          | Tier 1 | QL (300 ML per 1 FILL)                                                                                                                                       |
| vancomycin oral recon soln 50 mg/ml (Firvanq)                                                                                                                                                          | Tier 1 | QL (600 ML per 1 FILL)                                                                                                                                       |
| vancomycin-0.9 % sod chlor(pf) injection syringe 2.5 mg/0.25 ml                                                                                                                                        | Tier 4 | SP                                                                                                                                                           |
| vancomycin-diluent combo no.1 intravenous piggyback 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml                                    | Tier 4 | SP                                                                                                                                                           |

| Drug                                                                                             | Status | Notes                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Infectious Disease - Parasitic</b>                                                            |        |                                                                                                                                                                                                    |
| <b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>                                            |        |                                                                                                                                                                                                    |
| SOLOSEC ORAL GRANULES DEL<br>RELEASE IN PACKET 2 GRAM                                            | Tier 3 | ST; ST: At least 2 prior<br>prescriptions for<br>Clindamycin vaginal cream,<br>Metronidazole vaginal gel,<br>Tinidazole, or Vandazole<br>gel within the past 365<br>days; QL (1 EA per 30<br>days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                                                     | Tier 1 |                                                                                                                                                                                                    |
| <b>Amebacides</b>                                                                                |        |                                                                                                                                                                                                    |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)                                                 | Tier 1 |                                                                                                                                                                                                    |
| <b>Anaerobic Antiprotozoal-Antibacterial Agents</b>                                              |        |                                                                                                                                                                                                    |
| LIKMEZ ORAL SUSPENSION 500 MG/5<br>ML                                                            | Tier 3 | PA                                                                                                                                                                                                 |
| <i>metronidazole in nacl (iso-os)</i> (Metro I.V.)<br><i>intravenous piggyback 500 mg/100 ml</i> | Tier 4 | SP                                                                                                                                                                                                 |
| <i>metronidazole oral capsule 375 mg</i> (Flagyl)                                                | Tier 1 |                                                                                                                                                                                                    |
| <i>metronidazole oral tablet 250 mg, 500<br/>mg</i>                                              | Tier 1 |                                                                                                                                                                                                    |
| <b>Anthelmintics</b>                                                                             |        |                                                                                                                                                                                                    |
| <i>albendazole oral tablet 200 mg</i>                                                            | Tier 1 |                                                                                                                                                                                                    |
| EGATEN ORAL TABLET 250 MG                                                                        | Tier 3 |                                                                                                                                                                                                    |
| EMVERM ORAL TABLET,CHEWABLE (mebendazole)<br>100 MG                                              | Tier 2 | PA                                                                                                                                                                                                 |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)                                                  | Tier 1 |                                                                                                                                                                                                    |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)                                              | Tier 1 |                                                                                                                                                                                                    |
| <b>Antimalarial Drugs</b>                                                                        |        |                                                                                                                                                                                                    |
| ARAKODA ORAL TABLET 100 MG                                                                       | Tier 3 |                                                                                                                                                                                                    |
| <i>artesunate intravenous recon soln 110<br/>mg</i>                                              | Tier 4 | SP                                                                                                                                                                                                 |
| <i>atovaquone-proguanil oral tablet 250-<br/>100 mg</i> (Malarone)                               | Tier 1 |                                                                                                                                                                                                    |
| <i>atovaquone-proguanil oral tablet 62.5-25<br/>mg</i> (Malarone Pediatric)                      | Tier 1 |                                                                                                                                                                                                    |
| <i>chloroquine phosphate oral tablet 250<br/>mg</i>                                              | Tier 1 | QL (36 EA per 16 days)                                                                                                                                                                             |
| <i>chloroquine phosphate oral tablet 500<br/>mg</i>                                              | Tier 1 | QL (18 EA per 16 days)                                                                                                                                                                             |
| COARTEM ORAL TABLET 20-120 MG                                                                    | Tier 3 |                                                                                                                                                                                                    |
| <i>hydroxychloroquine oral tablet 100 mg</i>                                                     | Tier 1 | QL (180 EA per 30 days)                                                                                                                                                                            |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)                                         | Tier 1 | QL (100 EA per 30 days)                                                                                                                                                                            |

| Drug                                                                        | Status | Notes                                         |
|-----------------------------------------------------------------------------|--------|-----------------------------------------------|
| <i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>                        | Tier 1 | QL (60 EA per 30 days)                        |
| KRINTAFEL ORAL TABLET 150 MG                                                | Tier 2 | QL (2 EA per 1 FILL)                          |
| <i>mefloquine oral tablet 250 mg</i>                                        | Tier 1 |                                               |
| <i>primaquine oral tablet 26.3 mg</i>                                       | Tier 2 |                                               |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                           | Tier 4 | PA; SP                                        |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                      | Tier 1 |                                               |
| <b>Antiparasitics</b>                                                       |        |                                               |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                       | Tier 3 | QL (50 ML per 1 day)                          |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                             | Tier 1 | QL (2 EA per 1 day)                           |
| <b>Antiprotozoal Drugs,Miscellaneous</b>                                    |        |                                               |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                      | Tier 1 |                                               |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                             | Tier 1 |                                               |
| IMPAVIDO ORAL CAPSULE 50 MG                                                 | Tier 2 | PA                                            |
| LAMPIT ORAL TABLET 120 MG, 30 MG                                            | Tier 3 |                                               |
| PENTAM INJECTION RECON SOLN 300 MG (pentamidine)                            | Tier 4 | SP                                            |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)                  | Tier 1 |                                               |
| <i>pentamidine injection recon soln 300 mg</i> (Pentam)                     | Tier 4 | SP                                            |
| <b>Infectious Disease - Viral</b>                                           |        |                                               |
| <b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>                     |        |                                               |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)                    | Tier 4 | PA; SP                                        |
| <b>Antiretroviral - Capsid Inhibitors</b>                                   |        |                                               |
| SUNLENCA ORAL TABLET 300 MG                                                 | Tier 4 | PA; SP                                        |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML                                    | Tier 4 | PA; SP                                        |
| <b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>                   |        |                                               |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML | Tier 4 | SP; QL (4 ML per 30 days); Age (Min 12 Years) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML | Tier 4 | SP; QL (6 ML per 30 days); Age (Min 12 Years) |
| JULUCA ORAL TABLET 50-25 MG                                                 | Tier 4 | SP; QL (1 EA per 1 day)                       |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                    |        |                                               |
| DOVATO ORAL TABLET 50-300 MG                                                | Tier 4 | SP; QL (1 EA per 1 day)                       |

| Drug                                                                                 | Status | Notes                                      |
|--------------------------------------------------------------------------------------|--------|--------------------------------------------|
| <b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>                            |        |                                            |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                                                | Tier 4 | SP; QL (1 EA per 1 day)                    |
| <b>Antiviral - Main Protease (Mpro) Inhibitor</b>                                    |        |                                            |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG                                           | Tier 2 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG                           | Tier 2 | QL (30 EA per 28 days); Age (Min 12 Years) |
| <b>Antiviral Monoclonal Antibodies</b>                                               |        |                                            |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML                              | Tier 4 | PA; SP                                     |
| GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML                                          | Tier 4 | PA; SP                                     |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML                               | Tier 4 | PA; SP                                     |
| <b>Antiviral Nucleotide Analogs</b>                                                  |        |                                            |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                                   | Tier 1 | QL (40 EA per 29 days); Age (Min 18 Years) |
| VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)                                   | Tier 4 | SP; QL (11 EA per 10 days)                 |
| <b>Antivirals, General</b>                                                           |        |                                            |
| <i>acyclovir in 0.9 % sodium chl<sub>r</sub> intravenous piggyback 200 mg/100 ml</i> | Tier 4 | SP                                         |
| <i>acyclovir oral capsule 200 mg</i>                                                 | Tier 1 |                                            |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                               | Tier 1 |                                            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                          | Tier 1 |                                            |
| <i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>                      | Tier 4 | SP                                         |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i>                                | Tier 4 | SP                                         |
| <i>cidofovir intravenous solution 75 mg/ml</i>                                       | Tier 4 | SP                                         |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                | Tier 1 |                                            |
| <i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)                            | Tier 4 | SP                                         |
| FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML (foscarnet)                                   | Tier 4 | SP                                         |
| <i>ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)</i>                      | Tier 4 | SP                                         |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i>                              | Tier 4 | SP                                         |
| <i>ganciclovir sodium intravenous solution 50 mg/ml</i>                              | Tier 4 | SP                                         |
| LIVTENCITY ORAL TABLET 200 MG                                                        | Tier 4 | PA; SP                                     |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                                      | Tier 1 | QL (40 EA per 180 days)                    |

| Drug                                                                    | Status | Notes                                                                                    |
|-------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------|
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)                  | Tier 1 | QL (20 EA per 180 days)                                                                  |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | Tier 1 | QL (360 ML per 180 days)                                                                 |
| PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML                | Tier 4 | PA; SP                                                                                   |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | Tier 3 | PA                                                                                       |
| RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)               | Tier 4 | SP                                                                                       |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | Tier 3 | QL (40 EA per 180 days)                                                                  |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)                | Tier 1 |                                                                                          |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)                       | Tier 1 |                                                                                          |
| TEMBEXA ORAL SUSPENSION 10 MG/ML                                        | Tier 2 |                                                                                          |
| TEMBEXA ORAL TABLET 100 MG                                              | Tier 2 |                                                                                          |
| TPOXX (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 10 MG/ML                | Tier 4 | SP                                                                                       |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG                          | Tier 2 |                                                                                          |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)                | Tier 1 |                                                                                          |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)                | Tier 1 |                                                                                          |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)                      | Tier 1 |                                                                                          |
| XOFLUZA ORAL TABLET 20 MG, 40 MG                                        | Tier 2 | QL (4 EA per 180 days)                                                                   |
| XOFLUZA ORAL TABLET 80 MG                                               | Tier 2 | QL (2 EA per 180 days)                                                                   |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>                |        |                                                                                          |
| APTIVUS ORAL CAPSULE 250 MG                                             | Tier 4 | SP; QL (4 EA per 1 day)                                                                  |
| <i>darunavir oral tablet 600 mg</i> (Prezista)                          | Tier 4 | SP; QL (2 EA per 1 day)                                                                  |
| <i>darunavir oral tablet 800 mg</i> (Prezista)                          | Tier 4 | SP; QL (1 EA per 1 day)                                                                  |
| PREZISTA ORAL SUSPENSION 100 MG/ML                                      | Tier 4 | SP; QL (400 ML per 30 days)                                                              |
| PREZISTA ORAL TABLET 150 MG                                             | Tier 4 | SP; QL (8 EA per 1 day)                                                                  |
| PREZISTA ORAL TABLET 75 MG                                              | Tier 4 | SP; QL (16 EA per 1 day)                                                                 |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>               |        |                                                                                          |
| CIMDUO ORAL TABLET 300-300 MG                                           | Tier 4 | SP; QL (1 EA per 1 day)                                                                  |
| DESCOVY ORAL TABLET 120-15 MG                                           | Tier 4 | SP; QL (1 EA per 1 day)                                                                  |
| DESCOVY ORAL TABLET 200-25 MG                                           | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (1 EA per 1 day) |

| Drug                                                                                             | Status  | Notes                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada)<br>100-150 mg, 133-200 mg, 167-250 mg | Tier 4  | SP; QL (1 EA per 1 day)                                                                                                                                                        |
| <i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada)<br>200-300 mg                         | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| <b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>                                        |         |                                                                                                                                                                                |
| <i>abacavir-lamivudine oral tablet</i> 600-300 mg                                                | Tier 4  | SP; QL (1 EA per 1 day)                                                                                                                                                        |
| <i>lamivudine-zidovudine oral tablet</i> 150-300 mg                                              | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| <b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>                                         |         |                                                                                                                                                                                |
| <i>maraviroc oral tablet</i> 150 mg (Selzentry)                                                  | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| <i>maraviroc oral tablet</i> 300 mg (Selzentry)                                                  | Tier 4  | SP; QL (4 EA per 1 day)                                                                                                                                                        |
| SELZENTRY ORAL SOLUTION 20 MG/ML                                                                 | Tier 4  | SP; QL (31 ML per 1 day)                                                                                                                                                       |
| SELZENTRY ORAL TABLET 25 MG                                                                      | Tier 4  | SP; QL (4 EA per 1 day)                                                                                                                                                        |
| SELZENTRY ORAL TABLET 75 MG                                                                      | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| <b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>                                        |         |                                                                                                                                                                                |
| RUKOBI ORAL TABLET EXTENDED RELEASE 12 HR 600 MG                                                 | Tier 4  | PA; SP                                                                                                                                                                         |
| <b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>                                               |         |                                                                                                                                                                                |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG                                                             | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| <b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>                                             |         |                                                                                                                                                                                |
| EDURANT ORAL TABLET 25 MG                                                                        | Tier 4  | SP; QL (1 EA per 1 day)                                                                                                                                                        |
| <i>efavirenz oral tablet</i> 600 mg                                                              | Tier 4  | SP                                                                                                                                                                             |
| <i>etravirine oral tablet</i> 100 mg (Intelence)                                                 | Tier 4  | SP; QL (4 EA per 1 day)                                                                                                                                                        |
| <i>etravirine oral tablet</i> 200 mg (Intelence)                                                 | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| INTELENCE ORAL TABLET 25 MG                                                                      | Tier 4  | SP; QL (4 EA per 1 day)                                                                                                                                                        |
| <i>nevirapine oral suspension</i> 50 mg/5 ml                                                     | Tier 4  | SP; QL (1200 ML per 30 days)                                                                                                                                                   |
| <i>nevirapine oral tablet</i> 200 mg                                                             | Tier 4  | SP; QL (2 EA per 1 day)                                                                                                                                                        |
| <i>nevirapine oral tablet extended release</i> 24 hr 100 mg                                      | Tier 4  | SP; QL (3 EA per 1 day)                                                                                                                                                        |
| <i>nevirapine oral tablet extended release</i> 24 hr 400 mg                                      | Tier 4  | SP; QL (1 EA per 1 day)                                                                                                                                                        |

| Drug                                                                                                           | Status  | Notes                                                                                                         |
|----------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------|
| <i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i> | Tier 4  | SP                                                                                                            |
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>                                                        |         |                                                                                                               |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                                                                | Tier 4  | SP; QL (960 ML per 30 days)                                                                                   |
| <i>abacavir oral tablet 300 mg</i>                                                                             | Tier 4  | SP; QL (2 EA per 1 day)                                                                                       |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>                                          | Tier 4  | SP; QL (1 EA per 1 day)                                                                                       |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)                                                             | \$Copay | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML                                                                                 | Tier 4  | SP; QL (850 ML per 30 days)                                                                                   |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir)                                                              | Tier 4  | SP; QL (960 ML per 30 days)                                                                                   |
| <i>lamivudine oral tablet 150 mg</i> (Epivir)                                                                  | Tier 4  | SP; QL (2 EA per 1 day)                                                                                       |
| <i>lamivudine oral tablet 300 mg</i> (Epivir)                                                                  | Tier 4  | SP; QL (1 EA per 1 day)                                                                                       |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML                                                                         | Tier 4  | SP                                                                                                            |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                                       | Tier 4  | SP; QL (2 EA per 1 day)                                                                                       |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                                                               | Tier 4  | SP; QL (6 EA per 1 day)                                                                                       |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                                                               | Tier 4  | SP; QL (1920 ML per 30 days)                                                                                  |
| <i>zidovudine oral tablet 300 mg</i>                                                                           | Tier 4  | SP; QL (2 EA per 1 day)                                                                                       |
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>                                                        |         |                                                                                                               |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)                                               | \$Copay | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                                                                    | Tier 4  | SP; QL (240 GM per 30 days)                                                                                   |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                                                      | Tier 4  | SP; QL (1 EA per 1 day)                                                                                       |
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>                                                       |         |                                                                                                               |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)                                             | Tier 4  | SP; QL (480 ML per 30 days)                                                                                   |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)                                                     | Tier 4  | SP; QL (10 EA per 1 day)                                                                                      |

| Drug                                                                                              | Status | Notes                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)                                        | Tier 4 | SP; QL (4 EA per 1 day)                                                                                                                                                                                       |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>                                              |        |                                                                                                                                                                                                               |
| <i>atazanavir oral capsule 150 mg</i>                                                             | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                                                       |
| <i>atazanavir oral capsule 200 mg</i> (Reyataz)                                                   | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                                                       |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz)                                                   | Tier 4 | SP; QL (1 EA per 1 day)                                                                                                                                                                                       |
| EVOTAZ ORAL TABLET 300-150 MG                                                                     | Tier 4 | SP; QL (1 EA per 1 day)                                                                                                                                                                                       |
| <i>fosamprenavir oral tablet 700 mg</i>                                                           | Tier 4 | SP; QL (4 EA per 1 day)                                                                                                                                                                                       |
| LEXIVA ORAL SUSPENSION 50 MG/ML                                                                   | Tier 4 | SP; QL (1800 ML per 30 days)                                                                                                                                                                                  |
| NORVIR ORAL POWDER IN PACKET 100 MG                                                               | Tier 4 | SP; QL (12 EA per 1 day)                                                                                                                                                                                      |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                                               | Tier 4 | SP; QL (5 EA per 1 day)                                                                                                                                                                                       |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                                                      | Tier 4 | SP; QL (12 EA per 1 day)                                                                                                                                                                                      |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                                               | Tier 4 | SP                                                                                                                                                                                                            |
| <b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibitr</b>                                       |        |                                                                                                                                                                                                               |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)        | Tier 4 | ST; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years) |
| <i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>            | Tier 4 | SP; Age (Min 12 Years)                                                                                                                                                                                        |
| <i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | Tier 4 | ST; SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG                                                                   | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                                                       |
| ISENTRESS ORAL POWDER IN PACKET 100 MG                                                            | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                                                       |
| ISENTRESS ORAL TABLET 400 MG                                                                      | Tier 4 | SP; QL (2 EA per 1 day)                                                                                                                                                                                       |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG                                                     | Tier 4 | SP; QL (6 EA per 1 day)                                                                                                                                                                                       |

| Drug                                                                        | Status | Notes                                       |
|-----------------------------------------------------------------------------|--------|---------------------------------------------|
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG                                     | Tier 4 | SP; QL (2 EA per 1 day)                     |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG                                  | Tier 4 | SP; QL (6 EA per 1 day)                     |
| VOCABRIA ORAL TABLET 30 MG                                                  | Tier 4 | SP; QL (1 EA per 1 day); Age (Min 12 Years) |
| <b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>               |        |                                             |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)  | Tier 4 | SP; QL (1 EA per 1 day)                     |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo) | Tier 4 | SP; QL (1 EA per 1 day)                     |
| <i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)    | Tier 4 | SP; QL (1 EA per 1 day)                     |
| ODEFSEY ORAL TABLET 200-25-25 MG                                            | Tier 4 | SP; QL (1 EA per 1 day)                     |
| <b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>                            |        |                                             |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG                             | Tier 4 | SP; QL (1 EA per 1 day)                     |
| GENVOYA ORAL TABLET 150-150-200-10 MG                                       | Tier 4 | SP; QL (1 EA per 1 day)                     |
| STRIBILD ORAL TABLET 150-150-200-300 MG                                     | Tier 4 | SP; QL (1 EA per 1 day)                     |
| <b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>                             |        |                                             |
| TRIUMEQ ORAL TABLET 600-50-300 MG                                           | Tier 4 | SP; QL (1 EA per 1 day)                     |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG                            | Tier 4 | SP; QL (6 EA per 1 day)                     |
| <b>Cytochrome P450 Inhibitors</b>                                           |        |                                             |
| TYBOST ORAL TABLET 150 MG                                                   | Tier 2 | QL (1 EA per 1 day)                         |
| <b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>                    |        |                                             |
| VOSEVI ORAL TABLET 400-100-100 MG                                           | Tier 4 | PA; SP                                      |
| <b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>               |        |                                             |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG                       | Tier 4 | PA; SP                                      |
| EPCLUSA ORAL TABLET 200-50 MG                                               | Tier 4 | PA; SP                                      |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)                     | Tier 4 | PA; SP                                      |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG                      | Tier 4 | PA; SP                                      |
| HARVONI ORAL TABLET 45-200 MG                                               | Tier 4 | PA; SP                                      |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)                       | Tier 4 | PA; SP                                      |

| Drug                                                                                                                                           | Status | Notes                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh</b>                                                                                      |        |                                                                                                                         |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG                                                                                                  | Tier 4 | PA; SP                                                                                                                  |
| SOVALDI ORAL TABLET 200 MG, 400 MG                                                                                                             | Tier 4 | PA; SP                                                                                                                  |
| <b>Hepatitis B Treatment Agents</b>                                                                                                            |        |                                                                                                                         |
| adefovir oral tablet 10 mg (Hepsera)                                                                                                           | Tier 4 | SP; QL (1 EA per 1 day)                                                                                                 |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML                                                                                                             | Tier 4 | SP; QL (630 ML per 30 days)                                                                                             |
| entecavir oral tablet 0.5 mg, 1 mg (Baraclude)                                                                                                 | Tier 4 | SP; QL (1 EA per 1 day)                                                                                                 |
| lamivudine oral tablet 100 mg                                                                                                                  | Tier 1 | QL (1 EA per 1 day)                                                                                                     |
| VEMLIDY ORAL TABLET 25 MG                                                                                                                      | Tier 4 | ST; SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day) |
| <b>Hepatitis C Treatment Agents</b>                                                                                                            |        |                                                                                                                         |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML                                                                                                       | Tier 4 | PA; SP                                                                                                                  |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML                                                                                                    | Tier 4 | PA; SP                                                                                                                  |
| ribavirin oral capsule 200 mg                                                                                                                  | Tier 1 |                                                                                                                         |
| ribavirin oral tablet 200 mg                                                                                                                   | Tier 1 |                                                                                                                         |
| <b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>                                                                                       |        |                                                                                                                         |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG                                                                                                        | Tier 4 | PA; SP                                                                                                                  |
| MAVYRET ORAL TABLET 100-40 MG                                                                                                                  | Tier 4 | PA; SP                                                                                                                  |
| <b>Inflammatory Disease</b>                                                                                                                    |        |                                                                                                                         |
| <b>Anti-Arthritic And Chelating Agents</b>                                                                                                     |        |                                                                                                                         |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                                                                                                  | Tier 4 | PA; SP                                                                                                                  |
| D-PENAMINE ORAL TABLET 125 MG                                                                                                                  | Tier 4 | PA; SP                                                                                                                  |
| penicillamine oral capsule 250 mg (Cuprimine)                                                                                                  | Tier 4 | PA; SP                                                                                                                  |
| penicillamine oral tablet 250 mg (Depen Titratabs)                                                                                             | Tier 4 | PA; SP                                                                                                                  |
| <b>Anti-Arthritic, Folate Antagonist Agents</b>                                                                                                |        |                                                                                                                         |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 2 | QL (1.6 ML per 28 days)                                                                                                 |
| <b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>                                                                                            |        |                                                                                                                         |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG                                                                                                        | Tier 4 | PA; SP                                                                                                                  |

| Drug                                                                                                  | Status | Notes  |
|-------------------------------------------------------------------------------------------------------|--------|--------|
| KINERET SUBCUTANEOUS SYRINGE<br>100 MG/0.67 ML                                                        | Tier 4 | PA; SP |
| <b>Anti-Inflammatory Tumor Necrosis<br/>Factor Inhibitor</b>                                          |        |        |
| adalimumab-adaz subcutaneous pen (Hyrimoz(CF) Pen)<br>injector 40 mg/0.4 ml                           | Tier 4 | PA; SP |
| adalimumab-adaz subcutaneous syringe (Hyrimoz(CF))<br>40 mg/0.4 ml                                    | Tier 4 | PA; SP |
| AMJEVITA(CF) AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 40<br>MG/0.8 ML                               | Tier 4 | PA; SP |
| AMJEVITA(CF) SUBCUTANEOUS<br>SYRINGE 10 MG/0.2 ML, 20 MG/0.4<br>ML, 40 MG/0.8 ML                      | Tier 4 | PA; SP |
| AVSOLA INTRAVENOUS RECON<br>SOLN 100 MG                                                               | Tier 4 | PA; SP |
| CIMZIA POWDER FOR RECONST<br>SUBCUTANEOUS KIT 400 MG (200 MG<br>X 2 VIALS)                            | Tier 4 | PA; SP |
| CIMZIA STARTER KIT<br>SUBCUTANEOUS SYRINGE KIT 400<br>MG/2 ML (200 MG/ML X 2)                         | Tier 4 | PA; SP |
| CIMZIA SUBCUTANEOUS SYRINGE<br>KIT 400 MG/2 ML (200 MG/ML X 2)                                        | Tier 4 | PA; SP |
| CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm)<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML      | Tier 4 | PA; SP |
| CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm)<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML       | Tier 4 | PA; SP |
| CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm)<br>PEN INJECTOR KIT 40 MG/0.8 ML                       | Tier 4 | PA; SP |
| CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm)<br>SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4<br>ML, 40 MG/0.8 ML | Tier 4 | PA; SP |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)                                                 | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION<br>25 MG/0.5 ML                                                          | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE<br>25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                    | Tier 4 | PA; SP |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)                                      | Tier 4 | PA; SP |
| HUMIRA PEN CROHNS-UC-HS START<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML                        | Tier 4 | PA; SP |

| Drug                                                                                                     | Status | Notes  |
|----------------------------------------------------------------------------------------------------------|--------|--------|
| HUMIRA PEN PSOR-UVEITS-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML                          | Tier 4 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML                                                 | Tier 4 | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML                                                          | Tier 4 | PA; SP |
| HUMIRA(CF) PEDI CROHNS STARTER<br>SUBCUTANEOUS SYRINGE KIT 80<br>MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4<br>ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                             | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PEDIATRIC UC<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                             | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML-40 MG/0.4 ML             | Tier 4 | PA; SP |
| HUMIRA(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR KIT 40 MG/0.4 ML, 80<br>MG/0.8 ML                            | Tier 4 | PA; SP |
| HUMIRA(CF) SUBCUTANEOUS<br>SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2<br>ML, 40 MG/0.4 ML                       | Tier 4 | PA; SP |
| HYRIMOZ PEN CROHN'S-UC<br>STARTER SUBCUTANEOUS PEN<br>INJECTOR 80 MG/0.8 ML                              | Tier 4 | PA; SP |
| HYRIMOZ PEN PSORIASIS STARTER<br>SUBCUTANEOUS PEN INJECTOR<br>80MG/0.8ML(X1)- 40 MG/0.4ML(X2)            | Tier 4 | PA; SP |
| HYRIMOZ PEN SUBCUTANEOUS PEN<br>INJECTOR 40 MG/0.8 ML                                                    | Tier 4 | PA; SP |
| HYRIMOZ SUBCUTANEOUS SYRINGE<br>40 MG/0.8 ML                                                             | Tier 4 | PA; SP |
| HYRIMOZ(CF) PEDI CROHN STARTER<br>SUBCUTANEOUS SYRINGE 80 MG/0.8<br>ML, 80 MG/0.8 ML- 40 MG/0.4 ML       | Tier 4 | PA; SP |
| HYRIMOZ(CF) PEN SUBCUTANEOUS (adalimumab-adaz)<br>PEN INJECTOR 40 MG/0.4 ML                              | Tier 4 | PA; SP |
| HYRIMOZ(CF) PEN SUBCUTANEOUS<br>PEN INJECTOR 80 MG/0.8 ML                                                | Tier 4 | PA; SP |
| HYRIMOZ(CF) SUBCUTANEOUS<br>SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML                                           | Tier 4 | PA; SP |
| HYRIMOZ(CF) SUBCUTANEOUS (adalimumab-adaz)<br>SYRINGE 40 MG/0.4 ML                                       | Tier 4 | PA; SP |

| Drug                                                                                                 | Status | Notes  |
|------------------------------------------------------------------------------------------------------|--------|--------|
| INFLECTRA INTRAVENOUS RECON SOLN 100 MG                                                              | Tier 4 | PA; SP |
| <i>infliximab intravenous recon soln 100 mg</i> (Remicade)                                           | Tier 4 | PA; SP |
| RENFLEXIS INTRAVENOUS RECON SOLN 100 MG                                                              | Tier 4 | PA; SP |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML                                                         | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                                            | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML                                                 | Tier 4 | PA; SP |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML                                                    | Tier 3 | PA     |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML                                                         | Tier 3 | PA     |
| <b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>                                                |        |        |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML                                                          | Tier 4 | PA; SP |
| <b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>                                             |        |        |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)                                                  | Tier 1 |        |
| <b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>                                           |        |        |
| OTEZLA ORAL TABLET 30 MG                                                                             | Tier 4 | PA; SP |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 4 | PA; SP |
| <b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>                                                |        |        |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)                                       | Tier 2 | PA     |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML                                                           | Tier 2 | PA     |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML                                                       | Tier 2 | PA     |
| <b>Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor</b>                                            |        |        |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG                                                 | Tier 4 | PA; SP |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML                                               | Tier 4 | PA; SP |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML                                 | Tier 4 | PA; SP |

| Drug                                                                                 | Status | Notes                                                                                 |
|--------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|
| <b>Bradykinin B2 Receptor Antagonists</b>                                            |        |                                                                                       |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)                           | Tier 4 | PA; SP                                                                                |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)                                  | Tier 4 | PA; SP                                                                                |
| <b>C1 Esterase Inhibitors</b>                                                        |        |                                                                                       |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)                                            | Tier 4 | PA; SP                                                                                |
| BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)                                     | Tier 4 | PA; SP                                                                                |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)                                       | Tier 4 | PA; SP                                                                                |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT                              | Tier 4 | PA; SP                                                                                |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT                                           | Tier 4 | PA; SP                                                                                |
| <b>Glucocorticoids</b>                                                               |        |                                                                                       |
| ACTIVE INJECTION KIT D (PF)<br>INJECTION KIT 10 MG/ML                                | Tier 4 | SP                                                                                    |
| AGAMREE ORAL SUSPENSION 40 MG/ML                                                     | Tier 3 |                                                                                       |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG                     | Tier 4 | PA; SP                                                                                |
| BETALOAN SUIK KIT 6 MG/ML                                                            | Tier 3 |                                                                                       |
| <i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan) | Tier 4 | SP                                                                                    |
| <i>betamethasone sod phosph-water injection solution 6 mg/ml</i>                     | Tier 4 | SP                                                                                    |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i>                           | Tier 1 |                                                                                       |
| <i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)                  | Tier 1 | ST; ST: Requires prior prescription for Balsalazide Disodium within the past 120 days |
| <i>cortisone oral tablet 25 mg</i>                                                   | Tier 1 |                                                                                       |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML                                            | Tier 4 | SP                                                                                    |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML                                            | Tier 3 |                                                                                       |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                         | Tier 1 |                                                                                       |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                       | Tier 1 |                                                                                       |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>     | Tier 1 |                                                                                       |
| <i>dexamethasone sodium phos (pf) injection solution 10 mg/ml, 4 mg/ml</i>           | Tier 4 | SP                                                                                    |

| Drug                                                                                              | Status | Notes  |
|---------------------------------------------------------------------------------------------------|--------|--------|
| <i>dexamethasone sodium phos (pf)<br/>injection syringe 10 mg/ml</i>                              | Tier 4 | SP     |
| <i>dexamethasone sodium phosphate<br/>injection solution 10 mg/ml, 4 mg/ml</i>                    | Tier 4 | SP     |
| <i>dexamethasone sodium phosphate<br/>injection syringe 4 mg/ml</i>                               | Tier 4 | SP     |
| <i>dexamethasone-0.9 % sod. chlor<br/>intravenous piggyback 10 mg/50 ml, 20<br/>mg/50 ml</i>      | Tier 4 | SP     |
| DEXONTO IONTOPHORETIC<br>SOLUTION 0.4 %                                                           | Tier 3 |        |
| DOUBLEDEX (PF) INJECTION KIT 10<br>MG/ML                                                          | Tier 4 | SP     |
| EMFLAZA ORAL SUSPENSION 22.75<br>MG/ML                                                            | Tier 4 | PA; SP |
| EMFLAZA ORAL TABLET 18 MG, 30 (deflazacort)<br>MG, 36 MG, 6 MG                                    | Tier 4 | PA; SP |
| HEXATRIONE INJECTION<br>SUSPENSION 20 MG/ML                                                       | Tier 4 | SP     |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                                     | Tier 1 |        |
| KENALOG INJECTION SUSPENSION (triamcinolone acetonide)<br>10 MG/ML                                | Tier 4 | SP     |
| KENALOG-80 INJECTION<br>SUSPENSION 80 MG/ML                                                       | Tier 4 | SP     |
| LIDOCIDEX-I INJECTION SOLUTION 5-<br>10 MG/1.5 ML                                                 | Tier 4 | SP     |
| LIDOCILONE I INJECTION<br>SUSPENSION 20-20 MG/4 ML                                                | Tier 4 | SP     |
| MAS CARE-PAK (PF) INJECTION KIT<br>10 MG/ML                                                       | Tier 4 | SP     |
| MEDROL ORAL TABLET 2 MG                                                                           | Tier 2 |        |
| MEDROLOAN II SUIK KIT 40 MG/ML                                                                    | Tier 3 |        |
| MEDROLOAN SUIK KIT 40 MG/ML                                                                       | Tier 3 |        |
| <i>methylpred ac(pf)-nacl,iso-osm injection<br/>suspension 80 mg/ml</i>                           | Tier 4 | SP     |
| <i>methylprednisolone acetate injection</i> (Depo-Medrol)<br><i>suspension 40 mg/ml, 80 mg/ml</i> | Tier 4 | SP     |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                                  | Tier 1 |        |
| <i>methylprednisolone oral tablet 32 mg</i>                                                       | Tier 1 |        |
| <i>methylprednisolone oral tablets,dose</i> (Medrol (Pak))<br><i>pack 4 mg</i>                    | Tier 1 |        |
| <i>methylprednisolone sodium succ<br/>injection recon soln 125 mg, 40 mg</i>                      | Tier 4 | SP     |

| Drug                                                                                                                         | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>methylprednisolone sodium succ</i> (Solu-Medrol)<br><i>intravenous recon soln 1,000 mg, 500 mg</i>                        | Tier 4 | SP     |
| <i>prednisolone oral solution 15 mg/5 ml</i>                                                                                 | Tier 1 |        |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i> | Tier 1 |        |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)                                        | Tier 1 |        |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)                                  | Tier 1 |        |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)                            | Tier 1 |        |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML                                                                                 | Tier 2 |        |
| <i>prednisone oral solution 5 mg/5 ml</i>                                                                                    | Tier 1 |        |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                                                        | Tier 1 |        |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>                                                                         | Tier 1 |        |
| PRO-C-DURE 5 INJECTION KIT 40 MG/ML                                                                                          | Tier 4 | SP     |
| PRO-C-DURE 6 INJECTION KIT 40 MG/ML                                                                                          | Tier 4 | SP     |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML                                     | Tier 4 | SP     |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML                                                                 | Tier 3 |        |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG                                                                                      | Tier 3 |        |
| SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML                                                                  | Tier 4 | SP     |
| SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML                                                           | Tier 4 | SP     |
| SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM                                                                                    | Tier 4 | SP     |
| SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG (methylprednisolone sodium succ)                                                   | Tier 4 | SP     |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG                                                                             | Tier 4 | PA; SP |
| <i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>                                                          | Tier 4 | SP     |

| Drug                                                                                                          | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>triamcinolone acetonide injection</i> (Kenalog)<br><i>suspension 40 mg/ml</i>                              | Tier 4 | SP     |
| TRILOAN II SUIK KIT 40 MG/ML                                                                                  | Tier 3 |        |
| TRILOAN SUIK KIT 40 MG/ML                                                                                     | Tier 3 |        |
| ZILRETTA INTRA-ARTICULAR<br>SUSPENSION,EXTENDED REL<br>RECON 32 MG                                            | Tier 4 | SP     |
| <b>Gold Salts</b>                                                                                             |        |        |
| RIDAURA ORAL CAPSULE 3 MG                                                                                     | Tier 3 |        |
| <b>Hypertrichotic Agents, Systemic/Incl.<br/>Combinations</b>                                                 |        |        |
| LITFULO ORAL CAPSULE 50 MG                                                                                    | Tier 4 | PA; SP |
| <b>Immunomodulator,B-Lymphocyte<br/>Stim(Blys)-Spec Inhib</b>                                                 |        |        |
| BENLYSTA INTRAVENOUS RECON<br>SOLN 120 MG, 400 MG                                                             | Tier 4 | PA; SP |
| BENLYSTA SUBCUTANEOUS AUTO-<br>INJECTOR 200 MG/ML                                                             | Tier 4 | PA; SP |
| BENLYSTA SUBCUTANEOUS<br>SYRINGE 200 MG/ML                                                                    | Tier 4 | PA; SP |
| <b>Interleukin-6 (Il-6) Receptor Inhibitors</b>                                                               |        |        |
| ACTEMRA ACTPEN SUBCUTANEOUS<br>PEN INJECTOR 162 MG/0.9 ML                                                     | Tier 4 | PA; SP |
| ACTEMRA INTRAVENOUS SOLUTION<br>200 MG/10 ML (20 MG/ML), 400 MG/20<br>ML (20 MG/ML), 80 MG/4 ML (20<br>MG/ML) | Tier 4 | PA; SP |
| ACTEMRA SUBCUTANEOUS<br>SYRINGE 162 MG/0.9 ML                                                                 | Tier 4 | PA; SP |
| ENSPRYNG SUBCUTANEOUS<br>SYRINGE 120 MG/ML                                                                    | Tier 4 | PA; SP |
| <b>Janus Kinase (Jak) Inhibitors</b>                                                                          |        |        |
| OLUMIANT ORAL TABLET 1 MG, 2<br>MG, 4 MG                                                                      | Tier 4 | PA; SP |
| RINVOQ ORAL TABLET EXTENDED<br>RELEASE 24 HR 15 MG, 30 MG, 45 MG                                              | Tier 4 | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML                                                                                 | Tier 4 | PA; SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG                                                                               | Tier 4 | PA; SP |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HR 11 MG,<br>22 MG                                              | Tier 4 | PA; SP |
| <b>Mineralocorticoids</b>                                                                                     |        |        |
| <i>fludrocortisone oral tablet 0.1 mg</i>                                                                     | Tier 1 |        |
| <b>Monoclonal Antibody-Human<br/>Interleukin 12/23 Inhib</b>                                                  |        |        |
| STELARA INTRAVENOUS SOLUTION<br>130 MG/26 ML                                                                  | Tier 4 | PA; SP |

| Drug                                                                                           | Status | Notes  |
|------------------------------------------------------------------------------------------------|--------|--------|
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML                                                     | Tier 4 | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML                                            | Tier 4 | PA; SP |
| <b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>                                  |        |        |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Tier 1 |        |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Tier 1 |        |
| <b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>                                               |        |        |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)                         | Tier 1 |        |
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                                                   |        |        |
| ANJESO INTRAVENOUS SUSPENSION 30 MG/ML                                                         | Tier 4 | SP     |
| CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML)                                         | Tier 4 | SP     |
| CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)                                        | Tier 4 | SP     |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                  | Tier 1 |        |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                             | Tier 1 |        |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>               | Tier 1 |        |
| EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)                      | Tier 1 |        |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                                    | Tier 1 |        |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                                    | Tier 1 |        |
| <i>etodolac oral tablet 500 mg</i>                                                             | Tier 1 |        |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>                      | Tier 1 |        |
| <i>flurbiprofen oral tablet 100 mg</i>                                                         | Tier 1 |        |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                                             | Tier 1 |        |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                                | Tier 1 |        |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                                      | Tier 1 |        |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                  | Tier 1 |        |
| <i>indomethacin oral capsule, extended release 75 mg</i>                                       | Tier 1 |        |
| <i>indomethacin rectal suppository 100 mg</i>                                                  | Tier 1 |        |

| Drug                                                                             | Status | Notes                 |
|----------------------------------------------------------------------------------|--------|-----------------------|
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>                               | Tier 1 |                       |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>                     | Tier 1 |                       |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>          | Tier 1 |                       |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                            | Tier 1 |                       |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                               | Tier 1 |                       |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                                | Tier 1 |                       |
| <i>ketorolac oral tablet 10 mg</i>                                               | Tier 1 | QL (20 EA per 5 days) |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                  | Tier 1 |                       |
| <i>mefenamic acid oral capsule 250 mg</i>                                        | Tier 1 |                       |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                                     | Tier 1 |                       |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                       | Tier 1 |                       |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                     | Tier 1 |                       |
| <i>naproxen oral tablet 250 mg, 375 mg</i>                                       | Tier 1 |                       |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                    | Tier 1 |                       |
| <i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen) | Tier 1 |                       |
| <i>naproxen sodium oral tablet 275 mg</i>                                        | Tier 1 |                       |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                           | Tier 1 |                       |
| <i>oxaprozin oral tablet 600 mg</i> (Daypro)                                     | Tier 1 |                       |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)                             | Tier 1 |                       |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                       | Tier 1 |                       |
| <i>tolmetin oral capsule 400 mg</i>                                              | Tier 1 |                       |
| <i>tolmetin oral tablet 600 mg</i>                                               | Tier 1 |                       |
| TORONOVA II SUIK KIT 30 MG/ML                                                    | Tier 3 |                       |
| TORONOVA SUIK KIT 30 MG/ML                                                       | Tier 3 |                       |
| <b>Plasma Kallikrein Inhibitors</b>                                              |        |                       |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)                                   | Tier 4 | PA; SP                |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG                                             | Tier 4 | PA; SP                |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                           | Tier 4 | PA; SP                |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                 | Tier 4 | PA; SP                |

| Drug                                                                                                                               | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Local Anesthesia</b>                                                                                                            |        |       |
| <b>Local Anesthetics</b>                                                                                                           |        |       |
| ARTICADENT DENTAL INJECTION<br>CARTRIDGE 4 %- 1:100,000                                                                            | Tier 4 | SP    |
| ARTICADENT DENTAL INJECTION (articaine-epinephrine<br>CARTRIDGE 4 %- 1:200,000 bitart)                                             | Tier 4 | SP    |
| <i>articaine-epinephrine bitart injection</i> (Articadent Dental)<br><i>cartridge 4 %- 1:200,000</i>                               | Tier 4 | SP    |
| BUFFERED LIDOCAINE INJECTION<br>SYRINGE 0.9 % (1 ML), 0.9 % (10 ML),<br>0.9 % (3 ML), 0.9 % (5 ML)                                 | Tier 4 | SP    |
| <i>bupivacaine (pf) injection solution 0.25 %</i> (Marcaine (PF))<br><i>(2.5 mg/ml), 0.5 % (5 mg/ml)</i>                           | Tier 4 | SP    |
| <i>bupivacaine (pf) injection solution 0.75 %</i> (Sensorcaine-MPF)<br><i>(7.5 mg/ml)</i>                                          | Tier 4 | SP    |
| <i>bupivacaine hcl injection solution 0.25 %</i> (Marcaine)<br><i>(2.5 mg/ml), 0.5 % (5 mg/ml)</i>                                 | Tier 4 | SP    |
| <i>bupivacaine in nacl(pf) epidural solution</i><br><i>0.125 % (1,250 mcg/ml)</i>                                                  | Tier 1 |       |
| <i>bupivacaine in nacl(pf) epidural syringe</i><br><i>25 mg/10 ml (2.5mg/ml)0.25%</i>                                              | Tier 1 |       |
| <i>bupivacaine in nacl(pf) injection syringe</i><br><i>25 mg/10 ml (2.5mg/ml)0.25%, 50 mg/20</i><br><i>ml (2.5mg/ml)0.25%</i>      | Tier 4 | SP    |
| <i>bupivacaine in nacl(pf) local infiltration</i><br><i>elastomeric pump,hi var rate 0.125 %</i><br><i>545 ml</i>                  | Tier 4 | SP    |
| <i>bupivacaine-dextrose-water(pf) injection</i> (Sensorcaine-MPF Spinal)<br><i>solution 0.75 % (7.5 mg/ml)</i>                     | Tier 4 | SP    |
| <i>bupivacaine-epinephrine (pf) injection</i> (Sensorcaine-<br><i>solution 0.25 %-1:200,000</i> MPF/Epinephrine)                   | Tier 4 | SP    |
| <i>bupivacaine-epinephrine (pf) injection</i> (Marcaine-Epinephrine<br><i>solution 0.5 %-1:200,000</i> (PF))                       | Tier 4 | SP    |
| <i>bupivacaine-epinephrine injection</i> (Sensorcaine-Epinephrine)<br><i>solution 0.25 %-1:200,000, 0.5 %-</i><br><i>1:200,000</i> | Tier 4 | SP    |
| <i>bupivacaine-ketorolac-ketamine injection</i><br><i>syringe 150-60-60 mg/50 ml</i>                                               | Tier 4 | SP    |
| CARBOCAINE INJECTION (mepivacaine)<br>CARTRIDGE 30 MG/ML (3 %)                                                                     | Tier 4 | SP    |
| CARBOCAINE WITH NEO-COBEFRIN<br>INJECTION CARTRIDGE 2 % -1:20,000                                                                  | Tier 4 | SP    |
| <i>chloroprocaine (pf) injection solution 20</i> (Nesacaine-MPF)<br><i>mg/ml (2 %), 30 mg/ml (3 %)</i>                             | Tier 4 | SP    |
| CITANEST FORTE DENTAL<br>INJECTION CARTRIDGE 40 MG/ML (4<br>%)- 1:200,000                                                          | Tier 4 | SP    |

| Drug                                                                                                                       | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------------|--------|-------|
| CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML)                                                                   | Tier 4 | SP    |
| CLOROTEKAL INTRATHECAL SOLUTION 10 MG/ML (1 %)                                                                             | Tier 4 | SP    |
| EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)                                                              | Tier 4 | SP    |
| GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)                                                              | Tier 1 |       |
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML                                                                         | Tier 3 |       |
| <i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF) | Tier 4 | SP    |
| <i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>                                                                    | Tier 4 | SP    |
| <i>lidocaine (pf) injection syringe 10 mg/ml (1 %), 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %)</i>            | Tier 4 | SP    |
| <i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)                        | Tier 4 | SP    |
| <i>lidocaine hcl injection syringe 100 mg/5 ml (2 %)</i>                                                                   | Tier 4 | SP    |
| <i>lidocaine hcl intradermal pen injector 0.5 mg</i> (Zingo)                                                               | Tier 4 | SP    |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)                                                       | Tier 1 |       |
| <i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)                                                      | Tier 1 |       |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                                                               | Tier 1 |       |
| <i>lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)</i>                                                 | Tier 4 | SP    |
| <i>lidocaine in nacl,iso-osmo(pf) injection syringe 10 mg/0.5 ml (2 %), 100 mg/10 ml (1 %), 30 mg/3 ml (1%)</i>            | Tier 4 | SP    |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)                                                             | Tier 1 |       |
| <i>lidocaine with sod phosphate injection syringe 0.9 % (1 ml)</i>                                                         | Tier 4 | SP    |
| <i>lidocaine-epinephrine (pf) injection solution 1 %-1:100,000</i>                                                         | Tier 4 | SP    |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i> (Xylocaine-MPF/Epinephrine)            | Tier 4 | SP    |
| <i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000</i> (Lignospan Standard)                                    | Tier 4 | SP    |
| <i>lidocaine-epinephrine bit injection cartridge 2 %-1:50,000</i> (Xylocaine Dental-Epinephrine)                           | Tier 4 | SP    |

| Drug                                                                                                                                                                     | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>lidocaine-epinephrine injection solution</i> (Xylocaine with<br>0.5 %-1:200,000, 1 %-1:100,000, 2 %-<br>1:100,000<br>Epinephrine)                                     | Tier 4 | SP    |
| <i>lidocaine-epineph-sodium chlor injection</i><br><i>syringe 100 mg/5 ml (2%)-1:100,000,</i><br><i>15mg/3ml (0.5%) -1:100,000, 50 mg/5 ml</i><br><i>(1 %)-1:100,000</i> | Tier 4 | SP    |
| <i>lido-epi with 8.4% sod bicarb injection</i><br><i>syringe 1 %- 1:100,000 (3 ml)</i>                                                                                   | Tier 4 | SP    |
| LIGNOSPAN STANDARD INJECTION (lidocaine-epinephrine bit)<br>CARTRIDGE 2 %-1:100,000                                                                                      | Tier 4 | SP    |
| MARCAINE-EPINEPHRINE INJECTION (bupivacaine-epinephrine<br>CARTRIDGE 0.5 %-1:200,000 bitart)                                                                             | Tier 4 | SP    |
| MARVONA SUIK (PF) KIT 0.5 % (5<br>MG/ML)                                                                                                                                 | Tier 3 |       |
| <i>mepivacaine injection cartridge 30 mg/ml</i> (Carbocaine)<br><i>(3 %)</i>                                                                                             | Tier 4 | SP    |
| NAROPIN (PF) INJECTION SOLUTION (ropivacaine (pf))<br>10 MG/ML (1 %), 2 MG/ML (0.2 %), 5<br>MG/ML (0.5 %), 7.5 MG/ML (0.75 %)                                            | Tier 4 | SP    |
| NESACAINE INJECTION SOLUTION 10<br>MG/ML (1 %)                                                                                                                           | Tier 4 | SP    |
| NESACAINE-MPF INJECTION (chloroprocaine (pf))<br>SOLUTION 20 MG/ML (2 %)                                                                                                 | Tier 4 | SP    |
| ORABLOC INJECTION CARTRIDGE 4<br>%- 1:100,000                                                                                                                            | Tier 4 | SP    |
| POLOCAINE INJECTION CARTRIDGE (mepivacaine)<br>30 MG/ML (3 %)                                                                                                            | Tier 4 | SP    |
| POLOCAINE INJECTION SOLUTION 1<br>% (10 MG/ML), 2 %                                                                                                                      | Tier 4 | SP    |
| POLOCAINE-MPF INJECTION<br>SOLUTION 10 MG/ML (1 %), 15 MG/ML<br>(1.5 %), 20 MG/ML (2 %)                                                                                  | Tier 4 | SP    |
| POSIMIR INTRA-SUBACROMIAL<br>SPACE SOLUTION 132 MG/ML                                                                                                                    | Tier 4 | SP    |
| <i>ropivacaine (pf) injection solution 10</i> (Naropin (PF))<br><i>mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml</i><br><i>(0.5 %), 7.5 mg/ml (0.75 %)</i>                       | Tier 4 | SP    |
| <i>ropivacaine (pf) injection syringe 100</i><br><i>mg/20 ml (5 mg/ml) 0.5 %</i>                                                                                         | Tier 4 | SP    |
| <i>ropivacaine (pf)-nacl,iso-osm epidural</i><br><i>solution 0.2 % (2 mg/ml)</i>                                                                                         | Tier 1 |       |
| <i>ropivacaine (pf)-nacl,iso-osm injection</i><br><i>solution 0.2 % (2 mg/ml)</i>                                                                                        | Tier 4 | SP    |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural</i><br><i>prefilled pump reservoir 0.2 % (2 mg/ml)</i>                                                                        | Tier 1 |       |
| <i>ropivacaine(pf)-0.9 % sodchlor epidural</i><br><i>solution 0.15 %, 0.2 %</i>                                                                                          | Tier 1 |       |

| Drug                                                                                                             |                                  | Status | Notes |
|------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|-------|
| <i>ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)</i>                                         |                                  | Tier 4 | SP    |
| <i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml</i>             |                                  | Tier 4 | SP    |
| <i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml</i> |                                  | Tier 4 | SP    |
| <i>ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 745 ml</i>               |                                  | Tier 4 | SP    |
| <i>ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml</i>                                 |                                  | Tier 4 | SP    |
| <i>ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>                          |                                  | Tier 4 | SP    |
| <i>ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml</i>                                       |                                  | Tier 4 | SP    |
| SCANDONEST PLAIN INJECTION CARTRIDGE 30 MG/ML (3 %)                                                              | (mepivacaine)                    | Tier 4 | SP    |
| SENSORCAINE-EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000, 0.5 %-1:200,000                                     | (bupivacaine-epinephrine)        | Tier 4 | SP    |
| SENSORCAINE-MPF INJECTION SOLUTION 0.75 % (7.5 MG/ML)                                                            | (bupivacaine (pf))               | Tier 4 | SP    |
| SENSORCAINE-MPF SPINAL INJECTION SOLUTION 0.75 % (7.5 MG/ML)                                                     | (bupivacaine-dextrose-water(pf)) | Tier 4 | SP    |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25 %-1:200,000                                                  | (bupivacaine-epinephrine (pf))   | Tier 4 | SP    |
| SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000                                                  |                                  | Tier 4 | SP    |
| SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000                                                                    |                                  | Tier 4 | SP    |
| SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000                                                                    | (articaine-epinephrine bitart)   | Tier 4 | SP    |
| <i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>                                                     |                                  | Tier 4 | SP    |
| VIVACAINE INJECTION CARTRIDGE 0.5 %-1:200,000                                                                    | (bupivacaine-epinephrine bitart) | Tier 4 | SP    |
| XARACOLL IMPLANT IMPLANT 100 MG                                                                                  |                                  | Tier 4 | SP    |
| XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:100,000                                                   | (lidocaine-epinephrine bit)      | Tier 4 | SP    |

| Drug                                                                                                          | Status | Notes |
|---------------------------------------------------------------------------------------------------------------|--------|-------|
| XYLOCAINE-MPF INJECTION (lidocaine (pf))<br>SOLUTION 15 MG/ML (1.5 %), 20<br>MG/ML (2 %), 5 MG/ML (0.5 %)     | Tier 4 | SP    |
| XYLOCAINE-MPF/EPINEPHRINE (lidocaine-epinephrine (pf))<br>INJECTION SOLUTION 1 %-1:200,000                    | Tier 4 | SP    |
| ZYNRELEF SURGICAL SITE<br>INSTILLATION SOLUTION,EXTENDED<br>RELEASE 200 MG-6 MG /7 ML, 400<br>MG-12 MG /14 ML | Tier 4 | SP    |
| <b>Periodontal Anesthetics</b>                                                                                |        |       |
| ORAQIX DENTAL CARTRIDGE 2.5-2.5<br>%                                                                          | Tier 3 |       |
| <b>Lower Gastrointestinal Disorders -<br/>Bowel Inflammation</b>                                              |        |       |
| <b>Chronic Inflammation. Colon Disease, 5-A-<br/>Salicylate, Rectal Treatment</b>                             |        |       |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)                                                          | Tier 1 |       |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                                                        | Tier 1 |       |
| <i>mesalamine with cleansing wipe rectal<br/>enema kit 4 gram/60 ml</i> (Rowasa)                              | Tier 1 |       |
| <b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-<br/>Aminosalicylate</b>                             |        |       |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                                                              | Tier 1 |       |
| <i>mesalamine oral capsule, extended<br/>release 500 mg</i> (Pentasa)                                         | Tier 1 |       |
| <i>mesalamine oral capsule, extended<br/>release 24hr 0.375 gram</i> (Apriso)                                 | Tier 1 |       |
| <i>mesalamine oral tablet, delayed release<br/>(dr/ec) 1.2 gram</i> (Lialda)                                  | Tier 1 |       |
| <i>mesalamine oral tablet, delayed release<br/>(dr/ec) 800 mg</i>                                             | Tier 1 |       |
| PENTASA ORAL CAPSULE,<br>EXTENDED RELEASE 250 MG                                                              | Tier 2 |       |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                                                          | Tier 1 |       |
| <i>sulfasalazine oral tablet, delayed release<br/>(dr/ec) 500 mg</i> (Azulfidine EN-tabs)                     | Tier 1 |       |
| <b>Hemorrhoidal Preparation, Anti-Inflammation<br/>Steroid/Local Anesthetic</b>                               |        |       |
| ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-<br>aloe)                                              | Tier 1 |       |
| <i>hydrocortisone-pramoxine rectal cream<br/>1-1 %, 2.5-1 %</i> (Analpram-HC)                                 | Tier 1 |       |
| <i>hydrocortisone-pramoxine rectal cream<br/>2.5-1 % (4g)</i> (Analpram-HC Singles)                           | Tier 1 |       |
| <i>lidocaine hcl-hydrocortisone ac rectal<br/>cream 3-0.5 %</i>                                               | Tier 1 |       |

| Drug                                                                                          | Status | Notes               |
|-----------------------------------------------------------------------------------------------|--------|---------------------|
| <i>lidocaine hcl-hydrocortison ac rectal gel</i><br>3 %-2.5 % (7 gram)                        | Tier 1 |                     |
| <i>lidocaine hcl-hydrocortison ac rectal kit 2</i><br>%-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram) | Tier 1 |                     |
| <i>lidocaine-hydrocortisone-aloe rectal gel</i><br>2.8-0.55 %                                 | Tier 1 |                     |
| <i>lidocaine-hydrocortisone-aloe rectal kit</i><br>3-2.5 % (7 gram)                           | Tier 1 |                     |
| PROCORT RECTAL CREAM 1.85-1.15 %                                                              | Tier 3 |                     |
| PROCTOFOAM HC RECTAL FOAM 1-1 %                                                               | Tier 2 |                     |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %                                               | Tier 3 |                     |
| <b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>                                    |        |                     |
| VIBERZI ORAL TABLET 100 MG, 75 MG                                                             | Tier 3 | PA                  |
| <b>Integrin Receptor Antagonist, Monoclonal Antibody</b>                                      |        |                     |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG                                                         | Tier 4 | PA; SP              |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML                                          | Tier 4 | PA; SP              |
| <b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>                                     |        |                     |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                                 | Tier 2 | QL (1 EA per 1 day) |
| <b>Local Anorectal Nitrate Preparations</b>                                                   |        |                     |
| RECTIV RECTAL OINTMENT 0.4 % (nitroglycerin) (W/W)                                            | Tier 3 |                     |
| <b>Rectal Preparations</b>                                                                    |        |                     |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)                                  | Tier 1 |                     |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)                           | Tier 1 |                     |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)                          | Tier 1 |                     |
| <b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>                                      |        |                     |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                                         | Tier 1 |                     |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)                                                            | Tier 3 |                     |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                                   | Tier 1 |                     |

| Drug                                                                             | Status | Notes                                                                                                     |
|----------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------|
| <b>Lower Gastrointestinal Disorders - Other</b>                                  |        |                                                                                                           |
| <b>Ammonia Inhibitors</b>                                                        |        |                                                                                                           |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)                        | Tier 4 | PA; SP                                                                                                    |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)                 | Tier 4 | PA; SP                                                                                                    |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                  | Tier 1 |                                                                                                           |
| LITHOSTAT ORAL TABLET 250 MG                                                     | Tier 3 |                                                                                                           |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | Tier 4 | PA; SP                                                                                                    |
| PHEBURANE ORAL GRANULES 483 MG/GRAM                                              | Tier 4 | PA; SP                                                                                                    |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                                  | Tier 4 | PA; SP                                                                                                    |
| <i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i> (Ammonul)     | Tier 4 | SP                                                                                                        |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)               | Tier 4 | PA; SP                                                                                                    |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)                       | Tier 4 | PA; SP                                                                                                    |
| <b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>                          |        |                                                                                                           |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                               | Tier 4 | ST; SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day) |
| <b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>                          |        |                                                                                                           |
| XERMELO ORAL TABLET 250 MG                                                       | Tier 4 | PA; SP                                                                                                    |
| <b>Antidiarrheals</b>                                                            |        |                                                                                                           |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>                      | Tier 1 |                                                                                                           |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)                 | Tier 1 |                                                                                                           |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))                | Tier 1 |                                                                                                           |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>                          | Tier 1 |                                                                                                           |
| <b>Bile Salts</b>                                                                |        |                                                                                                           |
| CHENODAL ORAL TABLET 250 MG                                                      | Tier 4 | PA; SP                                                                                                    |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                               | Tier 4 | PA; SP                                                                                                    |
| <i>ursodiol oral capsule 300 mg</i>                                              | Tier 1 |                                                                                                           |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250)                                    | Tier 1 |                                                                                                           |

| Drug                                                                                | Status  | Notes                                                                                                            |
|-------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------|
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                                     | Tier 1  |                                                                                                                  |
| <b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>                           |         |                                                                                                                  |
| OICALIVA ORAL TABLET 10 MG, 5 MG                                                    | Tier 4  | PA; SP                                                                                                           |
| <b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>                                 |         |                                                                                                                  |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG                                              | Tier 4  | PA; SP                                                                                                           |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG                                                | Tier 4  | PA; SP                                                                                                           |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML                                                    | Tier 4  | PA; SP                                                                                                           |
| <b>Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type</b>                           |         |                                                                                                                  |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)                                | Tier 1  |                                                                                                                  |
| <b>Laxatives And Cathartics</b>                                                     |         |                                                                                                                  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML                                | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)   |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML                                | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)   |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                  | Tier 1  |                                                                                                                  |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)        | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)        | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose)                           | Tier 1  |                                                                                                                  |
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>                 | Tier 1  |                                                                                                                  |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)                            | Tier 1  | QL (2 EA per 1 day)                                                                                              |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |

| Drug                                                                                            | Status  | Notes                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)       | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)                                                                                                |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>                                            | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)                                                                                          |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM                                         | \$Copay | ST; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)                                                                                            |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM                                                      | \$Copay | ST; ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM                                                        | \$Copay | \$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)                                                                                              |
| <b>Narcotic Antagonists, Peripherally-Acting</b>                                                |         |                                                                                                                                                                                                           |
| <i>alvimopan oral capsule 12 mg</i> (Entereg)                                                   | Tier 1  |                                                                                                                                                                                                           |
| ENTEREG ORAL CAPSULE 12 MG (alvimopan)                                                          | Tier 3  |                                                                                                                                                                                                           |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG                                                             | Tier 2  | QL (1 EA per 1 day)                                                                                                                                                                                       |
| RELISTOR ORAL TABLET 150 MG                                                                     | Tier 3  | PA                                                                                                                                                                                                        |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML                                                     | Tier 3  | PA                                                                                                                                                                                                        |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML                                         | Tier 3  | PA                                                                                                                                                                                                        |

| Drug                                                                                                     | Status | Notes  |
|----------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>                                                     |        |        |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG                                                                     | Tier 4 | PA; SP |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG                                                                    | Tier 4 | PA; SP |
| <b>Tissue Bulking Implants - Non-Cosmetic</b>                                                            |        |        |
| SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)                                               | Tier 4 | SP     |
| <b>Medical Supplies</b>                                                                                  |        |        |
| <b>Bandages And Related Supplies</b>                                                                     |        |        |
| ACESO AG TOPICAL BANDAGE 4 X 4 "                                                                         | Tier 3 |        |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "                        | Tier 3 |        |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "     | Tier 3 |        |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL                                                                | Tier 3 |        |
| CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "                                                   | Tier 3 |        |
| CURAFIL GEL WOUND TOPICAL GEL                                                                            | Tier 3 |        |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"                                             | Tier 3 |        |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET                                        | Tier 3 |        |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "                                                      | Tier 3 |        |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD | Tier 3 |        |
| DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "                                                                      | Tier 3 |        |
| DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "                                            | Tier 3 |        |
| KERAGEL TOPICAL GEL                                                                                      | Tier 3 |        |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD                                                        | Tier 3 |        |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"                                                              | Tier 3 |        |
| MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "                                                                     | Tier 3 |        |

| Drug                                                                                                        | Status | Notes |
|-------------------------------------------------------------------------------------------------------------|--------|-------|
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "                                             | Tier 3 |       |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM                                           | Tier 3 |       |
| OASIS WOUND MATRIX MESHEd TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM                                      | Tier 3 |       |
| PETROLEUM GAUZE TOPICAL BANDAGE                                                                             | Tier 3 |       |
| PIVOT SILVER ALGinate TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "                          | Tier 3 |       |
| PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "                                                                   | Tier 3 |       |
| RESTORE CALCIUM ALGinate TOPICAL BANDAGE 4 X 4 3/4 "                                                        | Tier 3 |       |
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "                                                                   | Tier 3 |       |
| SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "                                            | Tier 3 |       |
| SILINOIN TOPICAL SHEET 5 CM X 14 CM                                                                         | Tier 3 |       |
| SPECTRAGEL TOPICAL GEL                                                                                      | Tier 3 |       |
| STRATACTX TOPICAL GEL                                                                                       | Tier 3 |       |
| STRATAGRT TOPICAL GEL                                                                                       | Tier 3 |       |
| STRATAXRT TOPICAL GEL                                                                                       | Tier 3 |       |
| THERAHONEY TOPICAL BANDAGE 4 X 5 "                                                                          | Tier 3 |       |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "                                               | Tier 3 |       |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 "                                                                           | Tier 3 |       |
| ZENPHOR TOPICAL GEL                                                                                         | Tier 3 |       |
| <b>Blood Administration Sets</b>                                                                            |        |       |
| IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET                                                     | Tier 3 |       |
| <b>Catheters And Related Devices</b>                                                                        |        |       |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- | Tier 3 |       |
| ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-                                                              | Tier 3 |       |

| Drug                                                                      | Status | Notes |
|---------------------------------------------------------------------------|--------|-------|
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"                      | Tier 3 |       |
| APOGEE IC INTERMIT CATHETER 14-6 FR-"                                     | Tier 3 |       |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-"                                 | Tier 3 |       |
| BARDEX I.C. FOLEY CATHETER 24 FR                                          | Tier 3 |       |
| CURITY DRAINAGE BAG 2,000 ML                                              | Tier 3 |       |
| DOVER COATED LATEX FOLEY COMBO PACK                                       | Tier 3 |       |
| DOVER FOLEY CATHETER 24 FR                                                | Tier 3 |       |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR                                   | Tier 3 |       |
| DOVER RED RUBBER ROBINSON CATH 8 FR                                       | Tier 3 |       |
| DOVER UNIVERSAL TRAY (catheterization tray)                               | Tier 3 |       |
| ESTEEM SYNERGY UROSTOMY POUCH 10.3 ", 9.2 "                               | Tier 3 |       |
| FEMALE CATHETER 14 FR                                                     | Tier 3 |       |
| KENGUARD FOLEY CATHETER 18-16 FR-"                                        | Tier 3 |       |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray)                       | Tier 3 |       |
| LOFRIC 12-16 FR-"                                                         | Tier 3 |       |
| LOFRIC 14-16 FR-" (catheter)                                              | Tier 3 |       |
| LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"                                    | Tier 3 |       |
| LOFRIC ORIGO 14-16 FR-" (catheter)                                        | Tier 3 |       |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-"                                  | Tier 3 |       |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-"                                   | Tier 3 |       |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"                       | Tier 3 |       |
| MONO-FLO DRAINAGE BAG 2,000 ML                                            | Tier 3 |       |
| ROBINSON CLEAR VINYL CATHETER 16 FR                                       | Tier 3 |       |
| SELF-CATHETER, FEMALE 14 FR                                               | Tier 3 |       |
| SILASTIC FOLEY CATHETER 20 FR                                             | Tier 3 |       |
| SPEEDICATH (FEMALE) 16 FR                                                 | Tier 3 |       |
| TOUCH-TROL 10 FR                                                          | Tier 3 |       |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" | Tier 3 |       |
| <b>Durable Medical Equipment,Misc</b>                                     |        |       |
| ALL FLOW 1000 KIT (nebulizer accessories)                                 | Tier 3 |       |

| Drug                                           |                         | Status | Notes                                                           |
|------------------------------------------------|-------------------------|--------|-----------------------------------------------------------------|
| ALL FLOW 1000 PFT FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 3000 KIT                              | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 3000 PFT FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 4000 KIT                              | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 4000 PFT FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 5000 KIT                              | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 5000 PFT FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| ALL FLOW 6000 PFT FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| AMIELLE VAGINAL TRAINER KIT                    |                         | Tier 3 |                                                                 |
| ARGYLE TRACHEOSTOMY CARE TRAY                  |                         | Tier 3 |                                                                 |
| CEFALY COMBO PACK                              |                         | Tier 3 |                                                                 |
| CLEVER CHOICE NEB KIT-ADULT                    | (nebulizer accessories) | Tier 3 |                                                                 |
| CLEVER CHOICE NEB KIT-CHILD                    | (nebulizer accessories) | Tier 3 |                                                                 |
| INNOSPIRE REPLACEMENT FILTER                   | (nebulizer accessories) | Tier 3 |                                                                 |
| INSPIRATION ELITE FILTER                       | (nebulizer accessories) | Tier 3 |                                                                 |
| NOSE CLIP                                      | (nebulizer accessories) | Tier 3 |                                                                 |
| PARI BABY CONV KIT - SIZE 1 KIT                |                         | Tier 3 |                                                                 |
| PARI BABY CONV KIT - SIZE 2 KIT                |                         | Tier 3 |                                                                 |
| PARI BABY CONV KIT - SIZE 3 KIT                |                         | Tier 3 |                                                                 |
| PARI TREK S PORTABLE PWR KIT                   | (nebulizer accessories) | Tier 3 |                                                                 |
| PILLOW MASK CHILD                              | (nebulizer accessories) | Tier 3 |                                                                 |
| PRO COMFORT TENS ELECTRODE PAD                 |                         | Tier 3 |                                                                 |
| PRO COMFORT TENS UNIT COMBO PACK               |                         | Tier 3 |                                                                 |
| PRO-CEPTION VAGINAL                            |                         | Tier 3 |                                                                 |
| PRONEB ULTRA II FILTER ASSEM                   | (nebulizer accessories) | Tier 3 |                                                                 |
| PTS COLLECT CAPILLARY TUBE                     |                         | Tier 3 |                                                                 |
| REUSABLE NEBULIZER KIT KIT                     |                         | Tier 3 |                                                                 |
| RUBBER MOUTHPIECE                              | (nebulizer accessories) | Tier 3 |                                                                 |
| SAMI THE SEAL MASK                             | (nebulizer accessories) | Tier 3 |                                                                 |
| SIDESTREAM MASK                                | (nebulizer accessories) | Tier 3 |                                                                 |
| SILICONE MASK                                  | (nebulizer accessories) | Tier 3 |                                                                 |
| TENS 502 DEVICE                                |                         | Tier 3 |                                                                 |
| TENS 504 DEVICE                                |                         | Tier 3 |                                                                 |
| <b>Durable Medical Equipment,Misc(Group 1)</b> |                         |        |                                                                 |
| ACCU-CHEK FASTCLIX LANCET DRUM                 | (lancets)               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                             | Status | Notes                                                           |
|------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ACTI-LANCE LANCETS 28 GAUGE (lancets)                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ADVOCATE LANCET 23 GAUGE                                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE (lancets)              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ASSURE LANCE 25 GAUGE                                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                          | Status | Notes                                                           |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------|
| ASSURE LANCE 28 GAUGE (lancets)                               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ASSURE LANCE PLUS 25 GAUGE                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BD MICROTAINER LANCET 1.5 X 2 MM                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CAREONE ULTRA THIN LANCET (lancets)                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CARESENS LANCETS 30 GAUGE (lancets)                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                       | Status | Notes                                                           |
|----------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COAGUCHEK LANCETS (lancets)                                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COLOR LANCETS 21 GAUGE (lancets)                                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COMFORT EZ LANCETS 23 GAUGE                                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| DROPLET LANCETS 30 GAUGE (lancets)                                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TOUCH LANCETS 32 GAUGE                                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                      | Status | Notes                                                           |
|---------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TOUCH TWIST LANCETS 32 GAUGE                                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EMBRACE LANCETS 30 GAUGE (lancets)                                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| E-Z JECT LANCETS 32 GAUGE                                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| EZ SMART LANCETS 28 GAUGE (lancets)                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| FINGERSTIX LANCETS (lancets)                                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| FORACARE LANCETS 30 GAUGE (lancets)                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                          |                                  | Status | Notes                                                           |
|-----------------------------------------------|----------------------------------|--------|-----------------------------------------------------------------|
| FREESTYLE LANCETS 28 GAUGE                    | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| FREESTYLE UNISTIK 2                           | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| GOJJI LANCETS 30 GAUGE                        | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE        | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| INCONTROL SUPER THIN LANCETS 30 GAUGE         | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE         | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE        | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| INVACARE LANCETS 30 GAUGE                     | (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>lancets</i>                                | (Accu-Chek Fastclix Lancet Drum) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>lancets 21 gauge, 26 gauge, 30 gauge</i>   | (Advocate Lancet)                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <i>lancets 28 gauge</i>                       | (Acti-Lance Lancets)             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                               | Status | Notes                                                           |
|----------------------------------------------------|--------|-----------------------------------------------------------------|
| <i>lancets 33 gauge</i> (CareTouch Twist Lancet)   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANCETS, SUPER THIN (lancets)                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANCETS, THIN , 28 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| LANCETS, ULTRA THIN (lancets)                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MEDLANCE PLUS LANCETS 25 GAUGE                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MICRO THIN LANCETS 33 GAUGE (lancets)              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MICRODOT LANCET 28 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MICROLET LANCET (lancets)                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MOBILE LANCETS 30 GAUGE (lancets)                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                     | Status | Notes                                                           |
|----------------------------------------------------------|--------|-----------------------------------------------------------------|
| MONOLET LANCETS 21 GAUGE (lancets)                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| NOVA SAFETY LANCETS 23 GAUGE                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| NOVA SAFETY LANCETS 28 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| NOVA SUREFLEX LANCETS (lancets)                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ON CALL LANCET 30 GAUGE (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ON CALL PLUS LANCET 30 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                    | Status | Notes                                                           |
|---------------------------------------------------------|--------|-----------------------------------------------------------------|
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRO COMFORT LANCET 30 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRO COMFORT LANCET 31 GAUGE                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| RELIAMED LANCET 23 GAUGE                                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                          | Status | Notes                                                           |
|---------------------------------------------------------------|--------|-----------------------------------------------------------------|
| RELIAMED SAFETY SEAL LANCETS (lancets)<br>28 GAUGE, 30 GAUGE  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| RELIAMED TWIST AND CAP LANCET (lancets)<br>28 GAUGE           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| RIGHTTEST GL300 LANCETS 30 (lancets)<br>GAUGE                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SAFETY LANCETS 21 GAUGE, 28 (lancets)<br>GAUGE                | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SAFETY SEAL LANCETS 28 GAUGE, (lancets)<br>30 GAUGE           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SINGLE-LET (lancets)                                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SMART SENSE LANCETS 21 GAUGE, (lancets)<br>26 GAUGE, 33 GAUGE | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SMARTEST LANCET (lancets)                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SOFT TOUCH LANCETS (lancets)                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SOLUS V2 LANCETS 28 GAUGE, 30 (lancets)<br>GAUGE              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| STERILANCE TL 30 GAUGE (lancets)                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                        | Status | Notes                                                           |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------|
| STERILANCE TL 32 GAUGE                                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| SURE-TOUCH LANCET (lancets)                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TECHLITE LANCETS 25 GAUGE                                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TELCARE LANCETS 30 GAUGE (lancets)                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TEMPO REFILL KIT WITH GAUZE KIT                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| THIN LANCETS 26 GAUGE (lancets)                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                             | Status | Notes                                                           |
|------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TWIST LANCETS 30 GAUGE (lancets)                                 | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| TWIST LANCETS 32 GAUGE                                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTILET SAFETY LANCETS 23 GAUGE                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA FINE LANCETS 30 GAUGE (lancets)                            | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                            | Status | Notes                                                           |
|-------------------------------------------------|--------|-----------------------------------------------------------------|
| ULTRA THIN LANCETS 31 GAUGE                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA TLC LANCETS (lancets)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA-CARE LANCETS 30 GAUGE (lancets)           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNILET GP LANCET (lancets)                      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)      | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNILET LANCETS 30 GAUGE (lancets)               | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                         | Status | Notes                                                           |
|--------------------------------------------------------------|--------|-----------------------------------------------------------------|
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                             | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK CZT LANCET 23 GAUGE                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK CZT LANCET 28 GAUGE (lancets)                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK NORMAL LANCETS 23 GAUGE                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK PRO LANCET 25 GAUGE                                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                  | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |

| Drug                                                                    | Status | Notes                                                           |
|-------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| UNISTIK TOUCH LANCETS 23 GAUGE                                          | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| UNIVERSAL 1 LANCETS 21 GAUGE, (lancets)<br>26 GAUGE, 30 GAUGE, 33 GAUGE | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| VERIFINE SAFETY LANCET MINI 21 (lancets)<br>GAUGE, 28 GAUGE, 30 GAUGE   | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| VERIFINE SAFETY LANCET MINI 23 GAUGE                                    | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| VERIFINE UNIVERSAL LANCET 28 (lancets)<br>GAUGE                         | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| VIVAGUARD LANCET 30 GAUGE (lancets)                                     | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| <b>Feeding Devices</b>                                                  |        |                                                                 |
| ENTERAL GRAVITY BAG SET-ENFIT                                           | Tier 3 |                                                                 |
| KANGAROO 924 SAFETY SCREW (pump set)                                    | Tier 3 |                                                                 |
| KANGAROO EPUMP SET                                                      | Tier 3 |                                                                 |
| KANGAROO GRAVITY SET                                                    | Tier 3 |                                                                 |
| RELIZORB CARTRIDGE                                                      | Tier 3 |                                                                 |
| <b>Incontinence Supplies</b>                                            |        |                                                                 |
| FLEXI-SEAL SIGNAL FMS RECTAL                                            | Tier 3 |                                                                 |
| TENSCARE ITOUCH SURE VAGINAL DEVICE                                     | Tier 3 |                                                                 |
| <b>Medical Supplies,Miscellaneous</b>                                   |        |                                                                 |
| VARITHENA ADMINISTRATION PACK                                           | Tier 3 |                                                                 |
| VIBRANT ORAL CAPSULE                                                    | Tier 3 |                                                                 |
| VIBRANT STARTER KIT COMBO PACK                                          | Tier 3 |                                                                 |
| <b>Medical Supplies,Miscellaneous(Group 2)</b>                          |        |                                                                 |
| EAR POPPER INFLATION DEVICE<br>NASAL DEVICE                             | Tier 3 |                                                                 |
| PCCA ACCUPEN-15 DEVICE                                                  | Tier 3 |                                                                 |
| SUSVIMO IMPLANT AND INS. TOOL<br>INTRAVITREAL IMPLANT                   | Tier 4 | SP                                                              |

| Drug                                                                                                     | Status | Notes |
|----------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Medical Supplies,Miscellaneous(Group 3)</b>                                                           |        |       |
| XENOVUE EMPTY DELIVERY BAG                                                                               | Tier 3 |       |
| <b>Ostomy Supplies</b>                                                                                   |        |       |
| ACTIVE LIFE 1-PC DRAIN POUCH                                                                             | Tier 3 |       |
| ACTIVE LIFE 1-PC STOMA CAP                                                                               | Tier 3 |       |
| ACTIVE LIFE CONVEX DRAIN POUCH<br>1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8<br>", 2 ", 3/4 ", 7/8 " | Tier 3 |       |
| ACTIVE LIFE CONVEX UROSTOMY ,<br>1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1/2 ",<br>3/4 ", 5/8 ", 7/8 "  | Tier 3 |       |
| ACTIVE LIFE DRAINABLE POUCH , 1<br>", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 "                            | Tier 3 |       |
| ACTIVE LIFE POUCH-CLOSURE                                                                                | Tier 3 |       |
| ACTIVE LIFE PRE-CUT DRAINABLE 1<br>1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3/4 "                          | Tier 3 |       |
| ACTIVE LIFE PRE-CUT UROSTOMY 1<br>", 1 1/2 ", 1 1/4 ", 3/4 ", 7/8 "                                      | Tier 3 |       |
| ACTIVE LIFE UROSTOMY POUCH 1<br>1/8 "                                                                    | Tier 3 |       |
| ACTIVE LIFE UROSTOMY POUCH 1 (urostomy pouch)<br>3/4 " (9")                                              | Tier 3 |       |
| ADAPT BARRIER RING 1 3/16 ", 1 9/16<br>", 2 "                                                            | Tier 3 |       |
| ADAPT BARRIER STRIPS                                                                                     | Tier 3 |       |
| ADAPT CERARING 2 "                                                                                       | Tier 3 |       |
| ADAPT CONVEX BARRIER RINGS                                                                               | Tier 3 |       |
| ADAPT LUBRICATING DEODORANT<br>LIQUID                                                                    | Tier 3 |       |
| ADAPT OSTOMY BELT (colostomy belt)                                                                       | Tier 3 |       |
| ADAPT OSTOMY PASTE PASTE                                                                                 | Tier 3 |       |
| ADAPT STOMA POWDER TOPICAL (ostomy supplies)<br>POWDER                                                   | Tier 3 |       |
| ADHESIVE BARRIER 2-PC 1 3/4 "                                                                            | Tier 3 |       |
| ADHESIVE BARRIERS                                                                                        | Tier 3 |       |
| ADHESIVE REMOVER WIPES SWAB                                                                              | Tier 3 |       |
| ALLKARE PROTECT BARRIER WIPES                                                                            | Tier 3 |       |
| ASSURA 2PC DRAINABLE                                                                                     | Tier 3 |       |
| ASSURA 2PC IRRIGATION SLEEVE<br>KIT                                                                      | Tier 3 |       |
| ASSURA AC BASEPLATE                                                                                      | Tier 3 |       |
| ASSURA AC CLOSED POUCH                                                                                   | Tier 3 |       |
| ASSURA AC CONVEX BASEPLATE , 1<br>", 1 1/4 ", 1 1/8 ", 1 3/8 ", 7/8 "                                    | Tier 3 |       |
| ASSURA AC DRAIN POUCH MAXI                                                                               | Tier 3 |       |

| Drug                                                                                                | Status | Notes |
|-----------------------------------------------------------------------------------------------------|--------|-------|
| ASSURA AC EASICLOSE DRAIN MAXI                                                                      | Tier 3 |       |
| ASSURA AC EASICLOSE DRAIN MIDI                                                                      | Tier 3 |       |
| ASSURA AC EASICLOSE POUCH                                                                           | Tier 3 |       |
| ASSURA CONVEX 1-PIECE DRAINABL                                                                      | Tier 3 |       |
| ASSURA CONVEX CLOSED POUCH                                                                          | Tier 3 |       |
| ASSURA CONVEX EASICLOSE MAXI 1<br>", 7/8 "                                                          | Tier 3 |       |
| ASSURA CONVEX FLANGE 3/4 "                                                                          | Tier 3 |       |
| ASSURA CONVEX LIGHT STANDARD<br>, 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8<br>", 3/4 ", 7/8 " | Tier 3 |       |
| ASSURA CONVEX SKIN BARRIER                                                                          | Tier 3 |       |
| ASSURA CONVEX SKIN BARRIER FLA<br>1 ", 1 1/4 ", 1 1/8 ", 1/2 ", 3/4 ", 7/8 "                        | Tier 3 |       |
| ASSURA CONVEX UROPOUCH 7/8 "                                                                        | Tier 3 |       |
| ASSURA EASICLOSE DRAINABLE ,<br>11 1/4-600 "-ML                                                     | Tier 3 |       |
| ASSURA EASICLOSE MAXI POUCH                                                                         | Tier 3 |       |
| ASSURA EASICLOSE MIDI POUCH                                                                         | Tier 3 |       |
| ASSURA EASICLOSE MINI POUCH ,<br>10 1/4-470 "-ML                                                    | Tier 3 |       |
| ASSURA EASICLOSE WIDE MAXI , 1<br>", 1 3/8 "                                                        | Tier 3 |       |
| ASSURA EXTRA CONVEX FLANGE , 1<br>", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8 ",<br>7/8 "          | Tier 3 |       |
| ASSURA EXTRA CONVEX POUCH                                                                           | Tier 3 |       |
| ASSURA EXTRA NON-CONVEX<br>FLANGE                                                                   | Tier 3 |       |
| ASSURA EXTRA NON-CONVEX<br>POUCH                                                                    | Tier 3 |       |
| ASSURA FLANGE 1 5/8 ", 1 7/8 "                                                                      | Tier 3 |       |
| ASSURA FLANGE CONVEX 1 1/2 ", 1<br>5/8 ", 1 7/8 "                                                   | Tier 3 |       |
| ASSURA ILEO NIGHT POUCH                                                                             | Tier 3 |       |
| ASSURA IRRIG FCE PLT 1/2-2 1/4                                                                      | Tier 3 |       |
| ASSURA LIGHT EASICLOSE DRAINAB<br>11 1/4-600 "-ML                                                   | Tier 3 |       |
| ASSURA NON-CONVEX DRAINABLE                                                                         | Tier 3 |       |
| ASSURA OSTOMY BELT (colostomy belt)                                                                 | Tier 3 |       |
| ASSURA PED POUCH                                                                                    | Tier 3 |       |
| ASSURA PEDIATRIC POUCH , 8 1/2 "                                                                    | Tier 3 |       |
| ASSURA PEDIATRIC SKIN BARRIER                                                                       | Tier 3 |       |
| ASSURA POUCH                                                                                        | Tier 3 |       |

| Drug                                                                      | Status | Notes |
|---------------------------------------------------------------------------|--------|-------|
| ASSURA SKIN BARRIER FLANGE , 1<br>", 1 1/2 ", 1 1/4 ", 7/8 "              | Tier 3 |       |
| ASSURA STANDARD WEAR 11 1/4-<br>760 "-ML                                  | Tier 3 |       |
| ASSURA STANDARD WEAR<br>UROSTOMY                                          | Tier 3 |       |
| ASSURA WOUND MANAGER 1/2-2 3/4<br>12 "                                    | Tier 3 |       |
| ASSURA WOUND MANAGER 1/2-4" 12<br>"                                       | Tier 3 |       |
| BARD PLASTIC TUBING/ADAPTER 8<br>1/2 "                                    | Tier 3 |       |
| CLOSED-END POUCH                                                          | Tier 3 |       |
| COLOPLAST BARRIER RING 1 ", 1 1/8<br>", 1 5/8 ", 2 ", 3/4 ", 3/8 ", 5/8 " | Tier 3 |       |
| COLOPLAST IRRIGATION SET KIT                                              | Tier 3 |       |
| COLOPLAST PASTE PASTE                                                     | Tier 3 |       |
| COLOPLAST PASTE STRIP                                                     | Tier 3 |       |
| COLOPLAST SKIN BARRIER WAFER 4<br>X 4 ", 6 X 6 ", 8 X 8 "                 | Tier 3 |       |
| CONTOUR I STOMA CAP                                                       | Tier 3 |       |
| CONVATEC NIGHT DRAIN<br>CONTAINER                                         | Tier 3 |       |
| CONVATEC NIGHT DRAINAGE<br>TUBING                                         | Tier 3 |       |
| CYMED SEAL                                                                | Tier 3 |       |
| DOUBLE-HESIVE                                                             | Tier 3 |       |
| DRAINABLE FECAL COLLECTOR                                                 | Tier 3 |       |
| DRAINABLE POUCH , 1 ", 1 1/2 ", 1 1/4<br>", 1 1/8 ", 1 3/8 ", 7/8 "       | Tier 3 |       |
| DRAINABLE POUCH CLAMP                                                     | Tier 3 |       |
| DUOLOCK CURVED TAIL CLOSURE                                               | Tier 3 |       |
| DURAHESIVE MOLDABLE CONVEX                                                | Tier 3 |       |
| EAKIN COHESIVE SEALS                                                      | Tier 3 |       |
| EAKIN COHESIVE SLIMS                                                      | Tier 3 |       |
| EAKIN COHESIVE STOMAWRAP 3 1/3<br>"                                       | Tier 3 |       |
| EAKIN COHESIVE WAFER 4 X 4 ", 4 X<br>8 "                                  | Tier 3 |       |
| EAKIN WOUND POUCH                                                         | Tier 3 |       |
| EASICLOSE WIDE OUTLET 2-PC , 10<br>1/2-485 "-ML, 11 1/2-655 "-ML          | Tier 3 |       |
| ELIMINATOR ODOR SPRAY<br>AEROSOL, SPRAY                                   | Tier 3 |       |
| ENEMA BAG                                                                 | Tier 3 |       |

| Drug                                                                                                                                                                                                        | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ENEMA BAG WITH CATHETER                                                                                                                                                                                     | Tier 3 |       |
| ESTEEM CLOSED POUCH 2" (8")                                                                                                                                                                                 | Tier 3 |       |
| ESTEEM DRAINABLE POUCH 1 " (12"),<br>1 1/2 " (12"), 1 1/4 " (12"), 1 1/8 " (12"), 1<br>3/16 " (12"), 1 3/8 " (12"), 1 9/16 " (12"),<br>13/16-2 3/4 " (12"), 3/4 " (12"), 3/4"- 2<br>1/2" (12"), 7/8 " (12") | Tier 3 |       |
| ESTEEM PLUS CLOSED POUCH 1 "<br>(8"), 1 3/16 " (8"), 1 3/16"- 1 9/16" (8"), 1<br>3/8 " (8"), 1 9/16 " (8"), 13/16"- 1 3/16"<br>(8"), 13/16"-2 3/4" (8")                                                     | Tier 3 |       |
| ESTEEM PLUS DRAINABLE POUCH 1<br>3/16"- 1 9/16" (12"), 1 9/16-2 " (12"), 1/3-<br>4 " (14"), 13/16"- 1 3/16" (12")                                                                                           | Tier 3 |       |
| ESTEEM PLUS DURAHESIVE PLUS<br>3/4"- 2 1/2" (12")                                                                                                                                                           | Tier 3 |       |
| ESTEEM SYNERGY CLOSED POUCH<br>1 3/8 ", 1 7/8 ", 2 3/8 "                                                                                                                                                    | Tier 3 |       |
| ESTEEM SYNERGY DRAINABLE<br>POUCH 1 3/8 " (12"), 1 7/8 " (12"), 2 3/8<br>" (12")                                                                                                                            | Tier 3 |       |
| ESTEEM SYNERGY PLUS 2 3/8 " (8")                                                                                                                                                                            | Tier 3 |       |
| FECAL COLLECTOR                                                                                                                                                                                             | Tier 3 |       |
| FILTRODOR POUCH FILTER                                                                                                                                                                                      | Tier 3 |       |
| FLEXI-SEAL FMS                                                                                                                                                                                              | Tier 3 |       |
| FLEXI-TRAK ANCHORING DEVICE                                                                                                                                                                                 | Tier 3 |       |
| FLEXTEND SKIN BARRIER WAFER 4<br>X 4 ", 8 X 8 "                                                                                                                                                             | Tier 3 |       |
| HOLLIHESIVE SKIN BARRIER WAFER<br>4 X 4 "                                                                                                                                                                   | Tier 3 |       |
| HOLLISTER REPLACEMENT FILTERS                                                                                                                                                                               | Tier 3 |       |
| ILE-SORB ORIGINAL                                                                                                                                                                                           | Tier 3 |       |
| IRRIGATION SLEEVE                                                                                                                                                                                           | Tier 3 |       |
| KARAYA 5 CLOSED POUCH - TAPE 1<br>1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3 "                                                                                                                                | Tier 3 |       |
| KARAYA 5 CLOSED POUCH 2 "                                                                                                                                                                                   | Tier 3 |       |
| KARAYA 5 DRAINABLE MINI-POUCH 1<br>", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 "                                                                                                                                        | Tier 3 |       |
| KARAYA 5 DRAINABLE POUCH 1 ", 1<br>1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2 ", 3 "                                                                                                                               | Tier 3 |       |
| KARAYA 5 DRAINABLE POUCH<br>CLOTH 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 2 1/2<br>"                                                                                                                                | Tier 3 |       |
| KARAYA PASTE PASTE                                                                                                                                                                                          | Tier 3 |       |
| KARAYA POWDER TOPICAL POWDER (karaya gum)                                                                                                                                                                   | Tier 3 |       |
| LITTLE ONES CLOSED-END POUCH ,<br>1 1/4 ", 1 3/4 "                                                                                                                                                          | Tier 3 |       |

| Drug                                                                                                                                             | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| LITTLE ONES DRAINABLE POUCH , 1 1/4 " , 1 3/4 "                                                                                                  | Tier 3 |       |
| LITTLE ONES FLEXIBLE SKIN 1 1/4 " , 1 3/4 "                                                                                                      | Tier 3 |       |
| LITTLE ONES SKIN BARRIER                                                                                                                         | Tier 3 |       |
| LITTLE ONES UROSTOMY POUCH 1 1/4 "                                                                                                               | Tier 3 |       |
| LOOP OSTOMY BRIDGE STERILE                                                                                                                       | Tier 3 |       |
| LO-PROFILE UROSTOMY POUCH 1 " , 1 1/2 " , 1 1/4 " , 1 3/4 " , 2 "                                                                                | Tier 3 |       |
| M9 CLEANER-DECRYSTALLIZER LIQUID                                                                                                                 | Tier 3 |       |
| MEDICAL ADHESIVE AEROSOL,SPRAY                                                                                                                   | Tier 3 |       |
| MICRODERM 1 " , 1 1/2 " , 1 1/8 " , 1 3/8 " , 7/8 "                                                                                              | Tier 3 |       |
| MICRODERM PACKAGE 1 1/4 "                                                                                                                        | Tier 3 |       |
| MICRODERM PLUS 1 " , 1 1/2 " , 1 1/8 " , 1 3/8 " , 7/8 "                                                                                         | Tier 3 |       |
| MICRODERM PLUS PACKAGE 1 1/2 " , 1 1/4 "                                                                                                         | Tier 3 |       |
| MICROHESIVE STOMA PASTE PASTE                                                                                                                    | Tier 3 |       |
| MICROSKIN BARRIER LARGE SIZE                                                                                                                     | Tier 3 |       |
| MINI DRAINABLE POUCH                                                                                                                             | Tier 3 |       |
| MINI UROSTOMY POUCH 7 "                                                                                                                          | Tier 3 |       |
| MINI-DRAIN OPEN END POUCH                                                                                                                        | Tier 3 |       |
| NATURA CLOSED POUCH 1 1/2 " , 1 3/4 " , 2 1/4 " , 2 3/4 "                                                                                        | Tier 3 |       |
| NATURA DRAINABLE POUCH 1 1/2 " (12") , 1 3/4 " (12") , 1 3/4 " (14") , 2 1/4 " (12") , 2 1/4 " (14") , 2 3/4 " (12") , 2 3/4 " (14") , 4 " (12") | Tier 3 |       |
| NATURA DURAHESIVE SKIN BARRIER 1 3/4 " , 2 1/4 " , 2 3/4 "                                                                                       | Tier 3 |       |
| NATURA STOMAHESIVE SKN BARRIER 1 3/4 " , 2 1/4 " , 2 3/4 "                                                                                       | Tier 3 |       |
| NEW IMAGE CERAPLUS SKN BARRIER 1 3/4 "                                                                                                           | Tier 3 |       |
| NEW IMAGE CLOSED MINI-POUCH 1 3/4 " , 2 1/4 " , 2 3/4 "                                                                                          | Tier 3 |       |
| NEW IMAGE CLOSED POUCH 1 3/4 " , 2 1/4 " , 2 3/4 "                                                                                               | Tier 3 |       |
| NEW IMAGE COLOST-ILEO KIT,NONS 1 3/4 " (1 1/4")                                                                                                  | Tier 3 |       |
| NEW IMAGE COLOST-ILEO KIT,STE 1 3/4 " (1 1/4")                                                                                                   | Tier 3 |       |

| Drug                                                                                                            | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------|--------|-------|
| NEW IMAGE COLOSTOMY-ILEO KIT 2 1/4 " (12"), 2 3/4 " (12"), 4 " (12")                                            | Tier 3 |       |
| NEW IMAGE DRAIN MINI-POUCH 1 3/4 ", 1 3/4 " (7"), 2 1/4 ", 2 3/4 "                                              | Tier 3 |       |
| NEW IMAGE DRAINABLE KIT 2 1/4 " (12"), 2 3/4 " (12")                                                            | Tier 3 |       |
| NEW IMAGE DRAINABLE LOCK N ROL 1 3/4 ", 2 1/4 ", 2 3/4 "                                                        | Tier 3 |       |
| NEW IMAGE DRAINABLE MINI-POUCH 2 1/4 ", 2 3/4 " (7")                                                            | Tier 3 |       |
| NEW IMAGE DRAINABLE POUCH 1 3/4 ", 1 3/4 " (12"), 2 1/4 ", 2 1/4 " (12"), 2 1/4 " (7"), 2 3/4 ", 4 ", 4 " (12") | Tier 3 |       |
| NEW IMAGE FLEXTEND BARRIER 1 3/4 ", 2 1/4 ", 2 3/4 "                                                            | Tier 3 |       |
| NEW IMAGE FLEXTEND BARRIER FLA 1 3/4 ", 2 1/4 ", 2 3/4 ", 4 "                                                   | Tier 3 |       |
| NEW IMAGE FLEXTEND SKN BARRIER 1 "                                                                              | Tier 3 |       |
| NEW IMAGE FLEXWEAR BARRIER 1 ", 1 1/2 ", 1 3/4 ", 2 1/4 ", 2 3/4 "                                              | Tier 3 |       |
| NEW IMAGE FLEXWEAR FLAT 1 3/4 ", 2 1/4 ", 2 3/4 "                                                               | Tier 3 |       |
| NEW IMAGE IRRIGATOR SLEEVE 1 3/4 ", 2 1/4 ", 2 3/4 "                                                            | Tier 3 |       |
| NEW IMAGE LOCK'N ROLL POUCH 1 3/4 ", 2 1/4 ", 2 3/4 "                                                           | Tier 3 |       |
| NEW IMAGE OSTOMY KIT 2 1/4 " (12"), 4 " (12")                                                                   | Tier 3 |       |
| NEW IMAGE SKIN BARRIER 2 1/4 ", 2 3/4 ", 4 "                                                                    | Tier 3 |       |
| NEW IMAGE SKIN BARRIER-FLANGE 1 3/4 ", 2 1/4 ", 2 3/4 "                                                         | Tier 3 |       |
| NEW IMAGE UROSTOMY POUCH 1 (urostomy pouch) 3/4 " (9")                                                          | Tier 3 |       |
| NEW IMAGE UROSTOMY POUCH 2 1/4 " (9"), 2 3/4 " (9")                                                             | Tier 3 |       |
| NEW IMAGE UROSTOMY SET 1 3/4" (1 1/4"), 2 1/4" (1 3/4"), 2 3/4" (2 1/4")                                        | Tier 3 |       |
| NEW IMAGE UROSTOMYSET,STERILE 1 3/4" (1 1/4"), 2 1/4" (9 " ), 2 3/4" (2 1/4")                                   | Tier 3 |       |
| NIGHT DRAIN ADAPTER                                                                                             | Tier 3 |       |
| NUTRIPORT BALLOON KIT                                                                                           | Tier 3 |       |
| O.A.D. TOPICAL LIQUID                                                                                           | Tier 3 |       |
| ONE-PIECE DRAINABLE POUCH                                                                                       | Tier 3 |       |

| Drug                                                                                                                                                                                                          | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ONE-PIECE UROSTOMY POUCH 2 1/2 " (11")                                                                                                                                                                        | Tier 3 |       |
| OSTOMY APPLIANCE BELT (colostomy belt)                                                                                                                                                                        | Tier 3 |       |
| OSTOMY BELT LARGE (colostomy belt)                                                                                                                                                                            | Tier 3 |       |
| OSTOMY BELT MEDIUM (colostomy belt)                                                                                                                                                                           | Tier 3 |       |
| OSTOMY PASTE PASTE                                                                                                                                                                                            | Tier 3 |       |
| ostomy supplies topical powder (Adapt Stoma Powder)                                                                                                                                                           | Tier 3 |       |
| POUCH CLAMP                                                                                                                                                                                                   | Tier 3 |       |
| POUCHKINS DRAINABLE POUCH 1 1/2 ", 1 3/4 ", 2 "                                                                                                                                                               | Tier 3 |       |
| POUCHKINS OSTOMY SYSTEM                                                                                                                                                                                       | Tier 3 |       |
| POUCHKINS PED OSTOMY BELT (colostomy belt)                                                                                                                                                                    | Tier 3 |       |
| POUCHKINS SKIN BARRIER PACKAGE 1 3/4 "                                                                                                                                                                        | Tier 3 |       |
| POUCHKINS UROSTOMY POUCH 1 1/2 "                                                                                                                                                                              | Tier 3 |       |
| PREMIER CLOSED MINI-POUCH 1 " (7"), 1 3/8 " (7"), 5/8-2 1/8 " (7")                                                                                                                                            | Tier 3 |       |
| PREMIER CLOSED POUCH 1 ", 1 3/16 " (9"), 1 3/8 " (9"), 5/8-2 1/8 " (9")                                                                                                                                       | Tier 3 |       |
| PREMIER COLOSTOMY-ILEOSTOMY 12 " (2 1/2")                                                                                                                                                                     | Tier 3 |       |
| PREMIER DRAIN FLEXTEND CONVEX , 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 ", 3/4 "                                                                                                                                    | Tier 3 |       |
| PREMIER DRAINABLE LOCK N ROLL 1 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 2 1/2 ", 3/4 ", 7/8 "                                                                                                                           | Tier 3 |       |
| PREMIER DRAINABLE MINI-POUCH 1 ", 1 " (7"), 1 1/2 ", 1 1/4 ", 1 3/16 " (12"), 1 3/16 " (7"), 1 3/4 ", 1 3/8 " (7"), 1 9/16 " (7"), 2 1/2 " (9"), 2 1/8 " (12"), 3/4 ", 5/8-2 1/8 " (7")                       | Tier 3 |       |
| PREMIER DRAINABLE POUCH 1 ", 1 " (12"), 1 1/2 ", 1 1/4 ", 1 3/16 " (12"), 1 3/4 ", 1 3/8 ", 1 3/8 " (12"), 1 9/16 " (11"), 1 9/16 " (12"), 2 ", 2 1/2 ", 2 1/2-3 " (12"), 2 1/8 " (12"), 3/4 ", 4 1/3 " (12") | Tier 3 |       |
| PREMIER DRAINABLE POUCH CONVEX 1 ", 1 1/2 ", 2 "                                                                                                                                                              | Tier 3 |       |
| PREMIER HIGH OUTPUT DRAINABLE 2 3/4 " (12")                                                                                                                                                                   | Tier 3 |       |
| PREMIER LOCK N ROLL 1 ", 1 1/2 ", 1 1/4 ", 2 "                                                                                                                                                                | Tier 3 |       |
| PREMIER LOCK N ROLL CONVEX 1 ", 1 1/2 ", 2 "                                                                                                                                                                  | Tier 3 |       |
| PREMIER LOCK N ROLL FLEXTEND 2 1/2 "                                                                                                                                                                          | Tier 3 |       |

| Drug                                                                                                                                    | Status | Notes |
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| PREMIER PRE-SIZED MINI-POUCH 1 3/16 " (7")                                                                                              | Tier 3 |       |
| PREMIER UROSTOMY 9" (2 1/2")                                                                                                            | Tier 3 |       |
| PREMIER UROSTOMY CONVEX POUCH 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1/2 ", 2 ", 3/4 ", 5/8 ", 7/8 "                         | Tier 3 |       |
| PREMIER UROSTOMY FLEXTEND POUCH , 1 ", 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 "                                                                   | Tier 3 |       |
| PREMIER UROSTOMY POUCH 1 " (9"), (urostomy pouch) 3/4 " (9")                                                                            | Tier 3 |       |
| PREMIER UROSTOMY POUCH 1 ", 1 1/2 ", 1 1/2 " (9"), 1 1/4 ", 1 3/4 ", 2 " (9"), 2 1/2 ", 2 1/2 " (9"), 2 1/8 " (9"), 3/4 ", 5/8 ", 7/8 " | Tier 3 |       |
| PREMIUM DRAINABLE POUCH/KARAYA 1 1/4 "                                                                                                  | Tier 3 |       |
| PREMIUM SKIN BARRIER WAFER 4 X 4 "                                                                                                      | Tier 3 |       |
| PROTECTIVE BARRIER FILM WIPES                                                                                                           | Tier 3 |       |
| SANI-ZONE OSTOMY DEODORANT LIQUID                                                                                                       | Tier 3 |       |
| SENSI-CARE SKIN BARRIER WIPE                                                                                                            | Tier 3 |       |
| SENSURA CLICK OSTOMY POUCH                                                                                                              | Tier 3 |       |
| SENSURA EASICLOSE WIDE (NS) 11 1/2-655 "-ML                                                                                             | Tier 3 |       |
| SENSURA EASICLOSE WIDE OUTLET 11 1/2-655 "-ML                                                                                           | Tier 3 |       |
| SENSURA FLEX OSTOMY BASE PLATE                                                                                                          | Tier 3 |       |
| SENSURA FLEX OSTOMY POUCH                                                                                                               | Tier 3 |       |
| SENSURA OSTOMY BASE PLATE                                                                                                               | Tier 3 |       |
| SKIN GEL PROTECT DRESSING WIPE                                                                                                          | Tier 3 |       |
| SKIN PREP WIPES                                                                                                                         | Tier 3 |       |
| SKIN-PREP SPRAY-ON DRESSING AEROSOL, SPRAY                                                                                              | Tier 3 |       |
| SOFTFLEX SKIN BARRIER RING                                                                                                              | Tier 3 |       |
| STOMA CAP-ADHESIVE-FILTER                                                                                                               | Tier 3 |       |
| STOMA CONE-CONNECTOR REPL UNIT                                                                                                          | Tier 3 |       |
| STOMA LUBRICANT TOPICAL LIQUID                                                                                                          | Tier 3 |       |
| STOMAHESIVE MOLDABLE ADHESIVE STRIP                                                                                                     | Tier 3 |       |
| STOMAHESIVE PASTE PASTE                                                                                                                 | Tier 3 |       |
| STOMAHESIVE PROTECTIVE TOPICAL POWDER (ostomy supplies)                                                                                 | Tier 3 |       |

| Drug                                                                                                                                    | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| STOMAHESIVE SKIN BARRIER , 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1 5/8 ", 1 7/8 ", 3/4 ", 5/8 ", 7/8 "                      | Tier 3 |       |
| STOMAHESIVE SKIN BARRIER<br>WAFER 4 X 4 ", 8 X 8 "                                                                                      | Tier 3 |       |
| STOMASEAL DRESSING BANDAGE 4 X 4 "                                                                                                      | Tier 3 |       |
| SUR-FIT NATURA CONVEX INSERTS<br>1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/8 ", 1 5/8 ", 3/4 "                                                | Tier 3 |       |
| SUR-FIT NATURA DRAINABLE POUCH<br>, 1 1/2 ", 1 1/4 ", 1 3/4 ", 1 3/4 " (12"), 2 1/4 ", 2 1/4 " (12"), 2 3/4 "                           | Tier 3 |       |
| SUR-FIT NATURA DURAHESIVE 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 1/4 ", 2 3/4 ", 4 "                                                              | Tier 3 |       |
| SUR-FIT NATURA FLANGE CAP 1 3/4 "                                                                                                       | Tier 3 |       |
| SUR-FIT NATURA HIGH OUTPUT 1 3/4 ", 2 1/4 ", 2 3/4 "                                                                                    | Tier 3 |       |
| SUR-FIT NATURA IRRIG FACEPLATE<br>1 3/4 ", 2 3/4 "                                                                                      | Tier 3 |       |
| SUR-FIT NATURA POUCH-WAFER<br>COMBO PACK 4" (14")                                                                                       | Tier 3 |       |
| SUR-FIT NATURA STOMAHESIVE 1 ", 1 1/2 ", 1 1/4 ", 1 1/8 ", 1 3/4 ", 1 3/8 ", 1 5/8 ", 1/2 ", 2 1/4 ", 2 3/4 ", 3/4 ", 4 ", 5/8 ", 7/8 " | Tier 3 |       |
| SUR-FIT NATURA UROSTOMY<br>ACCUSE 1 1/2 ", 1 3/4 ", 2 1/4 "                                                                             | Tier 3 |       |
| SUR-FIT NATURA UROSTOMY<br>POUCH 1 1/2 ", 1 1/4 ", 1 3/4 ", 2 1/4 ", 2 3/4 "                                                            | Tier 3 |       |
| SUR-FIT-ACTIVE LIFE TAIL CLOS                                                                                                           | Tier 3 |       |
| SYSTEM POUCH LARGE SIZE                                                                                                                 | Tier 3 |       |
| TWO-PIECE STOMA CAPS                                                                                                                    | Tier 3 |       |
| ULTRA-FRESH AEROSOL, SPRAY                                                                                                              | Tier 3 |       |
| URI-CLEAN LIQUID                                                                                                                        | Tier 3 |       |
| URO MINICAP                                                                                                                             | Tier 3 |       |
| UROSTOMY DRAIN TUBE ADAPTER                                                                                                             | Tier 3 |       |
| UROSTOMY MICRO-POUCH                                                                                                                    | Tier 3 |       |
| UROSTOMY MULTI-CHAMBER 10 1/2 "-456 ML                                                                                                  | Tier 3 |       |
| UROSTOMY MULTI-CHAMBER<br>POUCH                                                                                                         | Tier 3 |       |
| <i>urostomy pouch 1 " (9"), 3/4 " (9")</i> (Premier Urostomy Pouch)                                                                     | Tier 3 |       |
| <i>urostomy pouch 1 1/4 " (9"), 1 1/8 " (9"), 7/8 " (9")</i> (Urostomy Pouch-Mic Washer)                                                | Tier 3 |       |

| Drug                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------|--------|-------|
| urostomy pouch 1 3/4 " (9") (Active Life Urostomy Pouch)                                    | Tier 3 |       |
| UROSTOMY POUCH-MIC WASHER 1 " (9"), 1 1/4 " (9"), 1 1/8 " (9"), 7/8 " (9") (urostomy pouch) | Tier 3 |       |
| UROSTOMY POUCH-MIC WASHER 1 1/2 " (9"), 1 3/8 " (9")                                        | Tier 3 |       |
| VISI-FLOW IRRIGATION SLEEVE 1 1/2 ", 1 3/4 ", 2 1/4 ", 2 3/4 "                              | Tier 3 |       |
| VISI-FLOW IRRIGATOR-STOMA CONE                                                              | Tier 3 |       |
| VISI-FLOW SLEEVE TAIL CLOSURES                                                              | Tier 3 |       |
| VISI-FLOW STOMA CONE                                                                        | Tier 3 |       |
| <b>Parenteral Administration Sets</b>                                                       |        |       |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"                             | Tier 3 |       |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"                                                | Tier 3 |       |
| FILTERED EXTENSION SET INFUSION SET                                                         | Tier 3 |       |
| HALO B-LOCK CLOSED LINE ADAPTR                                                              | Tier 3 |       |
| HALO CLOSED BAG ADAPTOR                                                                     | Tier 3 |       |
| HALO CLOSED LINE ADAPTOR                                                                    | Tier 3 |       |
| HALO CLOSED SYRINGE ADAPTOR                                                                 | Tier 3 |       |
| HI-VOLUME PUMPING CHAMBER SET                                                               | Tier 3 |       |
| INSUFLOX INFUSION SET 25 X 18 MM                                                            | Tier 3 |       |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "                                    | Tier 3 |       |
| I-PORT                                                                                      | Tier 3 |       |
| I-PORT ADVANCE 6 MM INJEC PORT                                                              | Tier 3 |       |
| I-PORT ADVANCE 9 MM INJEC PORT                                                              | Tier 3 |       |
| IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (iv administration set)                         | Tier 3 |       |
| IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (iv administration set)                         | Tier 3 |       |
| IVENIX ADMIN SET SINGLE-INLET INFUSION SET (iv administration set)                          | Tier 3 |       |
| IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET                                         | Tier 3 |       |
| IVENIX LVP EPIDURAL SET NREFIT EPIDURAL INFUSION SET                                        | Tier 3 |       |
| MICROBORE EXTENSION SET INFUSION SET (iv admin extension set)                               | Tier 3 |       |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY                                           | Tier 3 |       |
| NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM                           | Tier 4 | SP    |

| Drug                                                                                                                                            | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| NERIA MULTI (QUAD-FURCATED)<br>SUBCUTANEOUS INFUSION SET 10 X<br>90 MM-CM                                                                       | Tier 4 | SP    |
| NERIA MULTI (TRI-FURCATED)<br>SUBCUTANEOUS INFUSION SET 10 X<br>90 MM-CM                                                                        | Tier 4 | SP    |
| NERIA SUBCUTANEOUS INFUSION<br>SET 10 X 110 MM-CM, 6 MM X 110 CM,<br>8 X 110 MM-CM                                                              | Tier 4 | SP    |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18<br>X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ",<br>20 X 1 3/4 ", 22 GAUGE X 1", 24<br>GAUGE X 3/4", 24 X 0.56 " | Tier 3 |       |
| PHASEAL ASSEMBLY FIXTURE<br>DEVICE                                                                                                              | Tier 3 |       |
| PHASEAL CONNECTOR LUER LOCK                                                                                                                     | Tier 3 |       |
| PHASEAL INFUSION ADAPTER                                                                                                                        | Tier 3 |       |
| PHASEAL INFUSION CLAMP                                                                                                                          | Tier 3 |       |
| PHASEAL INJECTOR LUER                                                                                                                           | Tier 3 |       |
| PHASEAL INJECTOR LUER LOCK                                                                                                                      | Tier 3 |       |
| PHASEAL SECONDARY SET<br>INFUSION SET                                                                                                           | Tier 3 |       |
| PHASEAL Y-SITE                                                                                                                                  | Tier 3 |       |
| RATE FLOW REGULATOR IV SET (iv administration set)<br>INFUSION SET                                                                              | Tier 3 |       |
| SOFT-GLIDE SAF-Q SUBCUTANEOUS<br>INFUSION SET 12 MM X 30.5 CM, 9<br>MM X 30.5 CM                                                                | Tier 4 | SP    |
| TRANSFER SET                                                                                                                                    | Tier 3 |       |
| <b>Syringes And Accessories</b>                                                                                                                 |        |       |
| ALLERGIST TRAY 1/2 ML 27GX3/8"<br>SYRINGE 1/2 ML 27 GAUGE X 3/8"                                                                                | Tier 3 |       |
| ALLERGIST TRAY INTRADERMAL BEV<br>SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML<br>27 GAUGE X 3/8"                                                         | Tier 3 |       |
| ALLERGIST TRAY INTRADERMAL BEV (tuberculin-allergy<br>SYRINGE 1 ML 26 GAUGE X 3/8" syringes)                                                    | Tier 3 |       |
| ALLERGIST TRAY REGULAR BEVEL<br>SYRINGE 1 ML 27 GAUGE X 3/8"                                                                                    | Tier 3 |       |
| ALLERGY SYRINGE SYRINGE 1 ML 27<br>GAUGE X 3/8", 1 ML 27 X 1/2"                                                                                 | Tier 3 |       |
| AQINJECT 3.0 LOCK SYRINGE (syringe (disposable))<br>SYRINGE 3 ML                                                                                | Tier 3 |       |
| AQINJECT LUER LOCK SYRINGE<br>SYRINGE 10 ML                                                                                                     | Tier 3 |       |
| AQINJECT LUER LOCK SYRINGE (syringe (disposable))<br>SYRINGE 20 ML, 5 ML                                                                        | Tier 3 |       |

| Drug                                                                                                                                                                                                                              | Status | Notes                                                                    |
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| AQINJECT SAFETY SYRINGE<br>SYRINGE 1 ML 23 GAUGE X 1", 1 ML<br>25 GAUGE X 1", 3 ML 23 GAUGE X 1",<br>3 ML 25 GAUGE X 1"                                                                                                           | Tier 3 |                                                                          |
| BD ALLERGIST TRAY REG BEVEL<br>SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                             | Tier 3 |                                                                          |
| BD ALLERGIST TRAY REG BEVEL<br>TRAY 1/2 ML 27 X 1/2"                                                                                                                                                                              | Tier 3 |                                                                          |
| BD ALLERGY SYRINGE SYRINGE 1<br>ML 28 GAUGE X 1/2"                                                                                                                                                                                | Tier 3 |                                                                          |
| BD BLUNT PLASTIC CANNULA<br>SYRINGE 17 X 3 ML                                                                                                                                                                                     | Tier 3 |                                                                          |
| BD BULK SYRINGE SLIP TIP SYRINGE<br>1 ML                                                                                                                                                                                          | Tier 3 |                                                                          |
| BD BULK SYRINGE SLIP TIP SYRINGE (syringe (disposable))<br>5 ML                                                                                                                                                                   | Tier 3 |                                                                          |
| BD ECCENTRIC TIP SYRINGE<br>SYRINGE 10 ML                                                                                                                                                                                         | Tier 3 |                                                                          |
| BD ECLIPSE LUER-LOK SYRINGE 1<br>ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2",<br>3 ML 23 X 1", 3 ML 25 X 5/8"                                                                                                                            | Tier 3 |                                                                          |
| BD INSULIN SYRINGE (HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 5/16"                                                                                                                                                                 | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD INSULIN SYRINGE U-500 SYRINGE<br>1/2 ML 31 GAUGE X 15/64"                                                                                                                                                                      | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u-<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100)<br>ML 31 GAUGE X 5/16", 0.5 ML 30<br>GAUGE X 1/2", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31<br>GAUGE X 5/16 | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD INTEGRA SYRINGE SYRINGE 3 ML (syringe with needle)<br>21 GAUGE X 1 1/2"                                                                                                                                                        | Tier 3 |                                                                          |
| BD INTEGRA SYRINGE SYRINGE 3 ML<br>23 GAUGE X 1", 3 ML 25 GAUGE X 1",<br>3 ML 25 GAUGE X 5/8"                                                                                                                                     | Tier 3 |                                                                          |
| BD INTERLINK BLUNT PLASTIC CAN<br>SYRINGE 17 X 5 ML                                                                                                                                                                               | Tier 3 |                                                                          |
| BD INTERLINK SYRINGE SYRINGE 17<br>X 10 ML                                                                                                                                                                                        | Tier 3 |                                                                          |
| BD LUER-LOK BULK SYRINGE (syringe (disposable))<br>SYRINGE 20 ML                                                                                                                                                                  | Tier 3 |                                                                          |

| Drug                                                                                                                                                                                                                                                                                                                                                                    | Status | Notes |
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| BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML | Tier 3 |       |
| BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                    | Tier 3 |       |
| BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)                                                                                                                                                                                                                                                | Tier 3 |       |
| BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                                                                                                                                                                                                                                | Tier 3 |       |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                                                                                                                                                    | Tier 3 |       |
| BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                                                                                                                                                         | Tier 3 |       |
| BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"                                                                                                                                                                                                                                                                                                                      | Tier 3 |       |
| BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                                                                                                                                                                                                                                    | Tier 3 |       |
| BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML                                                                                                                                                                                                                                                                                                          | Tier 3 |       |
| B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                                 | Tier 3 |       |
| BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| BD SYRINGE CATHETER TIP SYRINGE 50 ML                                                                                                                                                                                                                                                                                                                                   | Tier 3 |       |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML                                                                                                                                                                                                                                                                                                                     | Tier 3 |       |
| BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML (syringe (disposable))                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML                                                                                                                                                                                                                                                                                                                        | Tier 3 |       |

| Drug                                                                                                                                                  | Status | Notes                                                           |
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| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML                                                                                                   | Tier 3 |                                                                 |
| BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe (disposable))                                                                                   | Tier 3 |                                                                 |
| BD SYRINGE SYRINGE 1 ML                                                                                                                               | Tier 3 |                                                                 |
| BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE                                                                                           | Tier 3 |                                                                 |
| BD TUBERCULIN SLIP-TIP SYRINGE 1 ML                                                                                                                   | Tier 3 |                                                                 |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "                                             | Tier 3 |                                                                 |
| BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)                                                                      | Tier 3 |                                                                 |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"                                                                                       | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe (disposable))                                                                                       | Tier 3 |                                                                 |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle) | Tier 3 |                                                                 |
| CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                       | Tier 3 |                                                                 |
| CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML                                                                                                              | Tier 3 |                                                                 |
| CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                           | Tier 3 |                                                                 |
| CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"                                                                                             | Tier 3 |                                                                 |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML                                                                                                              | Tier 3 |                                                                 |
| CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))                                                                                 | Tier 3 |                                                                 |
| CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"                        | Tier 3 |                                                                 |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Status                                     | Notes |
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| CARETOUCH LUER LOCK SYR-<br>NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3<br>ML 23 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (syringe with needle)<br>Tier 3            |       |
| CARETOUCH LUER SLIP SYRINGE<br>SYRINGE 1 ML, 10 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tier 3                                     |       |
| CARETOUCH LUER SLIP SYRINGE<br>SYRINGE 3 ML, 5 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (syringe (disposable))<br>Tier 3           |       |
| DAVOL IRRIGATION SYRINGE<br>SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 3                                     |       |
| DAVOL PISTON IRRIGATION<br>SYRINGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tier 3                                     |       |
| DOVER BULB SYRINGE SYRINGE 60<br>ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 3                                     |       |
| EASY GLIDE CATHETER TIP SYRING<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (syringe (disposable))<br>Tier 3           |       |
| EASY GLIDE DENTAL IRRIG SYRING<br>SYRINGE 10 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 3                                     |       |
| EASY GLIDE LUER LOCK SYRINGE<br>SYRINGE 1 ML, 10 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 3                                     |       |
| EASY GLIDE LUER LOCK SYRINGE<br>SYRINGE 3 ML, 60 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (syringe (disposable))<br>Tier 3           |       |
| EASY GLIDE LUER SLIP TB SYRING<br>SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 3                                     |       |
| EASY TOUCH FLIPLOCK SYRINGE<br>SYRINGE 1 ML 25 GAUGE X 1", 1 ML<br>26 GAUGE X 3/8", 1 ML 27 GAUGE X<br>1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML<br>18 GAUGE X 1", 10 ML 20 GAUGE X 1<br>1/2", 10 ML 20 GAUGE X 1", 10 ML 21<br>GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML<br>22 GAUGE X 1 1/2", 10 ML 25 GAUGE<br>X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18<br>GAUGE X 1", 3 ML 19 GAUGE X 1 1/2",<br>3 ML 19 GAUGE X 1", 3 ML 20 GAUGE<br>X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21<br>GAUGE X 1 1/2", 3 ML 21 GAUGE X 1",<br>3 ML 22 GAUGE X 1 1/2", 3 ML 23<br>GAUGE X 1 1/2", 3 ML 23 GAUGE X 1",<br>3 ML 25 GAUGE X 1", 3 ML 25 GAUGE<br>X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20<br>GAUGE X 1 1/2", 5 ML 20 GAUGE X 1",<br>5 ML 21 GAUGE X 1 1/2", 5 ML 21<br>GAUGE X 1", 5 ML 22 GAUGE X 1 1/2",<br>5 ML 25 GAUGE X 1", 5 ML 25 GAUGE<br>X 5/8" | Tier 3                                     |       |
| EASY TOUCH FLIPLOCK SYRINGE<br>SYRINGE 3 ML 22 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (syringe with needle,<br>safety)<br>Tier 3 |       |
| EASY TOUCH FLURINGE FLIPLOCK<br>SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tier 3                                     |       |

| Drug                                                                                                                                                                                                                                                                                                               |                               | Status | Notes |
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| EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                          | (syringe with needle, safety) | Tier 3 |       |
| EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                               |                               | Tier 3 |       |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                          |                               | Tier 3 |       |
| EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                        | (syringe with needle, safety) | Tier 3 |       |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1"                                                                                                                                                                                                                                                                     | (syringe with needle)         | Tier 3 |       |
| EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                   |                               | Tier 3 |       |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML                                                                                                                                                                                                                                                                   |                               | Tier 3 |       |
| EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML, 60 ML                                                                                                                                                                                                                                                      | (syringe (disposable))        | Tier 3 |       |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 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 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" |                               | Tier 3 |       |
| EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1"                                                                                                                                                                                                                                                          | (syringe with needle, safety) | Tier 3 |       |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML                                                                                                                                                                                                                                                                        |                               | Tier 3 |       |
| EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML, 5 ML                                                                                                                                                                                                                                                                   | (syringe (disposable))        | Tier 3 |       |
| EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"                                                                                                                                                                                                                                        |                               | Tier 3 |       |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2"                                                                                                                                                                                                                                                            | (syringe with needle)         | Tier 3 |       |
| EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                                                                                              |                               | Tier 3 |       |
| EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                            |                               | Tier 3 |       |

| Drug                                                                                                    | Status | Notes                                                           |
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| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)               | Tier 3 |                                                                 |
| EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" | Tier 3 |                                                                 |
| EASY TOUCH UNI-SLIP SYRINGE 10 ML                                                                       | Tier 3 |                                                                 |
| EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML (syringe (disposable))                                           | Tier 3 |                                                                 |
| ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"                    | Tier 3 |                                                                 |
| EXCEL SYRINGE SYRINGE 3 ML 23 X 1"                                                                      | Tier 3 |                                                                 |
| EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML                               | Tier 3 |                                                                 |
| EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)                                       | Tier 3 |                                                                 |
| EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))                                                       | Tier 3 |                                                                 |
| EXTENDED RESERVOIR 3 ML                                                                                 | Tier 3 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR                                                          | Tier 4 | SP                                                              |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"                                                              | Tier 3 |                                                                 |
| INTERLINK LEVER LOCK CANNULA                                                                            | Tier 3 |                                                                 |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML                                                        | Tier 3 |                                                                 |
| IRRIGATION SYRINGE SYRINGE                                                                              | Tier 3 |                                                                 |
| KENDALL DISINFECTANT CAP                                                                                | Tier 3 |                                                                 |
| LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"                                       | Tier 3 |                                                                 |
| LUER LOCK SYRINGE SYRINGE 30 ML, 60 ML (syringe (disposable))                                           | Tier 3 |                                                                 |
| LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML                                                                 | Tier 3 |                                                                 |
| LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))                                                       | Tier 3 |                                                                 |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"                                                      | Tier 3 |                                                                 |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"                                                           | Tier 3 |                                                                 |

| Drug                                                                                 | Status | Notes |
|--------------------------------------------------------------------------------------|--------|-------|
| MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"                          | Tier 3 |       |
| MONOJECT 140CC PISTON SYRINGE SYRINGE                                                | Tier 3 |       |
| MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML                                         | Tier 3 |       |
| MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"                                   | Tier 3 |       |
| MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"                                     | Tier 3 |       |
| MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"                          | Tier 3 |       |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML                                          | Tier 3 |       |
| MONOJECT DISPOSABLE SYRINGE (syringe (disposable)) SYRINGE 20 ML                     | Tier 3 |       |
| MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML, 35 ML                                  | Tier 3 |       |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML                | Tier 3 |       |
| MONOJECT ENFIT SYRINGE CAP                                                           | Tier 3 |       |
| MONOJECT ENFIT SYRINGE SYRINGE 1 ML, 12 ML, 3 ML, 35 ML, 6 ML, 60 ML                 | Tier 3 |       |
| MONOJECT LUER-LOCK TIP SYRINGE 12 ML                                                 | Tier 3 |       |
| MONOJECT LUER-LOCK TIP (syringe (disposable)) SYRINGE 3 ML                           | Tier 3 |       |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"             | Tier 3 |       |
| MONOJECT MAGELLAN SYRINGE (syringe with needle, safety) SYRINGE 1 ML 25 GAUGE X 5/8" | Tier 3 |       |
| MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML                               | Tier 3 |       |
| MONOJECT PHARMACY TRAY LUER (syringe (disposable)) SYRINGE 20 ML, 3 ML, 60 ML        | Tier 3 |       |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML                                          | Tier 3 |       |
| MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML                                     | Tier 3 |       |
| MONOJECT REG TIP NON-STERILE (syringe (disposable)) SYRINGE 20 ML, 3 ML              | Tier 3 |       |
| MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML                                     | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                    | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| MONOJECT REGULAR LUER SYRINGE 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML                                                                                                                                               | Tier 3 |       |
| MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML                                                                                                                                                                                                                                                                                                                      | Tier 3 |       |
| MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                     | Tier 3 |       |
| MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML                                                                                                                                                                                                                                                                                                                           | Tier 3 |       |
| MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                          | Tier 3 |       |
| MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                      | Tier 3 |       |
| MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 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 3 |       |
| MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                                    | Tier 3 |       |
| MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2" (syringe with needle)                                                                                                                                                                                                                                                         | Tier 3 |       |
| MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe (disposable))                                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| MONOJECT TB LUER LOK SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML                                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                           | Tier 3 |       |
| MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                                                                                                                                                                | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Status | Notes                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|--------------------------------------------------------------------------|
| MONOJECT TUBERCULIN SYRINGE<br>SYRINGE 1 ML 26 GAUGE X 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (tuberculin-allergy<br>syringes)    | Tier 3 |                                                                          |
| MONOJECT TUBERCULIN SYRINGE<br>SYRINGE 1 ML, 1 ML 25 GAUGE X<br>5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X<br>1/2", 1/2 ML 28 X 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Tier 3 |                                                                          |
| NORM-JECT SYRINGE 10 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | Tier 3 |                                                                          |
| NORM-JECT SYRINGE 20 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (syringe (disposable))              | Tier 3 |                                                                          |
| NORM-JECT TUBERKULIN SYRINGE 1<br>ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Tier 3 |                                                                          |
| PARADIGM RESERVOIR 1.8 ML, 3 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Tier 3 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| PISTON SYRINGE WITH ENFIT<br>SYRINGE 60 ML                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Tier 3 |                                                                          |
| Q-CLIQ PEN (FOR NATPARA)<br>SUBCUTANEOUS PEN INJECTOR 71.4<br>MICROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Tier 4 | SP                                                                       |
| SAFESNAP SYRINGE SYRINGE 1 ML<br>25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (syringe-needle,safety,disp<br>unt) | Tier 3 |                                                                          |
| SAFESNAP SYRINGE SYRINGE 1 ML<br>27 GAUGE X 1/2", 10 ML, 10 ML 20<br>GAUGE X 1 1/2", 10 ML 20 GAUGE X<br>1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21<br>GAUGE X 1", 10 ML 22 GAUGE X 1<br>1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML<br>20 GAUGE X 1 1/2", 3 ML 20 GAUGE X<br>1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21<br>GAUGE X 1", 3 ML 22 GAUGE X 1 1/2",<br>3 ML 22 GAUGE X 1", 3 ML 23 GAUGE<br>X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25<br>GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5<br>ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20<br>GAUGE X 1", 5 ML 21 GAUGE X 1 1/2",<br>5 ML 21 GAUGE X 1", 5 ML 22 GAUGE<br>X 1 1/2", 5 ML 22 GAUGE X 1" |                                     | Tier 3 |                                                                          |
| SURGUARD2 SAFETY SYRINGE 1 ML<br>25 GAUGE X 5/8", 3 ML 22 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (syringe with needle,<br>safety)    | Tier 3 |                                                                          |
| SURGUARD2 SAFETY SYRINGE 1 ML<br>26 GAUGE X 3/8", 1 ML 27 GAUGE X<br>1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML<br>20 GAUGE X 1", 10 ML 21 GAUGE X 1<br>1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20<br>GAUGE X 1", 3 ML 21 GAUGE X 1 1/2",<br>3 ML 21 GAUGE X 1", 3 ML 22 GAUGE<br>X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25<br>GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5<br>ML 20 GAUGE X 1 1/2", 5 ML 20<br>GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"                                                                                                                                                                                            |                                     | Tier 3 |                                                                          |

| Drug                                                                                                                                                    | Status | Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>syringe (disposable) syringe 20 ml, 5 ml</i> (Aqinject Luer Lock Syringe)                                                                            | Tier 3 |       |
| <i>syringe (disposable) syringe 3 ml</i> (Aqinject 3.0 Lock Syringe)                                                                                    | Tier 3 |       |
| <i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)                                                                                                | Tier 3 |       |
| <i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syringe)                                                                             | Tier 3 |       |
| SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"                                                                                                           | Tier 3 |       |
| SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"                                                                                                           | Tier 3 |       |
| SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)                                                                             | Tier 3 |       |
| SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"                                                                                                           | Tier 3 |       |
| SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"                                                                                                       | Tier 3 |       |
| SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"                                                                                                           | Tier 3 |       |
| <i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)                                                                                      | Tier 3 |       |
| <i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)                                                 | Tier 3 |       |
| <i>syringe with needle syringe 3 ml 21 gauge x 1 1/2"</i> (BD Integra Syringe)                                                                          | Tier 3 |       |
| <i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)                                                                       | Tier 3 |       |
| <i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>                                                                                       | Tier 3 |       |
| SYRINGE WITHOUT NEEDLE SYRINGE                                                                                                                          | Tier 3 |       |
| TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"                                                                                                           | Tier 3 |       |
| TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" | Tier 3 |       |
| TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)                                                                                     | Tier 3 |       |
| TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"                                                                                 | Tier 3 |       |
| TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))                                                                                                     | Tier 3 |       |
| TOOMEY SYRINGE SYRINGE 70 ML                                                                                                                            | Tier 3 |       |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)                                                                                     | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                  | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"                                                                                                                                                                                                                 | Tier 3 |        |
| tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8" (Allergist Tray Intradermal Bev)                                                                                                                                                                                             | Tier 3 |        |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"                                                                                                                                                                                                                         | Tier 3 |        |
| ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle)                                                                                                                                                                                                         | Tier 3 |        |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)                                                                                                                                                                                                      | Tier 3 |        |
| ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"                                                                                                                                    | Tier 3 |        |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"                                                                                                                                                                                                                                                 | Tier 3 |        |
| ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"                                                                                                                                                                                   | Tier 3 |        |
| VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)                                                                                                                                                | Tier 3 |        |
| VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" | Tier 3 |        |
| VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"                                                                                                                                                                                                           | Tier 3 |        |
| <b>Miscellaneous Agents</b>                                                                                                                                                                                                                                                           |        |        |
| <b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>                                                                                                                                                                                                                             |        |        |
| AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML                                                                                                                                                                                                                                            | Tier 4 | PA; SP |
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML                                                                                                                                                                                                                                                 | Tier 4 | PA; SP |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML                                                                                                                                                                                                                                            | Tier 4 | PA; SP |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML                                                                                                                                                                                                                                        | Tier 4 | PA; SP |

| Drug                                                                               | Status | Notes                                                                                 |
|------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------|
| <b>Anaphylaxis Therapy Agents</b>                                                  |        |                                                                                       |
| ADYPHREN AMP II INJECTION KIT 1 MG/ML                                              | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| ADYPHREN II INJECTION KIT 1 MG/ML                                                  | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| EPINEPHRINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML                                 | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)              | Tier 1 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL) |
| EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML                                     | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML                                            | Tier 4 | SP; \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                   |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML                                           | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)                              | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; QL (4 EA per 1 FILL) |
| <b>Cxcr4 Chemokine Receptor Antagonist</b>                                         |        |                                                                                       |
| APHEXDA SUBCUTANEOUS RECON SOLN 62 MG                                              | Tier 4 | PA; SP                                                                                |
| <i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i> (Mozobil)          | Tier 4 | PA; SP                                                                                |

| Drug                                                        | Status | Notes  |
|-------------------------------------------------------------|--------|--------|
| <b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab</b>  |        |        |
| CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML | Tier 4 | PA; SP |
| <b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>   |        |        |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML                          | Tier 4 | PA; SP |
| SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML               | Tier 4 | PA; SP |
| <b>Genetic D/O Tx-Exon Skipping Antisense Oligonucleo</b>   |        |        |
| AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML                    | Tier 4 | PA; SP |
| EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML                    | Tier 4 | PA; SP |
| VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML                      | Tier 4 | PA; SP |
| VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML                    | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Asmd</b>           |        |        |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG                | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>     |        |        |
| ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML                       | Tier 4 | PA; SP |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG                | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>   |        |        |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT                    | Tier 4 | PA; SP |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT                     | Tier 4 | PA; SP |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT                       | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>  |        |        |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG                       | Tier 4 | PA; SP |
| NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG                    | Tier 4 | PA; SP |
| POMBILITI INTRAVENOUS RECON SOLN 105 MG                     | Tier 4 | PA; SP |

| Drug                                                                    | Status | Notes  |
|-------------------------------------------------------------------------|--------|--------|
| <b>Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.</b>            |        |        |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML                                     | Tier 4 | PA; SP |
| <b>Miscellaneous Agents</b>                                             |        |        |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML                                   | Tier 3 |        |
| <b>Parasympathetic Agents</b>                                           |        |        |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>       | Tier 1 |        |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                           | Tier 1 |        |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 1 |        |
| <b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>               |        |        |
| GALAFOLD ORAL CAPSULE 123 MG                                            | Tier 4 | PA; SP |
| <b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>               |        |        |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML     | Tier 4 | PA; SP |
| <b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>               |        |        |
| JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)             | Tier 4 | SP     |
| JAVYGTOR ORAL TABLET, SOLUBLE 100 MG (sapropterin)                      | Tier 4 | SP     |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)      | Tier 4 | SP     |
| <i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)               | Tier 4 | SP     |
| <b>Systemic Enzyme Inhibitors</b>                                       |        |        |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG                      | Tier 4 | SP     |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)                         | Tier 4 | SP     |
| JOENJA ORAL TABLET 70 MG                                                | Tier 4 | PA; SP |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG                             | Tier 4 | SP     |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML                   | Tier 4 | SP     |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG      | Tier 4 | PA; SP |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG             | Tier 4 | SP     |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG                                       | Tier 4 | PA; SP |

| Drug                                                                  | Status | Notes  |
|-----------------------------------------------------------------------|--------|--------|
| <b>Thrombolytic - Nucleotide Type</b>                                 |        |        |
| DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML                               | Tier 4 | SP     |
| <b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>                |        |        |
| QBREXZA TOPICAL TOWELETTE 2.4 %                                       | Tier 2 | PA     |
| <b>Unknown</b>                                                        |        |        |
| LAMZEDE INTRAVENOUS RECON SOLN 10 MG                                  | Tier 4 | PA; SP |
| <b>Neoplastic Disease</b>                                             |        |        |
| <b>Alkylating Agents</b>                                              |        |        |
| BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)                 | Tier 4 | SP     |
| <i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)    | Tier 4 | SP     |
| <i>bendamustine intravenous solution 25 mg/ml</i> (Belrapzo)          | Tier 4 | SP     |
| BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)                  | Tier 4 | SP     |
| <i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)           | Tier 4 | SP     |
| <i>carboplatin intravenous recon soln 150 mg</i>                      | Tier 4 | SP     |
| <i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)         | Tier 4 | SP     |
| <i>carmustine intravenous recon soln 100 mg</i> (BiCNU)               | Tier 4 | SP     |
| <i>carmustine intravenous recon soln 300 mg, 50 mg</i>                | Tier 4 | SP     |
| <i>cisplatin intravenous recon soln 50 mg</i>                         | Tier 4 | SP     |
| <i>cisplatin intravenous solution 1 mg/ml</i> (Kemoplat)              | Tier 4 | SP     |
| <i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> | Tier 4 | SP     |
| <i>cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml</i>     | Tier 4 | SP     |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                     | Tier 4 | SP     |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                      | Tier 4 | SP     |
| EVOMELA INTRAVENOUS RECON SOLN 50 MG                                  | Tier 4 | SP     |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)               | Tier 4 | PA; SP |
| GLIADEL WAFER IMPLANT WAFER 7.7 MG                                    | Tier 4 | SP     |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                       | Tier 1 |        |

| Drug                                                                                      | Status | Notes                   |
|-------------------------------------------------------------------------------------------|--------|-------------------------|
| <i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)                            | Tier 4 | SP                      |
| <i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>                         | Tier 4 | SP                      |
| KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (cisplatin)                                         | Tier 4 | SP                      |
| LEUKERAN ORAL TABLET 2 MG                                                                 | Tier 4 | SP                      |
| <i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))                      | Tier 4 | SP                      |
| <i>melphalan oral tablet 2 mg</i> (Alkeran)                                               | Tier 1 |                         |
| MYLERAN ORAL TABLET 2 MG                                                                  | Tier 4 | SP                      |
| <i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>                                   | Tier 4 | SP                      |
| <i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i> | Tier 4 | SP                      |
| TEMODAR INTRAVENOUS RECON SOLN 100 MG                                                     | Tier 4 | PA; SP                  |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>              | Tier 4 | PA; SP                  |
| TEPADINA INJECTION RECON SOLN 100 MG (thiotepa)                                           | Tier 4 | SP                      |
| <i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)                             | Tier 4 | SP                      |
| VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)                                    | Tier 4 | SP                      |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG                                                      | Tier 4 | PA; SP                  |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG                                                      | Tier 4 | PA; SP                  |
| <b>Antiandrogenic Agents</b>                                                              |        |                         |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)                                    | Tier 4 | PA; SP                  |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                                           | Tier 1 |                         |
| ERLEADA ORAL TABLET 240 MG, 60 MG                                                         | Tier 4 | PA; SP                  |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)                                          | Tier 4 | SP; QL (2 EA per 1 day) |
| NUBEQA ORAL TABLET 300 MG                                                                 | Tier 4 | PA; SP                  |
| XTANDI ORAL CAPSULE 40 MG                                                                 | Tier 4 | PA; SP                  |
| XTANDI ORAL TABLET 40 MG, 80 MG                                                           | Tier 4 | PA; SP                  |
| YONSA ORAL TABLET 125 MG                                                                  | Tier 4 | PA; SP                  |
| <b>Antibiotic Antineoplastics</b>                                                         |        |                         |
| ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG (doxorubicin)                                     | Tier 4 | SP                      |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i>                                    | Tier 4 | SP                      |

| Drug                                                                                          | Status | Notes  |
|-----------------------------------------------------------------------------------------------|--------|--------|
| <i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)                                  | Tier 4 | SP     |
| <i>daunorubicin intravenous solution 5 mg/ml</i>                                              | Tier 4 | SP     |
| <i>doxorubicin intravenous recon soln 10 mg</i>                                               | Tier 4 | SP     |
| <i>doxorubicin intravenous recon soln 50 mg</i> (Adriamycin)                                  | Tier 4 | SP     |
| <i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>         | Tier 4 | SP     |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)                     | Tier 4 | SP     |
| <i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)                   | Tier 4 | SP     |
| <i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)                                 | Tier 4 | SP     |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2                                                     | Tier 4 | PA; SP |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)                        | Tier 4 | SP     |
| <i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml), 40 mg/40 ml (1 mg/ml)</i>          | Tier 4 | SP     |
| MUTAMYCIN INTRAVENOUS RECON SOLN 20 MG, 40 MG, 5 MG (mitomycin)                               | Tier 4 | SP     |
| <i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)                                    | Tier 4 | SP     |
| VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (valrubicin)                                           | Tier 4 | SP     |
| ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM                                                         | Tier 4 | SP     |
| <b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>                                           |        |        |
| ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML                                      | Tier 4 | PA; SP |
| GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML                                                    | Tier 4 | PA; SP |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML                                                          | Tier 4 | PA; SP |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) | Tier 4 | PA; SP |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML                                                      | Tier 4 | PA; SP |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML                                                        | Tier 4 | PA; SP |
| TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML                                                         | Tier 4 | PA; SP |

| Drug                                                                                                                                                                                                                                                                                                                 | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Antimetabolites</b>                                                                                                                                                                                                                                                                                               |        |        |
| ADRUCIL INTRAVENOUS SOLUTION (fluorouracil)<br>2.5 GRAM/50 ML                                                                                                                                                                                                                                                        | Tier 4 | SP     |
| azacitidine injection recon soln 100 mg (Vidaza)                                                                                                                                                                                                                                                                     | Tier 4 | SP     |
| capecitabine oral tablet 150 mg, 500 mg (Xeloda)                                                                                                                                                                                                                                                                     | Tier 4 | PA; SP |
| cladribine intravenous solution 10 mg/10 ml                                                                                                                                                                                                                                                                          | Tier 4 | SP     |
| clofarabine intravenous solution 1 mg/ml (Clolar)                                                                                                                                                                                                                                                                    | Tier 4 | SP     |
| cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml                                                                                                                                                                                                                        | Tier 4 | SP     |
| cytarabine injection solution 20 mg/ml                                                                                                                                                                                                                                                                               | Tier 4 | SP     |
| decitabine intravenous recon soln 50 mg (Dacogen)                                                                                                                                                                                                                                                                    | Tier 4 | SP     |
| floxuridine injection recon soln 0.5 gram                                                                                                                                                                                                                                                                            | Tier 4 | SP     |
| fludarabine intravenous recon soln 50 mg                                                                                                                                                                                                                                                                             | Tier 4 | SP     |
| fludarabine intravenous solution 50 mg/2 ml                                                                                                                                                                                                                                                                          | Tier 4 | SP     |
| fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml                                                                                                                                                                                                                                          | Tier 4 | SP     |
| fluorouracil intravenous solution 2.5 gram/50 ml (Aducil)                                                                                                                                                                                                                                                            | Tier 4 | SP     |
| FOLOTYN INTRAVENOUS SOLUTION (pralatrexate)<br>20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)                                                                                                                                                                                                                                | Tier 4 | PA; SP |
| gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg                                                                                                                                                                                                                                                            | Tier 4 | SP     |
| gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)                                                                                                                                                                                          | Tier 4 | SP     |
| INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) | Tier 4 | SP     |
| INQOVI ORAL TABLET 35-100 MG                                                                                                                                                                                                                                                                                         | Tier 4 | PA; SP |
| JYLAMVO ORAL SOLUTION 2 MG/ML                                                                                                                                                                                                                                                                                        | Tier 3 | PA     |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                                                                                                                                                                                                                                                                           | Tier 4 | PA; SP |
| mercaptopurine oral tablet 50 mg                                                                                                                                                                                                                                                                                     | Tier 1 |        |

| Drug                                                                               | Status | Notes                                                                                                                                                             |
|------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| methotrexate sodium (pf) injection recon soln 1 gram                               | Tier 1 |                                                                                                                                                                   |
| methotrexate sodium (pf) injection solution 25 mg/ml                               | Tier 1 |                                                                                                                                                                   |
| methotrexate sodium injection solution 25 mg/ml                                    | Tier 1 |                                                                                                                                                                   |
| methotrexate sodium oral tablet 2.5 mg                                             | Tier 1 |                                                                                                                                                                   |
| nelarabine intravenous solution 250 mg/50 ml (Arranon)                             | Tier 4 | SP                                                                                                                                                                |
| NIPENT INTRAVENOUS RECON SOLN 10 MG (pentostatin)                                  | Tier 4 | SP                                                                                                                                                                |
| ONUREG ORAL TABLET 200 MG, 300 MG                                                  | Tier 4 | PA; SP                                                                                                                                                            |
| pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg                        | Tier 4 | PA; SP                                                                                                                                                            |
| pemetrexed disodium intravenous recon soln 100 mg, 500 mg (Alimta)                 | Tier 4 | PA; SP                                                                                                                                                            |
| pemetrexed disodium intravenous solution 25 mg/ml                                  | Tier 4 | PA; SP                                                                                                                                                            |
| pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg                           | Tier 4 | PA; SP                                                                                                                                                            |
| pemetrexed intravenous solution 25 mg/ml (Pemfexy)                                 | Tier 4 | PA; SP                                                                                                                                                            |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed)                                 | Tier 4 | PA; SP                                                                                                                                                            |
| pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) (Folotyn) | Tier 4 | PA; SP                                                                                                                                                            |
| PURIXAN ORAL SUSPENSION 20 MG/ML                                                   | Tier 4 | ST; SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days                                                                               |
| TABLOID ORAL TABLET 40 MG (thioguanine)                                            | Tier 4 | SP                                                                                                                                                                |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG                                     | Tier 2 |                                                                                                                                                                   |
| XATMEP ORAL SOLUTION 2.5 MG/ML                                                     | Tier 3 | ST; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| <b>Antineoplast Egf Receptor Blocker<br/>Rcmb Mc Antibody</b>                      |        |                                                                                                                                                                   |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML                           | Tier 4 | PA; SP                                                                                                                                                            |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML                    | Tier 4 | PA; SP                                                                                                                                                            |

| Drug                                                                                         | Status | Notes  |
|----------------------------------------------------------------------------------------------|--------|--------|
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG                                                | Tier 4 | PA; SP |
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG                                               | Tier 4 | PA; SP |
| MARGENZA INTRAVENOUS SOLUTION 25 MG/ML                                                       | Tier 4 | PA; SP |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG                                                 | Tier 4 | PA; SP |
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG                                              | Tier 4 | PA; SP |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)                                         | Tier 4 | PA; SP |
| PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML | Tier 4 | PA; SP |
| PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)                                       | Tier 4 | PA; SP |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG                                              | Tier 4 | PA; SP |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)                | Tier 4 | PA; SP |
| <b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>                                    |        |        |
| ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML                                                        | Tier 4 | PA; SP |
| MVASI INTRAVENOUS SOLUTION 25 MG/ML                                                          | Tier 4 | PA; SP |
| VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML                                                       | Tier 4 | PA; SP |
| ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML                                                        | Tier 4 | PA; SP |
| <b>Antineoplastic - Antibiotic And Antimetabolite</b>                                        |        |        |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG                                                      | Tier 4 | PA; SP |
| <b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>                                        |        |        |
| DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML                             | Tier 4 | PA; SP |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML                                                       | Tier 4 | PA; SP |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML                                                       | Tier 4 | PA; SP |

| Drug                                                     | Status  | Notes                                                                                                                          |
|----------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>  |         |                                                                                                                                |
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG          | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic Aromatase Inhibitors</b>               |         |                                                                                                                                |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)           | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)           | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)             | Tier 1  |                                                                                                                                |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>           |         |                                                                                                                                |
| BRAFTOVI ORAL CAPSULE 75 MG                              | Tier 4  | PA; SP                                                                                                                         |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                       | Tier 4  | PA; SP                                                                                                                         |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG                | Tier 4  | PA; SP                                                                                                                         |
| ZELBORAF ORAL TABLET 240 MG                              | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic - Cd19 (B Lymphocyte) Mc Antibody</b>  |         |                                                                                                                                |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG                    | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic - Egfr And Met Receptor Inhib, Mab</b> |         |                                                                                                                                |
| RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML                  | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic - Etoposides And Analogs</b>           |         |                                                                                                                                |
| IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG              | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic - Halichondrin B Analogs</b>           |         |                                                                                                                                |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)       | Tier 4  | PA; SP                                                                                                                         |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor</b>       |         |                                                                                                                                |
| DAURISMO ORAL TABLET 100 MG, 25 MG                       | Tier 4  | PA; SP                                                                                                                         |
| ERIVEDGE ORAL CAPSULE 150 MG                             | Tier 4  | PA; SP                                                                                                                         |

| Drug                                                                                              | Status | Notes  |
|---------------------------------------------------------------------------------------------------|--------|--------|
| ODOMZO ORAL CAPSULE 200 MG                                                                        | Tier 4 | PA; SP |
| <b>Antineoplastic - Immunotherapy, T-Cell Engager</b>                                             |        |        |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML                                                      | Tier 4 | PA; SP |
| <b>Antineoplastic - Immunotherapy, Therapeutic Vac</b>                                            |        |        |
| PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML                                            | Tier 4 | SP     |
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>                                             |        |        |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG                                               | Tier 4 | PA; SP |
| <b>Antineoplastic - Kras Protein Inhibitor</b>                                                    |        |        |
| KRAZATI ORAL TABLET 200 MG                                                                        | Tier 4 | PA; SP |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG                                                               | Tier 4 | PA; SP |
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>                                           |        |        |
| COTELLIC ORAL TABLET 20 MG                                                                        | Tier 4 | PA; SP |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG                                                                | Tier 4 | PA; SP |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML                                                               | Tier 4 | PA; SP |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG                                                                 | Tier 4 | PA; SP |
| MEKTOVI ORAL TABLET 15 MG                                                                         | Tier 4 | PA; SP |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>                                                    |        |        |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)             | Tier 4 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | Tier 4 | PA; SP |
| FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG                                           | Tier 4 | PA; SP |
| <i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)                | Tier 4 | PA; SP |
| <b>Antineoplastic - Protein Methyltransferase Inhibit</b>                                         |        |        |
| TAZVERIK ORAL TABLET 200 MG                                                                       | Tier 4 | PA; SP |
| <b>Antineoplastic - Topoisomerase I Inhibitors</b>                                                |        |        |
| CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (irinotecan)                                          | Tier 4 | SP     |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG                                                               | Tier 4 | SP     |

| Drug                                                                                                                           | Status | Notes                      |
|--------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------|
| <i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)                                       | Tier 4 | SP                         |
| <i>irinotecan intravenous solution 500 mg/25 ml</i>                                                                            | Tier 4 | SP                         |
| ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML                                                                                       | Tier 4 | PA; SP                     |
| <i>topotecan intravenous recon soln 4 mg</i>                                                                                   | Tier 4 | SP                         |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>                                                                      | Tier 4 | SP                         |
| <b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>                                                                          |        |                            |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)                                                    | Tier 4 | PA; SP                     |
| <b>Antineoplastic - Vegfr Antagonist</b>                                                                                       |        |                            |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML                                                                                          | Tier 4 | PA; SP                     |
| <b>Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic</b>                                                                      |        |                            |
| BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)                                                                   | Tier 4 | PA; SP                     |
| <b>Antineoplastic- Cd33 Antibody-Cytotoxic Antibiotic</b>                                                                      |        |                            |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)                                                                  | Tier 4 | PA; SP                     |
| <b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>                                                                      |        |                            |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | Tier 4 | PA; SP                     |
| <b>Antineoplastic Immunomodulator Agents</b>                                                                                   |        |                            |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)                                           | Tier 4 | PA; SP                     |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG                                                                                   | Tier 4 | PA; SP                     |
| <b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>                                                                      |        |                            |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG                                                                  | Tier 4 | SP; QL (2 EA per 365 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG                                                                   | Tier 4 | SP; QL (1 EA per 30 days)  |
| FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG                                                                                        | Tier 4 | SP; QL (2 EA per 365 days) |

| Drug                                                                                                          | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------|--------|--------|
| ORGOVYX ORAL TABLET 120 MG                                                                                    | Tier 4 | PA; SP |
| <b>Antineoplastic Systemic Enzyme Inhibitors</b>                                                              |        |        |
| ALECENSA ORAL CAPSULE 150 MG                                                                                  | Tier 4 | PA; SP |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG                                                                          | Tier 4 | PA; SP |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG                                                                     | Tier 4 | PA; SP |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)                                                        | Tier 4 | PA; SP |
| AUGTYRO ORAL CAPSULE 40 MG                                                                                    | Tier 4 | PA; SP |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG                                                      | Tier 4 | PA; SP |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG                                                                         | Tier 4 | PA; SP |
| <i>bortezomib injection recon soln 1 mg, 2.5 mg</i>                                                           | Tier 4 | PA; SP |
| <i>bortezomib injection recon soln 3.5 mg</i> (Velcade)                                                       | Tier 4 | PA; SP |
| <i>bortezomib intravenous recon soln 3.5 mg</i>                                                               | Tier 4 | PA; SP |
| <i>bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml</i>                                                     | Tier 4 | PA; SP |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG                                                                            | Tier 3 | PA     |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG                                                                    | Tier 4 | PA; SP |
| BRUKINSA ORAL CAPSULE 80 MG                                                                                   | Tier 4 | PA; SP |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG                                                                     | Tier 4 | PA; SP |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG                                                              | Tier 4 | PA; SP |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)                                                              | Tier 4 | PA; SP |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 4 | PA; SP |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG                                                                            | Tier 4 | PA; SP |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)                                                  | Tier 4 | PA; SP |
| EXKIVITY ORAL CAPSULE 40 MG                                                                                   | Tier 4 | PA; SP |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG                                                                         | Tier 4 | PA; SP |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG                                                                              | Tier 4 | SP     |
| GAVRETO ORAL CAPSULE 100 MG                                                                                   | Tier 4 | PA; SP |

| Drug                                                                                                                                                                                                               | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>gefitinib oral tablet 250 mg</i> (Iressa)                                                                                                                                                                       | Tier 4 | PA; SP |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG                                                                                                                                                                           | Tier 4 | PA; SP |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG                                                                                                                                                                         | Tier 4 | PA; SP |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG                                                                                                                                                                          | Tier 4 | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG                                                                                                                                                                     | Tier 4 | PA; SP |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)                                                                                                                                                               | Tier 4 | PA; SP |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG                                                                                                                                                                               | Tier 4 | PA; SP |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML                                                                                                                                                                                 | Tier 4 | PA; SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG                                                                                                                                                                       | Tier 4 | PA; SP |
| INLYTA ORAL TABLET 1 MG, 5 MG                                                                                                                                                                                      | Tier 4 | PA; SP |
| INREBIC ORAL CAPSULE 100 MG                                                                                                                                                                                        | Tier 4 | PA; SP |
| IWILFIN ORAL TABLET 192 MG                                                                                                                                                                                         | Tier 4 | PA; SP |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG                                                                                                                                                                                 | Tier 4 | PA; SP |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)                                                                                                                      | Tier 4 | PA; SP |
| KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG                                                                                                                                                                | Tier 4 | PA; SP |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)                                                                                                                                                                       | Tier 4 | PA; SP |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 4 | PA; SP |
| LORBRENA ORAL TABLET 100 MG, 25 MG                                                                                                                                                                                 | Tier 4 | PA; SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG                                                                                                                                                                                | Tier 4 | PA; SP |
| LYTGOBI ORAL TABLET 4 MG                                                                                                                                                                                           | Tier 4 | PA; SP |
| NERLYNX ORAL TABLET 40 MG                                                                                                                                                                                          | Tier 4 | PA; SP |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG                                                                                                                                                                            | Tier 4 | PA; SP |
| OGSIVEO ORAL TABLET 50 MG                                                                                                                                                                                          | Tier 4 | PA; SP |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG                                                                                                                                                                         | Tier 4 | PA; SP |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)                                                                                                                                                                     | Tier 4 | PA; SP |

| Drug                                                                                                 | Status | Notes  |
|------------------------------------------------------------------------------------------------------|--------|--------|
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG                                                           | Tier 4 | PA; SP |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | Tier 4 | PA; SP |
| QINLOCK ORAL TABLET 50 MG                                                                            | Tier 4 | PA; SP |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG                                                                    | Tier 4 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG                                                                | Tier 4 | PA; SP |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG                                                               | Tier 4 | PA; SP |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                                           | Tier 4 | PA; SP |
| RYDAPT ORAL CAPSULE 25 MG                                                                            | Tier 4 | PA; SP |
| SCSEMBLIX ORAL TABLET 20 MG, 40 MG                                                                   | Tier 4 | PA; SP |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                                        | Tier 4 | PA; SP |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG                                       | Tier 4 | PA; SP |
| STIVARGA ORAL TABLET 40 MG                                                                           | Tier 4 | PA; SP |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)                         | Tier 4 | PA; SP |
| TABRECTA ORAL TABLET 150 MG, 200 MG                                                                  | Tier 4 | PA; SP |
| TAGRISSO ORAL TABLET 40 MG, 80 MG                                                                    | Tier 4 | PA; SP |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG                                | Tier 4 | PA; SP |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG                                                           | Tier 4 | PA; SP |
| TEPMETKO ORAL TABLET 225 MG                                                                          | Tier 4 | PA; SP |
| TRUQAP ORAL TABLET 160 MG, 200 MG                                                                    | Tier 4 | PA; SP |
| TUKYSA ORAL TABLET 150 MG, 50 MG                                                                     | Tier 4 | PA; SP |
| TURALIO ORAL CAPSULE 125 MG                                                                          | Tier 4 | PA; SP |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG                                                                | Tier 4 | PA; SP |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                                                   | Tier 4 | PA; SP |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG                                                                  | Tier 4 | PA; SP |
| VITRAKVI ORAL SOLUTION 20 MG/ML                                                                      | Tier 4 | PA; SP |

| Drug                                                                             | Status | Notes  |
|----------------------------------------------------------------------------------|--------|--------|
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                         | Tier 4 | PA; SP |
| VONJO ORAL CAPSULE 100 MG                                                        | Tier 4 | PA; SP |
| XALKORI ORAL CAPSULE 200 MG, 250 MG                                              | Tier 4 | PA; SP |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG                                        | Tier 4 | PA; SP |
| XOSPATA ORAL TABLET 40 MG                                                        | Tier 4 | PA; SP |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                                        | Tier 4 | PA; SP |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                               | Tier 4 | PA; SP |
| ZYKADIA ORAL TABLET 150 MG                                                       | Tier 4 | PA; SP |
| <b>Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab</b>                         |        |        |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML                                           | Tier 4 | PA; SP |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML                                           | Tier 4 | PA; SP |
| LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML                                            | Tier 4 | PA; SP |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)                             | Tier 4 | PA; SP |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML | Tier 4 | PA; SP |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML                                          | Tier 4 | PA; SP |
| <b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>                        |        |        |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG                                           | Tier 4 | PA; SP |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG                                         | Tier 4 | PA; SP |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (romidepsin)                           | Tier 4 | PA; SP |
| <i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)                    | Tier 4 | PA; SP |
| <i>romidepsin intravenous solution 5 mg/ml</i>                                   | Tier 4 | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG                                                      | Tier 4 | SP     |
| <b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>                        |        |        |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                                       | Tier 4 | PA; SP |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG                | Tier 4 | PA; SP |

| Drug                                                                                 | Status | Notes  |
|--------------------------------------------------------------------------------------|--------|--------|
| <b>Antineoplastic-Cd123-Directed Cytotoxin Conjugate</b>                             |        |        |
| ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML                                           | Tier 4 | PA; SP |
| <b>Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy</b>                             |        |        |
| KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL | Tier 4 | PA; SP |
| YESCARTA INTRAVENOUS SUSPENSION                                                      | Tier 4 | PA; SP |
| <b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>                               |        |        |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                                             | Tier 4 | PA; SP |
| <b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>                             |        |        |
| WELIREG ORAL TABLET 40 MG                                                            | Tier 4 | PA; SP |
| <b>Antineoplastic-Immunotherapy Checkpoint Inhib Comb</b>                            |        |        |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML                                        | Tier 4 | PA; SP |
| <b>Antineoplastic-Interleukin-6(II-6)Inhib,Antibody</b>                              |        |        |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG                                        | Tier 4 | PA; SP |
| <b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>                            |        |        |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                                     | Tier 4 | PA; SP |
| REZLIDHIA ORAL CAPSULE 150 MG                                                        | Tier 4 | PA; SP |
| TIBSOVO ORAL TABLET 250 MG                                                           | Tier 4 | PA; SP |
| <b>Antineoplastics Antibody/Antibody-Drug Complexes</b>                              |        |        |
| ADCETRIS INTRAVENOUS RECON SOLN 50 MG                                                | Tier 4 | PA; SP |
| BLENREP INTRAVENOUS RECON SOLN 100 MG                                                | Tier 4 | PA; SP |
| BLINCYTO INTRAVENOUS KIT 35 MCG                                                      | Tier 4 | PA; SP |
| BLINCYTO INTRAVENOUS RECON SOLN 35 MCG                                               | Tier 4 | PA; SP |
| CAMPATH INTRAVENOUS SOLUTION 30 MG/ML                                                | Tier 4 | SP     |
| COLUMVI INTRAVENOUS SOLUTION 1 MG/ML                                                 | Tier 4 | PA; SP |

| Drug                                                                      | Status | Notes  |
|---------------------------------------------------------------------------|--------|--------|
| DANYELZA INTRAVENOUS SOLUTION<br>4 MG/ML                                  | Tier 4 | PA; SP |
| ELAHERE INTRAVENOUS SOLUTION<br>5 MG/ML                                   | Tier 4 | PA; SP |
| ELREXFIO SUBCUTANEOUS<br>SOLUTION 40 MG/ML                                | Tier 4 | PA; SP |
| ENHERTU INTRAVENOUS RECON<br>SOLN 100 MG                                  | Tier 4 | PA; SP |
| EPKINLY SUBCUTANEOUS<br>SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML                | Tier 4 | PA; SP |
| KADCYLA INTRAVENOUS RECON<br>SOLN 100 MG, 160 MG                          | Tier 4 | PA; SP |
| LUNSUMIO INTRAVENOUS SOLUTION<br>1 MG/ML                                  | Tier 4 | PA; SP |
| PADCEV INTRAVENOUS RECON<br>SOLN 20 MG, 30 MG                             | Tier 4 | PA; SP |
| POLIVY INTRAVENOUS RECON SOLN<br>140 MG, 30 MG                            | Tier 4 | PA; SP |
| POTELIGEO INTRAVENOUS<br>SOLUTION 4 MG/ML                                 | Tier 4 | PA; SP |
| TALVEY SUBCUTANEOUS SOLUTION<br>2 MG/ML, 40 MG/ML                         | Tier 4 | PA; SP |
| TECVAYLI SUBCUTANEOUS<br>SOLUTION 10 MG/ML, 90 MG/ML                      | Tier 4 | PA; SP |
| TIVDAK INTRAVENOUS RECON SOLN<br>40 MG                                    | Tier 4 | PA; SP |
| TRODELVY INTRAVENOUS RECON<br>SOLN 180 MG                                 | Tier 4 | PA; SP |
| UNITUXIN INTRAVENOUS SOLUTION<br>3.5 MG/ML                                | Tier 4 | PA; SP |
| ZEVALIN (Y-90) INTRAVENOUS KIT<br>3.2 MG/2 ML                             | Tier 4 | SP     |
| ZYNLONTA INTRAVENOUS RECON<br>SOLN 10 MG                                  | Tier 4 | PA; SP |
| <b>Antineoplastics, Miscellaneous</b>                                     |        |        |
| <i>arsenic trioxide intravenous solution 1<br/>mg/ml</i>                  | Tier 4 | SP     |
| <i>arsenic trioxide intravenous solution 2</i> (Trisenox)<br><i>mg/ml</i> | Tier 4 | SP     |
| ASPARLAS INTRAVENOUS SOLUTION<br>750 UNIT/ML                              | Tier 4 | PA; SP |
| <i>dacarbazine intravenous recon soln 100<br/>mg, 200 mg</i>              | Tier 4 | SP     |

| Drug                                                                                                                                                                                                          | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>                                   | Tier 4 | SP     |
| ERWINASE INJECTION RECON SOLN 10,000 UNIT                                                                                                                                                                     | Tier 4 | PA; SP |
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG                                                                                                                                                                       | Tier 4 | SP     |
| <i>etoposide intravenous solution 20 mg/ml</i>                                                                                                                                                                | Tier 4 | SP     |
| <i>etoposide oral capsule 50 mg</i>                                                                                                                                                                           | Tier 1 |        |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)                                                                                                                                                        | Tier 4 | SP     |
| LYSODREN ORAL TABLET 500 MG                                                                                                                                                                                   | Tier 4 | SP     |
| MATULANE ORAL CAPSULE 50 MG                                                                                                                                                                                   | Tier 4 | SP     |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i>                                                                                                                                                           | Tier 4 | PA; SP |
| ONCASPAR INJECTION SOLUTION 750 UNIT/ML                                                                                                                                                                       | Tier 4 | PA; SP |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i>                                                                                                                                                             | Tier 4 | SP     |
| <i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)                                                                                                                   | Tier 4 | PA; SP |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML                                                                                                                                                                    | Tier 4 | PA; SP |
| <i>teniposide intravenous solution 50 mg/5 ml</i>                                                                                                                                                             | Tier 4 | SP     |
| TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG                                                                                                                                                     | Tier 4 | SP     |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>                                                                                                                                                          | Tier 4 | SP     |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (arsenic trioxide)                                                                                                                                                      | Tier 4 | SP     |
| <b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>                                                                                                                                                      |        |        |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Tier 4 | PA; SP |
| <b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>                                                                                                                                                        |        |        |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML                                                                                                                                                                        | Tier 4 | PA; SP |

| Drug                                                                                 | Status | Notes                      |
|--------------------------------------------------------------------------------------|--------|----------------------------|
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML                                                | Tier 4 | PA; SP                     |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)    | Tier 4 | PA; SP                     |
| <b>Chemotherapy Rescue/Antidote Agents</b>                                           |        |                            |
| COSELA INTRAVENOUS RECON SOLN 300 MG                                                 | Tier 4 | PA; SP                     |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>                         | Tier 4 | SP                         |
| ETHYOL INTRAVENOUS RECON SOLN 500 MG (amifostine crystalline)                        | Tier 4 | SP                         |
| KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG                                       | Tier 4 | SP                         |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | Tier 4 | SP                         |
| <i>leucovorin calcium injection solution 10 mg/ml</i>                                | Tier 4 | SP                         |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                      | Tier 1 |                            |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)                 | Tier 4 | SP                         |
| <i>levoleucovorin calcium intravenous solution 10 mg/ml</i>                          | Tier 4 | SP                         |
| <i>mesna intravenous solution 100 mg/ml</i> (Mesnex)                                 | Tier 4 | SP                         |
| MESNEX ORAL TABLET 400 MG                                                            | Tier 3 |                            |
| PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)                             | Tier 4 | SP                         |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM                                            | Tier 4 | SP; QL (24 EA per 14 days) |
| VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT                                           | Tier 4 | SP                         |
| <b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>                            |        |                            |
| IMJUDO INTRAVENOUS SOLUTION 20 MG/ML                                                 | Tier 4 | PA; SP                     |
| YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)            | Tier 4 | PA; SP                     |
| <b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>                            |        |                            |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM                            | Tier 3 |                            |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i>                | Tier 1 |                            |

| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM                                       | Tier 3 |        |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM                | Tier 3 |        |
| <b>Photoactivated, Antineoplastic Agents (Systemic)</b>                            |        |        |
| PHOTOFIN INTRAVENOUS RECON SOLN 75 MG                                              | Tier 4 | PA; SP |
| UVADEX INJECTION SOLUTION 20 MCG/ML                                                | Tier 4 | SP     |
| <b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>                      |        |        |
| AMELUZ TOPICAL GEL 10 %                                                            | Tier 3 |        |
| LEVULAN TOPICAL SOLUTION 20 %                                                      | Tier 3 |        |
| <b>Radioactive Therapeutic Agents</b>                                              |        |        |
| AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 30 MCI/2 ML                                 | Tier 4 | PA; SP |
| AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 337.5 MCI/22.5 ML                          | Tier 4 | PA; SP |
| HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML                | Tier 3 |        |
| LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)                              | Tier 4 | PA; SP |
| PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML)                             | Tier 4 | PA; SP |
| <i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i> | Tier 1 |        |
| <i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>                        | Tier 1 |        |
| <i>strontium-89 chloride intravenous solution 1 mci/ml</i>                         | Tier 4 | SP     |
| XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)                         | Tier 4 | SP     |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>                               |        |        |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)                    | Tier 4 | PA; SP |
| ORSERDU ORAL TABLET 345 MG, 86 MG                                                  | Tier 4 | PA; SP |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML                                                 | Tier 2 |        |

| Drug                                                                                                               | Status  | Notes                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------|
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>                                                                          | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>toremifene oral tablet 60 mg</i> (Fareston)                                                                     | Tier 4  | PA; SP                                                                                                                         |
| <b>Selective Retinoid X Receptor Agonists (Rxr)</b>                                                                |         |                                                                                                                                |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                                                                   | Tier 4  | PA; SP                                                                                                                         |
| <b>Steroid Antineoplastics</b>                                                                                     |         |                                                                                                                                |
| EMCYT ORAL CAPSULE 140 MG                                                                                          | Tier 4  | SP                                                                                                                             |
| <i>megestrol oral tablet 20 mg, 40 mg</i>                                                                          | Tier 1  |                                                                                                                                |
| <b>Tissue Protective Tx Of Chemotherapy Ext</b>                                                                    |         |                                                                                                                                |
| TOTECT INTRAVENOUS RECON SOLN 500 MG                                                                               | Tier 4  | SP                                                                                                                             |
| <b>Vinca Alkaloids</b>                                                                                             |         |                                                                                                                                |
| MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL                                                               | Tier 4  | PA; SP                                                                                                                         |
| <i>vinblastine intravenous solution 1 mg/ml</i>                                                                    | Tier 4  | SP                                                                                                                             |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML (vincristine)                                                 | Tier 4  | SP                                                                                                                             |
| <i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)                                          | Tier 4  | SP                                                                                                                             |
| <i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>                                                       | Tier 4  | SP                                                                                                                             |
| <b>Neurological Disease - Miscellaneous</b>                                                                        |         |                                                                                                                                |
| <b>Agents To Treat Multiple Sclerosis</b>                                                                          |         |                                                                                                                                |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML                                                                    | Tier 4  | PA; SP                                                                                                                         |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                                                | Tier 4  | PA; SP                                                                                                                         |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML                                                                         | Tier 4  | PA; SP                                                                                                                         |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML                                                                     | Tier 4  | PA; SP                                                                                                                         |
| BETASERON SUBCUTANEOUS KIT 0.3 MG                                                                                  | Tier 4  | PA; SP                                                                                                                         |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)                                                      | Tier 4  | PA; SP                                                                                                                         |
| BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML                                                                              | Tier 4  | PA; SP                                                                                                                         |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | Tier 4  | PA; SP                                                                                                                         |

| Drug                                                                                  | Status | Notes  |
|---------------------------------------------------------------------------------------|--------|--------|
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya)                                      | Tier 4 | PA; SP |
| GILENYA ORAL CAPSULE 0.25 MG                                                          | Tier 4 | PA; SP |
| <i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)                  | Tier 4 | PA; SP |
| GLATOPA SUBCUTANEOUS SYRINGE (glatiramer)<br>20 MG/ML, 40 MG/ML                       | Tier 4 | PA; SP |
| KESIMPTA PEN SUBCUTANEOUS<br>PEN INJECTOR 20 MG/0.4 ML                                | Tier 4 | PA; SP |
| LEMTRADA INTRAVENOUS<br>SOLUTION 12 MG/1.2 ML                                         | Tier 4 | PA; SP |
| MAVENCLAD (10 TABLET PACK)<br>ORAL TABLET 10 MG                                       | Tier 4 | PA; SP |
| MAVENCLAD (4 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAVENCLAD (5 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAVENCLAD (6 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAVENCLAD (7 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAVENCLAD (8 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAVENCLAD (9 TABLET PACK) ORAL<br>TABLET 10 MG                                        | Tier 4 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1<br>MG, 2 MG                                            | Tier 4 | PA; SP |
| MAYZENT STARTER(FOR 1MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (7 TABS)          | Tier 4 | PA; SP |
| MAYZENT STARTER(FOR 2MG<br>MAINT) ORAL TABLETS,DOSE PACK<br>0.25 MG (12 TABS)         | Tier 4 | PA; SP |
| OCREVUS INTRAVENOUS SOLUTION<br>30 MG/ML                                              | Tier 4 | PA; SP |
| PLEGRIDY INTRAMUSCULAR<br>SYRINGE 125 MCG/0.5 ML                                      | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS PEN<br>INJECTOR 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS<br>SYRINGE 125 MCG/0.5 ML, 63<br>MCG/0.5 ML- 94 MCG/0.5 ML      | Tier 4 | PA; SP |
| REBIF (WITH ALBUMIN)<br>SUBCUTANEOUS SYRINGE 22<br>MCG/0.5 ML, 44 MCG/0.5 ML          | Tier 4 | PA; SP |

| Drug                                                                                                          | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------|--------|--------|
| REBIF REBIDOSE SUBCUTANEOUS<br>PEN INJECTOR 22 MCG/0.5 ML, 44<br>MCG/0.5 ML, 8.8MCG/0.2ML-22<br>MCG/0.5ML (6) | Tier 4 | PA; SP |
| REBIF TITRATION PACK<br>SUBCUTANEOUS SYRINGE<br>8.8MCG/0.2ML-22 MCG/0.5ML (6)                                 | Tier 4 | PA; SP |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)                                                        | Tier 4 | PA; SP |
| VUMERITY ORAL CAPSULE,DELAYED<br>RELEASE(DR/EC) 231 MG                                                        | Tier 4 | PA; SP |
| <b>Agts Tx Neuromusc Transmission<br/>Dis,Pot-Chan Blkr</b>                                                   |        |        |
| <i>dalfampridine oral tablet extended</i> (Ampyra)<br><i>release 12 hr 10 mg</i>                              | Tier 4 | PA; SP |
| FIRDAPSE ORAL TABLET 10 MG                                                                                    | Tier 4 | PA; SP |
| <b>Amyotrophic Lateral Sclerosis Agents</b>                                                                   |        |        |
| EXSERVAN ORAL FILM 50 MG                                                                                      | Tier 4 | PA; SP |
| QALSODY INTRATHECAL SOLUTION<br>100 MG/15 ML (6.7 MG/ML)                                                      | Tier 4 | PA; SP |
| RADICAVA INTRAVENOUS SOLUTION<br>30 MG/100 ML                                                                 | Tier 4 | PA; SP |
| RADICAVA ORS ORAL SUSPENSION<br>105 MG/5 ML                                                                   | Tier 4 | PA; SP |
| RADICAVA ORS STARTER KIT SUSP<br>ORAL SUSPENSION 105 MG/5 ML                                                  | Tier 4 | PA; SP |
| RELYVRIO ORAL POWDER IN<br>PACKET 3-1 GRAM                                                                    | Tier 4 | PA; SP |
| <i>riluzole oral tablet 50 mg</i> (Rilutek)                                                                   | Tier 1 |        |
| TEGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                                                       | Tier 4 | PA; SP |
| TIGLUTIK ORAL SUSPENSION 50<br>MG/10 ML                                                                       | Tier 4 | PA; SP |
| <b>Anti-Cd19 (B Lymphocyte) Monoclonal<br/>Antibody</b>                                                       |        |        |
| UPLIZNA INTRAVENOUS SOLUTION<br>10 MG/ML                                                                      | Tier 4 | PA; SP |
| <b>Glypromate (Gpe) Analogs</b>                                                                               |        |        |
| DAYBUE ORAL SOLUTION 200 MG/ML                                                                                | Tier 4 | PA; SP |
| <b>Leukocyte Adhesion Inhib,Alpha4-<br/>Mediat Igg4k Mc Ab</b>                                                |        |        |
| TYSABRI INTRAVENOUS SOLUTION<br>300 MG/15 ML                                                                  | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme<br/>Replacement, Batten Disea</b>                                                 |        |        |
| BRINEURA INTRAVENTRICULAR KIT<br>300 MG/10 ML (150MG/5ML X2)                                                  | Tier 4 | PA; SP |

| Drug                                                                                               | Status | Notes  |
|----------------------------------------------------------------------------------------------------|--------|--------|
| BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML                                                    | Tier 4 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Mocd</b>                                                  |        |        |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG                                                              | Tier 4 | PA; SP |
| <b>Movement Disorders(Drug Therapy)</b>                                                            |        |        |
| AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14)                  | Tier 4 | PA; SP |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG                                                              | Tier 4 | PA; SP |
| AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)                         | Tier 4 | PA; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG                                   | Tier 4 | PA; SP |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | Tier 4 | PA; SP |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)                              | Tier 4 | PA; SP |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG                                                          | Tier 4 | PA; SP |
| tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)                                                | Tier 4 | PA; SP |
| <b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>                                          |        |        |
| SKYCLARYS ORAL CAPSULE 50 MG                                                                       | Tier 4 | PA; SP |
| <b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>                                          |        |        |
| NUDEXTA ORAL CAPSULE 20-10 MG                                                                      | Tier 3 | PA     |
| <b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>                                            |        |        |
| ZEPOSIA ORAL CAPSULE 0.92 MG                                                                       | Tier 4 | PA; SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)                  | Tier 4 | PA; SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)                       | Tier 4 | PA; SP |
| <b>Oral/Pharyngeal Disorders</b>                                                                   |        |        |
| <b>Dental Aids And Preparations</b>                                                                |        |        |
| chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Periogard)                               | Tier 1 |        |

| Drug                                                                         | Status | Notes |
|------------------------------------------------------------------------------|--------|-------|
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)                         | Tier 1 |       |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)         | Tier 1 |       |
| Q-CARE RX Q2 KIT 0.12 %                                                      | Tier 3 |       |
| Q-CARE RX Q4 KIT 0.12 %                                                      | Tier 3 |       |
| triamcinolone acetonide dental paste 0.1 % (Oralene)                         | Tier 1 |       |
| <b>Keratinocyte Growth Factor (Kgf)</b>                                      |        |       |
| KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG                                     | Tier 4 | SP    |
| <b>Nose Preparations, Miscellaneous (Rx)</b>                                 |        |       |
| cocaine nasal solution 4 % (Numbrino)                                        | Tier 1 |       |
| ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %) | Tier 1 |       |
| NUMBRINO NASAL SOLUTION 4 % (cocaine)                                        | Tier 1 |       |
| <b>Periodontal Collagenase Inhibitors</b>                                    |        |       |
| doxycycline hyclate oral tablet 20 mg                                        | Tier 1 |       |
| <b>Other Drugs</b>                                                           |        |       |
| <b>Abortifacient,Progesterone Receptor Antagonist-Typ</b>                    |        |       |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)                                   | Tier 3 | PA    |
| mifepristone oral tablet 200 mg (Mifeprex)                                   | Tier 1 | PA    |
| <b>Acid And Alkali Poison Antidotes</b>                                      |        |       |
| methylene blue (antidote) intravenous solution 1 % (10 mg/ml)                | Tier 4 | SP    |
| methylene blue (antidote) intravenous solution 5 mg/ml (ProvayBlue)          | Tier 4 | SP    |
| methylene blue (antidote) intravenous syringe 20 mg/2 ml (10 mg/ml) 1 %      | Tier 4 | SP    |
| PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (methylene blue (antidote))          | Tier 4 | SP    |
| <b>Adjuv. Kits For The Prep. Of Radiopharmaceuticals</b>                     |        |       |
| CERETEC INTRAVENOUS KIT 0.5 MG                                               | Tier 4 | SP    |
| <b>Agents For Stomatological Use</b>                                         |        |       |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %                                  | Tier 3 |       |
| DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %                                      | Tier 3 |       |
| <b>Alcohol,Systemic Use</b>                                                  |        |       |
| DEHYDRATED ALCOHOL INJECTION SOLUTION 98 % (ethanol (ethyl alcohol))         | Tier 4 | SP    |
| <b>Antidotes,Miscellaneous</b>                                               |        |       |
| acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)             | Tier 4 | SP    |

| Drug                                                                           | Status | Notes                                                                              |
|--------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------|
| CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM                                         | Tier 4 | SP                                                                                 |
| DIGIFAB INTRAVENOUS RECON SOLN 40 MG                                           | Tier 4 | SP                                                                                 |
| <i>fomepizole intravenous solution 1 gram/ml</i>                               | Tier 4 | SP                                                                                 |
| <i>sodium nitrite intravenous solution 30 mg/ml</i>                            | Tier 4 | SP                                                                                 |
| <b>Antigenic Skin Tests</b>                                                    |        |                                                                                    |
| CANDIN INTRADERMAL ALLERGEN FDA STANDARD                                       | Tier 4 | SP                                                                                 |
| <b>Antivenins</b>                                                              |        |                                                                                    |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG                                         | Tier 3 |                                                                                    |
| ANAVIP INJECTION RECON SOLN                                                    | Tier 4 | SP                                                                                 |
| <i>antivenin latrodectus mactans injection recon soln 6,000 unit</i>           | Tier 4 | SP                                                                                 |
| <i>antivenin, micrurus fulvius injection recon soln</i>                        | Tier 4 | SP                                                                                 |
| CROFAB INJECTION RECON SOLN                                                    | Tier 4 | SP                                                                                 |
| <b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>                    |        |                                                                                    |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 1 |                                                                                    |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>                       | Tier 1 | ST; ST: Requires prior prescription for Megestrol Acetate within the past 120 days |
| <b>Blood Collection Set With Local Anesthetics</b>                             |        |                                                                                    |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %                   | Tier 3 |                                                                                    |
| LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %                                       | Tier 3 |                                                                                    |
| <b>Blood Testing Preparations, In-Vitro</b>                                    |        |                                                                                    |
| COAGUCHEK XS                                                                   | Tier 3 |                                                                                    |
| <b>Cardioplegic Solutions</b>                                                  |        |                                                                                    |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) | Tier 1 |                                                                                    |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)      | Tier 1 |                                                                                    |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)    | Tier 1 |                                                                                    |

| Drug                                                                                                              | Status | Notes |
|-------------------------------------------------------------------------------------------------------------------|--------|-------|
| CARDIOPLEGIA IND 4:1 RINGER<br>PERFUSION SOLUTION 48 MEQ/522.8<br>ML (POTASSIUM)                                  | Tier 1 |       |
| CARDIOPLEGIA IND 8:1 NON-ENRCH<br>PERFUSION SOLUTION 70 MEQ/300<br>ML (POTASSIUM)                                 | Tier 1 |       |
| CARDIOPLEGIA INDUCTION 4:1<br>PERFUSION SOLUTION 30 MEQ/415<br>ML (POTASSIUM), 36 MEQ/500 ML<br>(POTASSIUM)       | Tier 1 |       |
| CARDIOPLEGIA INDUCTION 8:1<br>PERFUSION SOLUTION 100 MEQ/500<br>ML (POTASSIUM)                                    | Tier 1 |       |
| CARDIOPLEGIA MAIN 8:1 NO-ENRCH<br>PERFUSION SOLUTION 24 MEQ/300<br>ML (POTASSIUM)                                 | Tier 1 |       |
| CARDIOPLEGIA MAINT 4:1 PLASMA<br>PERFUSION SOLUTION 30 MEQ/1,047<br>ML (POTASSIUM)                                | Tier 3 |       |
| CARDIOPLEGIA MAINT 4:1 RINGER<br>PERFUSION SOLUTION 12 MEQ/504.8<br>ML (POTASSIUM)                                | Tier 1 |       |
| CARDIOPLEGIA MAINTENANCE 4:1<br>PERFUSION SOLUTION 20 MEQ/810<br>ML (POTASSIUM), 36 MEQ/L<br>(POTASSIUM)          | Tier 1 |       |
| CARDIOPLEGIA MAINTENANCE 8:1<br>PERFUSION SOLUTION 36 MEQ/500<br>ML (POTASSIUM)                                   | Tier 1 |       |
| CARDIOPLEGIA REPERFUSATE 4:1<br>PERFUSION SOLUTION 15 MEQ/477.5<br>ML (POTASSIUM)                                 | Tier 1 |       |
| CARDIOPLEGIA REPERFUSATE 4:1<br>PERFUSION SOLUTION 15 MEQ/500<br>ML (POTASSIUM), 7.5 MEQ/238.75 ML<br>(POTASSIUM) | Tier 3 |       |
| CARDIOPLEGIA WARM INDUCT 4:1<br>PERFUSION SOLUTION 40 MEQ/500<br>ML (POTASSIUM)                                   | Tier 3 |       |
| <i>cardioplegic no.17(induct 4:1) perfusion<br/>solution 50 meq/500 ml (potassium)</i>                            | Tier 1 |       |
| <i>cardioplegic no.19 (maint 4:1) perfusion<br/>solution 40 meq/l (potassium)</i>                                 | Tier 1 |       |
| <i>cardioplegic soln perfusion solution 16<br/>meq/l (= k+)</i> (Plegisol)                                        | Tier 1 |       |
| <i>cardioplegic solution no.25 perfusion<br/>solution 29 mmol/l (potassium)</i>                                   | Tier 1 |       |

| Drug                                                                                | Status  | Notes                                    |
|-------------------------------------------------------------------------------------|---------|------------------------------------------|
| CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L                          | Tier 3  |                                          |
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>      | Tier 1  |                                          |
| <i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i> | Tier 1  |                                          |
| <b>Catheter Lock Solutions</b>                                                      |         |                                          |
| DEFENCATH INTRA-CATHETER SOLUTION 13.5 MG- 1,000 UNIT/ML                            | Tier 4  | SP                                       |
| <b>Choleretics</b>                                                                  |         |                                          |
| KINEVAC INJECTION RECON SOLN 5 (sincalide) MCG                                      | Tier 4  | SP                                       |
| <i>sincalide injection recon soln 5 mcg (Kinevac)</i>                               | Tier 4  | SP                                       |
| <b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>                       |         |                                          |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML                          | Tier 3  |                                          |
| <b>Cholinesterase Reactivating,Organophos. Antidotes</b>                            |         |                                          |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>                           | Tier 3  |                                          |
| PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM                                       | Tier 4  | SP                                       |
| <b>Conception Assistance Supplies</b>                                               |         |                                          |
| CONCEPTION KIT                                                                      | Tier 3  |                                          |
| <b>Condoms</b>                                                                      |         |                                          |
| AIMSCO LATEX CONDOM DEVICE                                                          | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| DUREX AVANTI BARE REAL FEEL                                                         | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FANTASY CONDOM DEVICE                                                               | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FC2 FEMALE CONDOM                                                                   | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO CONDOMS(NON-LUBRICATED) DEVICE                                               | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO LUBRICATED CONDOMS DEVICE                                                    | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE                                               | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN CONDOMS DEVICE                                                     | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE                                               | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO TEXTURED CONDOMS DEVICE                                                      | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |

| Drug                                                                               | Status  | Notes                                                                                                                                              |
|------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| TRUSTEX LATEX CONDOM DEVICE                                                        | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| TRUSTEX LUBRICATED CONDOMS DEVICE                                                  | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| TRUSTEX NON-LUB CONDOMS DEVICE                                                     | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE                                                  | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE                                              | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                                                 | \$Copay | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60                                                                                                           |
| <b>Cryopreservative Agents</b>                                                     |         |                                                                                                                                                    |
| CRYOSERV SOLUTION 99 %                                                             | Tier 3  |                                                                                                                                                    |
| <b>Cystic Fibrosis - Inhaled Osmotic Agents</b>                                    |         |                                                                                                                                                    |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG                           | Tier 4  | ST; SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| <b>Diagnostic Test Devices And Supplies</b>                                        |         |                                                                                                                                                    |
| <i>eua patient assessment</i>                                                      | Tier 3  |                                                                                                                                                    |
| <b>Dialysis Solutions</b>                                                          |         |                                                                                                                                                    |
| DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L    | Tier 4  | SP                                                                                                                                                 |
| DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L       | Tier 4  | SP                                                                                                                                                 |
| DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L       | Tier 4  | SP                                                                                                                                                 |
| DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L      | Tier 4  | SP                                                                                                                                                 |
| DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L  | Tier 4  | SP                                                                                                                                                 |
| DELFLEX-SM WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L | Tier 4  | SP                                                                                                                                                 |
| DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L   | Tier 4  | SP                                                                                                                                                 |

| Drug                                                                                                                                                                                                   | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| DIANEAL LOW CALCIUM/4.25% DEX<br>INTRAPERITONEAL SOLUTION CA 2.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                | Tier 4 | SP    |
| DIANEAL PD-2 WITH 2.5 % DEX<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                  | Tier 4 | SP    |
| DIANEAL PD-2 WITH 4.25 % DEX<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                 | Tier 4 | SP    |
| DIANEAL PD-2/1.5% DEXTROSE<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                   | Tier 4 | SP    |
| DIANEAL WITH 1.5% DEXTROSE<br>INTRAPERITONEAL SOLUTION CA 2.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                   | Tier 4 | SP    |
| DIANEAL WITH 2.5 % DEXTROSE<br>INTRAPERITONEAL SOLUTION CA 2.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                  | Tier 4 | SP    |
| DIANEAL WITH 4.25 % DEXTROSE<br>INTRAPERITONEAL SOLUTION CA 2.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                 | Tier 4 | SP    |
| EXTRANEAL 7.5 %<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                                              | Tier 4 | SP    |
| PHOXILLUM B22K HEMODIALYSIS<br>SOLUTION K (4)-MG (1.5 MEQ/L)-PO4<br>(1)                                                                                                                                | Tier 4 | SP    |
| PHOXILLUM BK HEMODIALYSIS<br>SOLUTION K (4)-CA (2.5 MEQ/L)-PO4<br>(1)                                                                                                                                  | Tier 4 | SP    |
| PRISMASOL B22GK HEMODIALYSIS<br>SOLUTION K (2 MEQ/L) -MG (1.5<br>MEQ/L), K 4 MEQ/L -MG 1.5 MEQ/L                                                                                                       | Tier 4 | SP    |
| PRISMASOL BGK HEMODIALYSIS<br>SOLUTION CA (2.5 MEQ/L) -MG (1.5<br>MEQ/L), K (2 MEQ/L) -CA (3.5)-MG(1),<br>K (2 MEQ/L) -MG (1 MEQ/L), K (4<br>MEQ/L) -MG (1.2 MEQ/L), K (4 MEQ/L)-<br>CA (2.5)-MG (1.5) | Tier 4 | SP    |
| PRISMASOL BK HEMODIALYSIS<br>SOLUTION MG 1.2 MEQ/L                                                                                                                                                     | Tier 4 | SP    |
| ULTRABAG/DIANEAL PD-2/1.5% DEX<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                               | Tier 4 | SP    |
| ULTRABAG/DIANEAL PD-2/2.5% DEX<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L                                                                                                               | Tier 4 | SP    |

| Drug                                                                                        | Status | Notes |
|---------------------------------------------------------------------------------------------|--------|-------|
| ULTRABAG/DIANEAL PD-2/4.25%DEX<br>INTRAPERITONEAL SOLUTION CA 3.5<br>MEQ/L- MG 0.5 MEQ/L    | Tier 4 | SP    |
| ULTRABAG/DIANEAL/2.5%<br>DEXTROSE INTRAPERITONEAL<br>SOLUTION CA 2.5 MEQ/L- MG 0.5<br>MEQ/L | Tier 4 | SP    |
| <b>Diluent Solutions</b>                                                                    |        |       |
| DILUENT FOR ACTHIB<br>INTRAMUSCULAR SOLUTION 0.4 %                                          | Tier 4 | SP    |
| <i>diluent for artesunate intravenous<br/>solution</i>                                      | Tier 4 | SP    |
| DILUENT FOR BICNU INTRAVENOUS<br>SOLUTION (diluent, carmustine<br>(ethanol))                | Tier 4 | SP    |
| <i>diluent for decitabine intravenous<br/>solution</i>                                      | Tier 4 | SP    |
| DILUENT FOR ELIGARD<br>SUBCUTANEOUS SYRINGE                                                 | Tier 4 | SP    |
| DILUENT FOR ELITEK 1 ML(1.5MG)<br>INTRAVENOUS SOLUTION                                      | Tier 4 | SP    |
| DILUENT FOR ELITEK 5ML(7.5MG)<br>INTRAVENOUS SOLUTION                                       | Tier 4 | SP    |
| DILUENT FOR HIBERIX<br>INTRAMUSCULAR SOLUTION 0.9 %                                         | Tier 4 | SP    |
| DILUENT FOR HIBERIX<br>INTRAMUSCULAR SYRINGE 0.9 %                                          | Tier 4 | SP    |
| DILUENT FOR IMOVAX<br>INTRAMUSCULAR SYRINGE                                                 | Tier 4 | SP    |
| DILUENT FOR ISTODAX<br>INTRAVENOUS SOLUTION 2.2 ML (diluent, romidepsin (prop<br>gly))      | Tier 4 | SP    |
| DILUENT FOR IXEMPRA (15 MG)<br>INTRAVENOUS SOLUTION 8 ML                                    | Tier 4 | SP    |
| DILUENT FOR IXEMPRA (45 MG)<br>INTRAVENOUS SOLUTION 23.5 ML                                 | Tier 4 | SP    |
| DILUENT FOR JEVTANA<br>INTRAVENOUS SOLUTION 5.7 ML                                          | Tier 4 | SP    |
| DILUENT FOR LEFAMULIN(XENLETA)<br>INTRAVENOUS SOLUTION                                      | Tier 4 | SP    |
| <i>diluent for melphalan intravenous<br/>solution 10 ml</i>                                 | Tier 4 | SP    |
| DILUENT FOR MENHIBRIX<br>INTRAMUSCULAR SOLUTION 0.9 %                                       | Tier 4 | SP    |
| DILUENT FOR NOVOSEVEN RT<br>SUBCUTANEOUS SYRINGE                                            | Tier 4 | SP    |
| DILUENT FOR PRIORIX<br>SUBCUTANEOUS SYRINGE                                                 | Tier 4 | SP    |

| Drug                                                                                    | Status | Notes  |
|-----------------------------------------------------------------------------------------|--------|--------|
| DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE                                              | Tier 4 | SP     |
| DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (diluent for treprostinil (gly))             | Tier 4 | SP     |
| DILUENT FOR ROTARIX ORAL SYRINGE                                                        | Tier 3 |        |
| <i>diluent for treprostinil (gly) intravenous solution</i> (Diluent For Remodulin)      | Tier 4 | SP     |
| DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION                                             | Tier 4 | SP     |
| DILUENT FOR YF-VAX (1 DOSE) SUBCUTANEOUS SOLUTION 0.9 %                                 | Tier 4 | SP     |
| DILUENT FOR YF-VAX (5 DOSE) SUBCUTANEOUS SOLUTION 0.9 %                                 | Tier 4 | SP     |
| DILUENT FOR ZILRETTA INTRA-ARTICULAR SOLUTION                                           | Tier 4 | SP     |
| <i>diluent, carmustine (ethanol) intravenous solution</i> (Diluent for BiCNU)           | Tier 4 | SP     |
| <i>diluent, dexrazoxane (sod lac) intravenous solution</i>                              | Tier 4 | SP     |
| <i>diluent, romidepsin (prop gly) intravenous solution 2.2 ml</i> (Diluent For Istodax) | Tier 4 | SP     |
| <i>diluent, voretigene neparvovec subretinal solution</i>                               | Tier 4 | SP     |
| <i>diluent, temsirolimus (ethanol) intravenous solution</i>                             | Tier 4 | SP     |
| <i>diluent, yellow fever vaccine, 0.4% NaCl subcutaneous syringe 0.4 %</i>              | Tier 4 | SP     |
| DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION                                     | Tier 4 | SP     |
| DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SYRINGE                                      | Tier 4 | SP     |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION                                          | Tier 3 |        |
| ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19-8-3 MG/10 ML                                 | Tier 4 | SP     |
| STERILE DILUENT FOR HUMALOG INJECTION SOLUTION                                          | Tier 4 | SP     |
| STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION                               | Tier 3 |        |
| STERILE WATER DILUENT-CABLIVI INJECTION SYRINGE 1 ML                                    | Tier 4 | SP     |
| <b>Drugs To Treat Hereditary Tyrosinemia</b>                                            |        |        |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)                       | Tier 4 | PA; SP |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                                                     | Tier 4 | PA; SP |

| Drug                                                                                                                      | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------------------|--------|--------|
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)                                                                | Tier 4 | PA; SP |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                                                                           | Tier 4 | PA; SP |
| <b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>                                                                  |        |        |
| CERDELGA ORAL CAPSULE 84 MG                                                                                               | Tier 4 | SP     |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                                                                            | Tier 4 | PA; SP |
| OPFOLDA ORAL CAPSULE 65 MG                                                                                                | Tier 4 | PA; SP |
| YARGESA ORAL CAPSULE 100 MG (miglustat)                                                                                   | Tier 4 | PA; SP |
| <b>Environment Allergens And Irritants, Other</b>                                                                         |        |        |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED                                                                   | Tier 3 |        |
| <b>General Anesthetics - Benzodiazepine, Injectable</b>                                                                   |        |        |
| BYFAVO INTRAVENOUS RECON SOLN 20 MG                                                                                       | Tier 4 | SP     |
| <i>midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>                          | Tier 4 | SP     |
| <i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>                                                          | Tier 4 | SP     |
| <i>midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>                          | Tier 4 | SP     |
| <i>midazolam (pf) injection solution 1 mg/ml</i>                                                                          | Tier 4 | SP     |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                                                                          | Tier 1 |        |
| <i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>                                                      | Tier 4 | SP     |
| <i>midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml</i>                                                        | Tier 4 | SP     |
| <i>midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i> | Tier 4 | SP     |
| <i>midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)</i>                                                | Tier 4 | SP     |
| <i>midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>                          | Tier 4 | SP     |
| <i>midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml</i>                                                        | Tier 4 | SP     |
| <i>midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml</i>                                                        | Tier 4 | SP     |

| Drug                                                                                                                                                                  | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| midazolam in nacl,iso-osmo(pf)<br>intravenous syringe 25 mg/25 ml (1<br>mg/ml), 50 mg/50 ml (1 mg/ml)                                                                 | Tier 4 | SP    |
| midazolam injection solution 1 mg/ml                                                                                                                                  | Tier 4 | SP    |
| midazolam injection solution 5 mg/ml                                                                                                                                  | Tier 1 |       |
| midazolam intravenous syringe 125<br>mg/25 ml (5 mg/ml), 150 mg/30 ml (5<br>mg/ml), 40 mg/8 ml (5 mg/ml)                                                              | Tier 4 | SP    |
| <b>General Anesthetics,Inhalant</b>                                                                                                                                   |        |       |
| desflurane inhalation liquid 100 % (Suprane)                                                                                                                          | Tier 1 |       |
| isoflurane inhalation liquid 99.9 % (Terrell)                                                                                                                         | Tier 1 |       |
| sevoflurane inhalation liquid (Ultane)                                                                                                                                | Tier 1 |       |
| SUPRANE INHALATION LIQUID 100 % (desflurane)                                                                                                                          | Tier 3 |       |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane)                                                                                                                         | Tier 1 |       |
| <b>General Anesthetics,Injectable</b>                                                                                                                                 |        |       |
| BREVITAL INJECTION RECON SOLN<br>500 MG                                                                                                                               | Tier 4 | SP    |
| etomidate intravenous solution 2 mg/ml (Amidate)                                                                                                                      | Tier 4 | SP    |
| ketamine in 0.9 % sod chloride<br>intravenous solution 0.6 mg/ml, 1 mg/<br>ml, 10 mg/ml, 2 mg/ml                                                                      | Tier 4 | SP    |
| ketamine in 0.9 % sod chloride<br>intravenous syringe 10 mg/ml, 100<br>mg/10 ml (10 mg/ml), 20 mg/2 ml (10<br>mg/ml), 50 mg/5 ml (10 mg/ml), 60<br>mg/20 ml (3 mg/ml) | Tier 4 | SP    |
| ketamine in nacl, iso-osmotic injection<br>syringe 100 mg/10 ml (10 mg/ml), 20<br>mg/2 ml (10 mg/ml), 30 mg/3 ml (10<br>mg/ml), 50 mg/5 ml (10 mg/ml)                 | Tier 4 | SP    |
| ketamine in nacl, iso-osmotic<br>intravenous solution 10 mg/ml                                                                                                        | Tier 4 | SP    |
| ketamine in nacl, iso-osmotic<br>intravenous syringe 50 mg/5 ml (10<br>mg/ml)                                                                                         | Tier 4 | SP    |
| ketamine in sterile water injection<br>syringe 100 mg/2 ml (50 mg/ml), 50<br>mg/ml                                                                                    | Tier 4 | SP    |
| ketamine injection solution 10 mg/ml, (Ketalar)<br>100 mg/ml, 50 mg/ml                                                                                                | Tier 4 | SP    |
| ketamine intravenous syringe 100 mg/2<br>ml (50 mg/ml), 50 mg/ml (1 ml)                                                                                               | Tier 4 | SP    |
| methohexital in water (pf) intravenous<br>syringe 100 mg/10 ml (10 mg/ml)                                                                                             | Tier 4 | SP    |
| propofol intravenous emulsion 10 mg/ml (Diprivan)                                                                                                                     | Tier 4 | SP    |
| PROPOVEN (EUA) (PF)<br>INTRAVENOUS EMULSION 20 MG/ML                                                                                                                  | Tier 4 | SP    |

| Drug                                                                               | Status | Notes |
|------------------------------------------------------------------------------------|--------|-------|
| <b>General Inhalation Agents</b>                                                   |        |       |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                               | Tier 3 |       |
| NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %                 | Tier 1 |       |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                                   | Tier 3 |       |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>            | Tier 1 |       |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)          | Tier 1 |       |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)        | Tier 1 |       |
| <b>Homeopathic Drugs</b>                                                           |        |       |
| AURUMHEEL ORAL DROPS                                                               | Tier 3 |       |
| CANTHARIS COMPOSITUM ORAL DROPS                                                    | Tier 3 |       |
| CARBO-COMPOSITUM INJECTION SOLUTION                                                | Tier 4 | SP    |
| CRALONIN ORAL DROPS                                                                | Tier 3 |       |
| EYE ORAL TABLET,SOLUBLE                                                            | Tier 3 |       |
| LAMIOFLUR ORAL DROPS                                                               | Tier 3 |       |
| PLANTAGO-HOMACCORD ORAL DROPS                                                      | Tier 3 |       |
| POPULUS COMPOSITUM ORAL DROPS                                                      | Tier 3 |       |
| PSORINOHEEL ORAL DROPS                                                             | Tier 3 |       |
| RENEEL ORAL TABLET,SOLUBLE                                                         | Tier 3 |       |
| SABAL-HOMACCORD ORAL DROPS                                                         | Tier 3 |       |
| SYZYGIUM COMPOSITUM ORAL DROPS                                                     | Tier 3 |       |
| VERTIGOHEEL ORAL DROPS                                                             | Tier 3 |       |
| VERTIGOHEEL ORAL TABLET,SOLUBLE                                                    | Tier 3 |       |
| ZEEL INJECTION SOLUTION                                                            | Tier 4 | SP    |
| <b>Hymenoptera-Derived Agents</b>                                                  |        |       |
| <i>aller ex-venom-mix vespid prot subcutaneous recon soln 1,650 mcg, 3,900 mcg</i> | Tier 4 | SP    |
| <i>aller ex-venom-wht hornet prot injection recon soln 550 mcg</i>                 | Tier 4 | SP    |
| <i>aller ex-venom-ylw hornet prot injection recon soln 550 mcg</i>                 | Tier 4 | SP    |
| <i>allergen ext-venom-honey bee injection recon soln 550 mcg</i>                   | Tier 4 | SP    |

| Drug                                                                     | Status  | Notes  |
|--------------------------------------------------------------------------|---------|--------|
| <i>allergen ex-venom-wasp protein injection recon soln 550 mcg</i>       | Tier 4  | SP     |
| <i>yellow jacket venom injection recon soln 550 mcg</i>                  | Tier 4  | SP     |
| <b>Hypertrophic Cardiomyopathy Tx Agents, Ablative</b>                   |         |        |
| ABLYSINOL INTRA-ARTERIAL SOLUTION 99 %                                   | Tier 4  | SP     |
| <b>Intra-Uterine Devices (IUD's)</b>                                     |         |        |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG | \$Copay |        |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG   | \$Copay |        |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG    | \$Copay |        |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM           | \$Copay |        |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG     | \$Copay |        |
| <b>Iv Fat Emulsions</b>                                                  |         |        |
| CLINOLIPID INTRAVENOUS EMULSION 20 %                                     | Tier 4  | SP     |
| INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %                               | Tier 4  | SP     |
| NUTRILIPID INTRAVENOUS EMULSION 20 %                                     | Tier 4  | SP     |
| OMEGAVEN INTRAVENOUS EMULSION 10 %                                       | Tier 4  | SP     |
| SMOFLIPID INTRAVENOUS EMULSION 20 %                                      | Tier 4  | SP     |
| <b>Joint Tissue Replacement</b>                                          |         |        |
| MACI IMPLANT SHEET 500,000 CELL/ CM2 (3CM X 5CM)                         | Tier 4  | SP     |
| <b>Lead Poisoning, Agents To Treat (Chelating-Type)</b>                  |         |        |
| <i>edetate calcium disodium injection solution 200 mg/ml</i>             | Tier 4  | SP     |
| <i>edetate calcium disodium intravenous solution 50 mg/ml</i>            | Tier 4  | SP     |
| <b>Metabolic Deficiency Agents</b>                                       |         |        |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                      | Tier 4  | PA; SP |

| Drug                                                                               | Status | Notes  |
|------------------------------------------------------------------------------------|--------|--------|
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)                      | Tier 3 |        |
| CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (levocarnitine)                            | Tier 4 | SP     |
| levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)                      | Tier 1 |        |
| levocarnitine intravenous solution 200 mg/ml (Carnitor)                            | Tier 4 | SP     |
| levocarnitine oral solution 100 mg/ml (Carnitor (sugar-free))                      | Tier 1 |        |
| levocarnitine oral tablet 330 mg (Carnitor)                                        | Tier 1 |        |
| <b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>                          |        |        |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | Tier 4 | PA; SP |
| <b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>                          |        |        |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML                                        | Tier 4 | SP     |
| ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML                                            | Tier 4 | SP     |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML                                              | Tier 4 | PA; SP |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML                                           | Tier 4 | SP     |
| VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)                                   | Tier 4 | PA; SP |
| <b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>                          |        |        |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | Tier 4 | PA; SP |
| <b>Metallic Poison,Agents To Treat</b>                                             |        |        |
| CHEMET ORAL CAPSULE 100 MG                                                         | Tier 3 |        |
| CUVRIOR ORAL TABLET 300 MG                                                         | Tier 4 | PA; SP |
| deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)        | Tier 4 | PA; SP |
| deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)                             | Tier 4 | PA; SP |
| deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg (Exjade)               | Tier 4 | PA; SP |
| deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)                               | Tier 4 | PA; SP |
| deferoxamine injection recon soln 2 gram                                           | Tier 1 | PA     |
| deferoxamine injection recon soln 500 mg (Desferal)                                | Tier 1 | PA     |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                                     | Tier 3 |        |

| Drug                                                                        | Status | Notes                                                           |
|-----------------------------------------------------------------------------|--------|-----------------------------------------------------------------|
| NITHIODOLE INTRAVENOUS SOLUTION 300 MG/10 ML- 12.5 GRAM/50 ML               | Tier 4 | SP                                                              |
| <i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>           | Tier 4 | SP                                                              |
| <i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>              | Tier 4 | SP                                                              |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM                                          | Tier 3 |                                                                 |
| <i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>  | Tier 4 | SP                                                              |
| <i>trientine oral capsule 250 mg</i> (Syprine)                              | Tier 4 | PA; SP                                                          |
| <i>trientine oral capsule 500 mg</i>                                        | Tier 4 | PA; SP                                                          |
| WILZIN ORAL CAPSULE 25 MG (ZINC)                                            | Tier 3 |                                                                 |
| <b>Muscarinic Receptor Antagonists</b>                                      |        |                                                                 |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML               | Tier 3 |                                                                 |
| <b>Needles/Needleless Devices</b>                                           |        |                                                                 |
| AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)            | Tier 3 |                                                                 |
| AQINJECT SAFETY NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 1"                  | Tier 3 |                                                                 |
| AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)      | Tier 3 |                                                                 |
| AQINJECT STANDARD NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)      | Tier 3 |                                                                 |
| AQINJECT STANDARD NEEDLE NEEDLE 25 GAUGE X 1"                               | Tier 3 |                                                                 |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                        | Tier 2 | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS |
| BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 " | Tier 3 |                                                                 |
| BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2" (safety needles)                        | Tier 3 |                                                                 |
| BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"           | Tier 3 |                                                                 |
| BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (filter needles)    | Tier 3 |                                                                 |
| BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (filter needles)              | Tier 3 |                                                                 |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)             | Tier 3 |                                                                 |

| Drug                                                                                                                                                                                                                       |                          | Status | Notes                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------------------------------------------------------------|
| BD INTRADERMAL BEVEL NEEDLES<br>NEEDLE 26 GAUGE X 3/8"                                                                                                                                                                     | (needle (disp) 26 gauge) | Tier 3 |                                                                          |
| BD NANO 2ND GEN PEN NEEDLE<br>NEEDLE 32 GAUGE X 5/32"                                                                                                                                                                      | (pen needle, diabetic)   | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD NOKOR ADMIX NEEDLE NEEDLE<br>18 GAUGE X 1 1/2"                                                                                                                                                                          | (needle (disp) 18 g)     | Tier 3 |                                                                          |
| BD PRECISIONGLIDE NEEDLE 25<br>GAUGE X 1", 27 GAUGE X 1 1/2"                                                                                                                                                               |                          | Tier 3 |                                                                          |
| BD PRECISIONGLIDE NON-STERILE<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                  | (needle (disp) 18 g)     | Tier 3 |                                                                          |
| BD PRECISIONGLIDE NON-STERILE<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                  | (needle (disp) 19 g)     | Tier 3 |                                                                          |
| BD PRECISIONGLIDE NON-STERILE<br>NEEDLE 20 GAUGE X 1 1/2", 21<br>GAUGE X 1 1/2", 25 GAUGE X 1", 25<br>GAUGE X 5/8"                                                                                                         |                          | Tier 3 |                                                                          |
| BD PRECISIONGLIDE NON-STERILE<br>NEEDLE 23 GAUGE X 1"                                                                                                                                                                      | (needle (disp) 23 gauge) | Tier 3 |                                                                          |
| BD REGULAR BEVEL NEEDLES<br>NEEDLE 18 GAUGE X 1 1/2", 18<br>GAUGE X 1"                                                                                                                                                     | (needle (disp) 18 g)     | Tier 3 |                                                                          |
| BD REGULAR BEVEL NEEDLES<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                       | (needle (disp) 19 g)     | Tier 3 |                                                                          |
| BD REGULAR BEVEL NEEDLES<br>NEEDLE 19 GAUGE X 1", 20 GAUGE X<br>1 1/2", 20 GAUGE X 1", 21 GAUGE X 1<br>1/2", 21 GAUGE X 1", 23 GAUGE X<br>3/4", 25 GAUGE X 1 1/2", 25 GAUGE X<br>5/8", 26 GAUGE X 1/2", 27 GAUGE X<br>1/2" |                          | Tier 3 |                                                                          |
| BD SAFETYGLIDE NEEDLE NEEDLE<br>18 GAUGE X 1 1/2"                                                                                                                                                                          | (safety needles)         | Tier 3 |                                                                          |
| BD SAFETYGLIDE NEEDLE NEEDLE<br>21 GAUGE X 1 1/2", 21 GAUGE X 1", 23<br>GAUGE X 1", 25 GAUGE X 1", 25<br>GAUGE X 5/8", 27 X 5/8 "                                                                                          |                          | Tier 3 |                                                                          |
| BD SHORT BEVEL NEEDLES NEEDLE<br>18 GAUGE X 1 1/2"                                                                                                                                                                         | (needle (disp) 18 g)     | Tier 3 |                                                                          |
| BD SHORT BEVEL NEEDLES NEEDLE<br>20 GAUGE X 1 1/2", 20 GAUGE X 1"                                                                                                                                                          |                          | Tier 3 |                                                                          |
| BD SHORT BEVEL THIN WALL<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                       | (needle (disp) 19 g)     | Tier 3 |                                                                          |
| BD SHORT BEVEL THIN WALL<br>NEEDLE 19 GAUGE X 1"                                                                                                                                                                           |                          | Tier 3 |                                                                          |

| Drug                                                                                                                                                                | Status | Notes                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------|
| BD SPECIALTY USE NEEDLES<br>NEEDLE 16 GAUGE X 1 1/2", 21<br>GAUGE X 2", 23 GAUGE X 1 1/4", 25<br>GAUGE X 7/8", 27 GAUGE X 1 1/4", 30<br>GAUGE X 1", 30 GAUGE X 1/2" | Tier 3 |                                                                          |
| BD SPECIALTY USE NEEDLES (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                               | Tier 3 |                                                                          |
| BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 1/4"                                                                                     | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 3/16"                                                                                     | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"                                                                                     | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 29 GAUGE X 1/2"                                                                                      | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 5/16"                                                                                    | Tier 2 | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>blunt needle, disposable needle 18 x 1<br/>1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>                                                                                     | Tier 3 |                                                                          |
| CAREPOINT PRECISION NEEDLE<br>NEEDLE 21 GAUGE X 1"                                                                                                                  | Tier 3 |                                                                          |
| CARETOUCH HYPODERMIC NEEDLE (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                        | Tier 3 |                                                                          |
| CARETOUCH HYPODERMIC NEEDLE<br>NEEDLE 20 GAUGE X 1", 22 GAUGE X<br>1", 23 GAUGE X 1 1/2", 25 GAUGE X 1<br>1/2", 25 GAUGE X 1", 25 GAUGE X<br>5/8", 26 GAUGE X 1"    | Tier 3 |                                                                          |
| CARETOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                        | Tier 3 |                                                                          |
| EASY TOUCH FLIPLOCK NEEDLE (safety needles)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                             | Tier 3 |                                                                          |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| EASY TOUCH FLIPLOCK NEEDLE<br>NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"                                       | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE<br>NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                 | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                              | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                             | Tier 3 |       |
| EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 26 gauge)<br>NEEDLE 26 GAUGE X 3/8"                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 3 |       |
| EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)                                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                            | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                          | Tier 3 |       |
| EXEL HYPODERMIC NEEDLES (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                         | Tier 3 |       |
| EXEL HYPODERMIC NEEDLES<br>NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" | Tier 3 |       |
| EXEL HYPODERMIC NEEDLES (needle (disp) 26 gauge)<br>NEEDLE 26 GAUGE X 3/8"                                                                                                                                                                                                                                                                                                                       | Tier 3 |       |
| <i>filter needles needle 18 gauge x 1 1/2"</i> (BD Filter Needle 5-Micron Noko)                                                                                                                                                                                                                                                                                                                  | Tier 3 |       |
| <i>filter needles needle 19 x 1 "</i>                                                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| <i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| FLOW-EZE VENTED NEEDLE NEEDLE                                                                                                                                                                                                                                                                                                                                                                    | Tier 3 |       |
| HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM                                                                                                                                                                                                                                                                                                                                              | Tier 3 |       |
| HALO VIAL CONVERTER DEVICE 13 MM                                                                                                                                                                                                                                                                                                                                                                 | Tier 3 |       |
| <i>huber safety needles (disp.) needle 22 x 3/4 "</i>                                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| HYPODERMIC NEEDLES NEEDLE 18 (needle (disp) 18 g)<br>GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                              | Tier 3 |       |
| HYPODERMIC NEEDLES NEEDLE 21<br>GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                | Tier 3 |       |
| HYPODERMIC NEEDLES NEEDLE 23 (needle (disp) 23 gauge)<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                              | Tier 3 |       |
| INTEGRA PRECISIONGLIDE NEEDLE<br>NEEDLE 25 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                          | Tier 3 |       |
| LIFESHIELD BLUNT CANNULA (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1"                                                                                                                                                                                                                                                                                                                            | Tier 3 |       |
| MAGELLAN SAFETY NEEDLE NEEDLE<br>23 GAUGE X 5/8"                                                                                                                                                                                                                                                                                                                                                 | Tier 3 |       |
| MONOJECT BLOOD COLLECTION<br>NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"                                                                                                                                                                                                                                                                                                    | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| MONOJECT FILTER ASPIRATOR<br>NEEDLE 18 X 3 "                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 3 |       |
| MONOJECT FILTER NEEDLE NEEDLE (filter needles)<br>5 MICRON 20 X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tier 3 |       |
| MONOJECT HYPODERMIC NEEDLES<br>NEEDLE 14 GAUGE X 1 1/2", 14<br>GAUGE X 1", 14 GAUGE X 2", 15<br>GAUGE X 1 1/2", 16 GAUGE X 1 1/2",<br>16 GAUGE X 3/4", 16 GAUGE X 5/8", 19<br>GAUGE X 1", 20 GAUGE X 1 1/2", 20<br>GAUGE X 1", 21 GAUGE X 1 1/2", 21<br>GAUGE X 1", 21 GAUGE X 2", 22<br>GAUGE X 1 1/2", 22 GAUGE X 1", 25<br>GAUGE X 1 1/2", 25 GAUGE X 1 1/4",<br>25 GAUGE X 1", 25 GAUGE X 5/8", 25<br>X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X<br>1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE<br>X 1/2", 30 GAUGE X 3/4" | Tier 3 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 16 g)<br>NEEDLE 16 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                         | Tier 3 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 18 g)<br>NEEDLE 18 GAUGE X 1 1/2", 18<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                   | Tier 3 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 19 g)<br>NEEDLE 19 GAUGE X 1 1/2"                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 3 |       |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge)<br>NEEDLE 23 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tier 3 |       |
| MONOJECT HYPODERMIC (needle (disp) 18 g)<br>POLYPROPYL NEEDLE 18 GAUGE X 1<br>1/2", 18 GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 3 |       |
| MONOJECT HYPODERMIC (needle (disp) 19 g)<br>POLYPROPYL NEEDLE 19 GAUGE X 1<br>1/2"                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| MONOJECT HYPODERMIC<br>POLYPROPYL NEEDLE 19 GAUGE X<br>1", 20 GAUGE X 1 1/2", 20 GAUGE X<br>1", 21 GAUGE X 1 1/2", 21 GAUGE X<br>1", 22 GAUGE X 1 1/2", 22 GAUGE X<br>1", 23 GAUGE X 3/4", 25 GAUGE X 1<br>1/2", 25 GAUGE X 1", 25 GAUGE X<br>5/8", 26 GAUGE X 1/2", 27 GAUGE X<br>1/2", 30 GAUGE X 3/4"                                                                                                                                                                                                         | Tier 3 |       |
| MONOJECT HYPODERMIC (needle (disp) 23 gauge)<br>POLYPROPYL NEEDLE 23 GAUGE X<br>1"                                                                                                                                                                                                                                                                                                                                                                                                                               | Tier 3 |       |
| MONOJECT MEDICATION TRANSF<br>NDL NEEDLE 20 X 1 "                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tier 3 |       |
| MULTI-DRAW NEEDLE NEEDLE 20<br>GAUGE X 1", 21 GAUGE X 1", 22<br>GAUGE X 1"                                                                                                                                                                                                                                                                                                                                                                                                                                       | Tier 3 |       |

| Drug                                                                                                                                                                                                                                                                                                                    | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>needle (disp) 16 g needle 16 gauge x 1"</i> (BD Specialty Use Needles)                                                                                                                                                                                                                                               | Tier 3 |        |
| <i>needle (disp) 18 g needle 18 gauge x 1"</i> (BD Regular Bevel Needles)                                                                                                                                                                                                                                               | Tier 3 |        |
| <i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i> (BD PrecisionGlide Non-Sterile)                                                                                                                                                                                                                                      | Tier 3 |        |
| <i>needle (disp) 23 gauge needle 23 gauge x 1"</i> (Aqinject Standard Needle)                                                                                                                                                                                                                                           | Tier 3 |        |
| <i>needles, huber disposable needle 22 x 1"</i>                                                                                                                                                                                                                                                                         | Tier 3 |        |
| NOKOR NEEDLE NEEDLE 16 GAUGE X 1" (needle (disp) 16 g)                                                                                                                                                                                                                                                                  | Tier 3 |        |
| NOKOR NEEDLE NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)                                                                                                                                                                                                                                                                  | Tier 3 |        |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM                                                                                                                                                                                                                                                                            | Tier 3 |        |
| POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)                                                                                                                                                                                                                                            | Tier 3 |        |
| POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"                                                                                                    | Tier 3 |        |
| POLY HUB NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)                                                                                                                                                                                                                                                           | Tier 3 |        |
| <i>safety needles needle 18 gauge x 1 1/2"</i> (Aqinject Safety Needle)                                                                                                                                                                                                                                                 | Tier 3 |        |
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2" (safety needles)                                                                                                                                                                                                                                                              | Tier 3 |        |
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" | Tier 3 |        |
| YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"                                                                                                                                                                                                                                                                        | Tier 3 |        |
| <b>Neuromuscular Blocking Agents</b>                                                                                                                                                                                                                                                                                    |        |        |
| <i>atracurium intravenous solution 10 mg/ml</i>                                                                                                                                                                                                                                                                         | Tier 4 | SP     |
| BOTOX INJECTION RECON SOLN 200 UNIT                                                                                                                                                                                                                                                                                     | Tier 4 | PA; SP |

| Drug                                                                                                                                                 | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i> (Nimbex)                                                            | Tier 4 | SP     |
| DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT                                                                                                            | Tier 4 | PA; SP |
| DYSPORE INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT                                                                                                  | Tier 4 | PA; SP |
| MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML                                                                    | Tier 4 | PA; SP |
| <i>rocuronium intravenous solution 10 mg/ml</i>                                                                                                      | Tier 4 | SP     |
| <i>rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)</i>                                        | Tier 4 | SP     |
| <i>succinylcholine chloride injection solution 20 mg/ml</i> (Anectine)                                                                               | Tier 4 | SP     |
| <i>succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)</i> | Tier 4 | SP     |
| <i>succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)</i>                                                                    | Tier 4 | SP     |
| <i>succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml</i>                                                                                    | Tier 4 | SP     |
| <i>succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>                    | Tier 4 | SP     |
| <i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>                                                                                        | Tier 4 | SP     |
| <i>vecuronium in sterile water intravenous syringe 10 mg/10 ml (1 mg/ml)</i>                                                                         | Tier 4 | SP     |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT                                                                                          | Tier 4 | PA; SP |
| <b>Ointment/Cream Bases</b>                                                                                                                          |        |        |
| RADIAGEL TOPICAL GEL                                                                                                                                 | Tier 3 |        |
| <b>Ophthalmic Surgical Aids</b>                                                                                                                      |        |        |
| ADATO SIL-OL 5000 INTRAOCULAR SYRINGE 5,000 MPAS                                                                                                     | Tier 4 | SP     |
| MEMBRANEBLUE INTRAOCULAR SYRINGE 0.15 %                                                                                                              | Tier 4 | SP     |
| SILIKON INTRAOCULAR OIL 1,000 CENTISTOKES                                                                                                            | Tier 4 | SP     |
| TISSUEBLUE INTRAOCULAR SYRINGE 0.025 %                                                                                                               | Tier 4 | SP     |
| VISIONBLUE INTRAOCULAR SYRINGE 0.06 %                                                                                                                | Tier 4 | SP     |

| Drug                                                                                                                    | Status | Notes  |
|-------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Ophthalmic Vegf-A And Ang-2 Inhib, Bispecific Ab</b>                                                                 |        |        |
| VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML                                                                              | Tier 4 | PA; SP |
| <b>Oral Lipid Supplements</b>                                                                                           |        |        |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML                                                                                         | Tier 4 | PA; SP |
| <b>Oral Mucositis/Stomatitis Agents</b>                                                                                 |        |        |
| FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML                                                    | Tier 3 |        |
| GELX MUCOUS MEMBRANE GEL                                                                                                | Tier 3 |        |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH                                                                                    | Tier 3 |        |
| <b>Parenteral Amino Acid Solutions And Combinations</b>                                                                 |        |        |
| aa 2 % no1 ped-d10-calcium-hep intravenous parenteral solution 2 %-10 %- 2.33 meq/250 ml, 2 %-10 %- 3.75 meq/250 ml     | Tier 4 | SP     |
| aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml, 3 %-10 %- 3.75 meq/250 ml     | Tier 4 | SP     |
| aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml                               | Tier 4 | SP     |
| aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution 4 %-10 %- 3.75 meq/250 ml                                | Tier 4 | SP     |
| aa 6% no.1 ped-d10-calcium-hep intravenous parenteral solution 6 %-10 %- 3.75 meq/250 ml                                | Tier 4 | SP     |
| aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml                              | Tier 4 | SP     |
| aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml | Tier 4 | SP     |
| aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %- 3.75 meq/250 ml       | Tier 4 | SP     |
| amino acid 2.5% no.2(ped)-d10w intravenous parenteral solution 2.5-10 %                                                 | Tier 4 | SP     |
| amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %                                                   | Tier 4 | SP     |

| Drug                                                                               | Status | Notes |
|------------------------------------------------------------------------------------|--------|-------|
| <i>amino acid 3.5% no.2(ped)-d10w<br/>intravenous parenteral solution 3.5-10 %</i> | Tier 4 | SP    |
| <i>amino acid 4 % no.2 (ped)-d10w<br/>intravenous parenteral solution 4-10 %</i>   | Tier 4 | SP    |
| AMINOSYN II 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                           | Tier 4 | SP    |
| AMINOSYN II 15 % INTRAVENOUS<br>PARENTERAL SOLUTION 15 %                           | Tier 4 | SP    |
| AMINOSYN-PF 10 % INTRAVENOUS<br>PARENTERAL SOLUTION 10 %                           | Tier 4 | SP    |
| AMINOSYN-PF 7 % (SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 7 %           | Tier 4 | SP    |
| CLINIMIX 5%/D15W SULFITE FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %            | Tier 4 | SP    |
| CLINIMIX 4.25%/D10W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %         | Tier 4 | SP    |
| CLINIMIX 4.25%/D5W SULFIT FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %        | Tier 4 | SP    |
| CLINIMIX 5%-D20W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %           | Tier 4 | SP    |
| CLINIMIX 6%-D5W (SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 6-5 %         | Tier 4 | SP    |
| CLINIMIX 8%-D10W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-10 %        | Tier 4 | SP    |
| CLINIMIX 8%-D14W(SULFITE-FREE)<br>INTRAVENOUS PARENTERAL<br>SOLUTION 8-14 %        | Tier 4 | SP    |
| CLINIMIX E 2.75%/D5W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 2.75 %        | Tier 4 | SP    |
| CLINIMIX E 4.25%/D10W SUL FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %        | Tier 4 | SP    |
| CLINIMIX E 4.25%/D5W SULF FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 4.25 %        | Tier 4 | SP    |
| CLINIMIX E 5%/D15W SULFIT FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %           | Tier 4 | SP    |
| CLINIMIX E 5%/D20W SULFIT FREE<br>INTRAVENOUS PARENTERAL<br>SOLUTION 5 %           | Tier 4 | SP    |

| Drug                                                                                          | Status | Notes |
|-----------------------------------------------------------------------------------------------|--------|-------|
| CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %                         | Tier 4 | SP    |
| CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %                         | Tier 4 | SP    |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %                                         | Tier 4 | SP    |
| KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %                                                   | Tier 4 | SP    |
| PERIKABIVEN INTRAVENOUS EMULSION 2.36-7.5-3.5 %                                               | Tier 4 | SP    |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %                                                | Tier 4 | SP    |
| PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                                            | Tier 4 | SP    |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION                                                   | Tier 4 | SP    |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                                            | Tier 4 | SP    |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %                                          | Tier 4 | SP    |
| <b>Patent Ductus Arteriosus Treat. Agents, Nsaid-Type</b>                                     |        |       |
| <i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i> (NeoProfen (ibuprofen lysn)(PF)) | Tier 4 | SP    |
| <i>indomethacin sodium intravenous recon soln 1 mg</i>                                        | Tier 4 | SP    |
| <b>Protein Replacement</b>                                                                    |        |       |
| AMINOPROTECT INTRAVENOUS SOLUTION 25-25 MG/ML                                                 | Tier 4 | SP    |
| <i>arginine-lysine in 0.9 % nacl intravenous solution 25-25 mg/ml</i>                         | Tier 4 | SP    |
| ELCYS INTRAVENOUS SOLUTION 50 MG/ML (cysteine (l-cysteine))                                   | Tier 4 | SP    |
| <b>Saliva Stimulant Agents</b>                                                                |        |       |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM                                                     | Tier 3 |       |
| <b>Saliva Substitute Agents</b>                                                               |        |       |
| NUMOISYN MUCOUS MEMBRANE LIQUID                                                               | Tier 3 |       |
| <b>Selective Relaxant Binding Agents (Srbas)</b>                                              |        |       |
| BRIDION INTRAVENOUS SOLUTION 100 MG/ML                                                        | Tier 4 | SP    |
| <b>Sexual Dysfunction Devices</b>                                                             |        |       |
| RAPPORT VACUUM THERAPY KIT                                                                    | Tier 3 |       |

| Drug                                                                                                                   | Status | Notes  |
|------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Skin Tissue Replacement</b>                                                                                         |        |        |
| APLIGRAF TOPICAL DISK                                                                                                  | Tier 3 |        |
| EPIFIX AMNIOTIC MEMBRANE<br>TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X<br>4 CM, 7 X 7 CM                                       | Tier 3 |        |
| GRAFIX CORE TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM                                 | Tier 3 |        |
| GRAFIX PRIME TOPICAL SHEET 1.5 X<br>2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4<br>CM, 5 X 5 CM                                | Tier 3 |        |
| GRAFIX XC TOPICAL SHEET 7.5 X 15<br>CM                                                                                 | Tier 3 |        |
| MIRO3D TOPICAL SHEET 10 X 5 X 2<br>CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5<br>X 2 CM                                     | Tier 3 |        |
| MIRODERM FENESTRATED PLUS<br>TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8<br>X 15 CM, 8 X 8 CM                                  | Tier 3 |        |
| MIRODERM FENESTRATED TOPICAL<br>SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM,<br>4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8<br>CM      | Tier 3 |        |
| STRATAGRAFT TOPICAL SHEET 8 CM<br>X 12.5 CM                                                                            | Tier 3 |        |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3<br>X 6 CM                                                                            | Tier 3 |        |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4<br>X 8 CM                                                                            | Tier 3 |        |
| <b>Solvents</b>                                                                                                        |        |        |
| <i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)                                                              | Tier 3 |        |
| <i>isopropyl alcohol solution 91 %, 99 %</i>                                                                           | Tier 3 |        |
| MURI-LUBE OIL                                                                                                          | Tier 3 |        |
| <b>Somatostatic Agents</b>                                                                                             |        |        |
| <i>lanreotide subcutaneous syringe 120</i> (Somatuline Depot)<br><i>mg/0.5 ml</i>                                      | Tier 4 | PA; SP |
| MYCAPSSA ORAL<br>CAPSULE,DELAYED<br>RELEASE(DR/EC) 20 MG                                                               | Tier 4 | PA; SP |
| <i>octreotide acetate injection solution</i><br><i>1,000 mcg/ml, 200 mcg/ml</i>                                        | Tier 4 | SP     |
| <i>octreotide acetate injection solution 100</i> (Sandostatin)<br><i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>                 | Tier 4 | SP     |
| <i>octreotide acetate injection syringe 100</i><br><i>mcg/ml (1 ml), 50 mcg/ml (1 ml), 500</i><br><i>mcg/ml (1 ml)</i> | Tier 4 | SP     |

| Drug                                                                                                         | Status | Notes  |
|--------------------------------------------------------------------------------------------------------------|--------|--------|
| SANDOSTATIN LAR DEPOT<br>INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL<br>RECON 10 MG, 20 MG, 30 MG               | Tier 4 | PA; SP |
| SIGNIFOR LAR INTRAMUSCULAR<br>SUSPENSION FOR RECONSTITUTION<br>10 MG, 20 MG, 30 MG, 40 MG, 60 MG             | Tier 4 | PA; SP |
| SIGNIFOR SUBCUTANEOUS<br>SOLUTION 0.3 MG/ML (1 ML), 0.6<br>MG/ML (1 ML), 0.9 MG/ML (1 ML)                    | Tier 4 | PA; SP |
| SOMATULINE DEPOT<br>SUBCUTANEOUS SYRINGE 60 MG/0.2<br>ML, 90 MG/0.3 ML                                       | Tier 4 | PA; SP |
| <b>Specific Flush Solutions</b>                                                                              |        |        |
| LANTIDRA RINSE BAG INTRAPORTAL<br>SOLUTION                                                                   | Tier 4 | SP     |
| <b>Support Hosiery</b>                                                                                       |        |        |
| T.E.D. ANTI-EMBOLISM STOCKING                                                                                | Tier 3 |        |
| T.E.D. KNEE LENGTH-M-LONG                                                                                    | Tier 3 |        |
| T.E.D. KNEE LENGTH-S-REGULAR                                                                                 | Tier 3 |        |
| <b>Surfactants</b>                                                                                           |        |        |
| IV SOL STABILIZER FOR BLINCYTO<br>INTRAVENOUS SOLUTION                                                       | Tier 4 | SP     |
| <b>Suspending Agents</b>                                                                                     |        |        |
| GELFILM IMPLANT FILM                                                                                         | Tier 3 |        |
| <i>hydroxypropyl cellulose powder</i>                                                                        | Tier 3 |        |
| <b>Tissue/Wound Adhesives</b>                                                                                |        |        |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5<br>UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2<br>ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Tier 3 |        |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL KIT 10 ML, 2 ML, 4 ML                                               | Tier 3 |        |
| TISSEEL VHSD (APROTININ, SYN)<br>TOPICAL SYRINGE 10 ML, 2 ML, 4 ML                                           | Tier 3 |        |
| <b>Urine Acetone Test Aids</b>                                                                               |        |        |
| KETONE CARE STRIP                                                                                            | Tier 3 |        |
| KETONE URINE TEST STRIP                                                                                      | Tier 3 |        |
| KETOSTIX STRIP                                                                                               | Tier 3 |        |
| TRUEPLUS KETONE STRIP                                                                                        | Tier 3 |        |
| <b>Urine Multiple Test Aids</b>                                                                              |        |        |
| CHEK-STIX CONTROL STRIP                                                                                      | Tier 3 |        |
| CHEMSTRIP 10 MD STRIP                                                                                        | Tier 3 |        |
| CHEMSTRIP 10/SG STRIP                                                                                        | Tier 3 |        |
| CHEMSTRIP 2 GP STRIP                                                                                         | Tier 3 |        |
| CHEMSTRIP 50B STRIP                                                                                          | Tier 3 |        |
| CHEMSTRIP 7 STRIP                                                                                            | Tier 3 |        |

| Drug                                                                              | Status | Notes |
|-----------------------------------------------------------------------------------|--------|-------|
| CHEMSTRIP 9 STRIP                                                                 | Tier 3 |       |
| COMBISTIX REAGENT STRIP                                                           | Tier 3 |       |
| HEMA-COMBISTIX STRIP                                                              | Tier 3 |       |
| LABSTIX REAGENT STRIP                                                             | Tier 3 |       |
| MULTISTIX 10 SG STRIP                                                             | Tier 3 |       |
| MULTISTIX 5 STRIP                                                                 | Tier 3 |       |
| MULTISTIX 7 STRIP                                                                 | Tier 3 |       |
| MULTISTIX 8 SG STRIP                                                              | Tier 3 |       |
| MULTISTIX 9 SG STRIP                                                              | Tier 3 |       |
| MULTISTIX 9 STRIP                                                                 | Tier 3 |       |
| MULTISTIX STRIP                                                                   | Tier 3 |       |
| URISTIX 4 STRIP                                                                   | Tier 3 |       |
| URISTIX REAGENT STRIP                                                             | Tier 3 |       |
| <b>Urine Test Aids,Miscellaneous</b>                                              |        |       |
| ALBUSTIX REAGENT STRIP                                                            | Tier 3 |       |
| AZO TEST STRIPS STRIP                                                             | Tier 3 |       |
| CHEMSTRIP 2 STRIP                                                                 | Tier 3 |       |
| CHEMSTRIP MICRAL STRIP                                                            | Tier 3 |       |
| <b>Vaccine Adjuvants</b>                                                          |        |       |
| AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION                           | Tier 4 | SP    |
| SHINGRIX ADJUVANT COMPONENT- PF INTRAMUSCULAR SUSPENSION                          | Tier 4 | SP    |
| <b>Vehicles</b>                                                                   |        |       |
| <i>citric acid anhydrous (bulk) granules 100 %</i>                                | Tier 3 |       |
| GEL VEHICLE FOR NEXOBRID TOPICAL GEL                                              | Tier 3 |       |
| <b>Venosclerosing Agents</b>                                                      |        |       |
| ASCLERA INTRAVENOUS SOLUTION 0.5 % (10 MG/2 ML), 1 % (20 MG/2 ML)                 | Tier 4 | SP    |
| ETHAMOLIN INTRAVENOUS SOLUTION 5 %                                                | Tier 4 | SP    |
| <i>sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml)</i> (Sotradecol) | Tier 4 | SP    |
| SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML)                                    | Tier 4 | SP    |
| SOTRADECOL INTRAVENOUS SOLUTION 3 % (30 MG/ML) (sodium tetradecyl sulfate)        | Tier 4 | SP    |
| VARITHENA INTRAVENOUS FOAM 1 %                                                    | Tier 4 | SP    |
| <b>Water</b>                                                                      |        |       |
| BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION                                 | Tier 4 | SP    |

| Drug                                                                                                  | Status | Notes  |
|-------------------------------------------------------------------------------------------------------|--------|--------|
| STERILE WATER FOR INJECTION (water for injection, sterile)<br>INJECTION SOLUTION                      | Tier 4 | SP     |
| <i>water for inject, bacteriostat injection solution</i> (Bacteriostatic Water-Kanjinti)              | Tier 4 | SP     |
| <i>water for injection, sterile injection solution</i> (Sterile Water for Injection)                  | Tier 4 | SP     |
| <i>water for injection, sterile injection syringe</i>                                                 | Tier 4 | SP     |
| <i>water for injection, sterile intravenous parenteral solution</i>                                   | Tier 4 | SP     |
| <b>Other Respiratory Disorders</b>                                                                    |        |        |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>                                                        |        |        |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)                                                      | Tier 4 | PA; SP |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)                                               | Tier 4 | PA; SP |
| <i>pirfenidone oral tablet 534 mg</i>                                                                 | Tier 4 | PA; SP |
| <b>Cystic Fib.Transmemb<br/>Conduct.Reg.(Cftr)Potentiator</b>                                         |        |        |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG                                 | Tier 4 | PA; SP |
| KALYDECO ORAL TABLET 150 MG                                                                           | Tier 4 | PA; SP |
| <b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>                                         |        |        |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                      | Tier 4 | PA; SP |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG                                                            | Tier 4 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | Tier 4 | PA; SP |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 4 | PA; SP |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Tier 4 | PA; SP |
| <b>Lung Surfactants</b>                                                                               |        |        |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML                                          | Tier 3 |        |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML                                                            | Tier 3 |        |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML                                                            | Tier 3 |        |

| Drug                                                                      | Status  | Notes                                                                                                                                                 |
|---------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mucolytics</b>                                                         |         |                                                                                                                                                       |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>         | Tier 1  |                                                                                                                                                       |
| PULMOZYME INHALATION SOLUTION<br>1 MG/ML                                  | Tier 4  | PA; SP                                                                                                                                                |
| <b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>                    |         |                                                                                                                                                       |
| OFEV ORAL CAPSULE 100 MG, 150 MG                                          | Tier 4  | PA; SP                                                                                                                                                |
| <b>Pain Management - Analgesics</b>                                       |         |                                                                                                                                                       |
| <b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>                  |         |                                                                                                                                                       |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)             | Tier 1  | ST; ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)            | Tier 1  |                                                                                                                                                       |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)                   | Tier 1  |                                                                                                                                                       |
| <b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>              |         |                                                                                                                                                       |
| <i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>               | Tier 1  |                                                                                                                                                       |
| <i>butalbital-aspirin-cafeine oral tablet 50-325-40 mg</i>                | Tier 1  |                                                                                                                                                       |
| <b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>             |         |                                                                                                                                                       |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet) | Tier 1  |                                                                                                                                                       |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)    | Tier 1  |                                                                                                                                                       |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)     | Tier 1  |                                                                                                                                                       |
| FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)        | Tier 1  |                                                                                                                                                       |
| ZEBUTAL ORAL CAPSULE 50-325-40 MG (butalbital-acetaminophen-caff)         | Tier 1  |                                                                                                                                                       |
| <b>Analgesic/Antipyretics, Salicylates</b>                                |         |                                                                                                                                                       |
| <i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)                         | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                       |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)   | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS                                                                                       |

| Drug                                                                                                                           | Status  | Notes                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------------------------|
| ASPIR-TRIN ORAL TABLET,DELAYED (aspirin)<br>RELEASE (DR/EC) 325 MG                                                             | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BAYER ASPIRIN ORAL TABLET 325 (aspirin)<br>MG                                                                                  | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| BAYER ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>325 MG                                                       | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>choline,magnesium salicylate oral liquid<br/>500 mg/5 ml</i>                                                                | Tier 1  |                                                                          |
| <i>diflunisal oral tablet 500 mg</i>                                                                                           | Tier 1  |                                                                          |
| ECOTRIN ORAL TABLET,DELAYED (aspirin)<br>RELEASE (DR/EC) 325 MG                                                                | \$Copay | \$0 COPAY AT WELLSTAR<br>PHARMACIES OR CVS<br>FOR OUT-OF-AREA<br>MEMBERS |
| <i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)                                                                         | Tier 1  |                                                                          |
| <b>Analgesic/Antipyretics,Non-Salicylate</b>                                                                                   |         |                                                                          |
| <i>acetaminophen intravenous solution<br/>1,000 mg/100 ml (10 mg/ml), 500 mg/50<br/>ml (10 mg/ml), 650 mg/65 ml (10 mg/ml)</i> | Tier 4  | SP                                                                       |
| <i>acetaminophen intravenous syringe 325<br/>mg/32.5 ml (10 mg/ml), 500 mg/50 ml<br/>(10 mg/ml)</i>                            | Tier 4  | SP                                                                       |
| <b>Analgesics Narcotic, Anesthetic<br/>Adjunct Agents</b>                                                                      |         |                                                                          |
| <i>fentanyl citrate (pf) injection solution 50<br/>mcg/ml</i>                                                                  | Tier 4  | SP                                                                       |
| <i>fentanyl citrate (pf) injection syringe 25<br/>mcg/0.5 ml, 50 mcg/ml</i>                                                    | Tier 4  | SP                                                                       |
| <i>fentanyl citrate (pf) intravenous solution<br/>50 mcg/ml</i>                                                                | Tier 4  | SP                                                                       |
| <i>fentanyl citrate (pf) intravenous syringe<br/>500 mcg/10 ml (50 mcg/ml)</i>                                                 | Tier 4  | SP                                                                       |
| <i>remifentanil intravenous recon soln 1 (Ultiva)<br/>mg, 2 mg, 5 mg</i>                                                       | Tier 4  | SP                                                                       |
| <i>sufentanil citrate intravenous solution 50<br/>mcg/ml</i>                                                                   | Tier 4  | SP                                                                       |
| <b>Analgesics, Narcotic Agonist And<br/>Nsaid Combination</b>                                                                  |         |                                                                          |
| <i>hydrocodone-ibuprofen oral tablet 10-<br/>200 mg, 5-200 mg, 7.5-200 mg</i>                                                  | Tier 1  |                                                                          |

| Drug                                                                                                             | Status | Notes                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------|
| <b>Analgesics, Neuronal-Type Calcium Channel Blockers</b>                                                        |        |                                                                                                                |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML                                                                | Tier 4 | SP                                                                                                             |
| <b>Analgesics, Non-Narcotics</b>                                                                                 |        |                                                                                                                |
| clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml) (Duraclon (PF))                                    | Tier 1 |                                                                                                                |
| clonidine (pf) epidural solution 5,000 mcg/10 ml                                                                 | Tier 1 |                                                                                                                |
| <b>Analgesics, Narcotics</b>                                                                                     |        |                                                                                                                |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)             | Tier 3 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |
| belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg                                             | Tier 1 |                                                                                                                |
| buprenorphine hcl injection solution 0.3 mg/ml                                                                   | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| buprenorphine hcl injection syringe 0.3 mg/ml                                                                    | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans) | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| butorphanol injection solution 1 mg/ml, 2 mg/ml                                                                  | Tier 1 |                                                                                                                |
| butorphanol nasal spray, non-aerosol 10 mg/ml                                                                    | Tier 1 |                                                                                                                |
| codeine sulfate oral tablet 15 mg, 30 mg                                                                         | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years)                                                                       |
| codeine sulfate oral tablet 60 mg                                                                                | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                        |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML                                           | Tier 3 |                                                                                                                |
| DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML                                                                        | Tier 4 | SP                                                                                                             |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML                                                                    | Tier 3 |                                                                                                                |
| DILAUDID (PF) INJECTION SYRINGE 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))                                   | Tier 3 |                                                                                                                |

| Drug                                                                                                                                                                                                                                              | Status | Notes  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG                                                                                                                                                                                                     | Tier 4 | PA; SP |
| DURAMORPH (PF) INJECTION (morphine (pf))<br>SOLUTION 0.5 MG/ML, 1 MG/ML                                                                                                                                                                           | Tier 4 | SP     |
| <i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>                                                                                                                                        | Tier 1 |        |
| <i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>                                                                                                                                                     | Tier 1 |        |
| <i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml- %, 5-0.075 mcg/ml-%</i>                                                                                                                                       | Tier 4 | SP     |
| <i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %, 4 mcg/ml- 0.125 %</i>                                                                                                                | Tier 4 | SP     |
| <i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>                                                                                                                                               | Tier 1 |        |
| <i>fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)</i>                                                                                                                                                     | Tier 4 | SP     |
| <i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)</i> | Tier 4 | SP     |
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml)</i>                                                                                                                                               | Tier 4 | SP     |
| <i>fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml</i>                                                                                                                                                                | Tier 4 | SP     |
| <i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml, 550 mcg/55 ml</i>                                                                                                                    | Tier 4 | SP     |
| <i>fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml</i>                                                                                                                                                                                | Tier 4 | SP     |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/50 ml (25 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>                                               | Tier 4 | SP     |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>                                                                                                                                        | Tier 1 |        |

| Drug                                                                                                                                                                                                 | Status | Notes                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| <i>fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml, 16 mcg/ml, 20 mcg/ml, 5 mcg/ml, 50 mcg/ml</i>                                                                                      | Tier 4 | SP                                                                                                           |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 100 mcg/2 ml (50 mcg/ml), 20 mcg/2 ml (10 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 50 mcg/5 ml (10 mcg/ml)</i> | Tier 4 | SP                                                                                                           |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                                                                                          | Tier 1 | PA                                                                                                           |
| <i>fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)</i>                                                                  | Tier 4 | SP                                                                                                           |
| <i>fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml</i>                                                                                                                                   | Tier 4 | SP                                                                                                           |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>                                                        | Tier 1 | PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>                                                                                                               | Tier 1 |                                                                                                              |
| <i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>                                                                                                             | Tier 1 |                                                                                                              |
| <i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%</i>                                                                                                                 | Tier 1 |                                                                                                              |
| <i>fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %</i>                                                                                                              | Tier 4 | SP                                                                                                           |
| <i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>                                                                                                                              | Tier 4 | SP                                                                                                           |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                                                                                              | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)                                                                    | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>                                                                                                                    | Tier 4 | SP                                                                                                           |
| <i>hydromorphone (pf) in water intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>                                                 | Tier 4 | SP                                                                                                           |

| Drug                                                                                                                                                                                                                                             | Status | Notes                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml                                                                                                                                                                        | Tier 4 | SP                                                                                          |
| hydromorphone (pf)-0.9 % nacl intravenous patient control analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)                                                                                                                           | Tier 4 | SP                                                                                          |
| hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)                                                                                                      | Tier 4 | SP                                                                                          |
| hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml) | Tier 4 | SP                                                                                          |
| hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)                                                                                                                                                  | Tier 1 |                                                                                             |
| hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml                                                                                                                                                                 | Tier 4 | SP                                                                                          |
| hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml                                                                                                                                                        | Tier 4 | SP                                                                                          |
| hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml                                                                                                                                                            | Tier 4 | SP                                                                                          |
| hydromorphone in d5w (pf) intravenous pt controlled analgesia syringe 3 mg/30 ml (0.1 mg/ml)                                                                                                                                                     | Tier 4 | SP                                                                                          |
| hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)                                                                                                                                                                            | Tier 4 | SP                                                                                          |
| hydromorphone injection solution 1 mg/ml, 2 mg/ml                                                                                                                                                                                                | Tier 4 | SP                                                                                          |
| hydromorphone injection syringe 0.25 mg/0.5 ml, 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml                                                                                                                                                         | Tier 4 | SP                                                                                          |
| hydromorphone oral liquid 1 mg/ml (Dilaudid)                                                                                                                                                                                                     | Tier 1 |                                                                                             |
| hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)                                                                                                                                                                                            | Tier 1 |                                                                                             |
| hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg                                                                                                                                                                       | Tier 1 | PA; ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| hydromorphone rectal suppository 3 mg                                                                                                                                                                                                            | Tier 1 |                                                                                             |

| Drug                                                                                                     | Status | Notes                                                                                       |
|----------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------|
| <i>hydromorphone(pf)-nacl,iso-osm injection syringe 0.2 mg/ml, 0.5 mg/ml, 2 mg/10 ml (0.2 mg/ml)</i>     | Tier 4 | SP                                                                                          |
| <i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)</i> | Tier 4 | SP                                                                                          |
| INFUMORPH P/F INJECTION SOLUTION 10 MG/ML                                                                | Tier 4 | SP                                                                                          |
| INFUMORPH P/F INJECTION SOLUTION 25 MG/ML (morphine (pf))                                                | Tier 4 | SP                                                                                          |
| <i>levorphanol tartrate oral tablet 2 mg</i>                                                             | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription     |
| <i>meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syringe 550 mg/55 ml (10 mg/ml)</i> | Tier 4 | SP                                                                                          |
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>                                  | Tier 1 |                                                                                             |
| <i>meperidine oral solution 50 mg/5 ml</i>                                                               | Tier 1 | QL (30 ML per 1 day)                                                                        |
| <i>meperidine oral tablet 50 mg</i>                                                                      | Tier 1 | QL (6 EA per 1 day)                                                                         |
| <i>methadone in 0.9 % sod.chlorid intravenous syringe 1 mg/ml (1 ml), 5 mg/5 ml</i>                      | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>methadone injection solution 10 mg/ml</i>                                                             | Tier 1 | QL (4 ML per 1 day)                                                                         |
| <i>methadone injection syringe 5 mg/0.5 ml</i>                                                           | Tier 4 | SP                                                                                          |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)                                                 | Tier 1 | QL (4 ML per 1 day)                                                                         |
| <i>methadone intravenous syringe 10 mg/ml</i>                                                            | Tier 4 | SP                                                                                          |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)                                          | Tier 1 | QL (4 ML per 1 day)                                                                         |
| <i>methadone oral solution 10 mg/5 ml</i>                                                                | Tier 1 | QL (20 ML per 1 day)                                                                        |
| <i>methadone oral solution 5 mg/5 ml</i>                                                                 | Tier 1 | QL (40 ML per 1 day)                                                                        |
| <i>methadone oral tablet 10 mg</i>                                                                       | Tier 1 | QL (4 EA per 1 day)                                                                         |
| <i>methadone oral tablet 5 mg</i>                                                                        | Tier 1 | QL (8 EA per 1 day)                                                                         |
| <i>methadone oral tablet,soluble 40 mg</i> (Methadose)                                                   | Tier 1 | QL (1 EA per 1 day)                                                                         |
| METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)                                                          | Tier 1 | QL (1 EA per 1 day)                                                                         |
| MITIGO (PF) INJECTION SOLUTION 10 MG/ML                                                                  | Tier 4 | SP                                                                                          |
| MITIGO (PF) INJECTION SOLUTION 25 MG/ML (morphine (pf))                                                  | Tier 4 | SP                                                                                          |
| <i>morphine (pf) in 0.9 % sod chl injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)</i>                     | Tier 4 | SP                                                                                          |

| Drug                                                                                                                                                                         | Status | Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|
| <i>morphine (pf) in 0.9 % sod chl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>                                                                       | Tier 4 | SP    |
| <i>morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>                                                    | Tier 4 | SP    |
| <i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i> | Tier 4 | SP    |
| <i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>                                                                                                           | Tier 4 | SP    |
| <i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml</i>                                                                     | Tier 4 | SP    |
| <i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))                                                                                                  | Tier 4 | SP    |
| <i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>                                                                                        | Tier 4 | SP    |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>                                                                                                                           | Tier 1 |       |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>                                                                                                             | Tier 1 | PA    |
| <i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)</i>                                                           | Tier 4 | SP    |
| <i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>                            | Tier 4 | SP    |
| <i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)</i> | Tier 4 | SP    |
| <i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>                                                                      | Tier 1 |       |
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>                                                                                                  | Tier 1 |       |
| <i>morphine in 0.9 % sodium chlor intravenous syringe 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)</i>                                                                                | Tier 4 | SP    |
| <i>morphine injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>                                                                                              | Tier 4 | SP    |

| Drug                                                                                         | Status | Notes                                                                                                        |
|----------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------|
| <i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml</i>                                  | Tier 4 | SP                                                                                                           |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>                                      | Tier 1 |                                                                                                              |
| <i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>                    | Tier 4 | SP                                                                                                           |
| <i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>                      | Tier 4 | SP                                                                                                           |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                                     | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>          | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                               | Tier 1 |                                                                                                              |
| <i>morphine oral tablet 15 mg, 30 mg</i>                                                     | Tier 2 |                                                                                                              |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin) | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                 | Tier 1 |                                                                                                              |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                      | Tier 1 |                                                                                                              |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG          | Tier 3 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG                                                     | Tier 3 | QL (6 EA per 1 day)                                                                                          |
| OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML)                     | Tier 4 | SP                                                                                                           |
| OLINVYK INTRAVENOUS SOLUTION 1 MG/ML                                                         | Tier 4 | SP                                                                                                           |
| OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG                                                   | Tier 3 |                                                                                                              |
| <i>oxycodone oral capsule 5 mg</i>                                                           | Tier 1 |                                                                                                              |
| <i>oxycodone oral concentrate 20 mg/ml</i>                                                   | Tier 1 | PA                                                                                                           |
| <i>oxycodone oral solution 5 mg/5 ml</i>                                                     | Tier 1 |                                                                                                              |

| Drug                                                                                               | Status | Notes                                                                                                                            |
|----------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>                                                    | Tier 1 |                                                                                                                                  |
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)                                             | Tier 1 |                                                                                                                                  |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)               | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)                             | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone) | Tier 2 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)                                    | Tier 2 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i>                                                         | Tier 1 |                                                                                                                                  |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>            | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>                                 | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i>                                                  | Tier 1 |                                                                                                                                  |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG                                                 | Tier 3 |                                                                                                                                  |
| <i>tramadol oral solution 5 mg/ml</i> (Qdolo)                                                      | Tier 1 | PA                                                                                                                               |
| <i>tramadol oral tablet 25 mg</i>                                                                  | Tier 1 |                                                                                                                                  |
| <i>tramadol oral tablet 50 mg</i>                                                                  | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years)                                                                                          |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i>                                          | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |

| Drug                                                                      | Status | Notes                                                                                                                                  |
|---------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>         | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)       |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>                   | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)       |
| <i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>           | Tier 1 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)       |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>13.5 MG, 18 MG, 9 MG | Tier 3 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                           |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>27 MG                | Tier 3 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                           |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>36 MG                | Tier 3 | ST; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)                           |
| <b>Antimigraine Preparations</b>                                          |        |                                                                                                                                        |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML | Tier 2 | PA                                                                                                                                     |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                    | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                       | Tier 1 | QL (15 ML per 14 days)                                                                                                                 |

| Drug                                                                                                   | Status | Notes                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)                | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)  |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                                    | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)                                                          | Tier 3 | PA                                                                                                                                     |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML                                                       | Tier 2 | PA                                                                                                                                     |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML                                                        | Tier 2 | PA                                                                                                                                     |
| ERGOMAR SUBLINGUAL TABLET 2 MG                                                                         | Tier 3 | QL (10 EA per 7 days)                                                                                                                  |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                                        | Tier 1 | QL (10 EA per 7 days)                                                                                                                  |
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova)                                                         | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>                                                            | Tier 1 | QL (18 EA per 30 days)                                                                                                                 |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG                                                           | Tier 2 | PA                                                                                                                                     |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG                                                                | Tier 2 | PA                                                                                                                                     |
| REYVOW ORAL TABLET 100 MG, 50 MG                                                                       | Tier 2 | PA                                                                                                                                     |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)                                                          | Tier 1 | QL (18 EA per 30 days)                                                                                                                 |
| <i>rizatriptan oral tablet 5 mg</i>                                                                    | Tier 1 | QL (18 EA per 30 days)                                                                                                                 |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)                                      | Tier 1 | QL (18 EA per 30 days)                                                                                                                 |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i>                                                    | Tier 1 | QL (18 EA per 30 days)                                                                                                                 |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>                            | Tier 1 | QL (6 EA per 15 days)                                                                                                                  |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)                                              | Tier 1 | QL (9 EA per 30 days)                                                                                                                  |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)                                        | Tier 1 | QL (3 EA per 5 days)                                                                                                                   |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Tier 1 | QL (4 ML per 28 days)                                                                                                                  |

| Drug                                                                                                   | Status | Notes                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | Tier 1 | QL (4 ML per 28 days)                                                                                                                                      |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                               | Tier 1 | QL (5 ML per 28 days)                                                                                                                                      |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>                                          | Tier 1 | QL (4 ML per 28 days)                                                                                                                                      |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)                                         | Tier 3 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |
| UBRELVY ORAL TABLET 100 MG, 50 MG                                                                      | Tier 2 | PA                                                                                                                                                         |
| VYEPTI INTRAVENOUS SOLUTION 100 MG/ML                                                                  | Tier 4 | PA; SP                                                                                                                                                     |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION                                                      | Tier 3 | PA                                                                                                                                                         |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)                                              | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)                      |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)                                                   | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)                     |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>                                           | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)                     |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)                                                          | Tier 1 | ST; ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)                     |
| <b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>                                               |        |                                                                                                                                                            |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)                                   | Tier 2 | PA                                                                                                                                                         |

| Drug                                                                                     |                                 | Status | Notes                                                                                                                            |
|------------------------------------------------------------------------------------------|---------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| <b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>                        |                                 |        |                                                                                                                                  |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>                        | (Fioricet with Codeine)         | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                        |                                 | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| <b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>                         |                                 |        |                                                                                                                                  |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG                                         | (codeine-bitalbital-asa-caff)   | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG                               | (codeine-bitalbital-asa-caff)   | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>                          | (Ascomp with Codeine)           | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| <b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>                            |                                 |        |                                                                                                                                  |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>                                |                                 | Tier 1 | QL (150 ML per 1 day); Age (Min 12 Years)                                                                                        |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>                            |                                 | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years)                                                                                         |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>                                       |                                 | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)                                                                                          |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG                                 | (benzhydrocodone-acetaminophen) | Tier 3 | ST; ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day) |
| <i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>   | (Apadaz)                        | Tier 1 | ST; ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG                          | (oxycodone-acetaminophen)       | Tier 1 | QL (12 EA per 1 day)                                                                                                             |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>                          |                                 | Tier 1 | QL (184 ML per 1 day)                                                                                                            |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>             |                                 | Tier 1 | QL (13 EA per 1 day)                                                                                                             |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> |                                 | Tier 1 | QL (12 EA per 1 day)                                                                                                             |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>                               |                                 | Tier 1 | QL (61 ML per 1 day)                                                                                                             |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>   | (Endocet)                       | Tier 1 | QL (12 EA per 1 day)                                                                                                             |

| Drug                                                                         | Status | Notes                                                                                                                 |
|------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------|
| PERCOCET ORAL TABLET 2.5-325 MG (oxycodone-acetaminophen)                    | Tier 1 | QL (12 EA per 1 day)                                                                                                  |
| <i>tramadol-acetaminophen oral tablet</i><br>37.5-325 mg                     | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years)                                                                              |
| <b>Narcotic Withdrawal Therapy Agents</b>                                    |        |                                                                                                                       |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>128 MG/0.36 ML        | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>16 MG/0.32 ML         | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)  |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>24 MG/0.48 ML         | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)  |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>32 MG/0.64 ML         | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)  |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>64 MG/0.18 ML         | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days) |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>8 MG/0.16 ML          | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)  |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE<br>96 MG/0.27 ML         | Tier 4 | ST; SP; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days) |
| <i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg                        | Tier 1 | QL (3 EA per 1 day)                                                                                                   |
| <i>buprenorphine-naloxone sublingual film</i> (Suboxone)<br>12-3 mg, 8-2 mg  | Tier 1 | QL (2 EA per 1 day)                                                                                                   |
| <i>buprenorphine-naloxone sublingual film</i> (Suboxone)<br>2-0.5 mg, 4-1 mg | Tier 1 | QL (1 EA per 1 day)                                                                                                   |
| <i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg             | Tier 1 | QL (3 EA per 1 day)                                                                                                   |

| Drug                                                                                     | Status | Notes                                   |
|------------------------------------------------------------------------------------------|--------|-----------------------------------------|
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML       | Tier 4 | PA; SP                                  |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | Tier 2 | QL (1 EA per 1 day)                     |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG                                                     | Tier 2 | QL (2 EA per 1 day)                     |
| <b>Nsaid Analgesic &amp; Non-Salicylate Analgesic Combos</b>                             |        |                                         |
| COMBOGESIC IV INTRAVENOUS SOLUTION 300-1,000 MG/100 ML                                   | Tier 4 | SP                                      |
| <b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>                                |        |                                         |
| LUCEMYRA ORAL TABLET 0.18 MG                                                             | Tier 3 | PA                                      |
| <b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>                                |        |                                         |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>                            | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| <b>Parkinsons Disease</b>                                                                |        |                                         |
| <b>Antiparkinsonism Drugs,Anticholinergic</b>                                            |        |                                         |
| <i>benztropine injection solution 1 mg/ml</i>                                            | Tier 4 | SP                                      |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>                                        | Tier 1 |                                         |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i>                                             | Tier 1 |                                         |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>                                            | Tier 1 |                                         |
| <b>Antiparkinsonism Drugs,Other</b>                                                      |        |                                         |
| <i>amantadine hcl oral capsule 100 mg</i>                                                | Tier 1 |                                         |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>                                           | Tier 1 |                                         |
| <i>amantadine hcl oral tablet 100 mg</i>                                                 | Tier 1 |                                         |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)                              | Tier 4 | PA; SP                                  |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel)                                        | Tier 1 |                                         |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)                                       | Tier 1 |                                         |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)                                | Tier 1 |                                         |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)                                  | Tier 1 |                                         |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>                                          | Tier 1 |                                         |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>              | Tier 1 |                                         |
| <i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>     | Tier 1 |                                         |

| Drug                                                                                                                         | Status | Notes                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)                                                 | Tier 1 |                                                                                                                                                     |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)                                                | Tier 1 |                                                                                                                                                     |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)                                                 | Tier 1 |                                                                                                                                                     |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)                                              | Tier 1 |                                                                                                                                                     |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)                                               | Tier 1 |                                                                                                                                                     |
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)                                                 | Tier 1 |                                                                                                                                                     |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML                                                                        | Tier 4 | PA; SP                                                                                                                                              |
| <i>entacapone oral tablet 200 mg</i> (Comtan)                                                                                | Tier 1 |                                                                                                                                                     |
| INBRIJA INHALATION CAPSULE 42 MG                                                                                             | Tier 4 | PA; SP                                                                                                                                              |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG                                                                        | Tier 4 | PA; SP                                                                                                                                              |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR          | Tier 2 | ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG                                                                                           | Tier 3 | PA                                                                                                                                                  |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                              | Tier 1 |                                                                                                                                                     |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER) | Tier 1 | ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)                                                                         | Tier 1 | QL (1 EA per 1 day)                                                                                                                                 |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                  | Tier 1 |                                                                                                                                                     |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                           | Tier 1 | ST; ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                      | Tier 1 |                                                                                                                                                     |

| Drug                                                                                                                                     | Status | Notes                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                                   | Tier 1 |                                                                                                                                                              |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar)                                                                                             | Tier 1 | ST; ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)                                                             |
| XADAGO ORAL TABLET 100 MG, 50 MG                                                                                                         | Tier 3 | ST; ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG                                                                                               | Tier 3 | ST; ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)                                 |
| <b>Decarboxylase Inhibitors</b>                                                                                                          |        |                                                                                                                                                              |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)                                                                                             | Tier 1 |                                                                                                                                                              |
| <b>Seizure Disorder</b>                                                                                                                  |        |                                                                                                                                                              |
| <b>Anticonvulsant - Benzodiazepine Type</b>                                                                                              |        |                                                                                                                                                              |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)                                                                                         | Tier 1 | QL (480 ML per 30 days)                                                                                                                                      |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)                                                                                          | Tier 1 | QL (2 EA per 1 day)                                                                                                                                          |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)                                                                              | Tier 1 |                                                                                                                                                              |
| <i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                       | Tier 1 |                                                                                                                                                              |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>                                                                       | Tier 1 |                                                                                                                                                              |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)                                                                                    | Tier 3 | QL (10 EA per 30 days)                                                                                                                                       |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 3 | QL (10 EA per 30 days)                                                                                                                                       |
| <b>Anticonvulsant - Cannabinoid Type</b>                                                                                                 |        |                                                                                                                                                              |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML                                                                                                        | Tier 4 | ST; SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days                   |
| <b>Anticonvulsants</b>                                                                                                                   |        |                                                                                                                                                              |
| APTOM ORAL TABLET 200 MG, 400 MG                                                                                                         | Tier 3 | QL (1 EA per 1 day)                                                                                                                                          |
| APTOM ORAL TABLET 600 MG, 800 MG                                                                                                         | Tier 3 | QL (2 EA per 1 day)                                                                                                                                          |

| Drug                                                                                         | Status | Notes                   |
|----------------------------------------------------------------------------------------------|--------|-------------------------|
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML                                                     | Tier 4 | SP                      |
| BRIVIACT ORAL SOLUTION 10 MG/ML                                                              | Tier 2 | QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG                                      | Tier 2 | QL (2 EA per 1 day)     |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)    | Tier 1 |                         |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                  | Tier 1 |                         |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol)                                             | Tier 1 |                         |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | Tier 1 |                         |
| <i>carbamazepine oral tablet, chewable 100 mg</i>                                            | Tier 1 |                         |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)           | Tier 2 |                         |
| CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML (fosphenytoin)                    | Tier 2 |                         |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)                   | Tier 2 |                         |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)            | Tier 2 |                         |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)                    | Tier 2 |                         |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG                                                         | Tier 4 | PA; SP                  |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG                                                | Tier 4 | PA; SP                  |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)                            | Tier 2 |                         |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)                                    | Tier 2 |                         |
| DILANTIN ORAL CAPSULE 30 MG                                                                  | Tier 3 |                         |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)                                         | Tier 2 |                         |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)             | Tier 1 |                         |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)            | Tier 1 |                         |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)     | Tier 1 |                         |
| EPITOL ORAL TABLET 200 MG (carbamazepine)                                                    | Tier 1 |                         |

| Drug                                                                             | Status | Notes                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EPRONTIA ORAL SOLUTION 25 MG/ML                                                  | Tier 3 | PA                                                                                                                                                                                                                                  |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin)                               | Tier 1 |                                                                                                                                                                                                                                     |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)                         | Tier 1 |                                                                                                                                                                                                                                     |
| <i>felbamate oral suspension 600 mg/5 ml</i>                                     | Tier 1 | QL (30 ML per 1 day)                                                                                                                                                                                                                |
| <i>felbamate oral tablet 400 mg</i> (Felbatol)                                   | Tier 1 | QL (9 EA per 1 day)                                                                                                                                                                                                                 |
| <i>felbamate oral tablet 600 mg</i> (Felbatol)                                   | Tier 1 | QL (6 EA per 1 day)                                                                                                                                                                                                                 |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML                                                 | Tier 4 | PA; SP                                                                                                                                                                                                                              |
| <i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx) | Tier 4 | SP                                                                                                                                                                                                                                  |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML                                                | Tier 3 | ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (680 ML per 28 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG                                           | Tier 3 | ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (30 EA per 30 days)  |
| FYCOMPA ORAL TABLET 2 MG                                                         | Tier 3 | ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days) |

| Drug                                                                                                                   | Status | Notes                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FYCOMPA ORAL TABLET 4 MG, 6 MG                                                                                         | Tier 3 | ST; ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)                                                      | Tier 1 |                                                                                                                                                                                                                                    |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                                                                | Tier 1 |                                                                                                                                                                                                                                    |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>                                                                     | Tier 1 |                                                                                                                                                                                                                                    |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)                                                               | Tier 1 |                                                                                                                                                                                                                                    |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)                                                           | Tier 4 | SP                                                                                                                                                                                                                                 |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                                                      | Tier 1 | QL (1200 ML per 30 days)                                                                                                                                                                                                           |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                                                   | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                                                |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)                                    | Tier 3 |                                                                                                                                                                                                                                    |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)                         | Tier 3 |                                                                                                                                                                                                                                    |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)                         | Tier 3 |                                                                                                                                                                                                                                    |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)                                                | Tier 1 |                                                                                                                                                                                                                                    |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))             | Tier 1 |                                                                                                                                                                                                                                    |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | Tier 1 |                                                                                                                                                                                                                                    |
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))          | Tier 1 |                                                                                                                                                                                                                                    |
| <i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)                                              | Tier 1 | QL (3 EA per 1 day)                                                                                                                                                                                                                |
| <i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)                              | Tier 1 | QL (2 EA per 1 day)                                                                                                                                                                                                                |
| <i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)                                        | Tier 1 | QL (6 EA per 1 day)                                                                                                                                                                                                                |

| Drug                                                                                                               |                                 | Status | Notes               |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------|--------|---------------------|
| lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg                                                          | (Lamictal)                      | Tier 1 |                     |
| lamotrigine oral tablet, disintegrating 100 mg                                                                     | (Lamictal ODT)                  | Tier 1 | QL (3 EA per 1 day) |
| lamotrigine oral tablet, disintegrating 200 mg                                                                     | (Lamictal ODT)                  | Tier 1 | QL (2 EA per 1 day) |
| lamotrigine oral tablet, disintegrating 25 mg, 50 mg                                                               | (Lamictal ODT)                  | Tier 1 | QL (6 EA per 1 day) |
| lamotrigine oral tablets, dose pack 25 mg (35)                                                                     | (Lamictal Starter (Blue) Kit)   | Tier 1 |                     |
| lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)                                                         | (Lamictal Starter (Orange) Kit) | Tier 1 |                     |
| lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)                                                        | (Lamictal Starter (Green) Kit)  | Tier 1 |                     |
| levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml |                                 | Tier 4 | SP                  |
| levetiracetam intravenous solution 500 mg/5 ml                                                                     | (Keppra)                        | Tier 4 | SP                  |
| levetiracetam oral solution 100 mg/ml                                                                              | (Keppra)                        | Tier 1 |                     |
| levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg                                                         | (Keppra)                        | Tier 1 |                     |
| levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg                                                    | (Keppra XR)                     | Tier 1 |                     |
| methsuximide oral capsule 300 mg                                                                                   | (Celontin)                      | Tier 1 |                     |
| oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)                                                               | (Trileptal)                     | Tier 1 |                     |
| oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg                                                                   | (Trileptal)                     | Tier 1 |                     |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG                                                      |                                 | Tier 3 | QL (1 EA per 1 day) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG                                                              |                                 | Tier 3 | QL (4 EA per 1 day) |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG                                                                               | (phenytoin sodium extended)     | Tier 2 |                     |
| phenytoin oral suspension 100 mg/4 ml                                                                              |                                 | Tier 1 |                     |
| phenytoin oral suspension 125 mg/5 ml                                                                              | (Dilantin-125)                  | Tier 1 |                     |
| phenytoin oral tablet, chewable 50 mg                                                                              | (Dilantin Infatabs)             | Tier 1 |                     |
| phenytoin sodium extended oral capsule 100 mg                                                                      | (Dilantin Extended)             | Tier 1 |                     |
| phenytoin sodium extended oral capsule 200 mg, 300 mg                                                              | (Phenytek)                      | Tier 1 |                     |
| phenytoin sodium intravenous solution 50 mg/ml                                                                     |                                 | Tier 4 | SP                  |

| Drug                                                                                                | Status | Notes                |
|-----------------------------------------------------------------------------------------------------|--------|----------------------|
| <i>phenytoin sodium intravenous syringe 50 mg/ml</i>                                                | Tier 4 | SP                   |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica) | Tier 1 |                      |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)                                                   | Tier 1 |                      |
| <i>primidone oral tablet 125 mg</i>                                                                 | Tier 1 |                      |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)                                               | Tier 1 |                      |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)                                                 | Tier 1 | QL (80 ML per 1 day) |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)                                                       | Tier 1 | QL (16 EA per 1 day) |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)                                                       | Tier 1 | QL (8 EA per 1 day)  |
| SABRIL ORAL TABLET 500 MG (vigabatrin)                                                              | Tier 4 | PA; SP               |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)                                                | Tier 2 |                      |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine)                                                         | Tier 2 |                      |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)               | Tier 2 |                      |
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>                                                      | Tier 1 | QL (4 EA per 1 day)  |
| <i>tiagabine oral tablet 16 mg</i>                                                                  | Tier 1 | QL (3 EA per 1 day)  |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)                                     | Tier 1 |                      |
| <i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)                  | Tier 1 | QL (2 EA per 1 day)  |
| <i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)                           | Tier 1 | QL (8 EA per 1 day)  |
| <i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)                           | Tier 1 | QL (4 EA per 1 day)  |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)                  | Tier 1 | QL (1 EA per 1 day)  |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)                        | Tier 1 | QL (2 EA per 1 day)  |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)                                | Tier 1 |                      |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>                                | Tier 4 | SP                   |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>                                     | Tier 1 |                      |
| <i>valproic acid oral capsule 250 mg</i>                                                            | Tier 1 |                      |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)                                          | Tier 4 | PA; SP               |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril)                                                       | Tier 4 | PA; SP               |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)                                                 | Tier 4 | PA; SP               |
| VIGADRONE ORAL TABLET 500 MG (vigabatrin)                                                           | Tier 4 | PA; SP               |
| VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)                                                  | Tier 4 | PA; SP               |

| Drug                                                                       | Status | Notes                                                                                                                                                                                                            |
|----------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VIMPAT ORAL TABLETS,DOSE PACK<br>50 MG (14)- 100 MG (14)                   | Tier 2 |                                                                                                                                                                                                                  |
| XCOPRI MAINTENANCE PACK ORAL<br>TABLET 250MG/DAY(150 MG X1-<br>100MG X1)   | Tier 2 | ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day) |
| XCOPRI MAINTENANCE PACK ORAL<br>TABLET 350 MG/DAY (200 MG X1-<br>150MG X1) | Tier 2 | ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150<br>MG, 50 MG                                | Tier 2 | ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 200 MG                                                  | Tier 2 | ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day) |

| Drug                                                                                                                                         | Status | Notes                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)                    | Tier 2 | ST; ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML                                                                                                         | Tier 3 | PA                                                                                                                                                                                                               |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)                                                                                      | Tier 1 |                                                                                                                                                                                                                  |
| <i>zonisamide oral capsule 50 mg</i>                                                                                                         | Tier 1 |                                                                                                                                                                                                                  |
| <b>Neuroactive Steroid Gaba-A Receptor Modulator</b>                                                                                         |        |                                                                                                                                                                                                                  |
| ZTALMY ORAL SUSPENSION 50 MG/ML                                                                                                              | Tier 4 | PA; SP                                                                                                                                                                                                           |
| <b>Skeletal Muscle Disorder</b>                                                                                                              |        |                                                                                                                                                                                                                  |
| <b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>                                                                                    |        |                                                                                                                                                                                                                  |
| <i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)                                                                                          | Tier 4 | PA; SP                                                                                                                                                                                                           |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)                                                                                                 | Tier 4 | PA; SP                                                                                                                                                                                                           |
| <b>Joint Contracture Therapy, Collagenase Enzyme</b>                                                                                         |        |                                                                                                                                                                                                                  |
| XIAFLEX INJECTION RECON SOLN 0.9 MG                                                                                                          | Tier 4 | SP                                                                                                                                                                                                               |
| <b>Retinoic Acid Receptor (Rar) Agonists</b>                                                                                                 |        |                                                                                                                                                                                                                  |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG                                                                                       | Tier 4 | PA; SP                                                                                                                                                                                                           |
| <b>Skeletal Muscle Relaxants</b>                                                                                                             |        |                                                                                                                                                                                                                  |
| <i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)</i> (Gablofen) | Tier 4 | SP                                                                                                                                                                                                               |
| <i>baclofen intrathecal syringe 50 mcg/ml (1 ml)</i> (Gablofen)                                                                              | Tier 4 | SP                                                                                                                                                                                                               |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)                                                                               | Tier 1 | PA                                                                                                                                                                                                               |
| <i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)                                                                                             | Tier 1 | PA                                                                                                                                                                                                               |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)                                                                              | Tier 1 | PA                                                                                                                                                                                                               |
| <i>baclofen oral tablet 10 mg</i>                                                                                                            | Tier 1 | QL (8 EA per 1 day)                                                                                                                                                                                              |
| <i>baclofen oral tablet 20 mg</i>                                                                                                            | Tier 1 | QL (4 EA per 1 day)                                                                                                                                                                                              |
| <i>baclofen oral tablet 5 mg</i>                                                                                                             | Tier 1 | QL (16 EA per 1 day)                                                                                                                                                                                             |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)                                                                                        | Tier 1 | QL (4 EA per 1 day)                                                                                                                                                                                              |

| Drug                                                                                                                               | Status | Notes                |
|------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                                                                                 | Tier 1 |                      |
| <i>chlorzoxazone oral tablet 500 mg</i>                                                                                            | Tier 1 | QL (4 EA per 1 day)  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                                                                                     | Tier 1 | QL (3 EA per 1 day)  |
| <i>dantrolene intravenous recon soln 20 mg</i> (Revonto)                                                                           | Tier 4 | SP                   |
| <i>dantrolene oral capsule 100 mg</i>                                                                                              | Tier 1 | QL (4 EA per 1 day)  |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)                                                                                    | Tier 1 | QL (3 EA per 1 day)  |
| <i>dantrolene oral capsule 50 mg</i>                                                                                               | Tier 1 | QL (3 EA per 1 day)  |
| GABLOFEN INTRATHECAL SYRINGE<br>10,000 MCG/20ML (500 MCG/ML),<br>20,000 MCG/20ML (1,000 MCG/ML),<br>40,000 MCG/20ML (2,000 MCG/ML) | Tier 4 | SP                   |
| GABLOFEN INTRATHECAL SYRINGE (baclofen)<br>50 MCG/ML (1 ML)                                                                        | Tier 4 | SP                   |
| LIORESAL INTRATHECAL SOLUTION<br>2,000 MCG/ML, 50 MCG/ML, 500<br>MCG/ML                                                            | Tier 4 | SP                   |
| <i>metaxalone oral tablet 400 mg</i>                                                                                               | Tier 1 | QL (8 EA per 1 day)  |
| <i>metaxalone oral tablet 800 mg</i>                                                                                               | Tier 1 | QL (4 EA per 1 day)  |
| <i>methocarbamol injection solution 100 mg/ml</i> (Robaxin)                                                                        | Tier 4 | SP                   |
| <i>methocarbamol oral tablet 500 mg</i>                                                                                            | Tier 1 | QL (8 EA per 1 day)  |
| <i>methocarbamol oral tablet 750 mg</i>                                                                                            | Tier 1 | QL (6 EA per 1 day)  |
| <i>orphenadrine citrate injection solution 30 mg/ml</i>                                                                            | Tier 4 | SP                   |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>                                                                    | Tier 1 | QL (2 EA per 1 day)  |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)                                                               | Tier 1 | QL (8 EA per 1 day)  |
| REVONTO INTRAVENOUS RECON SOLN 20 MG (dantrolene)                                                                                  | Tier 4 | SP                   |
| RYANODEX INTRAVENOUS<br>SUSPENSION FOR RECONSTITUTION<br>250 MG                                                                    | Tier 4 | SP                   |
| <i>tizanidine oral capsule 2 mg</i> (Zanaflex)                                                                                     | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral capsule 4 mg</i> (Zanaflex)                                                                                     | Tier 1 | QL (9 EA per 1 day)  |
| <i>tizanidine oral capsule 6 mg</i> (Zanaflex)                                                                                     | Tier 1 | QL (6 EA per 1 day)  |
| <i>tizanidine oral tablet 2 mg</i>                                                                                                 | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                                                                                      | Tier 1 | QL (9 EA per 1 day)  |

| Drug                                                                                         | Status  | Notes                                                                                                                   |
|----------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Smoking Cessation</b>                                                                     |         |                                                                                                                         |
| <b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>                                     |         |                                                                                                                         |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)                                        | \$Copay | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)                                        | \$Copay | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)                                    | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)                                    | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)                      | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | \$Copay | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                              |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>                     | \$Copay | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                              |
| NICOTROL INHALATION CARTRIDGE 10 MG                                                          | \$Copay | \$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                                                | \$Copay | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)     |

| Drug                                                                                          | Status  | Notes                                                                                                           |
|-----------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------|
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))                                                | \$Copay | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))                                            | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))                                                | \$Copay | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))                                            | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))                            | \$Copay | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                     |
| <b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>                                     |         |                                                                                                                 |
| <i>varenicline oral tablet 0.5 mg</i>                                                         | \$Copay | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline oral tablet 1 mg</i> (Chantix)                                                 | \$Copay | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | \$Copay | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |

| Drug                                                                                                                                                                                                                                                                          | Status  | Notes                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Smoking Deterrents, Other</b>                                                                                                                                                                                                                                              |         |                                                                                                                                                             |
| <i>bupropion hcl (smoking deter) oral tablet<br/>extended release 12 hr 150 mg</i>                                                                                                                                                                                            | \$Copay | \$0 COPAY AT WELLSTAR PHARMACIES OR CVS FOR OUT-OF-AREA MEMBERS; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <b>Upper Gastrointestinal Disorders - Digestive</b>                                                                                                                                                                                                                           |         |                                                                                                                                                             |
| <b>Gastric Enzymes</b>                                                                                                                                                                                                                                                        |         |                                                                                                                                                             |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML                                                                                                                                                                                                                                           | Tier 4  | PA; SP                                                                                                                                                      |
| <b>Pancreatic Enzymes</b>                                                                                                                                                                                                                                                     |         |                                                                                                                                                             |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT                                                                                        | Tier 2  |                                                                                                                                                             |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT                                                                                                                                                                                                     | Tier 3  |                                                                                                                                                             |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | Tier 2  |                                                                                                                                                             |
| <b>Upper Gastrointestinal Disorders - Spastic Disease</b>                                                                                                                                                                                                                     |         |                                                                                                                                                             |
| <b>Anticholinergics/Antispasmodics</b>                                                                                                                                                                                                                                        |         |                                                                                                                                                             |
| BENTYL INTRAMUSCULAR SOLUTION (dicyclomine) 10 MG/ML                                                                                                                                                                                                                          | Tier 4  | SP                                                                                                                                                          |
| <i>dicyclomine intramuscular solution 10 mg/ml</i> (Bentyl)                                                                                                                                                                                                                   | Tier 4  | SP                                                                                                                                                          |
| <i>dicyclomine oral capsule 10 mg</i>                                                                                                                                                                                                                                         | Tier 1  |                                                                                                                                                             |
| <i>dicyclomine oral solution 10 mg/5 ml</i>                                                                                                                                                                                                                                   | Tier 1  |                                                                                                                                                             |
| <i>dicyclomine oral tablet 20 mg</i>                                                                                                                                                                                                                                          | Tier 1  |                                                                                                                                                             |
| <b>Belladonna Alkaloids</b>                                                                                                                                                                                                                                                   |         |                                                                                                                                                             |
| <i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>                                                                                                                    | Tier 4  | SP                                                                                                                                                          |
| <i>atropine injection solution 0.4 mg/ml</i>                                                                                                                                                                                                                                  | Tier 4  | SP                                                                                                                                                          |

| Drug                                                                                                          | Status | Notes                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------|
| <i>atropine injection syringe 0.1 mg/ml</i>                                                                   | Tier 4 | SP                                                                                                                           |
| <i>atropine intravenous solution 0.4 mg/ml, 1 mg/ml</i>                                                       | Tier 4 | SP                                                                                                                           |
| <i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i> | Tier 4 | SP                                                                                                                           |
| ED-SPAZ ORAL (hyoscyamine sulfate)<br>TABLET,DISINTEGRATING 0.125 MG                                          | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate injection solution 0.5 mg/ml</i>                                                       | Tier 4 | SP                                                                                                                           |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)                                                   | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)                                                | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)                                                     | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)                               | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)                                      | Tier 1 |                                                                                                                              |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)                                            | Tier 1 |                                                                                                                              |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)                                                          | Tier 1 |                                                                                                                              |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)                                                       | Tier 1 |                                                                                                                              |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>                                                               | Tier 1 |                                                                                                                              |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)                                                            | Tier 1 |                                                                                                                              |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                                   | Tier 1 |                                                                                                                              |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)             | Tier 3 |                                                                                                                              |
| <b>Upper Gastrointestinal Disorders - Ulcer Disease</b>                                                       |        |                                                                                                                              |
| <b>Anticholinergics,Quaternary Ammonium</b>                                                                   |        |                                                                                                                              |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))                             | Tier 1 |                                                                                                                              |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG                                                                    | Tier 3 | ST; ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) in water injection syringe 0.2 mg/ml</i>                                               | Tier 4 | SP                                                                                                                           |

| Drug                                                                                                                     | Status | Notes                                       |
|--------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------|
| glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml) | Tier 4 | SP                                          |
| glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml) (Glyrx-PF)                                                 | Tier 1 |                                             |
| glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)                               | Tier 4 | SP                                          |
| glycopyrrolate injection solution 0.2 mg/ml                                                                              | Tier 4 | SP                                          |
| glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)               | Tier 4 | SP                                          |
| glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml) (Cuvposa)                                                             | Tier 1 |                                             |
| glycopyrrolate oral tablet 1 mg (Robinul)                                                                                | Tier 1 |                                             |
| glycopyrrolate oral tablet 2 mg (Robinul Forte)                                                                          | Tier 1 |                                             |
| GLYRX-PF INJECTION SOLUTION 0.2 MG/ML                                                                                    | Tier 4 | SP                                          |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))                                                 | Tier 3 |                                             |
| GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML)                                                                         | Tier 4 | SP                                          |
| <b>Anti-Ulcer Preparations</b>                                                                                           |        |                                             |
| misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)                                                                       | Tier 1 | PA                                          |
| sucralfate oral suspension 100 mg/ml (Carafate)                                                                          | Tier 1 |                                             |
| sucralfate oral tablet 1 gram (Carafate)                                                                                 | Tier 1 |                                             |
| <b>Anti-Ulcer-H.Pylori Agents</b>                                                                                        |        |                                             |
| amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg                                                             | Tier 1 | QL (112 EA per 10 days)                     |
| bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg (Pylera)                                                      | Tier 1 |                                             |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)                                                                  | Tier 3 |                                             |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG                                                               | Tier 3 | QL (168 EA per 14 days); Age (Min 18 Years) |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)                                                                | Tier 3 | PA                                          |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG                                                                        | Tier 3 | PA                                          |
| <b>Histamine H2-Receptor Inhibitors</b>                                                                                  |        |                                             |
| cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))                                                                | Tier 1 |                                             |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg                                                                            | Tier 1 |                                             |

| Drug                                                                                | Status | Notes                                                                                                                              |
|-------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i>                              | Tier 4 | SP                                                                                                                                 |
| <i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>              | Tier 4 | SP                                                                                                                                 |
| <i>famotidine intravenous solution 10 mg/ml</i>                                     | Tier 4 | SP                                                                                                                                 |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>           | Tier 1 |                                                                                                                                    |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)                               | Tier 1 |                                                                                                                                    |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)                                        | Tier 1 |                                                                                                                                    |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                       | Tier 1 |                                                                                                                                    |
| <b>Intestinal Motility Stimulants</b>                                               |        |                                                                                                                                    |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                            | Tier 4 | PA; SP                                                                                                                             |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                                | Tier 4 | SP                                                                                                                                 |
| <i>metoclopramide hcl injection syringe 5 mg/ml</i>                                 | Tier 4 | SP                                                                                                                                 |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                                   | Tier 1 |                                                                                                                                    |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                          | Tier 1 |                                                                                                                                    |
| <b>Potassium-Competitive Acid Blockers (Pcabs)</b>                                  |        |                                                                                                                                    |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG                                                   | Tier 3 | PA                                                                                                                                 |
| <b>Proton-Pump Inhibitors</b>                                                       |        |                                                                                                                                    |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)             | Tier 3 | ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG                            | Tier 3 | ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant) | Tier 1 | ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)    |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium)   | Tier 1 | QL (1 EA per 1 day)                                                                                                                |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)   | Tier 1 | QL (2 EA per 1 day)                                                                                                                |

| Drug                                                                                           | Status | Notes                                                                                                                              |
|------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------|
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | Tier 1 | QL (1 EA per 1 day)                                                                                                                |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)        | Tier 1 | QL (2 EA per 1 day)                                                                                                                |
| <i>esomeprazole sodium intravenous recon soln 20 mg</i>                                        | Tier 4 | SP                                                                                                                                 |
| <i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)                            | Tier 4 | SP                                                                                                                                 |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))   | Tier 1 |                                                                                                                                    |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)                      | Tier 1 |                                                                                                                                    |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)        | Tier 1 | ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days                         |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG                                 | Tier 2 | QL (1 EA per 1 day)                                                                                                                |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                     | Tier 1 |                                                                                                                                    |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)     | Tier 1 | ST; ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)    |
| <i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)                                    | Tier 4 | SP                                                                                                                                 |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)                       | Tier 1 | ST; ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days        |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)               | Tier 1 |                                                                                                                                    |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)                 | Tier 1 | ST; ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)                        | Tier 1 | QL (1 EA per 1 day)                                                                                                                |

| Drug                                                                        | Status | Notes                                                                                                                                                 |
|-----------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Urinary Tract - Functional Disorders</b>                                 |        |                                                                                                                                                       |
| <b>Benign Prostatic Hypertrophy/Micturition Agents</b>                      |        |                                                                                                                                                       |
| alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)              | Tier 1 |                                                                                                                                                       |
| dutasteride oral capsule 0.5 mg (Avodart)                                   | Tier 1 |                                                                                                                                                       |
| finasteride oral tablet 5 mg (Proscar)                                      | Tier 1 |                                                                                                                                                       |
| silodosin oral capsule 4 mg, 8 mg (Rapaflo)                                 | Tier 1 |                                                                                                                                                       |
| tamsulosin oral capsule 0.4 mg (Flomax)                                     | Tier 1 |                                                                                                                                                       |
| <b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>               |        |                                                                                                                                                       |
| dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg (Jalyn) | Tier 1 | ST; ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days |
| <b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>                    |        |                                                                                                                                                       |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG                                         | Tier 4 | SP                                                                                                                                                    |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG                    | Tier 4 | PA; SP                                                                                                                                                |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG                  | Tier 4 | PA; SP                                                                                                                                                |
| <b>Endothelin-Angiotensin Receptor Antagonist</b>                           |        |                                                                                                                                                       |
| FILSPARI ORAL TABLET 200 MG, 400 MG                                         | Tier 4 | PA; SP                                                                                                                                                |
| <b>Kidney Stone Agents</b>                                                  |        |                                                                                                                                                       |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG               | Tier 4 | SP                                                                                                                                                    |
| tiopronin oral tablet 100 mg (Thiola)                                       | Tier 4 | SP                                                                                                                                                    |
| <b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>                   |        |                                                                                                                                                       |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG                   | Tier 2 |                                                                                                                                                       |
| <b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>                      |        |                                                                                                                                                       |
| OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML                                 | Tier 4 | PA; SP                                                                                                                                                |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)                     | Tier 3 |                                                                                                                                                       |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML                      | Tier 3 |                                                                                                                                                       |

| Drug                                                                                                                                                     | Status | Notes  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| <b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>                                                                                                 |        |        |
| JYNARQUE ORAL TABLET 15 MG, 30 MG                                                                                                                        | Tier 4 | PA; SP |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | Tier 4 | PA; SP |
| <b>Tissue Bulking Implants - Ureteral</b>                                                                                                                |        |        |
| DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)                                                                                                | Tier 4 | SP     |
| <b>Urinary Ph Modifiers</b>                                                                                                                              |        |        |
| K-PHOS NO 2 ORAL TABLET 305-700 MG                                                                                                                       | Tier 3 |        |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG                                                                                                              | Tier 3 |        |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML                                                                                                                     | Tier 3 |        |
| potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)                                                                           | Tier 1 |        |
| potassium citrate oral tablet extended release 15 meq (Urocit-K 15)                                                                                      | Tier 1 |        |
| potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)                                                                               | Tier 1 |        |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML                                                                                             | Tier 3 |        |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG                                                                                                                  | Tier 3 |        |
| <b>Urinary Tract Analgesic Agents</b>                                                                                                                    |        |        |
| ELMIRON ORAL CAPSULE 100 MG                                                                                                                              | Tier 2 | PA     |
| RIMSO-50 INTRAVESICAL SOLUTION 50 %                                                                                                                      | Tier 4 | SP     |
| <b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>                                                                                                 |        |        |
| phenazopyridine oral tablet 100 mg, 200 mg (Pyridium)                                                                                                    | Tier 1 |        |
| <b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>                                                                                                |        |        |
| darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg                                                                                             | Tier 1 |        |
| solifenacin oral tablet 10 mg, 5 mg (Vesicare)                                                                                                           | Tier 1 |        |
| <b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>                                                                                                |        |        |
| fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg (Toviaz)                                                                                      | Tier 1 |        |
| flavoxate oral tablet 100 mg                                                                                                                             | Tier 1 |        |

| Drug                                                                            | Status | Notes                                                                                                                                                                         |
|---------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)                           | Tier 3 | ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days                                                                           |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                 | Tier 1 |                                                                                                                                                                               |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>                             | Tier 1 |                                                                                                                                                                               |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | Tier 1 |                                                                                                                                                                               |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR                               | Tier 3 | ST; ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days                                                                           |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)   | Tier 1 |                                                                                                                                                                               |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)                              | Tier 1 |                                                                                                                                                                               |
| <i>trospium oral capsule, extended release 24hr 60 mg</i>                       | Tier 1 |                                                                                                                                                                               |
| <i>trospium oral tablet 20 mg</i>                                               | Tier 1 |                                                                                                                                                                               |
| <b>Vaginal Disorders</b>                                                        |        |                                                                                                                                                                               |
| <b>Vaginal Antibiotics</b>                                                      |        |                                                                                                                                                                               |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG                                              | Tier 3 | ST; ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)                        | Tier 1 |                                                                                                                                                                               |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %                                   | Tier 3 | ST; ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days                                                                                    |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)             | Tier 1 |                                                                                                                                                                               |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)                                        | Tier 3 |                                                                                                                                                                               |
| <b>Vaginal Antifungals</b>                                                      |        |                                                                                                                                                                               |
| GYNAZOLE-1 VAGINAL CREAM 2 %                                                    | Tier 2 |                                                                                                                                                                               |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG                                         | Tier 1 |                                                                                                                                                                               |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                   | Tier 1 |                                                                                                                                                                               |
| <i>terconazole vaginal suppository 80 mg</i>                                    | Tier 1 |                                                                                                                                                                               |
| <b>Vaginal Antiseptics</b>                                                      |        |                                                                                                                                                                               |
| FEM PH VAGINAL GEL 0.9-0.025 %                                                  | Tier 3 |                                                                                                                                                                               |

| Drug                                                                                                                        | Status | Notes                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------|
| RELAGARD VAGINAL GEL 0.9-0.025 %                                                                                            | Tier 3 |                                                                                                                                              |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %                                                                                    | Tier 3 |                                                                                                                                              |
| <b>Vaginal Estrogen For Sexual Dysfunction</b>                                                                              |        |                                                                                                                                              |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG                                                                       | Tier 3 | ST; ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG                                                                | Tier 3 | ST; ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days) |
| <b>Vaginal Estrogen Preparations</b>                                                                                        |        |                                                                                                                                              |
| estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)                                                                      | Tier 1 |                                                                                                                                              |
| estradiol vaginal tablet 10 mcg (Yuvaferm)                                                                                  | Tier 1 |                                                                                                                                              |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM                                                                                        | Tier 2 |                                                                                                                                              |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol)                                                                                   | Tier 1 |                                                                                                                                              |
| <b>Vitamin And/Or Mineral Deficiency</b>                                                                                    |        |                                                                                                                                              |
| <b>Calcium Replacement</b>                                                                                                  |        |                                                                                                                                              |
| calcium chloride intravenous solution 100 mg/ml (10 %)                                                                      | Tier 4 | SP                                                                                                                                           |
| calcium chloride intravenous syringe 100 mg/ml (10 %)                                                                       | Tier 4 | SP                                                                                                                                           |
| calcium gluc in nacl, iso-osm intravenous solution 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml                               | Tier 4 | SP                                                                                                                                           |
| calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml, 1 gram/110 ml, 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml | Tier 4 | SP                                                                                                                                           |
| calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml                                                   | Tier 4 | SP                                                                                                                                           |
| calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)                                                     | Tier 4 | SP                                                                                                                                           |
| calcium gluconate intravenous solution 100 mg/ml (10%)                                                                      | Tier 4 | SP                                                                                                                                           |
| <b>Fluoride Preparations</b>                                                                                                |        |                                                                                                                                              |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                                                                         | Tier 3 |                                                                                                                                              |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                                                                      | Tier 1 |                                                                                                                                              |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))                                                                               | Tier 1 |                                                                                                                                              |

| Drug                                                                                                                                       |                                  | Status  | Notes                                |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------|--------------------------------------|
| <i>fluoride (sodium) dental cream 1.1 %</i>                                                                                                | (Denta 5000 Plus)                | Tier 1  |                                      |
| <i>fluoride (sodium) dental gel 1.1 %</i>                                                                                                  | (DentaGel)                       | Tier 1  |                                      |
| <i>fluoride (sodium) dental paste 1.1 %</i>                                                                                                | (Sodium Fluoride 5000 Dry Mouth) | Tier 1  |                                      |
| <i>fluoride (sodium) dental solution 0.2 %</i>                                                                                             | (PreviDent)                      | Tier 1  |                                      |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod. fluorid)/ml</i>                                                                        |                                  | \$Copay | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | (Ludent Fluoride)                | \$Copay | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %                                                                                                 | (fluoride (sodium))              | Tier 3  |                                      |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %                                                                                          | (sodium fluoride-pot nitrate)    | Tier 3  |                                      |
| FLUORIMAX 5000 DENTAL PASTE 1.1 %                                                                                                          | (fluoride (sodium))              | Tier 3  |                                      |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %                                                                                              | (sodium fluoride-pot nitrate)    | Tier 3  |                                      |
| JUST RIGHT 5000 DENTAL PASTE 1.1 %                                                                                                         | (fluoride (sodium))              | Tier 3  |                                      |
| SF 5000 PLUS DENTAL CREAM 1.1 %                                                                                                            | (fluoride (sodium))              | Tier 1  |                                      |
| SF DENTAL GEL 1.1 %                                                                                                                        | (fluoride (sodium))              | Tier 1  |                                      |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %                                                                                          | (fluoride (sodium))              | Tier 1  |                                      |
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %                                                                                               | (fluoride (sodium))              | Tier 1  |                                      |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>                                                                                    | (Fluoridex Sensitivity Relief)   | Tier 1  |                                      |
| <b>Folic Acid Preparations</b>                                                                                                             |                                  |         |                                      |
| <i>folic acid injection solution 5 mg/ml</i>                                                                                               |                                  | Tier 1  |                                      |
| <i>folic acid oral tablet 1 mg</i>                                                                                                         |                                  | Tier 1  |                                      |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                                                                                             |                                  | \$Copay |                                      |
| <b>Iron Replacement</b>                                                                                                                    |                                  |         |                                      |
| <i>ferumoxylol intravenous solution 510 mg/17 ml (30 mg/ml)</i>                                                                            | (Feraheme)                       | Tier 4  | SP                                   |
| INFED INJECTION SOLUTION 50 MG/ML                                                                                                          | (iron dextran)                   | Tier 4  | SP                                   |
| INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML                                                                            |                                  | Tier 4  | SP                                   |
| MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML                                                                                             |                                  | Tier 4  | SP                                   |
| <i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>                                                                    | (Ferrlecit)                      | Tier 4  | SP                                   |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON                                                                                         |                                  | Tier 3  |                                      |

| Drug                                                                                                                        | Status | Notes |
|-----------------------------------------------------------------------------------------------------------------------------|--------|-------|
| TRIFERIC HEMODIALYSIS SOLUTION<br>27.2 MG IRON/5 ML                                                                         | Tier 3 |       |
| VENOFER INTRAVENOUS SOLUTION<br>100 MG IRON/5 ML, 200 MG IRON/10<br>ML, 50 MG IRON/2.5 ML                                   | Tier 4 | SP    |
| <b>Magnesium Salts Replacement</b>                                                                                          |        |       |
| <i>magnesium chloride injection solution<br/>200 mg/ml (20 %)</i>                                                           | Tier 4 | SP    |
| <i>magnesium sulfate in 0.9 %nacl<br/>intravenous piggyback 1 gram/50 ml, 2<br/>gram/100 ml, 2 gram/50 ml</i>               | Tier 4 | SP    |
| <i>magnesium sulfate in 0.9 %nacl<br/>intravenous solution 10 gram/250 ml (40<br/>mg/ml)</i>                                | Tier 4 | SP    |
| <i>magnesium sulfate in d5w intravenous<br/>piggyback 1 gram/100 ml, 1 gram/50 ml,<br/>2 gram/100 ml, 2 gram/50 ml</i>      | Tier 4 | SP    |
| <i>magnesium sulfate in water intravenous<br/>parenteral solution 20 gram/500 ml (4<br/>%), 40 gram/1,000 ml (4 %)</i>      | Tier 4 | SP    |
| <i>magnesium sulfate in water intravenous<br/>piggyback 2 gram/50 ml (4 %), 4<br/>gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> | Tier 4 | SP    |
| <i>magnesium sulfate injection solution 500<br/>mg/ml (50 %)</i>                                                            | Tier 4 | SP    |
| <i>magnesium sulfate injection syringe 500<br/>mg/ml (50 %)</i>                                                             | Tier 4 | SP    |
| <b>Mineral Replacement,Miscellaneous</b>                                                                                    |        |       |
| ADDAMEL N INTRAVENOUS<br>SOLUTION 5.33-0.34-0.54 MCG-MG-<br>MG/ML                                                           | Tier 4 | SP    |
| <i>chromium chloride intravenous solution 4<br/>mcg/ml</i>                                                                  | Tier 4 | SP    |
| COPPER CHLORIDE INTRAVENOUS (cupric chloride)<br>SOLUTION 0.4 MG/ML                                                         | Tier 4 | SP    |
| <i>cupric chloride intravenous solution 0.4 (Copper Chloride)<br/>mg/ml</i>                                                 | Tier 4 | SP    |
| <i>manganese chloride intravenous solution<br/>0.1 mg/ml</i>                                                                | Tier 4 | SP    |
| MULTITRACE-4 CONCENTRATE<br>INTRAVENOUS SOLUTION 10 MCG-1<br>MG- 0.5 MG-5 MG/ML                                             | Tier 4 | SP    |
| MULTITRACE-4 NEONATAL<br>INTRAVENOUS SOLUTION 0.85 MCG-<br>0.1 MG -25MCG-1.5MG/ML                                           | Tier 4 | SP    |
| MULTITRACE-4 PEDIATRIC<br>INTRAVENOUS SOLUTION 1 MCG-0.1<br>MG-25 MCG-1 MG/ML                                               | Tier 4 | SP    |

| Drug                                                                                | Status | Notes                                      |
|-------------------------------------------------------------------------------------|--------|--------------------------------------------|
| MULTRY'S INTRAVENOUS SOLUTION<br>1,000MCG-60MCG- 3 MCG-6 MCG/ML                     | Tier 4 | SP                                         |
| PEDITRACE INTRAVENOUS<br>SOLUTION 521-53.7-3.6 MCG/ML                               | Tier 4 | SP                                         |
| SELENIUM ACID INTRAVENOUS<br>SOLUTION 60 MCG/ML                                     | Tier 4 | SP                                         |
| <i>selenium intravenous solution 40<br/>mcg/ml, 6 mcg/ml</i>                        | Tier 4 | SP                                         |
| TRACE ELEMENTS 4/PEDIATRIC<br>INTRAVENOUS SOLUTION 1 MCG-0.1<br>MG-30 MCG-0.5 MG/ML | Tier 4 | SP                                         |
| TRALEMENT INTRAVENOUS<br>SOLUTION 3 MG-0.3 MG-55 MCG-60<br>MCG/ML                   | Tier 4 | SP                                         |
| <b>Vitamin D Preparations</b>                                                       |        |                                            |
| <i>calcitriol intravenous solution 1 mcg/ml</i>                                     | Tier 4 | SP                                         |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)                        | Tier 1 |                                            |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)                                | Tier 1 |                                            |
| <b>Zinc Replacement</b>                                                             |        |                                            |
| <i>zinc chloride intravenous solution 1<br/>mg/ml</i>                               | Tier 4 | SP                                         |
| <i>zinc sulfate intravenous solution 1<br/>mg/ml, 3 mg/ml, 5 mg/ml</i>              | Tier 4 | SP                                         |
| <b>Weight Reduction</b>                                                             |        |                                            |
| <b>Anorexic Agents</b>                                                              |        |                                            |
| <i>benzphetamine oral tablet 50 mg</i>                                              | Tier 1 | QL (3 EA per 1 day); Age<br>(Min 18 Years) |
| <i>diethylpropion oral tablet 25 mg</i>                                             | Tier 1 | QL (3 EA per 1 day); Age<br>(Min 18 Years) |
| <i>diethylpropion oral tablet extended<br/>release 75 mg</i>                        | Tier 1 | QL (1 EA per 1 day); Age<br>(Min 18 Years) |
| LOMAIRA ORAL TABLET 8 MG (phentermine)                                              | Tier 1 | QL (3 EA per 1 day); Age<br>(Min 18 Years) |
| <i>phendimetrazine tartrate oral capsule,<br/>extended release 105 mg</i>           | Tier 1 | QL (1 EA per 1 day); Age<br>(Min 18 Years) |
| <i>phendimetrazine tartrate oral tablet 35<br/>mg</i>                               | Tier 1 | QL (6 EA per 1 day); Age<br>(Min 18 Years) |
| <i>phentermine oral capsule 15 mg, 30 mg,<br/>37.5 mg</i>                           | Tier 1 | QL (1 EA per 1 day); Age<br>(Min 18 Years) |
| <i>phentermine oral tablet 37.5 mg</i> (Adipex-P)                                   | Tier 1 | QL (1 EA per 1 day); Age<br>(Min 18 Years) |
| <b>Anti-Obesity - Melanocortin 4 Receptor<br/>Agonists</b>                          |        |                                            |
| IMCIVREE SUBCUTANEOUS<br>SOLUTION 10 MG/ML                                          | Tier 4 | PA; SP                                     |

| Drug                                                                                                                 | Status | Notes |
|----------------------------------------------------------------------------------------------------------------------|--------|-------|
| <b>Anti-Obesity Glucagon-Like Peptide-1<br/>Recep Agonist</b>                                                        |        |       |
| SAXENDA SUBCUTANEOUS PEN<br>INJECTOR 3 MG/0.5 ML (18 MG/3 ML)                                                        | Tier 2 |       |
| WEGOVY SUBCUTANEOUS PEN<br>INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5<br>ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4<br>MG/0.75 ML | Tier 2 |       |
| <b>Fat Absorption Decreasing Agents</b>                                                                              |        |       |
| ALLI ORAL CAPSULE 60 MG                                                                                              | Tier 3 |       |
| <i>orlistat oral capsule 120 mg</i> (Xenical)                                                                        | Tier 1 | PA    |



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