

# Preferred Drug List

The Oklahoma Complete Health Preferred Drug List (PDL) includes a list of medications covered by your prescription benefit. This list is updated often and may change.

To get the most up-to-date information, you may view the latest PDL on our website: <https://www.oklahomacompletehealth.com/providers/pharmacy.html> or call 1-833-750-3660 (TTY/TDD 711).

## Preferred Drug Locator Instructions:

1. Within the PDF, click on the Edit menu, then click Find.
2. In the Find box, type the name of the medication you want to locate.
3. Click the Next button until you find the drug(s).



## What is the Oklahoma Complete Health Preferred Drug List (PDL)?

The preferred drug list (which is also called a “formulary”) is a list showing the drugs that can be covered by your Oklahoma Complete Health Plan. The drug listed will be covered as long as you:

- Have a medical need for the drug
- Fill your drugs at an in network pharmacy
- Follow any other rules that may apply to you as a member

For more information on how to fill your drugs, please review your Member Handbook or call Oklahoma Complete Health Plan Member Services at **1-833-752-1664** (TTY/TDD **711**).

## Will the Preferred Drug List change?

Yes, it will change weekly, especially if there is a new drug or there is a less expensive generic that becomes available. You will be notified if any changes are made to the drug list that may impact you.

## Does the plan cover over-the-counter (OTC) drugs?

Yes, Oklahoma Complete Health covers certain OTC drugs. <https://oklahoma.gov/ohca/providers/types/pharmacy/covered-otc.html> All covered OTC drugs appear in the PDL. All OTC drugs must be written on a valid prescription by a licensed provider in order to be covered. If the OTC drug you need is not on the PDL; please refer to our OTC value add benefit on our website

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

## How will I know what I will pay?

Children will not have a copay but most adults will have a \$4 copay. There are a few exceptions to the \$4 copay for adults.

## How do I use the Preferred Drug List?

The best way to find your drug is by going to the back of this book to the index and looking it up by name. If the drug is in all CAPITAL LETTERS (EX: CIPRO TABS) the drug is a BRAND name drug and if the drug is in all lower case letters (ex: ciprofloxacin) the drug is a generic name drug. Next to your drug, you will see the page number where you can find coverage information.

## What are brand & generic drugs?

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the BRAND name drug, but often costs less. BRAND named drugs are typically newer and a generic is not available yet. However, there are some BRAND name drugs which are preferred over generic and that list is maintained here:

<https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/types/pharmacy/drug-lists/2024-lists/02.26.2024%20-%20Brand%20Required%20List.pdf>

## Are there any limits on my drug coverage?

### AGE LIMIT (AL):

Some medications are limited to patients of a certain age.

### **PRIOR AUTHORIZATION (PA):**

Your provider may need to get approval from us before you fill some of your drug orders. Drugs that require prior authorization are found in the PDL by a PA in the **Additional Information** column. To find out more about this process, please call Member Services at **1-833-752-1664** (TTY/ TDD 711) and a representative will explain the process to you.

### **STEP THERAPY (ST):**

Certain drugs are noted as being in different tiers. This usually means you must try similar medications in the same class in lower tiers before a higher tiered medication is approved. If you would like to request a step therapy exception, please speak to your provider and have your provider's office submit the step therapy exception form found on our website:

<https://www.oklahomacompletehealth.com/providers/pharmacy.html>

### **QUANTITY LIMITS (QL):**

For certain drugs there are limits to the amount of a drug that will be covered for a period of time. You can tell if your drug needs a QL in

**Additional Information** column.

- You can also contact your provider to decide if you should first try a different drug on our list or different dose of the drug before you request an exception.
- Contact Member Services at **1-833-752-1664** (TTY/TDD 711) and ask how you or your provider can submit a quantity limit exception request.

- There are also quantity limits for controlled substances. These are outlined here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list/analgesics-narcotic.html>

### **SPECIALTY PHARMACY (SP)**

**DRUGS:** Specialty drugs are certain prescription drugs used to treat special health conditions and often require special attention. These drugs often need a prior authorization before a prescription may be filled. Some pharmacies can not access specialty medications. If you are having difficulty finding a pharmacy to fill your specialty medication or have other questions regarding specialty medications, please contact Member Services at **1-833-752-1664** (TTY/TDD 711).

### **MAINTENANCE DRUGS (MP):**

Certain medications are eligible for 90 day supplies. If you are an adult, please ensure your pharmacy is running these medications for 90 day supplies so your monthly six fill limit is extended. The full list of MP's are kept here:

<https://oklahoma.gov/ohca/providers/types/pharmacy/maintenance-drug-list.html>

### **What if my drug(s) is not on the Preferred Drug List?**

Talk to your provider to decide if you should first try a different drug on the list before you request an exception. Member Services will tell you how you or your provider can ask for an exception if your drug(s) are not covered. Contact OKCH Member Services at **1-833-752-1664** (TTY/TDD 711) for further assistance.

## Which drug categories are not covered by the Preferred Drug List?

The following drug categories are not part of the benefit:

- Fertility drugs
- Weight loss or weight gain
- Drug Efficacy Study Implementation (DESI). These are drugs that are not shown to be safe and effective.
- Bulk chemicals/powders
- Experimental and investigational drugs
- Drugs and devices not approved by the FDA

## Contacts for Pharmacy Appeals/Grievances

**Members:** In the event that a member disagrees with the decision regarding coverage of a drug, the member may request an appeal by

calling Member Services at **1-833-752-1664** (TTY/TDD **711**) or emailing [OKCompleteHealth\\_Appeals@Centene.com](mailto:OKCompleteHealth_Appeals@Centene.com).

**Providers:** In the event that a provider disagrees with the decision regarding coverage of a drug, the provider may request an appeal by calling:

**Medical Appeals: 833-522-2803**  
**Behavioral Health Appeals: 866-714-7991**  
**Pharmacy Appeals: 888-865-6531**

After a decision is made, the provider will receive a response by mail. An expedited appeal may be requested at any time the provider believes the adverse determination might seriously endanger the life or health of a member by calling:

**Medical Appeals: 833-522-2803**  
**Behavioral Health Appeals: 866-714-7991**  
**Pharmacy Appeals: 888-865-6531**

## Abbreviations:

- **PDL:** Preferred Drug List
- **AL:** Age Limit
- **PA:** Prior Authorization
- **ST:** Step Therapy
- **QL:** Quantity Limit
- **SP:** Specialty Medication
- **MP:** Maintenance drug eligible for 90 day supply

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                        |
|--|-----------|--|---|-----------|--|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b>   |           |  |   |           |  |
| Amphetamines   |           |  |   |           |  |
| ADDERALL XR CP24<br>(amphetamine-dextroamphetamine)  | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old)                        | amphetamine-dextroamphetamine CP24<br>12.5 MG-12.5 MG-12.5 MG-12.5 MG,<br>3.125 MG-3.125 MG-3.125 MG-3.125 MG,<br>6.25 MG-6.25 MG-6.25 MG-6.25 MG,<br>9.375 MG-9.375 MG-9.375 MG-9.375 MG   | 1         | QL(1 ea daily);<br>AL(At least 13 yrs old) |
| ADDERALL TABS 1.25 MG-1.25 MG-1.25 MG-1.25 MG,<br>1.875 MG-1.875 MG-1.875 MG-1.875 MG,<br>2.5 MG-2.5 MG-2.5 MG-2.5 MG,<br>3.125 MG-3.125 MG-3.125 MG-3.125 MG,<br>3.75 MG-3.75 MG-3.75 MG-3.75 MG,<br>5 MG-5 MG-5 MG-5 MG<br>(amphetamine-dextroamphetamine)                     | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)                        | amphetamine-dextroamphetamine TABS<br>1.25 MG-1.25 MG-1.25 MG-1.25 MG-1.25 MG,<br>1.875 MG-1.875 MG-1.875 MG-1.875 MG-1.875 MG,<br>2.5 MG-2.5 MG-2.5 MG-2.5 MG-2.5 MG,<br>3.125 MG-3.125 MG-3.125 MG-3.125 MG-3.125 MG,<br>3.75 MG-3.75 MG-3.75 MG-3.75 MG-3.75 MG,<br>5 MG-5 MG-5 MG-5 MG-5 MG | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)  |
| ADDERALL TABS 7.5 MG-7.5 MG-7.5 MG-7.5 MG<br>(amphetamine-dextroamphetamine)   | 1         | QL(2 ea daily);<br>AL(At least 5 yrs old)                        | amphetamine-dextroamphetamine TABS<br>7.5 MG-7.5 MG-7.5 MG-7.5 MG   | 1         | QL(2 ea daily);<br>AL(At least 5 yrs old)  |
| ADZENYS XR-ODT TBED  | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old - Up to 10 yrs old); PA | DESOXYN<br>(methamphetamine hcl)  | 9         | QL(1 ea daily)                             |
| amphetamine sulfate<br>TABS  | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)                        | DEXEDRINE CP24 15 MG<br>(dextroamphetamine sulfate)   | 2         | QL(4 ea daily);<br>AL(At least 5 yrs old)  |
| amphetamine-dextroamphetamine CP24<br>9.375 MG-9.375 MG-9.375 MG-9.375 MG  | 1         | QL(1 ea daily)   | DEXEDRINE CP24 10 MG<br>(dextroamphetamine sulfate)   | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old)  |
| amphetamine-dextroamphetamine CP24<br>1.25 MG-1.25 MG-1.25 MG-1.25 MG-1.25 MG,<br>2.5 MG-2.5 MG-2.5 MG-2.5 MG-2.5 MG,<br>3.75 MG-3.75 MG-3.75 MG-3.75 MG-3.75 MG,<br>5 MG-5 MG-5 MG-5 MG-5 MG,<br>6.25 MG-6.25 MG-6.25 MG-6.25 MG-6.25 MG,<br>7.5 MG-7.5 MG-7.5 MG-7.5 MG-7.5 MG | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old)                        | dextroamphetamine sulfate CP24 15 MG  | 2         | QL(4 ea daily);<br>AL(At least 5 yrs old)  |
|  |           |  | dextroamphetamine sulfate CP24 5 MG, 10 MG  | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old)  |
|  |           |  | dextroamphetamine sulfate SOLN  | 1         | AL(At least 5 yrs old - Up to 9 yrs old)   |
|  |           |  | dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG  | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)  |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|---|-----------|---|
| <i>dextroamphetamine sulfate TABS 30 MG</i>           | 1         | QL(2 ea daily); AL(At least 5 yrs old)  | VYVANSE CHEW  | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old)                             |
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>     | 1         | QL(3 ea daily); AL(At least 5 yrs old); PA  | XELSTRYM  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA |
| DYANAVEL XR SUER                                      | 3         | QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA | <b>Analeptics</b>   |           |   |
| DYANAVEL XR TBCR                                      | 2         | QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA   | CAFCIT SOLN IV 60 MG/3ML ( <i>caffeine citrate</i> )          | 9         |   |
| EVEKEO ODT TBDP                                       | 1         | QL(3 ea daily); AL(At least 5 yrs old - Up to 10 yrs old)   | CAFCIT SOLN IV 60 MG/3ML ( <i>caffeine citrate</i> )          | 1         |   |
| EVEKEO TABS ( <i>amphetamine sulfate</i> )            | 1         | QL(3 ea daily); AL(At least 5 yrs old)  | <i>caffeine &amp; sodium benzoate</i>                         | 1         |   |
| <i>lisdexamfetamine dimesylate CAPS</i>               | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA  | <i>caffeine citrate SOLN OR</i>                               | 1         |   |
| <i>lisdexamfetamine dimesylate CAPS</i>               | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old); PA  | CAFFEINE CITRATE SOLN IV ( <i>caffeine citrate</i> )          | 1         |   |
| <i>lisdexamfetamine dimesylate CHEW</i>               | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA  | CAFFEINE CITRATE SOLN IV ( <i>caffeine citrate</i> )          | 9         |   |
| <i>methamphetamine hcl</i>                            | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA  | <b>Anti-Obesity Agents</b>                                    |           |   |
| MYDAYIS CP24 ( <i>amphetamine-dextroamphetamine</i> ) | 1         | QL(1 ea daily); AL(At least 13 yrs old)   | IMCIVREE  | 1         | QL(9 ml per 30 day(s) retail; 9 ml per 30 days mail); AL(At least 6 yrs old); PA                      |
| VYVANSE CAPS  | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old)  | WEGOVY  | 1         | AL(At least 18 yrs old); PA   |
|   |           |   | <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b> |           |   |
|   |           |   | <i>atomoxetine hcl 80 MG, 100 MG</i>                          | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP  |
|   |           |   | <i>atomoxetine hcl 10 MG, 18 MG, 25 MG, 40 MG, 60 MG</i>      | 1         | QL(2 ea daily); AL(At least 5 yrs old)  |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|--|--|-----------|---|
| <i>clonidine hcl (adhd) TB12</i>                                       | 2         | QL(4 ea daily); AL(At least 5 yrs old); PA   | <i>armodafinil</i>   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| <i>guanfacine hcl (adhd)</i>   | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP   | AZSTARYS   | 3         | QL(1 ea daily); AL(At least 5 yrs old); PA  |
| INTUNIV ( <i>guanfacine hcl (adhd)</i> )                               | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP   | CONCERTA TBCR 18 MG, 27 MG, 54 MG ( <i>methylphenidate hcl</i> )         | 1         | QL(1 ea daily); AL(At least 5 yrs old)  |
| KAPVAY TB12 ( <i>clonidine hcl (adhd)</i> )                            | 9         | QL(4 ea daily)   | CONCERTA TBCR 36 MG ( <i>methylphenidate hcl</i> )                       | 1         | QL(2 ea daily); AL(At least 5 yrs old)  |
| ONYDA XR SUER  | 1         | AL(At least 5 yrs old); PA   | COTEMPLA XR-ODT TBED   | 1         | QL(1 ea daily); AL(At least 5 yrs old - Up to 10 yrs old); PA   |
| QELBREE 100 MG   | 1         | QL(1 ea daily); AL(At least 6 yrs old)   | DAYTRANA PTCH ( <i>methylphenidate</i> )                                 | 1         | Brand Required; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old) |
| QELBREE 150 MG   | 1         | QL(2 ea daily); AL(At least 6 yrs old)   | DAYTRANA PTCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR ( <i>methylphenidate</i> ) | 9         | Brand Required; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)  |
| QELBREE 200 MG   | 1         | QL(3 ea daily); AL(At least 6 yrs old)   | <i>dexmethylphenidate hcl CP24</i>                                       | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old); PA  |
| STRATTERA 80 MG, 100 MG ( <i>atomoxetine hcl</i> )                     | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP   | <i>dexmethylphenidate hcl TABS</i>                                       | 1         | QL(2 ea daily); AL(At least 5 yrs old)  |
| STRATTERA 10 MG, 18 MG, 25 MG, 40 MG, 60 MG ( <i>atomoxetine hcl</i> ) | 1         | QL(2 ea daily); AL(At least 5 yrs old)   | FOCALIN XR CP24 ( <i>dexmethylphenidate hcl</i> )                        | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old)  |
| Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)                |           |  | FOCALIN XR CP24 15 MG ( <i>dexmethylphenidate hcl</i> )                  | 1         | QL(1 ea daily); AL(At least 5 yrs old)  |
| SUNOSI   | 1         | QL(1 ea daily); PA   | FOCALIN TABS ( <i>dexmethylphenidate hcl</i> )                           | 1         | QL(2 ea daily); AL(At least 5 yrs old)  |
| Histamine H3-Receptor Antagonist/Inverse Agonists                      |           |  |  |           |   |
| WAKIX  | 1         | QL(2 ea daily); PA   |  |           |   |
| Stimulants - Misc.   |           |  |  |           |   |
| APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )                        | 2         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA |  |           |   |

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|---|-----------|---|
| JORNAY PM CP24  | 3         | QL(1 ea daily);<br>AL(At least 5 yrs old); PA   | <i>methylphenidate hcl</i><br>TBCR 10 MG, 20 MG                             | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)   |
| METADATE CD CPCR<br>( <i>methylphenidate hcl</i> )            | 9         | QL(1 ea daily)  | <i>methylphenidate hcl</i><br>TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old)   |
| METHYLIN SOLN<br>( <i>methylphenidate hcl</i> )               | 1         | QL(600 ml per 30 day(s) retail;<br>600 ml per 30 days mail);<br>AL(At least 5 yrs old - Up to 10 yrs old) | <i>methylphenidate hcl</i><br>TBCR 36 MG                                    | 1         | QL(2 ea daily);<br>AL(At least 5 yrs old)   |
| <i>methylphenidate hcl</i><br>CHEW                            | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old - Up to 10 yrs old)  | <i>methylphenidate PTCH</i>   | 1         | Brand Required;<br>QL(30 ea per 30 day(s) retail;<br>30 ea per 30 days mail);<br>AL(At least 5 yrs old - Up to 10 yrs old)      |
| <i>methylphenidate hcl</i> CP24<br>10 MG, 20 MG, 40 MG, 60 MG | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old); PA   | <i>modafinil</i>  | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old); PA   |
| <i>methylphenidate hcl</i> CP24<br>30 MG                      | 2         | QL(2 ea daily);<br>AL(At least 5 yrs old); PA   | NUVIGIL ( <i>armodafinil</i> )  | 1         | QL(1 ea daily);<br>AL(At least 18 yrs old); PA  |
| <i>methylphenidate hcl</i> CP24                               | 2         | QL(30 ea per 30 day(s) retail;<br>30 ea per 30 days mail);<br>AL(At least 5 yrs old); PA                  | PROVIGIL ( <i>modafinil</i> )   | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old); PA   |
| <i>methylphenidate hcl</i><br>CPCR                            | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old)   | QUILLICHEW ER CHER  | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old - Up to 10 yrs old)  |
| <i>methylphenidate hcl</i><br>SOLN                            | 1         | QL(600 ml per 30 day(s) retail;<br>600 ml per 30 days mail);<br>AL(At least 5 yrs old - Up to 10 yrs old) | QUILLIVANT XR SRER  | 2         | 150 mL bottle;<br>QL(300 ml per 30 day(s) retail;<br>300 ml per 30 days mail);<br>AL(At least 5 yrs old - Up to 10 yrs old); PA |
| <i>methylphenidate hcl</i><br>TABS                            | 1         | QL(3 ea daily);<br>AL(At least 5 yrs old)   | QUILLIVANT XR SRER  | 2         | 60 mL bottle;<br>QL(60 ml per 30 day(s) retail;<br>60 ml per 30 days mail);<br>AL(At least 5 yrs old - Up to 10 yrs old); PA    |
| <i>methylphenidate hcl</i> TB24<br>36 MG                      | 1         | QL(2 ea daily);<br>AL(At least 5 yrs old)   |   |           |   |
| <i>methylphenidate hcl</i> TB24<br>18 MG, 27 MG, 54 MG        | 1         | QL(1 ea daily);<br>AL(At least 5 yrs old)   |   |           |   |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| QUILLIVANT XR SRER  | 2         | 120 mL bottle; QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA | ODACTRA SUBL                           | 1         | QL(1 ea daily); AL(At least 12 yrs old - Up to 65 yrs old); PA |
| QUILLIVANT XR SRER  | 2         | 180 mL bottle; QL(540 ml per 30 day(s) retail; 540 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old); PA | ORALAIR SUBL                           | 1         | QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA  |
| RELEXXII TBCR 36 MG   | 1         | QL(2 ea daily); AL(At least 5 yrs old); PA   | PALFORZIA INITIAL DOSE ESCALATION CSPK | 1         | PA   |
| RELEXXII TBCR   | 1         | QL(1 ea daily); AL(At least 5 yrs old)   | PALFORZIA LEVEL 10 CSPK                | 1         | PA   |
| RELEXXII TBCR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG<br>(methylphenidate hcl) | 1         | QL(1 ea daily); AL(At least 5 yrs old)   | PALFORZIA LEVEL 11 (MAINTENANCE) PACK  | 1         | PA   |
| RELEXXII TBCR 18 MG, 27 MG, 54 MG   | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA   | PALFORZIA LEVEL 11 (TITRATION) PACK    | 1         | PA   |
| RELEXXII TBCR 36 MG   | 1         | QL(2 ea daily); AL(At least 5 yrs old)   | PALFORZIA LEVEL 1 CSPK                 | 1         | PA   |
| RITALIN LA CP24 30 MG<br>(methylphenidate hcl)                                  | 2         | QL(2 ea daily); AL(At least 5 yrs old); PA   | PALFORZIA LEVEL 2 CSPK                 | 1         | PA   |
| RITALIN LA CP24 10 MG, 20 MG, 40 MG<br>(methylphenidate hcl)                    | 2         | QL(1 ea daily); AL(At least 5 yrs old); PA   | PALFORZIA LEVEL 3 CSPK                 | 1         | PA   |
| RITALIN TABS<br>(methylphenidate hcl)   | 1         | QL(3 ea daily); AL(At least 5 yrs old)   | PALFORZIA LEVEL 4 CSPK                 | 1         | PA   |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                                     |           |  | PALFORZIA LEVEL 5 CSPK                 | 1         | PA   |
| Allergenic Extracts   |           |  | PALFORZIA LEVEL 6 CSPK                 | 1         | PA   |
| GRASTEK SUBL  | 1         | QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA  | PALFORZIA LEVEL 7 CSPK                 | 1         | PA   |
|   |           |  | PALFORZIA LEVEL 8 CSPK                 | 1         | PA   |
|   |           |  | PALFORZIA LEVEL 9 CSPK                 | 1         | PA   |
|   |           |  | RAGWITEK SUBL                          | 1         | QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old); PA  |
|   |           |  | <b>AMEBICIDES</b>                      |           |  |
|   |           |  | Amebicides                             |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits   |
|---|-----------|--|--|-----------|---|
| SOLOSEC   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA       | TOBI NEBU ( <i>tobramycin</i> )  | 9         | QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail)  |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>  |           |  | <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>                                       |           |   |
| Aminoglycosides   |           |  | Aminoglycosides  |           |   |
| <i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>   | 1         |  | TOBRAMYCIN SULFATE POWD  | 1         |   |
| ARIKAYCE  | 1         | QL(235.2 ml per 28 day(s) retail; 235 ml per 28 days mail); PA | <i>tobramycin sulfate SOLN IJ</i>  | 1         |   |
| BETHKIS NEBU ( <i>tobramycin</i> )  | 9         | QL(224 ml per 55 day(s) retail; 224 ml per 55 days mail)       | <i>tobramycin sulfate SOLR</i>   | 1         |   |
| BETHKIS NEBU ( <i>tobramycin</i> )  | 1         | QL(224 ml per 55 day(s) retail; 224 ml per 55 days mail); PA   | <i>tobramycin NEBU</i>   | 1         | QL(224 ml per 55 day(s) retail; 224 ml per 55 days mail); PA  |
| <i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i> | 1         |  | <i>tobramycin NEBU</i>   | 1         | QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail)  |
| <i>gentamicin sulfate IJ</i>  | 1         |  | ZEMDRI   | 1         | PA  |
| KITABIS PAK NEBU ( <i>tobramycin</i> )  | 1         | QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail)       | <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b> |           |   |
| <i>neomycin sulfate TABS</i>  | 1         |  | Antirheumatic - Enzyme Inhibitors  |           |   |
| <i>streptomycin sulfate SOLR</i>  | 1         |  | OLUMIANT 1 MG, 2 MG  | 1         | QL(1 ea daily); PA  |
| TOBI PODHALER CAPS  | 1         | QL(224 ea per 55 day(s) retail; 224 ea per 55 days mail); PA   | RINVOQ LQ SOLN   | 1         | AL(At least 2 yrs old - Up to 10 yrs old); PA   |
| TOBI NEBU ( <i>tobramycin</i> )   | 1         | QL(280 ml per 55 day(s) retail; 280 ml per 55 days mail)       | RINVOQ TB24 15 MG, 30 MG   | 1         | QL(1 ea daily); PA  |
|   |           |  | RINVOQ TB24 45 MG  | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA  |
|   |           |  | XELJANZ XR TB24  | 1         | QL(1 ea daily); PA  |
|   |           |  | XELJANZ SOLN   | 1         | QL(480 ml per 48 day(s) retail; 480 ml per 48 days mail); AL(At least 2 yrs old - Up to 10 yrs old); PA |
|   |           |  | XELJANZ TABS   | 1         | QL(2 ea daily); PA  |
|   |           |  | Antirheumatic Antimetabolites  |           |   |
|   |           |  | METHOTREXATE   | 1         |   |

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| Drug Name  | Drug Tier | Requirements/ Limits                                       | Drug Name   | Drug Tier | Requirements/ Limits                                       |
|--|-----------|--|---|-----------|--|
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 1         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | ADALIMUMAB-AACF (2 PEN) AJKT                                | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| RASUVO SOAJ 30 MG/0.6ML  | 1         | QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | ADALIMUMAB-AACF (2 SYRINGE) PSKT                            | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| RASUVO SOAJ 17.5 MG/0.35ML   | 1         | QL(1.4 ml per 28 day(s) retail; 1 ml per 28 days mail); PA | ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) AJKT          | 1         | PA   |
| RASUVO SOAJ 7.5 MG/0.15ML  | 1         | QL(0.6 ml per 28 day(s) retail; 1 ml per 28 days mail); PA | ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UYEITIS (4 PEN) AJKT | 1         | PA   |
| RASUVO SOAJ 12.5 MG/0.25ML   | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA   | ADALIMUMAB-AATY 1-PEN KIT AJKT 80 MG/0.8ML                  | 4         | PA   |
| RASUVO SOAJ 22.5 MG/0.45ML   | 1         | QL(1.8 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | ADALIMUMAB-AATY 1-PEN KIT AJKT 40 MG/0.4ML                  | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| RASUVO SOAJ 10 MG/0.2ML  | 1         | QL(0.8 ml per 28 day(s) retail; 1 ml per 28 days mail); PA | ADALIMUMAB-AATY 2-PEN KIT AJKT                              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| RASUVO SOAJ 25 MG/0.5ML  | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA   | ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 40 MG/0.4ML              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| RASUVO SOAJ 15 MG/0.3ML  | 1         | QL(1.2 ml per 28 day(s) retail; 1 ml per 28 days mail); PA | ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 20 MG/0.2ML              | 4         | PA   |
| RASUVO SOAJ 20 MG/0.4ML  | 1         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | ADALIMUMAB-ADAZ SOAJ  | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| <b>Anti-TNF-alpha - Monoclonal Antibodies</b>  |           |  | ADALIMUMAB-ADAZ SOSY  | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| ABRILADA 1-PEN KIT AJKT  | 4         | PA   | ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT                   | 4         | QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail); PA   |
| ABRILADA 2-PEN KIT AJKT  | 4         | PA   |   |           |  |
| ABRILADA PSKT  | 4         | PA   |   |           |  |

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|---|-----------|--|---|-----------|--|
| ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT                | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | AMJEVITA SOAJ 80 MG/0.8ML                             | 4         | PA   |
| ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4         | PA   | AMJEVITA SOAJ 40 MG/0.4ML                             | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT    | 4         | PA   | AMJEVITA SOSY 20 MG/0.2ML                             | 4         | PA   |
| ADALIMUMAB-ADBM AJKT  | 4         | PA   | AMJEVITA SOSY 40 MG/0.8ML                             | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |
| ADALIMUMAB-ADBM AJKT  | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | AMJEVITA SOSY 10 MG/0.2ML                             | 4         | QL(0.4 ml per 28 day(s) retail); PA                        |
| ADALIMUMAB-ADBM PSKT 10 MG/0.2ML, 20 MG/0.4ML                 | 4         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA   | AMJEVITA SOSY 40 MG/0.4ML                             | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| ADALIMUMAB-ADBM PSKT 40 MG/0.4ML                              | 4         | PA   | AMJEVITA SOSY 20 MG/0.4ML                             | 4         | QL(0.8 ml per 28 day(s) retail; 1 ml per 28 days mail); PA |
| ADALIMUMAB-ADBM PSKT 40 MG/0.8ML                              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4         | PA   |
| ADALIMUMAB-FKJP AJKT  | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT | 4         | QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail); PA   |
| ADALIMUMAB-FKJP PSKT 20 MG/0.4ML                              | 4         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA   | CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT    | 4         | PA   |
| ADALIMUMAB-FKJP PSKT 40 MG/0.8ML                              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT            | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| ADALIMUMAB-RYVK (2 PEN) AJKT                                  | 4         | PA   | CYLTEZO AJKT  | 4         | PA   |
| ADALIMUMAB-RYVK PSKT  | 4         | PA   | CYLTEZO AJKT  | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| AMJEVITA SOAJ 40 MG/0.8ML                                     | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA | CYLTEZO PSKT 40 MG/0.4ML                              | 4         | PA   |

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|---------------------------------------|-----------|--|--|-----------|--|
| CYLTEZO PSKT 10 MG/0.2ML, 20 MG/0.4ML | 4         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA   | HUMIRA PEN-CD/UC/HS STARTER AJKT 80 MG/0.8ML                     | 2         | QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)       |
| CYLTEZO PSKT 40 MG/0.8ML              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | HUMIRA PEN-PEDIATRIC UC STARTER PACK AJKT                        | 2         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)       |
| HADLIMA PUSHTOUCH SOAJ                | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA | HUMIRA PEN-PS/UV STARTER AJKT                                    | 2         | QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)       |
| HADLIMA PUSHTOUCH SOAJ                | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | HUMIRA PSKT 10 MG/0.1ML, 20 MG/0.2ML                             | 2         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)       |
| HADLIMA SOSY                          | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | HUMIRA PSKT 40 MG/0.4ML, 40 MG/0.8ML                             | 2         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)       |
| HADLIMA SOSY                          | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA | HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |
| HULIO AJKT                            | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY                | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |
| HULIO PSKT 40 MG/0.8ML                | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY               | 4         | PA   |
| HULIO PSKT 20 MG/0.4ML                | 4         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); PA   | HYRIMOZ PLAQUE PSORIASIS/UEVITIS STARTER PACK SOAJ               | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| HUMIRA PEN AJKT 40 MG/0.4ML           | 2         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)       | HYRIMOZ SOAJ 40 MG/0.4ML   | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| HUMIRA PEN AJKT 40 MG/0.8ML           | 2         | QL(6 ea per 28 day(s) retail; 6 ea per 28 days mail)       | HYRIMOZ SOAJ 80 MG/0.8ML   | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |
| HUMIRA PEN AJKT 80 MG/0.8ML           | 2         | QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail)       | HYRIMOZ SOSY 10 MG/0.1 ML  | 4         | QL(0.2 ml per 28 day(s) retail); PA                        |

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|--|-----------|--|---|-----------|--|
| HYRIMOZ SOSY 40 MG/0.4ML                         | 4         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | YUFLYMA 1-PEN KIT AJKT 80 MG/0.8ML                | 4         | PA   |
| HYRIMOZ SOSY 20 MG/0.2ML                         | 4         | QL(0.4 ml per 28 day(s) retail); PA                        | YUFLYMA 2-PEN KIT AJKT                            | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| IDACIO (2 PEN) AJKT                              | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | YUFLYMA 2-SYRINGE KIT PSKT 40 MG/0.4ML            | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| IDACIO (2 SYRINGE) PSKT                          | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | YUFLYMA 2-SYRINGE KIT PSKT 20 MG/0.2ML            | 4         | PA   |
| IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT   | 4         | QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail); PA   | YUFLYMA CD/UC/HS STARTER AJKT                     | 4         | PA   |
| IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | YUSIMRY   | 4         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |
| SIMLANDI 1-PEN KIT AJKT                          | 4         | PA   | <b>Gold Compounds</b>                             |           |  |
| SIMLANDI 2-PEN KIT AJKT                          | 4         | PA   | RIDAURA   | 1         |  |
| SIMPONI ARIA SOLN                                | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA   | <b>Interleukin-1 Blockers</b>                     |           |  |
| SIMPONI SOAJ 100 MG/ML                           | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA   | ARCALYST  | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| SIMPONI SOAJ 50 MG/0.5ML                         | 1         | QL(0.5 ml per 28 day(s) retail); PA                        | <b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b> |           |  |
| SIMPONI SOSY 50 MG/0.5ML                         | 1         | QL(0.5 ml per 28 day(s) retail); PA                        | KINERET SOSY                                      | 2         | QL(18.76 ml per 28 day(s) retail; 19 ml per 28 days mail)  |
| SIMPONI SOSY 100 MG/ML                           | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA   | <b>Interleukin-1beta Blockers</b>                 |           |  |
| YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML               | 4         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | ILARIS SOLN                                       | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA   |
|  |           |  | <b>Interleukin-6 Receptor Inhibitors</b>          |           |  |
|  |           |  | ACTEMRA ACTPEN SOAJ                               | 1         | PA   |
|  |           |  | ACTEMRA SOLN                                      | 1         | PA   |
|  |           |  | ACTEMRA SOSY                                      | 1         | QL(3.6 ml per 28 day(s) retail; 4 ml per 28 days mail); PA |

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|--|-----------|---|--|-----------|--|
| KEVZARA SOAJ   | 1         | QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | <i>diclofenac potassium TABS 50 MG</i>       | 2         | ST   |
| KEVZARA SOSY   | 1         | QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | <i>diclofenac sodium TB24</i>                | 2         |  |
| TOFIDENCE  | 1         | PA  | <i>diclofenac sodium TBEC 25 MG</i>          | 2         | QL(2 ea daily); ST   |
| TYENNE SOAJ  | 1         | PA  | <i>diclofenac sodium TBEC 50 MG, 75 MG</i>   | 1         |  |
| TYENNE SOLN  | 1         | PA  | <i>diclofenac w/ misoprostol TBEC</i>        | 2         | ST   |
| TYENNE SOSY  | 1         | PA  | DUEXIS ( <i>ibuprofen-famotidine</i> )       | 1         | PA   |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs)         |           |   | EC-NAPROSYN TBEC ( <i>naproxen</i> )         | 9         |  |
| ANAPROX DS TABS ( <i>naproxen sodium</i> )             | 9         | ST  | <i>etodolac CAPS</i>                         | 2         | ST   |
| ARTHROTEC 50 TBEC ( <i>diclofenac w/ misoprostol</i> ) | 2         | ST  | <i>etodolac TABS</i>                         | 1         |  |
| ARTHROTEC 75 TBEC ( <i>diclofenac w/ misoprostol</i> ) | 2         | ST  | <i>etodolac TB24</i>                         | 2         | ST   |
| CALDOLOR SOLN  | 1         | PA  | FELDENE CAPS ( <i>piroxicam</i> )            | 9         | ST   |
| CELEBREX 400 MG ( <i>celecoxib</i> )                   | 1         | PA  | <i>fenoprofen calcium CAPS 400 MG</i>        | 1         | PA   |
| CELEBREX ( <i>celecoxib</i> )                          | 9         |   | <i>fenoprofen calcium TABS</i>               | 1         | PA   |
| CELEBREX 50 MG, 100 MG, 200 MG ( <i>celecoxib</i> )    | 1         |   | <i>flurbiprofen TABS 100 MG</i>              | 1         |  |
| <i>celecoxib 50 MG, 100 MG, 200 MG</i>                 | 1         |   | <i>ibuprofen lysine</i>                      | 1         |  |
| <i>celecoxib 400 MG</i>                                | 1         | PA  | <i>ibuprofen-famotidine</i>                  | 1         | PA   |
| CHILDRENS ADVIL SUSP 100 MG/5ML ( <i>ibuprofen</i> )   | 9         | QL(120 ml per fill retail); RX/OTC                          | IBUPROFEN POWD                               | 1         |  |
| CHILDRENS MOTRIN SUSP 100 MG/5ML ( <i>ibuprofen</i> )  | 9         | QL(120 ml per fill retail); RX/OTC                          | <i>ibuprofen SUSP 100 MG/5ML</i>             | 1         | QL(120 ml per fill retail); AL(Up to 20 yrs old); PA; RX/OTC |
| COMBOGESIC SOLN  | 1         | PA  | <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i> | 1         |  |
| DAYPRO TABS ( <i>oxaprozin</i> )                       | 2         | ST  | INDOCIN SUSP ( <i>indomethacin</i> )         | 9         |  |
| <i>diclofenac potassium CAPS</i>                       | 1         | PA  | INDOMETHACIN                                 | 1         | PA   |
| <i>diclofenac potassium TABS 25 MG</i>                 | 1         | PA  | <i>indomethacin CAPS 25 MG, 50 MG</i>        | 1         | QL(8 ea daily)   |
|  |           |   | <i>indomethacin CPCR</i>                     | 1         | PA   |
|  |           |   | <i>indomethacin SUPP</i>                     | 1         | PA   |
|  |           |   | <i>indomethacin SUSP</i>                     | 1         | AL(Up to 10 yrs old); PA                                     |

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|--|-----------|--|---|-----------|--|
| <i>ketoprofen CAPS 25 MG</i>                             | 1         | PA   | NEOPROFEN ( <i>ibuprofen lysine</i> )             | 1         |  |
| <i>ketoprofen CP24</i>                                   | 1         | PA   | <i>oxaprozin TABS</i>                             | 2         | ST   |
| <i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i> | 1         |  | <i>piroxicam CAPS</i>                             | 2         | ST   |
| KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY            | 1         | QL(5 ea per 5 day(s) retail; 5 ea per 5 days mail); PA | RELAFEN DS  | 1         | QL(1 ea daily); PA   |
| <i>ketorolac tromethamine TABS</i>                       | 1         | QL(20 ea per 5 day(s) retail; 20 ea per 5 days mail)   | <i>sulindac TABS</i>                              | 1         |  |
| LODINE TABS ( <i>etodolac</i> )                          | 9         |  | TOLECTIN 600 TABS                                 | 2         | ST   |
| <i>meclofenamate sodium CAPS</i>                         | 1         | PA   | <i>tolmetin sodium CAPS</i>                       | 2         | ST   |
| <i>mefenamic acid CAPS</i>                               | 1         | PA   | <i>tolmetin sodium TABS 600 MG</i>                | 2         | ST   |
| <i>meloxicam CAPS</i>                                    | 1         | QL(1 ea daily); PA                                     | VIMOVO ( <i>naproxen-esomeprazole magnesium</i> ) | 1         | PA   |
| <i>meloxicam TABS</i>                                    | 1         |  | ZIPSOR CAPS ( <i>diclofenac potassium</i> )       | 9         |  |
| <i>nabumetone</i>  | 1         |  | ZYNRELEF  | 1         | Medical Benefit Only                                       |
| NALFON CAPS ( <i>fenoprofen calcium</i> )                | 1         | PA   | Phosphodiesterase 4 (PDE4) Inhibitors             |           |  |
| NALFON TABS ( <i>fenoprofen calcium</i> )                | 1         | PA   | OTEZLA TABS 20 MG                                 | 2         |  |
| NAPRELAN TB24 ( <i>naproxen sodium</i> )                 | 1         | PA   | OTEZLA TABS 30 MG                                 | 2         | QL(2 ea daily)   |
| NAPRELAN TB24 500 MG ( <i>naproxen sodium</i> )          | 9         |  | OTEZLA TBPK                                       | 2         | QL(55 ea per 28 day(s) retail; 55 ea per 28 days mail)     |
| NAPROSYN SUSP ( <i>naproxen</i> )                        | 1         |  | OTEZLA TBPK                                       | 2         |  |
| NAPROSYN TABS 500 MG ( <i>naproxen</i> )                 | 9         |  | Pyrimidine Synthesis Inhibitors                   |           |  |
| <i>naproxen sodium TABS 275 MG, 550 MG</i>               | 2         | ST   | ARAVA ( <i>leflunomide</i> )                      | 1         | QL(1 ea daily)   |
| <i>naproxen sodium TB24</i>                              | 1         | PA   | <i>leflunomide</i>                                | 1         | QL(1 ea daily)   |
| <i>naproxen-esomeprazole magnesium</i>                   | 1         | PA   | Selective Costimulation Modulators                |           |  |
| <i>naproxen SUSP</i>                                     | 1         |  | ORENCIA CLICKJECT SOAJ                            | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA   |
| <i>naproxen TABS</i>                                     | 1         |  | ORENCIA SOLR                                      | 1         | PA   |
| <i>naproxen TBEC</i>                                     | 1         |  | ORENCIA SOSY 87.5 MG/0.7ML                        | 1         | QL(2.8 ml per 28 day(s) retail; 3 ml per 28 days mail); PA |

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|--|-----------|--|---|-----------|--|
| ORENCIA SOSY 50 MG/0.4ML   | 1         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>           | 1         | QL(4 ea daily); AL(At least 10 yrs old)                        |
| ORENCIA SOSY 125 MG/ML   | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA   | <i>butalbital-aspirin-caffeine CAPS</i>                     | 1         | QL(4 ea daily); AL(At least 10 yrs old)                        |
| <b>Soluble Tumor Necrosis Factor Receptor Agents</b>                                 |           |  | ESGIC TABS ( <i>butalbital-acetaminophen-caffeine</i> )     | 1         | QL(4 ea daily); AL(At least 10 yrs old)                        |
| ENBREL MINI SOCT   | 2         | QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)       | FIORICET CAPS ( <i>butalbital-acetaminophen-caffeine</i> )  | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA                    |
| ENBREL SURECLICK SOAJ  | 2         | QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)       | <b>Analgesics Other</b>                                     |           |  |
| ENBREL SOLN  | 2         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail)       | <i>acetaminophen SOLN OR 160 MG/5ML</i>                     | 1         |  |
| ENBREL SOSY 50 MG/ML   | 2         | QL(8 ml per 28 day(s) retail; 8 ml per 28 days mail)       | <i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i>        | 1         | Medical Benefit Only   |
| ENBREL SOSY 25 MG/0.5ML  | 2         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail)       | <i>acetaminophen SUSP 80 MG/2.5ML</i>                       | 1         |  |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b>   |           |  | <i>clonidine hcl (analgesia) EP</i>                         | 1         |  |
| <b>Analgesic Combinations</b>  |           |  | DURACLON EP 100 MCG/ML ( <i>clonidine hcl (analgesia)</i> ) | 1         |  |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG, 40 MG-50 MG-325 MG</i> | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA                | TYLENOL CHILDRENS PAIN +FEVER SUSP ( <i>acetaminophen</i> ) | 9         |  |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                     | 1         | QL(4 ea daily); AL(At least 10 yrs old)                    | TYLENOL CHILDRENS SUSP ( <i>acetaminophen</i> )             | 9         |  |
| <i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>                                    | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA                | TYLENOL FOR CHILDREN/ADULTS SUSP ( <i>acetaminophen</i> )   | 9         |  |
| <i>butalbital-acetaminophen TABS 50 MG-300 MG</i>                                    | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA                | TYLENOL INFANTS PAIN+FEVER SUSP ( <i>acetaminophen</i> )    | 9         |  |
|  |           |  | <b>Salicylates</b>  |           |  |
|  |           |  | <i>aspirin CHEW</i>   | 1         | QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); MP |
|  |           |  | <i>aspirin TBEC 81 MG</i>                                   | 1         | QL(1 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); MP |

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|---|-----------|---|--|-----------|---|
| <i>diflunisal</i> TABS  | 1         |   | DILAUDID TABS<br>( <i>hydromorphone hcl</i> )  | 1         | QL(4 ea daily);<br>AL(At least 10 yrs old)  |
| DOLOBID TABS  | 1         | PA  | DSUVIA SUBL  | 1         | Medical Benefit Only  |
| <i>salsalate</i>  | 1         |   | <i>fentanyl citrate</i> LPOP   | 1         | QL(120 ea per 30 day(s) retail;<br>120 ea per 30 days mail);<br>AL(At least 10 yrs old)   |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>   |           |   | FENTANYL CITRATE POWD  | 1         | Medical Benefit Only  |
| <b>Opioid Agonists</b>  |           |   | <i>fentanyl citrate</i> SOLN IJ<br>50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML, 500 MCG/10ML, 1000 MCG/20ML, 2500 MCG/50ML | 1         |   |
| ACTIQ LPOP ( <i>fentanyl citrate</i> )  | 9         | QL(120 ea per 30 day(s) retail;<br>120 ea per 30 days mail)                             | FENTANYL CITRATE SOLN IJ 50 MCG/ML<br>( <i>fentanyl citrate</i> )  | 1         |   |
| ACTIQ LPOP 400 MCG<br>( <i>fentanyl citrate</i> )                               | 1         | QL(120 ea per 30 day(s) retail;<br>120 ea per 30 days mail);<br>AL(At least 10 yrs old) | FENTANYL CITRATE SOLN IJ ( <i>fentanyl citrate</i> )   | 9         |   |
| CODEINE PHOSPHATE POWD  | 1         |   | <i>fentanyl citrate</i> SOSY IJ  | 1         |   |
| <i>codeine sulfate</i> TABS 30 MG   | 1         | QL(4 ea daily);<br>AL(At least 12 yrs old)  | FENTANYL CITRATE SOSY IJ ( <i>fentanyl citrate</i> )   | 1         |   |
| CODEINE SULFATE TABS  | 1         | QL(4 ea daily);<br>AL(At least 12 yrs old)  | FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML,<br>50 MCG/ML  | 1         |   |
| CONZIP CP24 ( <i>tramadol hcl</i> )   | 1         | QL(1 ea daily);<br>AL(At least 12 yrs old); PA  | FENTANYL CITRATE SOSY IJ ( <i>fentanyl citrate</i> )   | 9         |   |
| DEMEROL SOLN IJ<br>( <i>meperidine hcl</i> )                                    | 9         |   | <i>fentanyl citrate</i> TABS 200 MCG,<br>400 MCG, 600 MCG, 800 MCG   | 1         | QL(112 ea per 30 day(s) retail;<br>112 ea per 30 days mail);<br>AL(At least 10 yrs old)   |
| DEMEROL SOLN IJ   | 1         |   | <i>fentanyl</i> PT72 12 MCG/HR,<br>25 MCG/HR, 37.5 MCG/HR,<br>50 MCG/HR, 62.5 MCG/HR,<br>75 MCG/HR, 87.5 MCG/HR    | 1         | QL(10 ea per 30 day(s) retail;<br>10 ea per 30 days mail);<br>AL(At least 10 yrs old); PA |
| DEMEROL SOLN IJ<br>( <i>meperidine hcl</i> )                                    | 1         |   |  |           |   |
| DILAUDID LIQD<br>( <i>hydromorphone hcl</i> )                                   | 1         | AL(Up to 12 yrs old)  |  |           |   |
| DILAUDID SOLN IJ 0.2 MG/ML,<br>1 MG/ML, 2 MG/ML<br>( <i>hydromorphone hcl</i> ) | 1         |   |  |           |   |
| DILAUDID SOLN IJ 0.2 MG/ML,<br>1 MG/ML, 2 MG/ML<br>( <i>hydromorphone hcl</i> ) | 9         |   |  |           |   |

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|---|-----------|---|--|-----------|---|
| <i>fentanyl PT72 100 MCG/HR</i>   | 1         | QL(20 ea per 30 day(s) retail; 20 ea per 30 days mail); AL(At least 10 yrs old); PA | HYDROMORPHONE HYDROCHLORIDE SOLN IJ ( <i>hydromorphone hcl</i> )       | 1         |   |
| FENTORA TABS ( <i>fentanyl citrate</i> )  | 1         | QL(112 ea per 30 day(s) retail; 112 ea per 30 days mail); AL(At least 10 yrs old)   | HYDROMORPHONE HYDROCHLORIDE SOLN IJ ( <i>hydromorphone hcl</i> )       | 9         |   |
| FENTORA TABS ( <i>fentanyl citrate</i> )  | 9         | QL(112 ea per 30 day(s) retail; 112 ea per 30 days mail)                            | HYSINGLA ER T24A   | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA                                   |
| <i>hydrocodone bitartrate CP12</i>  | 1         | QL(2 ea daily); AL(At least 10 yrs old); PA   | INFUMORPH 200 ( <i>morphine sulfate for continuous microinfusion</i> ) | 1         |   |
| <i>hydrocodone bitartrate T24A</i>  | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA   | INFUMORPH 500 ( <i>morphine sulfate for continuous microinfusion</i> ) | 1         |   |
| <i>hydromorphone hcl LIQD</i>   | 1         | AL(Up to 12 yrs old)  | <i>levorphanol tartrate TABS</i>                                       | 1         | QL(4 ea daily); AL(At least 10 yrs old)                                       |
| HYDROMORPHONE HCL POWD  | 1         |   | <i>meperidine hcl SOLN OR 50 MG/5ML</i>                                | 1         | AL(Up to 12 yrs old)  |
| <i>hydromorphone hcl SOLN IJ 0.2 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i> | 1         |   | <i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>            | 1         |   |
| HYDROMORPHONE HCL SUPP  | 1         |   | <i>meperidine hcl TABS 50 MG</i>                                       | 1         | QL(64 ea per 8 day(s) retail; 64 ea per 8 days mail); AL(At least 10 yrs old) |
| <i>hydromorphone hcl TABS</i>   | 1         | QL(4 ea daily); AL(At least 10 yrs old)   | <i>methadone hcl CONC</i>  | 1         | QL(4 ml daily); PA  |
| <i>hydromorphone hcl TB24 12 MG</i>   | 1         | QL(3 ea daily); AL(At least 10 yrs old); PA   | <i>methadone hcl SOLN OR 10 MG/5ML</i>                                 | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(Up to 1 yrs old)   |
| <i>hydromorphone hcl TB24 8 MG, 16 MG, 32 MG</i>  | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA   | <i>methadone hcl SOLN OR 5 MG/5ML</i>                                  | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(Up to 1 yrs old)   |
| HYDROMORPHONE HYDROCHLORIDE SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML                                 | 1         |   | METHADONE HCL SOLN IJ  | 1         |   |

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|---|-----------|---|--|-----------|---|
| <i>methadone hcl TABS</i>   | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA   | MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 100 MG ( <i>morphine sulfate</i> ) | 1         | QL(3 ea daily); AL(At least 10 yrs old); PA   |
| <i>methadone hcl TBSO</i>   | 1         | Medical Benefit Only; AL(At least 10 yrs old) | MS CONTIN TBCR 200 MG ( <i>morphine sulfate</i> )                      | 1         | AL(At least 10 yrs old); PA   |
| METHADOSE SUGAR-FREE CONC ( <i>methadone hcl</i> )                            | 1         | QL(4 ml daily); PA                            | NUCYNTA ER TB12 100 MG, 150 MG, 200 MG, 250 MG                         | 1         | QL(2 ea daily); AL(At least 10 yrs old); PA   |
| METHADOSE CONC ( <i>methadone hcl</i> )                                       | 1         | QL(4 ml daily); PA                            | NUCYNTA ER TB12 50 MG  | 1         | QL(2 ea daily); AL(At least 10 yrs old)   |
| <i>morphine sulfate beads</i>   | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA   | NUCYNTA TABS   | 1         | QL(4 ea daily); AL(At least 10 yrs old)   |
| <i>morphine sulfate for continuous microinfusion</i>                          | 1         |   | OLINVYK  | 1         | Medical Benefit Only  |
| MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV                                      | 1         |   | <i>oxycodone hcl CAPS</i>  | 1         | QL(4 ea daily); AL(At least 10 yrs old)   |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | QL(2 ea daily); AL(At least 10 yrs old); PA   | <i>oxycodone hcl CONC 100 MG/5ML</i>                                   | 1         | QL(4 ml daily); AL(Up to 12 yrs old)  |
| MORPHINE SULFATE POWD   | 1         | Medical Benefit Only                          | OXYCODONE HCL POWD   | 1         |   |
| <i>morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML</i>          | 1         |   | <i>oxycodone hcl SOLN</i>  | 1         | AL(Up to 12 yrs old)  |
| <i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML, 20 MG/ML, 100 MG/5ML</i>    | 1         | AL(Up to 12 yrs old)                          | <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>                          | 1         | Brand Required; QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old); PA |
| MORPHINE SULFATE SOLN IV 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML        | 1         |   | <i>oxycodone hcl T12A 80 MG</i>  | 1         | Brand Required; AL(At least 10 yrs old); PA   |
| <i>morphine sulfate SUPP</i>  | 1         |   | <i>oxycodone hcl TABS</i>  | 1         | QL(4 ea daily); AL(At least 10 yrs old)   |
| <i>morphine sulfate TABS</i>  | 1         | QL(4 ea daily); AL(At least 10 yrs old)       |  |           |   |
| <i>morphine sulfate TBCR 15 MG, 30 MG, 60 MG, 100 MG</i>                      | 1         | QL(3 ea daily); AL(At least 10 yrs old); PA   |  |           |   |
| <i>morphine sulfate TBCR 200 MG</i>   | 1         | AL(At least 10 yrs old); PA                   |  |           |   |

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|--|-----------|---|---|-----------|--|
| OXYCONTIN T12A 30 MG, 40 MG, 60 MG                                   | 1         | Brand Required; QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old); PA | <i>tramadol hcl SOLN</i>  | 1         | AL(At least 12 yrs old)  |
|  |           |   | <i>tramadol hcl TABS 25 MG, 100 MG</i>  | 1         | QL(4 ea daily); AL(At least 12 yrs old)                        |
|  |           |   | <i>tramadol hcl TABS 50 MG</i>  | 1         | QL(8 ea daily); AL(At least 12 yrs old)                        |
| OXYCONTIN T12A 80 MG   | 1         | Brand Required; AL(At least 10 yrs old); PA   | <i>tramadol hcl TB24</i>  | 1         | QL(1 ea daily); AL(At least 12 yrs old); PA                    |
| OXYCONTIN T12A 10 MG, 15 MG, 20 MG                                   | 1         | Brand Required; QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 10 yrs old)     | TRAMADOL HYDROCHLORIDE SOLN ( <i>tramadol hcl</i> )                           | 9         |  |
|  |           |   | TRAMADOL HYDROCHLORIDE SOLN ( <i>tramadol hcl</i> )                           | 1         | AL(At least 12 yrs old)  |
| <i>oxymorphone hcl TABS</i>  | 1         | QL(4 ea daily); AL(At least 10 yrs old)   | ULTIVA ( <i>remifentanil hcl</i> )  | 9         |  |
| <i>oxymorphone hcl TB12 40 MG</i>                                    | 1         | QL(4 ea daily); AL(At least 10 yrs old); PA   | ULTIVA ( <i>remifentanil hcl</i> )  | 1         |  |
| <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | 1         | QL(2 ea daily); AL(At least 10 yrs old); PA   | XTAMPZA ER  | 1         | QL(2 ea daily); AL(At least 10 yrs old); PA                    |
| QDOLO SOLN ( <i>tramadol hcl</i> )                                   | 1         | AL(At least 12 yrs old)   | Opioid Combinations   |           |  |
| <i>remifentanil hcl</i>  | 1         |   | <i>acetaminophen w/ codeine SOLN</i>  | 1         | QL(4050 ml per 30 day(s) retail; 4050 ml per 30 days mail)     |
| ROXICODONE TABS 15 MG, 30 MG ( <i>oxycodone hcl</i> )                | 1         | QL(4 ea daily); AL(At least 10 yrs old)   | <i>acetaminophen w/ codeine SOLN</i>  | 1         | QL(4050 ml per 30 day(s) retail; 4050 ml per 30 days mail); PA |
| ROXYBOND TABA 5 MG, 15 MG, 30 MG                                     | 1         | QL(4 ea daily); AL(At least 10 yrs old)   | <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i> | 1         | QL(4 ea daily); AL(At least 12 yrs old)                        |
| ROXYBOND TABA 10 MG  | 1         | AL(At least 10 yrs old); PA   | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                | 1         | QL(4 ea daily); AL(At least 12 yrs old)                        |
| <i>sufentanil citrate SOLN IV 50 MCG/ML</i>                          | 1         |   | <i>butalbital-acetaminophen-caffeine w/ codeine</i>                           | 1         | QL(4 ea daily); AL(At least 12 yrs old)                        |
| SUFENTANIL CITRATE SOLN IV ( <i>sufentanil citrate</i> )             | 9         |   | <i>butalbital-aspirin-caffeine w/cod</i>                                      | 1         | QL(4 ea daily); AL(At least 12 yrs old)                        |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>                      | 1         | QL(1 ea daily); AL(At least 12 yrs old); PA   |   |           |  |

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|--|-----------|--|--------------------------------|-----------|--|
| FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> )                        | 1         | QL(4 ea daily); AL(At least 12 yrs old)  | PROLATE SOLN                   | 1         | QL(1500 ml per 30 day(s) retail; 1500 ml per 30 days mail); AL(Up to 12 yrs old) |
| <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>   | 1         | PA   | PROLATE TABS                   | 1         | QL(4 ea daily); AL(At least 10 yrs old)  |
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>              | 1         | QL(4560 ml per 30 day(s) retail; 4560 ml per 30 days mail)                       | SEGLENTIS                      | 1         | QL(28 ea per fill retail); AL(At least 12 yrs old)                               |
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG, 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1         | QL(4 ea daily); AL(At least 10 yrs old)  | <i>tramadol-acetaminophen</i>  | 1         | QL(6 ea daily); AL(At least 12 yrs old)  |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>  | 1         | QL(4 ea daily); AL(At least 10 yrs old)  | <b>Opioid Partial Agonists</b> |           |  |
| NALOCET TABS   | 1         | QL(4 ea daily); AL(At least 10 yrs old)  | BELBUCA FILM                   | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA                       |
| <i>oxycodone w/ acetaminophen SOLN</i>   | 1         | QL(1500 ml per 30 day(s) retail; 1500 ml per 30 days mail); AL(Up to 12 yrs old) | BRIXADI SOSY 16 MG/0.32ML      | 1         | QL(1.28 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                      |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                           | 1         | QL(4 ea daily); AL(At least 10 yrs old)  | BRIXADI SOSY 128 MG/0.36ML     | 1         | QL(0.36 ml per 28 day(s) retail); PA   |
| PERCOCET TABS 325 MG-10 MG, 325 MG-2.5 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )              | 1         | QL(4 ea daily); AL(At least 10 yrs old)  | BRIXADI SOSY 24 MG/0.48ML      | 1         | QL(1.92 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                      |
|  |           |  | BRIXADI SOSY 64 MG/0.18ML      | 1         | QL(0.18 ml per 28 day(s) retail); PA   |
|  |           |  | BRIXADI SOSY 96 MG/0.27ML      | 1         | QL(0.27 ml per 28 day(s) retail); PA   |
|  |           |  | BRIXADI SOSY 24 MG/0.48ML      | 1         | QL(1.92 ml per 30 day(s) retail; 2 ml per 30 days mail); PA                      |
|  |           |  | BRIXADI SOSY 32 MG/0.64ML      | 1         | QL(2.56 ml per 28 day(s) retail; 3 ml per 28 days mail); PA                      |

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|--|-----------|---|---|-----------|---|
| BRIXADI SOSY 8 MG/0.16ML   | 1         | QL(0.64 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                         | <i>nalbuphine hcl</i>   | 1         |   |
| BUPRENEX SOLN ( <i>buprenorphine hcl</i> )   | 9         |   | <i>pentazocine w/ naloxone hcl</i>  | 1         | QL(8 ea daily); AL(At least 10 yrs old)   |
| <i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i> | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA                          | SUBLOCADE SOSY 100 MG/0.5ML   | 1         | QL(0.5 ml per 28 day(s) retail); PA   |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG</i>     | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA | SUBLOCADE SOSY 300 MG/1.5ML   | 1         | QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                          |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>                  | 1         | QL(3 ea daily); AL(At least 16 yrs old); PA   | SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | 9         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail)                              |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                 | 1         | QL(2 ea daily); AL(At least 16 yrs old); PA   | SUBOXONE FILM SL 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )              | 9         | QL(3 ea daily)  |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                               | 1         | QL(3 ea daily); AL(At least 16 yrs old)   | SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )             | 9         | QL(2 ea daily)  |
| <i>buprenorphine hcl SOLN</i>  | 1         |   | SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )             | 1         | QL(2 ea daily); AL(At least 16 yrs old); PA   |
| <i>buprenorphine hcl SUBL</i>  | 1         | QL(3 ea daily); AL(At least 16 yrs old - Up to 50 yrs old)                          | SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); AL(At least 16 yrs old); PA |
| <i>buprenorphine PTWK</i>  | 1         | Brand Required; QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA            | SUBOXONE FILM SL 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )              | 1         | QL(3 ea daily); AL(At least 16 yrs old); PA   |
| <i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>                                    | 1         |   | ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG                  | 1         | QL(3 ea daily); AL(At least 16 yrs old); PA   |
| <i>butorphanol tartrate NA 10 MG/ML</i>  | 1         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                              | ZUBSOLV SUBL 2.1 MG-8.6 MG  | 1         | QL(2 ea daily); AL(At least 16 yrs old); PA   |
| BUTRANS PTWK ( <i>buprenorphine</i> )  | 1         | Brand Required; QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)                | ZUBSOLV SUBL 2.9 MG-11.4 MG   | 1         | QL(1 ea daily); AL(At least 16 yrs old); PA   |

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|--|-----------|--|
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b> |           |  |
| <b>Anabolic Steroids</b>                               |           |  |
| <i>oxandrolone 2.5 MG</i>                              | 1         | PA   |
| <b>Androgens</b>                                       |           |  |
| ANDROGEL PUMP GEL TD 1.62 % ( <i>testosterone</i> )    | 1         | QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail); PA   |
| ANDROGEL PUMP GEL TD 1.62 % ( <i>testosterone</i> )    | 9         | QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail)       |
| ANDROGEL GEL TD 25 MG/2.5GM ( <i>testosterone</i> )    | 9         | QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail)       |
| AVEED SOLN   | 1         | PA   |
| <i>danazol CAPS</i>                                    | 1         |  |
| FORTESTA GEL TD ( <i>testosterone</i> )                | 9         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)       |
| JATENZO CAPS 237 MG                                    | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                  |
| JATENZO CAPS 158 MG, 198 MG                            | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA                  |
| <i>methyltestosterone CAPS</i>                         | 1         | PA   |
| METHYLTESTOSTERONE POWD                                | 1         | PA   |
| <i>methyltestosterone TABS</i>                         | 1         | PA   |
| NATESTO GEL NA   | 1         | AL(At least 18 yrs old); PA                                  |
| TESTIM GEL TD ( <i>testosterone</i> )                  | 1         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA |
| TESTOPEL PLLT  | 1         | Medical Benefit Only   |
| <i>testosterone cypionate SOLN IM</i>                  | 1         | PA   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>testosterone enanthate SOLN IM</i>                         | 1         | PA  |
| <i>testosterone GEL TD 20.25 MG/1.25GM</i>                    | 1         | QL(37.5 gm per 30 day(s) retail; 38 gm per 30 days mail); PA                          |
| <i>testosterone GEL TD 1 %, 50 MG/5GM</i>                     | 1         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA                          |
| <i>testosterone GEL TD 10 MG/ACT</i>                          | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA                            |
| <i>testosterone GEL TD 1.62 %, 25 MG/2.5GM, 40.5 MG/2.5GM</i> | 1         | QL(75 gm per 30 day(s) retail; 75 gm per 30 days mail); PA                            |
| <i>testosterone SOLN</i>                                      | 1         | QL(180 ml per 30 day(s) retail; 180 ml per 30 days mail); AL(At least 18 yrs old); PA |
| TLANDO CAPS   | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA   |
| UNDECATREX CAPS   | 1         | AL(At least 18 yrs old); PA   |
| VOGELXO PUMP GEL TD ( <i>testosterone</i> )                   | 9         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail)                              |
| VOGELXO PUMP GEL TD ( <i>testosterone</i> )                   | 1         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA                          |
| VOGELXO GEL TD ( <i>testosterone</i> )                        | 1         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail); PA                          |
| VOGELXO GEL TD ( <i>testosterone</i> )                        | 9         | QL(150 gm per 30 day(s) retail; 150 gm per 30 days mail)                              |
| XYOSTED SOAJ  | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                              |

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| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |  |
| Intrarectal Steroids   |           |  |
| <i>budesonide (intrarectal)</i>  | 1         | QL(133.6 gm per 42 day(s) retail; 134 gm per 42 days mail); PA     |
| CORTENEMA ( <i>hydrocortisone (intrarectal)</i> )  | 1         |  |
| CORTIFOAM EX 10 %  | 1         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA         |
| <i>hydrocortisone (intrarectal)</i>  | 1         |  |
| UCERIS ( <i>budesonide (intrarectal)</i> )   | 9         | QL(133.6 gm per 42 day(s) retail; 134 gm per 42 days mail)         |
| UCERIS ( <i>budesonide (intrarectal)</i> )   | 1         | QL(133.6 gm per 42 day(s) retail; 134 gm per 42 days mail); PA     |
| Rectal Combinations  |           |  |
| <i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>                                 | 1         |  |
| PROCTOFOAM HC FOAM EX  | 1         |  |
| Rectal Steroids  |           |  |
| ANUSOL-HC EX ( <i>hydrocortisone (rectal)</i> )  | 1         | 4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail |
| <i>hydrocortisone (rectal) EX 2.5 %</i>  | 1         | 4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail |
| <i>hydrocortisone (rectal) EX 1 %</i>  | 1         | RX/OTC   |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| Vasodilating Agents                                   |           |  |
| <i>nitroglycerin (intra-anal)</i>                     | 1         |  |
| RECTIV ( <i>nitroglycerin (intra-anal)</i> )          | 1         |  |
| <b>ANTACIDS</b>                                       |           |  |
| Antacids - Calcium Salts                              |           |  |
| CALCIUM CARBONATE SUSP                                | 1         | AL(Up to 20 yrs old); PA                                   |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b> |           |  |
| Anthelmintics   |           |  |
| <i>albendazole</i>                                    | 1         | QL(2 ea daily)   |
| BENZNIDAZOLE  | 1         | AL(At least 2 yrs old - Up to 12 yrs old); PA              |
| BILTRICIDE ( <i>praziquantel</i> )                    | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)       |
| EMVERM CHEW   | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); PA   |
| <i>ivermectin</i>                                     | 1         | PA   |
| <i>praziquantel</i>                                   | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)       |
| STROMEKTOL ( <i>ivermectin</i> )                      | 1         | PA   |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b> |           |  |
| Antianginals-Other                                    |           |  |
| ASPRUZYO SPRINKLE PACK                                | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA |
| RANEXA TB12 1000 MG ( <i>ranolazine</i> )             | 9         | QL(2 ea daily); MP   |
| RANEXA TB12 500 MG ( <i>ranolazine</i> )              | 9         | QL(3 ea daily); MP   |

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|---|-----------|---------------------|---|-----------|--|
| <i>ranolazine TB12 500 MG</i>   | 1         | QL(3 ea daily); MP  | <i>nitroglycerin PT24 0.6 MG/HR</i>                       | 1         |  |
| <i>ranolazine TB12 1000 MG</i>  | 1         | QL(2 ea daily); MP  | <i>nitroglycerin PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR</i> | 1         | QL(1 ea daily); MP   |
| <b>Nitrates</b>   |           |                     | <i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>                 | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail |
| <i>ISORDIL TITRADOSE TABS 40 MG (isosorbide dinitrate)</i>            | 1         |                     | <b>NITROGLYCERIN SOLN IV</b>                              | 1         |  |
| <i>ISORDIL TITRADOSE TABS 5 MG (isosorbide dinitrate)</i>             | 1         | QL(3 ea daily); MP  | <i>nitroglycerin SUBL 0.3 MG, 0.4 MG</i>                  | 1         | QL(4.45 ea daily); MP  |
| <i>isosorbide dinitrate TABS 20 MG</i>                                | 1         | QL(6 ea daily); MP  | <i>nitroglycerin SUBL 0.6 MG</i>                          | 1         |  |
| <i>isosorbide dinitrate TABS 10 MG</i>                                | 1         | QL(5 ea daily); MP  | <b>NITROLINGUAL SOLN TL (nitroglycerin)</b>               | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail |
| <i>isosorbide dinitrate TABS 40 MG</i>                                | 1         |                     | <b>NITROSTAT SUBL 0.6 MG (nitroglycerin)</b>              | 1         |  |
| <i>isosorbide dinitrate TABS 5 MG, 30 MG</i>                          | 1         | QL(3 ea daily); MP  | <b>NITROSTAT SUBL 0.3 MG, 0.4 MG (nitroglycerin)</b>      | 1         | QL(4.45 ea daily); MP  |
| <i>isosorbide mononitrate TABS</i>                                    | 1         |                     | <b>NITROSTAT SUBL 0.4 MG (nitroglycerin)</b>              | 9         | QL(4.45 ea daily); MP  |
| <i>isosorbide mononitrate TB24 60 MG</i>                              | 1         | QL(3 ea daily); MP  | <b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>       |           |  |
| <i>isosorbide mononitrate TB24 120 MG</i>                             | 1         | QL(2 ea daily); MP  | <b>Antianxiety Agents - Misc.</b>                         |           |  |
| <i>isosorbide mononitrate TB24 30 MG</i>                              | 1         | QL(6 ea daily); MP  | <i>bupirone hcl 5 MG, 10 MG, 15 MG</i>                    | 1         | QL(3 ea daily); MP   |
| <b>NITRO-BID OINT</b>   | 1         |                     | <i>bupirone hcl 7.5 MG, 30 MG</i>                         | 1         | QL(2 ea daily); MP   |
| <b>NITRO-DUR PT24</b>   | 1         |                     | <i>droperidol SOLN 2.5 MG/ML</i>                          | 1         |  |
| <i>NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)</i> | 9         |                     | <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>            | 1         |  |
| <i>NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (nitroglycerin)</i> | 1         | QL(1 ea daily); MP  | <i>hydroxyzine hcl SYRP</i>                               | 1         |  |
| <i>NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR (nitroglycerin)</i> | 9         | QL(1 ea daily); MP  | <i>hydroxyzine hcl TABS</i>                               | 1         |  |
| <i>NITRO-DUR PT24 0.3 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)</i> | 1         |                     | <i>hydroxyzine pamoate CAPS 25 MG, 50 MG</i>              | 1         | QL(4 ea daily); MP   |
| <i>nitroglycerin in d5w</i>   | 1         |                     |   |           |  |

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|---|-----------|---|--|-----------|---|
| <i>hydroxyzine pamoate CAPS 100 MG</i>                | 1         |   | <i>diazepam CONC</i>   | 1         | QL(1 ml daily);<br>AL(At least 19 yrs old)  |
| <i>meprobamate</i>                                    | 1         |   | <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>       | 1         | QL(30 ml per 30 day(s) retail;<br>30 ml per 30 days mail);<br>AL(At least 19 yrs old) |
| VISTARIL CAPS 50 MG<br>( <i>hydroxyzine pamoate</i> ) | 9         | QL(4 ea daily);<br>MP   | <i>diazepam SOLN OR 5 MG/5ML</i>                             | 1         |   |
| VISTARIL CAPS 25 MG<br>( <i>hydroxyzine pamoate</i> ) | 1         | QL(4 ea daily);<br>MP   | <i>diazepam SOLN OR 5 MG/5ML</i>                             | 1         | AL(At least 19 yrs old)   |
| <b>Benzodiazepines</b>                                |           |   | <i>diazepam TABS</i>   | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |
| ALPRAZOLAM<br>INTENSOL CONC                           | 1         | QL(1 ml daily);<br>AL(At least 19 yrs old)  | <i>lorazepam CONC</i>  | 1         | QL(1 ml daily);<br>AL(At least 19 yrs old)  |
| <i>alprazolam TABS 0.25 MG, 0.5 MG, 1 MG</i>          | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  | <i>lorazepam SOLN</i>  | 1         | QL(60 ml per 30 day(s) retail;<br>60 ml per 30 days mail);<br>AL(At least 19 yrs old) |
| <i>alprazolam TABS 2 MG</i>                           | 1         | QL(2 ea daily);<br>AL(At least 19 yrs old)  | <i>lorazepam TABS</i>  | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |
| <i>alprazolam TB24 2 MG</i>                           | 1         | QL(2 ea daily);<br>AL(At least 19 yrs old)  | LOREEV XR CS24   | 1         | QL(1 ea daily);<br>AL(At least 19 yrs old); PA  |
| <i>alprazolam TB24 0.5 MG, 1 MG, 3 MG</i>             | 1         | QL(1 ea daily);<br>AL(At least 19 yrs old)  | <i>oxazepam CAPS</i>   | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |
| <i>alprazolam TBDP 0.25 MG, 0.5 MG, 1 MG</i>          | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old); PA  | TRANXENE T TABS 7.5 MG<br>( <i>clorazepate dipotassium</i> ) | 9         | QL(3 ea daily)  |
| <i>alprazolam TBDP 2 MG</i>                           | 1         | QL(2 ea daily);<br>AL(At least 19 yrs old); PA  | VALIUM TABS<br>( <i>diazepam</i> )                           | 9         | QL(3 ea daily)  |
| ATIVAN SOLN<br>( <i>lorazepam</i> )                   | 9         | QL(60 ml per 30 day(s) retail;<br>60 ml per 30 days mail)                             | XANAX XR TB24 0.5 MG,<br>1 MG, 3 MG ( <i>alprazolam</i> )    | 1         | QL(1 ea daily);<br>AL(At least 19 yrs old)  |
| ATIVAN SOLN<br>( <i>lorazepam</i> )                   | 1         | QL(60 ml per 30 day(s) retail;<br>60 ml per 30 days mail);<br>AL(At least 19 yrs old) | XANAX XR TB24 2 MG<br>( <i>alprazolam</i> )                  | 1         | QL(2 ea daily);<br>AL(At least 19 yrs old)  |
| ATIVAN TABS<br>( <i>lorazepam</i> )                   | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  | XANAX TABS 0.25 MG,<br>0.5 MG, 1 MG<br>( <i>alprazolam</i> ) | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |
| <i>chlordiazepoxide hcl CAPS</i>                      | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |  |           |   |
| <i>clorazepate dipotassium TABS</i>                   | 1         | QL(3 ea daily);<br>AL(At least 19 yrs old)  |  |           |   |

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|--|-----------|--|
| XANAX TABS 2 MG<br>( <i>alprazolam</i> )                       | 1         | QL(2 ea daily);<br>AL(At least 19 yrs old) |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b> |           |  |
| Antiarrhythmics - Misc.  |           |  |
| <i>adenosine</i> SOLN 6 MG/2ML, 12 MG/4ML                      | 1         |  |
| Antiarrhythmics Type I-A                                       |           |  |
| <i>disopyramide phosphate</i> CAPS                             | 1         |  |
| NORPACE CR CP12  | 1         |  |
| NORPACE CAPS<br>( <i>disopyramide phosphate</i> )              | 1         |  |
| <i>procainamide hcl</i> SOLN 100 MG/ML                         | 1         |  |
| <i>quinidine gluconate</i> TBCR                                | 1         |  |
| <i>quinidine sulfate</i> TABS                                  | 1         |  |
| Antiarrhythmics Type I-B                                       |           |  |
| <i>lidocaine hcl (cardiac)</i> SOSY                            | 1         |  |
| LIDOCAINE HCL SOLN   | 1         |  |
| <i>lidocaine in d5w 5 %-4</i> MG/ML, 5 %-8 MG/ML               | 1         |  |
| <i>mexiletine hcl</i>  | 1         |  |
| Antiarrhythmics Type I-C                                       |           |  |
| <i>flecainide acetate</i>                                      | 1         |  |
| <i>propafenone hcl</i> CP12                                    | 1         |  |
| <i>propafenone hcl</i> TABS                                    | 1         |  |
| RYTHMOL SR CP12<br>( <i>propafenone hcl</i> )                  | 1         |  |
| Antiarrhythmics Type III                                       |           |  |
| <i>amiodarone hcl</i> SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML   | 1         |  |
| <i>amiodarone hcl</i> TABS                                     | 1         |  |
| CORVERT ( <i>ibutilide fumarate</i> )                          | 1         |  |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <i>dofetilide</i>   | 1         |  |
| <i>ibutilide fumarate</i>   | 1         |  |
| MULTAQ  | 1         |  |
| NEXTERONE   | 1         | Medical Benefit Only   |
| TIKOSYN 500 MCG<br>( <i>dofetilide</i> )  | 9         |  |
| TIKOSYN ( <i>dofetilide</i> )   | 1         |  |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |  |
| Antiasthmatic - Monoclonal Antibodies   |           |  |
| CINQAIR   | 1         | Medical Benefit Only   |
| FASENRA PEN SOAJ  | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 6 yrs old); PA |
| FASENRA SOSY 10 MG/0.5ML  | 1         | AL(At least 6 yrs old); PA   |
| FASENRA SOSY 30 MG/ML   | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOAJ   | 1         | QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOLR   | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 6 yrs old); PA |
| NUCALA SOSY 40 MG/0.4ML   | 1         | QL(0.4 ml per 28 day(s) retail); AL(At least 6 yrs old - Up to 11 yrs old); PA   |

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| Drug Name                                 | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|---|-----------|---|
| NUCALA SOSY 100 MG/ML                     | 1         | QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 6 yrs old); PA            | <i>ipratropium bromide SOLN 0.02 %</i>                            | 1         | QL(450 ml per 30 day(s) retail; 450 ml per 30 days mail)                                      |
| TEZSPIRE SOAJ                             | 1         | QL(1.91 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA        | SPIRIVA HANDIHALER CAPS ( <i>tiotropium bromide monohydrate</i> ) | 1         | Brand Required; MP  |
| TEZSPIRE SOSY                             | 1         | QL(1.91 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 12 yrs old); PA        | SPIRIVA RESPIMAT AERS 1.25 MCG/ACT                                | 1         | Brand Required; QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); AL(At least 6 yrs old)  |
| XOLAIR SOAJ                               | 1         | AL(At least 6 yrs old); PA  | SPIRIVA RESPIMAT AERS 2.5 MCG/ACT                                 | 1         | Brand Required; QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); AL(At least 12 yrs old) |
| XOLAIR SOLR                               | 1         | AL(At least 6 yrs old - Up to 75 yrs old); PA   | <i>tiotropium bromide monohydrate CAPS</i>                        | 1         | Brand Required; MP; PA  |
| XOLAIR SOSY 300 MG/2ML                    | 1         | AL(At least 6 yrs old); PA  | TUDORZA PRESSAIR  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 18 yrs old)                 |
| XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML        | 1         | AL(At least 6 yrs old - Up to 75 yrs old); PA   | YUPELRI   | 1         | QL(90 ml per 30 day(s) retail; 90 ml per 30 days mail); AL(At least 18 yrs old); PA           |
| <b>Anti-Inflammatory Agents</b>           |           |   |   |           |   |
| <i>cromolyn sodium NEBU</i>               | 1         | QL(360 ml per 30 day(s) retail; 360 ml per 30 days mail)                                    | <b>Leukotriene Modulators</b>                                     |           |   |
| <b>Bronchodilators - Anticholinergics</b> |           |   |   |           |   |
| ATROVENT HFA                              | 1         | QL(25.8 gm per 30 day(s) retail; 26 gm per 30 days mail)                                    | ACCOLATE ( <i>zafirlukast</i> )                                   | 1         | QL(2 ea daily)  |
| INCRUSE ELLIPTA                           | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old) | ACCOLATE ( <i>zafirlukast</i> )                                   | 9         | QL(2 ea daily)  |
|   |           |   | <i>montelukast sodium CHEW</i>                                    | 1         | QL(1 ea daily)  |
|   |           |   | <i>montelukast sodium PACK</i>                                    | 1         | QL(1 ea daily); AL(Up to 2 yrs old); PA   |
|   |           |   | <i>montelukast sodium TABS</i>                                    | 1         | QL(1 ea daily)  |

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|--|-----------|---|--|-----------|---|
| SINGULAIR CHEW<br>(montelukast sodium)           | 1         | QL(1 ea daily)  | ARNUITY ELLIPTA 100 MCG/ACT, 200 MCG/ACT             | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 5 yrs old)                        |
| SINGULAIR PACK<br>(montelukast sodium)           | 1         | QL(1 ea daily); AL(Up to 2 yrs old); PA   |  |           |   |
| SINGULAIR TABS<br>(montelukast sodium)           | 1         | QL(1 ea daily)  | ASMANEX HFA AERO 50 MCG/ACT                          | 1         | QL(13 gm per 30 day(s) retail; 13 gm per 30 days mail); AL(Up to 11 yrs old)                                      |
| <i>zafirlukast</i>                               | 1         | QL(2 ea daily)  |  |           |   |
| <i>zileuton TB12</i>                             | 1         | AL(At least 12 yrs old); PA   | ASMANEX HFA AERO 100 MCG/ACT, 200 MCG/ACT            | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP  |
| ZYFLO TABS                                       | 1         | AL(At least 12 yrs old); PA   |  |           |   |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors |           |   | ASMANEX TWISTHALER 120 METERED DOSES AEPB            | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP  |
| OHTUVAYRE  | 1         | AL(At least 18 yrs old); PA   |  |           |   |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors  |           |   | ASMANEX TWISTHALER 14 METERED DOSES AEPB             | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; MP  |
| DALIRESP 250 MCG<br>(roflumilast)                | 1         | QL(2 ea daily); PA  |  |           |   |
| DALIRESP 500 MCG<br>(roflumilast)                | 1         | QL(1 ea daily); PA  | ASMANEX TWISTHALER 30 METERED DOSES AEPB 220 MCG/INH | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP  |
| <i>roflumilast 500 MCG</i>                       | 1         | QL(1 ea daily); PA  |  |           |   |
| <i>roflumilast 250 MCG</i>                       | 1         | QL(2 ea daily); PA  | ASMANEX TWISTHALER 30 METERED DOSES AEPB 110 MCG/INH | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old - Up to 11 yrs old); MP |
| Steroid Inhalants                                |           |   |  |           |   |
| ALVESCO  | 2         | QL(6.1 gm per 30 day(s) retail; 6 gm per 30 days mail)  |  |           |   |
| ARMONAIR DIGIHALER 113 MCG/ACT, 232 MCG/ACT      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA                             |  |           |   |
| ARNUITY ELLIPTA 50 MCG/ACT                       | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 5 yrs old - Up to 11 yrs old) |  |           |   |

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|--|-----------|---|---|-----------|--|
| ASMANEX TWISTHALER 60 METERED DOSES AEPB                           | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; MP        | PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )  | 1         | QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(Up to 8 yrs old)        |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>        | 1         | QL(8 ml daily); AL(Up to 8 yrs old)   | PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )                           | 1         | QL(8 ml daily); AL(Up to 8 yrs old)  |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i>                       | 1         | QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); AL(Up to 8 yrs old) | QVAR REDHALER 80 MCG/ACT  | 1         | QL(21.2 gm per 30 day(s) retail; 21 gm per 30 days mail); PA                         |
| FLOVENT DISKUS AEPB ( <i>fluticasone propionate (inhalation)</i> ) | 1         | 12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP      | QVAR REDHALER 40 MCG/ACT  | 1         | QL(21.2 gm per 30 day(s) retail; 21 gm per 30 days mail); AL(At least 4 yrs old); PA |
| FLOVENT HFA ( <i>fluticasone propionate hfa</i> )                  | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP        | Sympathomimetics  |           |  |
| <i>fluticasone propionate (inhalation) AEPB</i>                    | 1         | 12 package(s) per 90 day(s) retail; 12 package(s) per 90 day(s) mail; MP      | ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT ( <i>fluticasone-salmeterol</i> ) | 9         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP               |
| <i>fluticasone propionate hfa</i>                                  | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP        | ADVAIR DISKUS AEPB 100 MCG/ACT-50 MCG/ACT ( <i>fluticasone-salmeterol</i> )                         | 9         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP               |
| PULMICORT FLEXHALER AEPB   | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP        | ADVAIR DISKUS AEPB 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT ( <i>fluticasone-salmeterol</i> ) | 9         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP               |
|  |           |   | ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )  | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP               |

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|--|-----------|--|--|-----------|--|
| ADVAIR HFA AERO<br>(fluticasone-salmeterol)                        | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP                         | albuterol sulfate AERS   | 1         | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail                     |
| ADVAIR HFA AERO 230 MCG/ACT-21 MCG/ACT<br>(fluticasone-salmeterol) | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP | albuterol sulfate NEBU 2.5 MG/0.5ML                                  | 1         |  |
|  |           |  | albuterol sulfate NEBU 0.083 %, 0.63 MG/3ML, 1.25 MG/3ML             | 1         | QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail)                               |
|  |           |  | albuterol sulfate SYRP   | 1         |  |
| AIRDUO DIGIHALER 113/14  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA              | albuterol sulfate TABS   | 1         |  |
|  |           |  | ANORO ELLIPTA  | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA                 |
| AIRDUO DIGIHALER 232/14  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); AL(At least 12 yrs old); PA              | arformoterol tartrate  | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 18 yrs old); PA  |
| AIRDUO RESPICLICK 113/14 AEPB (fluticasone-salmeterol)             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA                                       | BEVESPI AEROSPHERE   | 1         | QL(10.7 gm per 30 day(s) retail; 11 gm per 30 days mail); AL(At least 18 yrs old); PA  |
| AIRDUO RESPICLICK 232/14 AEPB (fluticasone-salmeterol)             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA                                       | BREO ELLIPTA 50 MCG/INH-25 MCG/INH                                   | 1         | Brand Required; QL(2 ea daily); PA   |
| AIRDUO RESPICLICK 55/14 AEPB (fluticasone-salmeterol)              | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA                                       | BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT (fluticasone furoate-vilanterol) | 9         | Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail     |
| AIRSUPRA   | 1         | QL(32.1 gm per 30 day(s) retail; 32 gm per 30 days mail); AL(At least 18 yrs old); PA          | BREO ELLIPTA (fluticasone furoate-vilanterol)                        | 1         | Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA |
| albuterol sulfate AERS   | 1         | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail             |  |           |  |

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|---|-----------|---|---|-----------|---|
| BREZTRI AEROSPHERE                                  | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 18 yrs old); PA | DULERA 50 MCG/ACT-5 MCG/ACT   | 1         | QL(26 gm per 30 day(s) retail; 26 gm per 30 days mail); AL(At least 5 yrs old - Up to 11 yrs old); PA |
| BROVANA ( <i>arformoterol tartrate</i> )            | 9         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail)  | <i>fluticasone furoate-vilanterol</i>   | 1         | Brand Required; 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA                |
| BROVANA ( <i>arformoterol tartrate</i> )            | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 18 yrs old); PA           | <i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA  |
| <i>budesonide-formoterol fumarate dihydrate</i>     | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP                          | <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP                                |
| <i>budesonide-formoterol fumarate dihydrate</i>     | 2         | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP          | <i>fluticasone-salmeterol AERO 115 MCG/ACT-21 MCG/ACT, 45 MCG/ACT-21 MCG/ACT</i>                          | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; MP                                |
| COMBIVENT RESPIMAT AERS                             | 1         | QL(12 gm per 30 day(s) retail; 12 gm per 30 days mail)  | <i>fluticasone-salmeterol AERO 230 MCG/ACT-21 MCG/ACT</i>   | 1         | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 4 yrs old); MP        |
| DUAKLIR PRESSAIR                                    | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA  | <i>formoterol fumarate NEBU</i>   | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 18 yrs old); PA                 |
| DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP                          | <i>ipratropium-albuterol SOLN</i>   | 1         | QL(1620 ml per 90 day(s) retail; 1620 ml per 90 days mail); MP  |

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|---|-----------|---|---|-----------|--|
| <i>isoproterenol hcl</i>                        | 1         |   | STIOLTO RESPIMAT  | 1         | QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); PA                               |
| <i>levalbuterol hcl</i>                         | 1         | QL(288 ml per 30 day(s) retail; 288 ml per 30 days mail)  | STRIVERDI RESPIMAT  | 1         | QL(4 gm per 30 day(s) retail; 4 gm per 30 days mail); AL(At least 18 yrs old); PA      |
| <i>levalbuterol tartrate</i>                    | 1         | Brand Required; QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA                      | SYMBICORT 80 MCG/ACT-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> )  | 9         | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP |
| PERFOROMIST NEBU ( <i>formoterol fumarate</i> ) | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); AL(At least 18 yrs old); PA           | SYMBICORT 160 MCG/ACT-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate dihydrate</i> ) | 9         | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP |
| PROAIR DIGIHALER                                | 1         | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old); PA  | SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> )                         | 1         | Brand Required; 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP |
| PROAIR RESPICLICK AEPB                          | 1         | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; AL(At least 4 yrs old)      | <i>terbutaline sulfate SOLN</i>   | 1         |  |
| PROVENTIL HFA AERS ( <i>albuterol sulfate</i> ) | 9         | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail              | <i>terbutaline sulfate TABS</i>   | 1         | QL(6 ea daily)   |
| S2 ( <i>racepinephrine hcl</i> )                | 1         | AL(Up to 20 yrs old); PA  | TRELEGY ELLIPTA   | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA                 |
| SEREVENT DISKUS                                 | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; AL(At least 12 yrs old); MP | TRELEGY ELLIPTA   | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail                     |

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|---|-----------|--|--|-----------|--|
| VENTOLIN HFA AERS<br>( <i>albuterol sulfate</i> )               | 1         | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail | ELIQUIS TABS 5 MG                                      | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)                         |
| XOPENEX 0.63 MG/3ML, 1.25 MG/3ML<br>( <i>levalbuterol hcl</i> ) | 9         | QL(288 ml per 30 day(s) retail; 288 ml per 30 days mail)                           | ELIQUIS TABS 2.5 MG                                    | 1         | QL(2 ea daily)   |
| XOPENEX 0.31 MG/3ML<br>( <i>levalbuterol hcl</i> )              | 9         |  | SAVAYSA  | 1         | QL(1 ea daily); PA   |
| XOPENEX CONCENTRATE<br>( <i>levalbuterol hcl</i> )              | 9         | QL(288 ea per 30 day(s) retail; 288 ea per 30 days mail)                           | XARELTO STARTER PACK TBPK                              | 1         | QL(51 ea per 30 day(s) retail; 51 ea per 30 days mail)                         |
| XOPENEX HFA<br>( <i>levalbuterol tartrate</i> )                 | 1         | Brand Required; QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail)             | XARELTO SUSR   | 1         | QL(465 ml per 30 day(s) retail; 465 ml per 30 days mail); AL(Up to 10 yrs old) |
| <b>Xanthines</b>  |           |  | XARELTO TABS 15 MG                                     | 1         | QL(42 ea per 20 day(s) retail; 42 ea per 20 days mail)                         |
| <i>aminophylline SOLN</i>                                       | 1         |  | XARELTO TABS 20 MG                                     | 1         | QL(1 ea daily)   |
| THEO-24 CP24  | 1         |  | XARELTO TABS 10 MG                                     | 1         | QL(39 ea per 39 day(s) retail; 39 ea per 39 days mail)                         |
| <i>theophylline ELIX</i>  | 1         |  | XARELTO TABS 2.5 MG                                    | 1         | QL(2 ea daily)   |
| <i>theophylline SOLN</i>  | 1         |  | <b>Heparins And Heparinoid-Like Agents</b>             |           |  |
| <i>theophylline TB12</i>  | 1         |  | ARIXTRA 5 MG/0.4ML<br>( <i>fondaparinux sodium</i> )   | 9         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)                         |
| <i>theophylline TB24</i>  | 1         |  | ARIXTRA 7.5 MG/0.6ML<br>( <i>fondaparinux sodium</i> ) | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)                         |
| <b>ANTICOAGULANTS - Blood Thinners</b>                          |           |  | ARIXTRA 2.5 MG/0.5ML<br>( <i>fondaparinux sodium</i> ) | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)                         |
| <b>Coumarin Anticoagulants</b>                                  |           |  | ARIXTRA 5 MG/0.4ML<br>( <i>fondaparinux sodium</i> )   | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)                         |
| <i>warfarin sodium TABS</i>                                     | 1         |  | ARIXTRA 10 MG/0.8ML<br>( <i>fondaparinux sodium</i> )  | 9         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)                         |
| <b>Direct Factor Xa Inhibitors</b>                              |           |  |  |           |  |
| ELIQUIS STARTER PACK TBPK                                       | 1         | QL(74 ea per 30 day(s) retail; 74 ea per 30 days mail)                             |  |           |  |
| ELIQUIS TABS 5 MG   | 1         | QL(74 ea per 30 day(s) retail; 74 ea per 30 days mail)                             |  |           |  |

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|--|-----------|--|--|-----------|--|
| ARIXTRA 7.5 MG/0.6ML<br>(fondaparinux sodium)    | 9         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail) | FRAGMIN SOLN 10000 UNIT/4ML  | 1         | QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail) |
| ARIXTRA 2.5 MG/0.5ML<br>(fondaparinux sodium)    | 9         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail) | FRAGMIN SOLN 95000 UNIT/3.8ML  | 1         | QL(22.8 ml per 30 day(s) retail; 23 ml per 30 days mail) |
| ARIXTRA 10 MG/0.8ML<br>(fondaparinux sodium)     | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) | FRAGMIN SOSY 15000 UNIT/0.6ML  | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail)   |
| enoxaparin sodium SOLN IJ 300 MG/3ML             | 1         |  | FRAGMIN SOSY 7500 UNIT/0.3ML   | 1         | QL(9 ml per 30 day(s) retail; 9 ml per 30 days mail)     |
| enoxaparin sodium SOSY 60 MG/0.6ML               | 1         | QL(36 ml per 30 day(s) retail; 36 ml per 30 days mail) | FRAGMIN SOSY 10000 UNIT/ML   | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)   |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML      | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail) | FRAGMIN SOSY 18000 UNT/0.72ML  | 1         | QL(21.6 ml per 30 day(s) retail; 22 ml per 30 days mail) |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail) | FRAGMIN SOSY 12500 UNIT/0.5ML  | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)   |
| enoxaparin sodium SOSY 30 MG/0.3ML               | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail) | FRAGMIN SOSY 2500 UNIT/0.2ML, 5000 UNIT/0.2ML  | 1         | QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail)     |
| enoxaparin sodium SOSY 40 MG/0.4ML               | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) | heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L                      | 1         |  |
| fondaparinux sodium 2.5 MG/0.5ML                 | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail) | heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 1         |  |
| fondaparinux sodium 10 MG/0.8ML                  | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) | HEPARIN SODIUM/D5W   | 1         |  |
| fondaparinux sodium 7.5 MG/0.6ML                 | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail) | HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML   | 1         |  |
| fondaparinux sodium 5 MG/0.4ML                   | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail) |  |           |  |

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|---|-----------|--|---|-----------|--|
| HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML          | 1         |  | LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )               | 9         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) |
| HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ ( <i>heparin (porcine) in sodium chloride</i> ) | 1         |  | LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )      | 9         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail) |
| HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML     | 1         |  | LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )               | 9         | QL(36 ml per 30 day(s) retail; 36 ml per 30 days mail) |
| HEPARIN SODIUM SOLN IJ 5000 UNIT/ML   | 1         |  | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> ) | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail) |
| HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML  | 1         |  | In Vitro/Lock Anticoagulants  |           |  |
| LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )                                     | 1         |  | DEFENCATH   | 1         | AL(At least 18 yrs old); PA                            |
| LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )                                       | 9         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail) | Thrombin Inhibitors   |           |  |
| LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )                                       | 1         | QL(36 ml per 30 day(s) retail; 36 ml per 30 days mail) | ANGIOMAX SOLR ( <i>bivalirudin trifluoroacetate</i> )               | 9         |  |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )                              | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail) | <i>argatroban</i>   | 1         |  |
| LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )                                       | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail) | ARGATROBAN  | 1         |  |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> )                         | 9         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail) | ARGATROBAN ( <i>argatroban</i> )                                    | 1         |  |
| LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )                                       | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) | ARGATROBAN/SODIUM CHLORIDE  | 1         |  |
|   |           |  | BIVALIRUDIN RTU SOLN ( <i>bivalirudin trifluoroacetate</i> )        | 9         |  |
|   |           |  | BIVALIRUDIN RTU SOLN ( <i>bivalirudin trifluoroacetate</i> )        | 1         |  |
|   |           |  | <i>bivalirudin trifluoroacetate SOLN</i>                            | 1         |  |
|   |           |  | <i>bivalirudin trifluoroacetate SOLR</i>                            | 1         |  |
|   |           |  | <i>dabigatran etexilate mesylate CAPS 110 MG</i>                    | 1         | QL(2 ea daily); PA                                     |
|   |           |  | <i>dabigatran etexilate mesylate CAPS</i>                           | 1         | Brand Required; QL(2 ea daily); PA                     |

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|--|-----------|---|--|-----------|--|
| PRADAXA CAPS 75 MG<br>( <i>dabigatran etexilate mesylate</i> ) | 9         | Brand Required; QL(2 ea daily)  | DIASTAT PEDIATRIC GEL ( <i>diazepam (anticonvulsant)</i> ) | 9         |  |
| PRADAXA CAPS<br>( <i>dabigatran etexilate mesylate</i> )       | 1         | Brand Required; QL(2 ea daily); PA  | <i>diazepam (anticonvulsant)</i> GEL                       | 1         |  |
| PRADAXA PACK 20 MG, 150 MG                                     | 1         | Brand Required; QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(Up to 7 yrs old); PA   | KLONOPIN TABS 0.5 MG, 1 MG ( <i>clonazepam</i> )           | 1         | QL(3 ea daily)   |
| PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG                       | 1         | Brand Required; QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(Up to 7 yrs old); PA | KLONOPIN TABS 2 MG ( <i>clonazepam</i> )                   | 1         | QL(2 ea daily)   |
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>               |           |   | KLONOPIN TABS 1 MG ( <i>clonazepam</i> )                   | 9         | QL(3 ea daily)   |
| <b>AMPA Glutamate Receptor Antagonists</b>                     |           |   | LIBERVANT FILM   | 1         | AL(At least 2 yrs old - Up to 5 yrs old)   |
| FYCOMPA SUSP   | 1         | QL(720 ml per 30 day(s) retail; 720 ml per 30 days mail)  | NAYZILAM   | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)   |
| FYCOMPA TABS   | 1         | QL(1 ea daily)  | ONFI SUSP ( <i>clobazam</i> )                              | 1         | QL(480 ml per 30 day(s) retail; 480 ml per 30 days mail)   |
| <b>Anticonvulsants - Benzodiazepines</b>                       |           |   | ONFI TABS ( <i>clobazam</i> )                              | 1         | QL(2 ea daily)   |
| <i>clobazam SUSP</i>   | 1         | QL(480 ml per 30 day(s) retail; 480 ml per 30 days mail)  | SYMPAZAN FILM  | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 2 yrs old - Up to 6 yrs old); PA |
| <i>clobazam TABS</i>   | 1         | QL(2 ea daily)  | VALTOCO 10 MG DOSE LIQD                                    | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)   |
| <i>clonazepam TABS 0.5 MG, 1 MG</i>                            | 1         | QL(3 ea daily)  | VALTOCO 15 MG DOSE LQPK                                    | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)   |
| <i>clonazepam TABS 2 MG</i>                                    | 1         | QL(2 ea daily)  | VALTOCO 20 MG DOSE LQPK                                    | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)   |
| <i>clonazepam TBDP 2 MG</i>                                    | 1         | QL(2 ea daily)  | VALTOCO 5 MG DOSE LIQD                                     | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)   |
| <i>clonazepam TBDP 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i>         | 1         | QL(3 ea daily)  | <b>Anticonvulsants - Misc.</b>                             |           |  |
| DIASTAT ACUDIAL GEL ( <i>diazepam (anticonvulsant)</i> )       | 9         |   |  |           |  |

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|--|-----------|--|--|-----------|--|
| APTIOM 600 MG, 800 MG                    | 1         | QL(2 ea daily); PA   | EPRONTIA SOLN  | 1         | QL(473 ml per 29 day(s) retail; 473 ml per 29 days mail); AL(Up to 11 yrs old); PA   |
| APTIOM 200 MG, 400 MG                    | 1         | QL(1 ea daily); PA   | FINTEPLA   | 1         | QL(360 ml per 30 day(s) retail; 360 ml per 30 days mail); AL(At least 2 yrs old); PA |
| BANZEL SUSP ( <i>rufinamide</i> )        | 1         | Brand Required; QL(2400 ml per 30 day(s) retail; 2400 ml per 30 days mail); PA | <i>gabapentin CAPS 400 MG</i>                                  | 1         | QL(3 ea daily); MP   |
| BANZEL TABS ( <i>rufinamide</i> )        | 1         | Brand Required; QL(8 ea daily); PA   | <i>gabapentin CAPS 100 MG</i>                                  | 1         | QL(5 ea daily); MP   |
| BRIVIACT SOLN OR 10 MG/ML                | 1         | AL(Up to 12 yrs old); PA   | <i>gabapentin CAPS 300 MG</i>                                  | 1         | QL(10 ea daily); MP  |
| BRIVIACT SOLN IV 50 MG/5ML               | 1         | PA   | <i>gabapentin SOLN</i>   | 1         | QL(75 ml daily); MP  |
| BRIVIACT TABS                            | 1         | QL(2 ea daily); PA   | <i>gabapentin TABS 600 MG, 800 MG</i>                          | 1         | QL(6 ea daily); MP   |
| <i>carbamazepine CHEW 100 MG</i>         | 1         | QL(8 ea daily); MP   | KEPPRA XR TB24 500 MG ( <i>levetiracetam</i> )                 | 1         | QL(2 ea daily); MP   |
| <i>carbamazepine CHEW 200 MG</i>         | 1         | PA   | KEPPRA XR TB24 750 MG ( <i>levetiracetam</i> )                 | 1         | QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); MP                         |
| <i>carbamazepine CP12</i>                | 1         | QL(5 ea daily); MP   | KEPPRA SOLN OR 100 MG/ML ( <i>levetiracetam</i> )              | 1         | MP   |
| <i>carbamazepine SUSP</i>                | 1         | MP   | KEPPRA TABS 1000 MG ( <i>levetiracetam</i> )                   | 1         | QL(3 ea daily); MP   |
| <i>carbamazepine TABS</i>                | 1         | QL(8 ea daily); MP   | KEPPRA TABS 250 MG ( <i>levetiracetam</i> )                    | 1         | QL(2 ea daily); MP   |
| <i>carbamazepine TB12 400 MG</i>         | 1         | QL(4 ea daily); MP   | KEPPRA TABS 500 MG, 750 MG ( <i>levetiracetam</i> )            | 1         | QL(4 ea daily); MP   |
| <i>carbamazepine TB12 100 MG, 200 MG</i> | 1         | QL(3 ea daily); MP   | <i>lacosamide SOLN IV 200 MG/20ML</i>                          | 1         |  |
| CARBATROL CP12 ( <i>carbamazepine</i> )  | 1         | QL(5 ea daily); MP   | <i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>     | 1         | QL(1200 ml per 30 day(s) retail; 1200 ml per 30 days mail)                           |
| DIACOMIT CAPS                            | 1         | PA   | <i>lacosamide TABS</i>   | 1         | QL(2 ea daily)   |
| DIACOMIT PACK                            | 1         | PA   | LAMICTAL CHEWABLE DISPERSIBLE CHEW 5 MG ( <i>lamotrigine</i> ) | 1         | QL(8 ea daily); AL(Up to 11 yrs old); MP   |
| ELEPSIA XR TB24                          | 1         | QL(2 ea daily); AL(At least 12 yrs old); PA                                    |  |           |  |
| EPIDIOLEX                                | 1         | AL(At least 2 yrs old)   |  |           |  |

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|---|-----------|--|---|-----------|--|
| LAMICTAL CHEWABLE DISPERSIBLE CHEW 25 MG ( <i>lamotrigine</i> )                       | 1         | QL(4 ea daily); AL(Up to 11 yrs old); MP | <i>lamotrigine</i> CHEW 25 MG                             | 1         | QL(4 ea daily); AL(Up to 11 yrs old); MP |
| LAMICTAL ODT KIT ( <i>lamotrigine</i> )   | 1         | PA                                       | <i>lamotrigine</i> KIT 25 MG                              | 1         | PA                                       |
| LAMICTAL ODT TBDP 25 MG, 100 MG, 200 MG ( <i>lamotrigine</i> )                        | 1         | QL(3 ea daily); AL(Up to 11 yrs old); MP | <i>lamotrigine</i> TABS 200 MG                            | 1         | QL(9 ea daily); MP                       |
| LAMICTAL ODT TBDP 50 MG ( <i>lamotrigine</i> )  | 1         | QL(2 ea daily); AL(Up to 11 yrs old); MP | <i>lamotrigine</i> TABS 150 MG                            | 1         | QL(4 ea daily); MP                       |
| LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT ( <i>lamotrigine</i> )                  | 1         | PA                                       | <i>lamotrigine</i> TABS 100 MG                            | 1         | QL(2 ea daily); MP                       |
| LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT ( <i>lamotrigine</i> ) | 1         | PA                                       | <i>lamotrigine</i> TABS 25 MG                             | 1         | QL(6 ea daily); MP                       |
| LAMICTAL STARTER/TAKING VALPROATE KIT ( <i>lamotrigine</i> )                          | 1         | PA                                       | <i>lamotrigine</i> TB24 300 MG                            | 1         | QL(3 ea daily); MP; PA                   |
| LAMICTAL XR KIT   | 1         | PA                                       | <i>lamotrigine</i> TB24 25 MG, 50 MG, 100 MG              | 1         | QL(1 ea daily); MP; PA                   |
| LAMICTAL XR TB24 25 MG, 50 MG, 100 MG ( <i>lamotrigine</i> )                          | 1         | QL(1 ea daily); MP; PA                   | <i>lamotrigine</i> TB24 200 MG, 250 MG                    | 1         | QL(2 ea daily); MP; PA                   |
| LAMICTAL XR TB24 200 MG, 250 MG ( <i>lamotrigine</i> )                                | 1         | QL(2 ea daily); MP; PA                   | <i>lamotrigine</i> TBDP 50 MG                             | 1         | QL(2 ea daily); AL(Up to 11 yrs old); MP |
| LAMICTAL XR TB24 300 MG ( <i>lamotrigine</i> )  | 1         | QL(3 ea daily); MP; PA                   | <i>lamotrigine</i> TBDP 25 MG, 100 MG, 200 MG             | 1         | QL(3 ea daily); AL(Up to 11 yrs old); MP |
| LAMICTAL TABS 200 MG ( <i>lamotrigine</i> )   | 1         | QL(9 ea daily); MP                       | LEVETIRACETAM ( <i>levetiracetam in sodium chloride</i> ) | 9         |  |
| LAMICTAL TABS 150 MG ( <i>lamotrigine</i> )   | 1         | QL(4 ea daily); MP                       | LEVETIRACETAM ( <i>levetiracetam in sodium chloride</i> ) | 1         |  |
| LAMICTAL TABS 25 MG ( <i>lamotrigine</i> )  | 1         | QL(6 ea daily); MP                       | <i>levetiracetam in sodium chloride</i>                   | 1         |  |
| LAMICTAL TABS 100 MG ( <i>lamotrigine</i> )   | 1         | QL(2 ea daily); MP                       | LEVETIRACETAM/SODIUM CHLORIDE                             | 1         |  |
| <i>lamotrigine</i> CHEW 5 MG  | 1         | QL(8 ea daily); AL(Up to 11 yrs old); MP | <i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>        | 1         | MP                                       |
|   |           |  | <i>levetiracetam</i> TABS 1000 MG                         | 1         | QL(3 ea daily); MP                       |
|   |           |  | <i>levetiracetam</i> TABS 250 MG                          | 1         | QL(2 ea daily); MP                       |
|   |           |  | <i>levetiracetam</i> TABS 500 MG, 750 MG                  | 1         | QL(4 ea daily); MP                       |
|   |           |  | <i>levetiracetam</i> TB24 500 MG                          | 1         | QL(2 ea daily); MP                       |

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|---|-----------|--|--|-----------|--|
| <i>levetiracetam TB24 750 MG</i>  | 1         | QL(150 ea per 30 day(s) retail; 450 ea per 90 days mail); MP | <i>oxcarbazepine TABS 150 MG, 300 MG</i>                                   | 1         | QL(3 ea daily); MP   |
| LYRICA CAPS 50 MG, 75 MG, 100 MG, 150 MG ( <i>pregabalin</i> )                        | 9         | QL(3 ea daily); MP   | <i>oxcarbazepine TB24 150 MG, 300 MG</i>                                   | 1         | QL(1 ea daily); PA   |
| LYRICA CAPS 225 MG ( <i>pregabalin</i> )  | 1         | QL(2 ea daily); MP   | <i>oxcarbazepine TB24 600 MG</i>   | 1         | QL(4 ea daily); PA   |
| LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG ( <i>pregabalin</i> ) | 1         | QL(3 ea daily); MP   | OXTELLAR XR TB24 600 MG ( <i>oxcarbazepine</i> )                           | 1         | QL(4 ea daily); PA   |
| LYRICA SOLN ( <i>pregabalin</i> )   | 1         | QL(240 ml per 30 day(s) retail; 240 ml per 30 days mail); MP | OXTELLAR XR TB24 150 MG, 300 MG ( <i>oxcarbazepine</i> )                   | 1         | QL(1 ea daily); PA   |
| LYRICA SOLN ( <i>pregabalin</i> )   | 1         | QL(240 ml per 30 day(s) retail); MP                          | <i>pregabalin CAPS 225 MG</i>  | 1         | QL(2 ea daily); MP   |
| MOTPOLY XR CP24 100 MG  | 1         | QL(1 ea daily); PA   | <i>pregabalin CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 300 MG</i> | 1         | QL(3 ea daily); MP   |
| MOTPOLY XR CP24 150 MG, 200 MG  | 1         | QL(2 ea daily); PA   | <i>pregabalin SOLN</i>   | 1         | QL(240 ml per 30 day(s) retail; 720 ml per 90 days mail); MP   |
| MYSOLINE 250 MG ( <i>primidone</i> )  | 1         |  | <i>primidone 50 MG</i>   | 1         | QL(4 ea daily)   |
| MYSOLINE 50 MG ( <i>primidone</i> )   | 1         | QL(4 ea daily)   | <i>primidone 250 MG</i>  | 1         |  |
| NEURONTIN CAPS 300 MG ( <i>gabapentin</i> )   | 1         | QL(10 ea daily); MP  | <i>primidone 125 MG</i>  | 1         | QL(100 ea per 33 day(s) retail; 100 ea per 33 days mail); PA   |
| NEURONTIN CAPS 400 MG ( <i>gabapentin</i> )   | 1         | QL(3 ea daily); MP   | QUDEXY XR CS24 150 MG, 200 MG ( <i>topiramate</i> )                        | 1         | QL(2 ea daily); PA   |
| NEURONTIN CAPS 100 MG ( <i>gabapentin</i> )   | 1         | QL(5 ea daily); MP   | QUDEXY XR CS24 25 MG, 50 MG, 100 MG ( <i>topiramate</i> )                  | 1         | QL(1 ea daily); PA   |
| NEURONTIN SOLN ( <i>gabapentin</i> )  | 1         | QL(75 ml daily); MP  | <i>rufinamide SUSP</i>   | 1         | QL(2400 ml per 30 day(s) retail; 2400 ml per 30 days mail); PA |
| NEURONTIN SOLN ( <i>gabapentin</i> )  | 9         | QL(75 ml daily); MP  | <i>rufinamide TABS</i>   | 1         | Brand Required; QL(8 ea daily); PA                             |
| NEURONTIN TABS ( <i>gabapentin</i> )  | 1         | QL(6 ea daily); MP   | SPRITAM TB3D   | 1         | QL(2 ea daily); PA   |
| <i>oxcarbazepine SUSP</i>   | 1         | QL(40 ml daily); MP  | TEGRETOL SUSP ( <i>carbamazepine</i> )                                     | 1         | MP   |
| <i>oxcarbazepine TABS 600 MG</i>  | 1         | QL(6 ea daily); MP   | TEGRETOL TABS ( <i>carbamazepine</i> )                                     | 1         | QL(8 ea daily); MP   |

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| Drug Name   | Drug Tier | Requirements/ Limits                     | Drug Name  | Drug Tier | Requirements/ Limits   |
|---|-----------|--|--|-----------|--|
| TEGRETOL-XR TB12 400 MG ( <i>carbamazepine</i> )            | 1         | QL(4 ea daily); MP                       | VIMPAT SOLN IV 200 MG/20ML ( <i>lacosamide</i> ) | 1         |  |
| TEGRETOL-XR TB12 100 MG, 200 MG ( <i>carbamazepine</i> )    | 1         | QL(3 ea daily); MP                       | VIMPAT SOLN OR 10 MG/ML ( <i>lacosamide</i> )    | 1         | QL(1200 ml per 30 day(s) retail; 1200 ml per 30 days mail)                             |
| TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )                 | 1         | QL(4 ea daily); AL(Up to 11 yrs old); MP | VIMPAT TABS ( <i>lacosamide</i> )                | 1         | QL(2 ea daily)   |
| TOPAMAX TABS 200 MG ( <i>topiramate</i> )                   | 1         | QL(9 ea daily); MP                       | ZONEGRAN CAPS 100 MG ( <i>zonisamide</i> )       | 1         | QL(8 ea daily); AL(Up to 20 yrs old); MP; PA   |
| TOPAMAX TABS 25 MG, 50 MG, 100 MG ( <i>topiramate</i> )     | 1         | QL(3 ea daily); MP                       | ZONEGRAN CAPS 25 MG ( <i>zonisamide</i> )        | 9         | QL(3 ea daily); MP   |
| <i>topiramate CP24 200 MG</i>                               | 1         | QL(2 ea daily); PA                       | ZONISADE SUSP                                    | 1         | QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail); PA                           |
| <i>topiramate CP24 25 MG, 50 MG, 100 MG</i>                 | 1         | QL(1 ea daily); PA                       | <i>zonisamide CAPS 100 MG</i>                    | 1         | QL(8 ea daily); MP   |
| <i>topiramate CPSP</i>                                      | 1         | QL(4 ea daily); AL(Up to 11 yrs old); MP | <i>zonisamide CAPS 25 MG, 50 MG</i>              | 1         | QL(3 ea daily); MP   |
| <i>topiramate CS24 150 MG, 200 MG</i>                       | 1         | QL(2 ea daily); PA                       | ZTALMY   | 1         | QL(1100 ml per 30 day(s) retail; 1100 ml per 30 days mail); AL(At least 2 yrs old); PA |
| <i>topiramate CS24 25 MG, 50 MG, 100 MG</i>                 | 1         | QL(1 ea daily); PA                       | <b>Carbamates</b>                                |           |  |
| <i>topiramate TABS 25 MG, 50 MG, 100 MG</i>                 | 1         | QL(3 ea daily); MP                       | <i>felbamate SUSP</i>                            | 1         | PA   |
| <i>topiramate TABS 200 MG</i>                               | 1         | QL(9 ea daily); MP                       | <i>felbamate TABS 400 MG</i>                     | 1         | QL(8 ea daily); PA   |
| TRILEPTAL SUSP ( <i>oxcarbazepine</i> )                     | 1         | QL(40 ml daily); MP                      | <i>felbamate TABS 600 MG</i>                     | 1         | PA   |
| TRILEPTAL TABS 150 MG, 300 MG ( <i>oxcarbazepine</i> )      | 1         | QL(3 ea daily); MP                       | FELBATOL SUSP ( <i>felbamate</i> )               | 1         | PA   |
| TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )              | 9         | QL(6 ea daily); MP                       | FELBATOL TABS 400 MG ( <i>felbamate</i> )        | 1         | QL(8 ea daily); PA   |
| TRILEPTAL TABS 600 MG ( <i>oxcarbazepine</i> )              | 1         | QL(6 ea daily); MP                       | FELBATOL TABS 600 MG ( <i>felbamate</i> )        | 1         | PA   |
| TRILEPTAL TABS 150 MG, 300 MG ( <i>oxcarbazepine</i> )      | 9         | QL(3 ea daily); MP                       | XCOPRI TABS 150 MG, 200 MG                       | 1         | QL(2 ea daily); PA   |
| TROKENDI XR CP24 25 MG, 50 MG, 100 MG ( <i>topiramate</i> ) | 1         | QL(1 ea daily); PA                       | XCOPRI TABS 50 MG, 100 MG                        | 1         | QL(1 ea daily); PA   |
| TROKENDI XR CP24 200 MG ( <i>topiramate</i> )               | 1         | QL(2 ea daily); PA                       | XCOPRI TABS 25 MG                                | 1         | PA   |

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|---|-----------|--|
| XCOPRI TBPK                                   | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| XCOPRI TBPK                                   | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA |
| <b>GABA Modulators</b>                        |           |  |
| GABITRIL ( <i>tiagabine hcl</i> )             | 9         |  |
| SABRIL PACK ( <i>vigabatrin</i> )             | 1         | Brand Required; PA   |
| SABRIL TABS ( <i>vigabatrin</i> )             | 1         | Brand Required; PA   |
| <i>tiagabine hcl</i>                          | 1         |  |
| <i>vigabatrin</i> PACK                        | 1         | Brand Required; PA   |
| <i>vigabatrin</i> TABS                        | 1         | Brand Required; PA   |
| VIGAFYDE SOLN                                 | 1         | AL(Up to 2 yrs old); PA                                    |
| <b>Hydantoins</b>                             |           |  |
| CEREBYX ( <i>fosphenytoin sodium</i> )        | 9         |  |
| CEREBYX ( <i>fosphenytoin sodium</i> )        | 1         |  |
| DILANTIN ( <i>phenytoin sodium extended</i> ) | 1         | QL(6 ea daily); MP   |
| DILANTIN 30 MG                                | 1         |  |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )   | 1         | QL(6 ea daily); MP   |
| DILANTIN-125 SUSP ( <i>phenytoin</i> )        | 1         | QL(12 ml daily); MP  |
| <i>fosphenytoin sodium</i>                    | 1         |  |
| <i>phenytoin sodium extended 200 MG</i>       | 1         | QL(3 ea daily); MP   |
| <i>phenytoin sodium extended 300 MG</i>       | 1         | QL(2 ea daily); MP   |
| <i>phenytoin sodium extended 100 MG</i>       | 1         | QL(6 ea daily); MP   |
| <i>phenytoin sodium SOLN</i>                  | 1         |  |
| <i>phenytoin CHEW</i>                         | 1         | QL(6 ea daily); MP   |

| Drug Name   | Drug Tier | Requirements/Limits                       |
|---|-----------|---|
| <i>phenytoin SUSP 125 MG/5ML</i>                          | 1         | QL(12 ml daily); MP                       |
| <b>Succinimides</b>                                       |           |   |
| CELONTIN ( <i>methsuximide</i> )                          | 1         |   |
| <i>ethosuximide CAPS</i>                                  | 1         | QL(6 ea daily)                            |
| <i>ethosuximide SOLN</i>                                  | 1         |   |
| <i>methsuximide</i>                                       | 1         |   |
| ZARONTIN CAPS ( <i>ethosuximide</i> )                     | 1         | QL(6 ea daily)                            |
| ZARONTIN SOLN ( <i>ethosuximide</i> )                     | 1         |   |
| <b>Valproic Acid</b>                                      |           |   |
| DEPAKOTE ER TB24 500 MG ( <i>divalproex sodium</i> )      | 1         | QL(5 ea daily); MP                        |
| DEPAKOTE ER TB24 250 MG ( <i>divalproex sodium</i> )      | 1         | QL(3 ea daily); MP                        |
| DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )      | 1         | QL(12 ea daily); AL(Up to 11 yrs old); MP |
| DEPAKOTE TBEC 125 MG, 250 MG ( <i>divalproex sodium</i> ) | 1         | QL(3 ea daily); MP                        |
| DEPAKOTE TBEC 500 MG ( <i>divalproex sodium</i> )         | 1         | QL(9 ea daily); MP                        |
| <i>divalproex sodium CSDR</i>                             | 1         | QL(12 ea daily); AL(Up to 11 yrs old); MP |
| <i>divalproex sodium TB24 250 MG</i>                      | 1         | QL(3 ea daily); MP                        |
| <i>divalproex sodium TB24 500 MG</i>                      | 1         | QL(5 ea daily); MP                        |
| <i>divalproex sodium TBEC 125 MG, 250 MG</i>              | 1         | QL(3 ea daily); MP                        |
| <i>divalproex sodium TBEC 500 MG</i>                      | 1         | QL(9 ea daily); MP                        |
| <i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>   | 1         | QL(34 ml daily); MP                       |

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|---|-----------|--|--|-----------|---|
| <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i> | 1         | QL(1350 ml per 30 day(s) retail; 1350 ml per 30 days mail) | ZURZUVAE 30 MG   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| <i>valproic acid CAPS</i>                             | 1         | QL(7 ea daily); MP   | ZURZUVAE 25 MG   | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |
| <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b>    |           |  | <b>Monoamine Oxidase Inhibitors (MAOIs)</b>                      |           |   |
| <b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>    |           |  | <b>EMSAM</b>   |           |   |
| <i>mirtazapine TABS</i>                               | 1         | QL(1 ea daily); MP   |  | 3         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST                          |
| <i>mirtazapine TBDP</i>                               | 1         | QL(1 ea daily); MP   | <b>MARPLAN</b>   | 1         | PA  |
| <b>REMERON SOLTAB TBDP (<i>mirtazapine</i>)</b>       | 1         | QL(1 ea daily); MP   | <b>NARDIL (<i>phenelzine sulfate</i>)</b>                        | 3         | ST  |
| <b>REMERON SOLTAB TBDP (<i>mirtazapine</i>)</b>       | 9         | QL(1 ea daily); MP   | <b>PARNATE (<i>tranylcypromine sulfate</i>)</b>                  | 9         | ST  |
| <b>REMERON TABS 15 MG, 30 MG (<i>mirtazapine</i>)</b> | 1         | QL(1 ea daily); MP   | <i>phenelzine sulfate</i>  | 3         | ST  |
| <b>Antidepressant Combinations</b>                    |           |  | <i>tranylcypromine sulfate</i>                                   | 3         | ST  |
| <b>AUVELITY</b>                                       | 1         | QL(2 ea daily); PA   | <b>N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists</b>      |           |   |
| <b>Antidepressants - Misc.</b>                        |           |  | <b>SPRAVATO 56MG DOSE</b>  | 1         | QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail); AL(At least 18 yrs old); PA   |
| <b>APLENZIN</b>                                       | 1         | QL(1 ea daily); PA   | <b>SPRAVATO 84MG DOSE</b>  | 1         | QL(24 ea per 28 day(s) retail; 24 ea per 28 days mail); AL(At least 18 yrs old); PA |
| <i>bupropion hcl TABS</i>                             | 1         | QL(3 ea daily)   | <b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>           |           |   |
| <i>bupropion hcl TB12</i>                             | 1         | QL(2 ea daily); MP   | <b>CELEXA TABS 10 MG, 20 MG (<i>citalopram hydrobromide</i>)</b> | 1         | QL(1.5 ea daily); MP  |
| <i>bupropion hcl TB24 150 MG, 300 MG</i>              | 1         | QL(1 ea daily); MP   | <b>CELEXA TABS 40 MG (<i>citalopram hydrobromide</i>)</b>        | 1         | QL(1 ea daily); AL(Up to 59 yrs old); MP  |
| <i>bupropion hcl TB24 450 MG</i>                      | 1         | QL(1 ea daily); PA   | <b>CITALOPRAM HYDROBROMIDE CAPS</b>                              | 1         | QL(1 ea daily); AL(Up to 59 yrs old); PA  |
| <b>FORFIVO XL TB24 (<i>bupropion hcl</i>)</b>         | 1         | QL(1 ea daily); PA   | <i>citalopram hydrobromide SOLN</i>                              | 1         |   |
| <b>WELLBUTRIN SR TB12 (<i>bupropion hcl</i>)</b>      | 1         | QL(2 ea daily); MP   | <b>GABA Receptor Modulator - Neuroactive Steroid</b>             |           |   |
| <b>WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)</b>      | 9         | QL(1 ea daily); MP   | <b>ZULRESSO</b>  |           |   |
| <b>WELLBUTRIN XL TB24 (<i>bupropion hcl</i>)</b>      | 1         | QL(1 ea daily); MP   | 1 Medical Benefit Only   |           |   |

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|--|-----------|--|--|-----------|----------------------|
| <i>citalopram hydrobromide TABS 10 MG, 20 MG</i>         | 1         | QL(1.5 ea daily); MP                                       | LEXAPRO TABS 10 MG ( <i>escitalopram oxalate</i> )       | 1         | QL(1.5 ea daily); MP |
| <i>citalopram hydrobromide TABS 40 MG</i>                | 1         | QL(1 ea daily); AL(Up to 59 yrs old); MP                   | <i>paroxetine hcl SUSP</i>                               | 1         |                      |
| <i>escitalopram oxalate SOLN</i>                         | 1         |  | <i>paroxetine hcl TABS 30 MG</i>                         | 1         | QL(2 ea daily); MP   |
| <i>escitalopram oxalate TABS 5 MG, 20 MG</i>             | 1         | QL(2 ea daily); MP   | <i>paroxetine hcl TABS 10 MG, 40 MG</i>                  | 1         | QL(1.5 ea daily); MP |
| <i>escitalopram oxalate TABS 10 MG</i>                   | 1         | QL(1.5 ea daily); MP                                       | <i>paroxetine hcl TABS 20 MG</i>                         | 1         | QL(1 ea daily); MP   |
| <i>fluoxetine hcl CAPS 10 MG</i>                         | 1         | QL(3 ea daily); MP   | <i>paroxetine hcl TB24 12.5 MG, 37.5 MG</i>              | 1         | QL(1 ea daily); PA   |
| <i>fluoxetine hcl CAPS 40 MG</i>                         | 1         | QL(2 ea daily); MP   | <i>paroxetine hcl TB24 25 MG</i>                         | 1         | QL(2 ea daily); PA   |
| <i>fluoxetine hcl CAPS 20 MG</i>                         | 1         | QL(4 ea daily); MP   | PAXIL CR TB24 25 MG ( <i>paroxetine hcl</i> )            | 1         | QL(2 ea daily); PA   |
| <i>fluoxetine hcl CPDR</i>                               | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   | PAXIL CR TB24 12.5 MG, 37.5 MG ( <i>paroxetine hcl</i> ) | 1         | QL(1 ea daily); PA   |
| <i>fluoxetine hcl SOLN</i>                               | 1         |  | PAXIL SUSP ( <i>paroxetine hcl</i> )                     | 1         |                      |
| <i>fluoxetine hcl TABS 60 MG</i>                         | 1         | QL(1 ea daily); PA   | PAXIL TABS 10 MG, 40 MG ( <i>paroxetine hcl</i> )        | 1         | QL(1.5 ea daily); MP |
| <i>fluoxetine hcl TABS 10 MG, 20 MG</i>                  | 1         | QL(45 ea per 30 day(s) retail; 45 ea per 30 days mail); PA | PAXIL TABS 20 MG ( <i>paroxetine hcl</i> )               | 1         | QL(1 ea daily); MP   |
| FLUOXETINE HYDROCHLORIDE TABS ( <i>fluoxetine hcl</i> )  | 1         | QL(1 ea daily); PA   | PAXIL TABS 30 MG ( <i>paroxetine hcl</i> )               | 1         | QL(2 ea daily); MP   |
| <i>fluvoxamine maleate CP24</i>                          | 1         | QL(2 ea daily); PA   | PROZAC CAPS 20 MG ( <i>fluoxetine hcl</i> )              | 1         | QL(4 ea daily); MP   |
| <i>fluvoxamine maleate TABS 100 MG</i>                   | 1         | QL(3 ea daily)   | PROZAC CAPS 10 MG ( <i>fluoxetine hcl</i> )              | 1         | QL(3 ea daily); MP   |
| <i>fluvoxamine maleate TABS 25 MG</i>                    | 1         | QL(1 ea daily); MP   | PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )              | 1         | QL(2 ea daily); MP   |
| <i>fluvoxamine maleate TABS 50 MG</i>                    | 1         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail)   | <i>sertraline hcl CONC</i>                               | 1         | QL(10 ml daily)      |
| LEXAPRO TABS 5 MG, 20 MG ( <i>escitalopram oxalate</i> ) | 1         | QL(2 ea daily); MP   | <i>sertraline hcl TABS</i>                               | 1         | QL(3 ea daily); MP   |
|  |           |  | SERTRALINE HYDROCHLORIDE CAPS                            | 1         | QL(1 ea daily); PA   |
|  |           |  | ZOLOFT CONC ( <i>sertraline hcl</i> )                    | 1         | QL(10 ml daily)      |
|  |           |  | ZOLOFT TABS ( <i>sertraline hcl</i> )                    | 1         | QL(3 ea daily); MP   |
|  |           |  | Serotonin Modulators                                     |           |                      |
|  |           |  | <i>nefazodone hcl</i>                                    | 3         | ST                   |

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|--|-----------|--|---|-----------|--------------------------|
| trazodone hcl TABS 300 MG                            | 1         | PA   | venlafaxine hcl CP24 150 MG                   | 1         | QL(2 ea daily); MP       |
| trazodone hcl TABS 50 MG, 100 MG, 150 MG             | 1         |  | venlafaxine hcl TABS                          | 1         | QL(3 ea daily)           |
| TRINTELLIX   | 3         | QL(1 ea daily); ST   | venlafaxine hcl TB24 37.5 MG, 75 MG           | 1         | QL(1 ea daily)           |
| VIIBRYD TABS (vilazodone hcl)                        | 3         | QL(1 ea daily); ST   | venlafaxine hcl TB24 150 MG                   | 1         | QL(2 ea daily)           |
| vilazodone hcl TABS                                  | 3         | QL(1 ea daily); ST   | venlafaxine hcl TB24 225 MG                   | 1         | QL(1 ea daily); PA       |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) |           |  | Tricyclic Agents                              |           |                          |
| CYMBALTA CPEP (duloxetine hcl)                       | 1         | QL(2 ea daily); MP   | amitriptyline hcl TABS                        | 1         |                          |
| DESVENLAFAXINE ER                                    | 3         | QL(1 ea daily)   | amoxapine                                     | 1         |                          |
| desvenlafaxine succinate                             | 2         | QL(1 ea daily); ST; MP                                     | ANAFRANIL (clomipramine hcl)                  | 1         |                          |
| DRIZALMA SPRINKLE CSDR                               | 1         | QL(1 ea daily); AL(Up to 10 yrs old); PA                   | clomipramine hcl                              | 1         |                          |
| duloxetine hcl CPEP 40 MG                            | 1         | QL(1 ea daily); PA   | desipramine hcl TABS                          | 1         |                          |
| duloxetine hcl CPEP 20 MG, 30 MG, 60 MG              | 1         | QL(2 ea daily); MP   | doxepin hcl CAPS                              | 1         |                          |
| EFFEXOR XR CP24 37.5 MG, 75 MG (venlafaxine hcl)     | 1         | QL(1 ea daily)   | doxepin hcl CONC                              | 1         |                          |
| EFFEXOR XR CP24 150 MG (venlafaxine hcl)             | 1         | QL(2 ea daily); MP   | imipramine hcl TABS                           | 1         |                          |
| FETZIMA TITRATION PACK C4PK                          | 3         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); ST | imipramine pamoate                            | 1         |                          |
| FETZIMA CP24   | 3         | QL(1 ea daily); ST   | NORPRAMIN TABS 10 MG, 25 MG (desipramine hcl) | 9         |                          |
| PRISTIQ (desvenlafaxine succinate)                   | 2         | QL(1 ea daily); ST; MP                                     | nortriptyline hcl CAPS                        | 1         |                          |
| PRISTIQ 50 MG (desvenlafaxine succinate)             | 9         | QL(1 ea daily); ST; MP                                     | nortriptyline hcl SOLN                        | 1         | AL(Up to 20 yrs old); PA |
| VENLAFAXINE BESYLATE ER                              | 1         | QL(1 ea daily); PA   | PAMELOR CAPS (nortriptyline hcl)              | 1         |                          |
| venlafaxine hcl CP24 37.5 MG, 75 MG                  | 1         | QL(1 ea daily)   | protriptyline hcl                             | 1         |                          |
|  |           |  | trimipramine maleate CAPS                     | 1         |                          |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b> |           |  |   |           |                          |
| Alpha-Glucosidase Inhibitors                         |           |  |   |           |                          |
|  |           |  | acarbose 50 MG                                | 1         | QL(3 ea daily); MP       |
|  |           |  | acarbose 25 MG, 100 MG                        | 1         | QL(6 ea daily); MP       |
|  |           |  | miglitol                                      | 3         | ST                       |
| Antidiabetic - Amylin Analogs                        |           |  |   |           |                          |

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| Drug Name  | Drug Tier | Requirements/Limits   | Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|---|--|-----------|----------------------------|
| SYMLINPEN 120 SOPN   | 1         | QL(10.8 ml per 30 day(s) retail; 11 ml per 30 days mail); AL(At least 15 yrs old); PA | INVOKAMET XR TB24 500 MG-150 MG, 500 MG-50 MG  | 2         | QL(1 ea daily)             |
| SYMLINPEN 60 SOPN  | 1         | QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail); AL(At least 15 yrs old); PA     | INVOKAMET TABS 1000 MG-50 MG, 500 MG-150 MG  | 2         | QL(1 ea daily); ST; MP     |
| Antidiabetic Combinations  |           |   | INVOKAMET TABS 1000 MG-150 MG, 500 MG-50 MG  | 2         | QL(2 ea daily); ST; MP     |
| ACTOPLUS MET TABS 850 MG-15 MG (pioglitazone hcl-metformin hcl)              | 3         | ST  | JANUMET XR TB24 1000 MG-50 MG  | 2         | QL(2 ea daily); ST; MP     |
| alogliptin-metformin hcl   | 3         | ST  | JANUMET XR TB24 1000 MG-100 MG, 500 MG-50 MG   | 2         | QL(1 ea daily); ST; MP     |
| alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG | 3         | ST  | JANUMET TABS   | 2         | QL(2 ea daily); ST; MP     |
| dapagliflozin propanediol-metformin hcl 1000 MG-10 MG                        | 2         | Brand Required; QL(1 ea daily); ST; MP; PA  | JENTADUETO XR TB24   | 2         | QL(1 ea daily); ST; MP     |
| dapagliflozin propanediol-metformin hcl 1000 MG-5 MG                         | 2         | Brand Required; QL(2 ea daily); ST; MP; PA  | JENTADUETO TABS  | 2         | QL(2 ea daily); ST; MP     |
| DUETACT (pioglitazone hcl-glimepiride)                                       | 3         | ST  | KAZANO (alogliptin-metformin hcl)  | 3         | ST                         |
| glipizide-metformin hcl 500 MG-2.5 MG, 500 MG-5 MG                           | 1         | QL(4 ea daily); MP  | KOMBIGLYZE XR 1000 MG-5 MG, 500 MG-5 MG (saxagliptin-metformin hcl)                  | 1         | QL(1 ea daily); ST; MP; PA |
| glipizide-metformin hcl 250 MG-2.5 MG  | 1         | QL(8 ea daily); MP  | KOMBIGLYZE XR 1000 MG-2.5 MG (saxagliptin-metformin hcl)                             | 1         | QL(2 ea daily); ST; MP; PA |
| glyburide-metformin 250 MG-1.25 MG   | 1         | QL(8 ea daily); MP  | OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone) | 3         | ST                         |
| glyburide-metformin 500 MG-2.5 MG, 500 MG-5 MG                               | 1         | QL(4 ea daily); MP  | pioglitazone hcl-glimepiride   | 3         | ST                         |
| GLYXAMBI   | 1         | QL(1 ea daily)  | pioglitazone hcl-metformin hcl TABS  | 3         | ST                         |
| INVOKAMET XR TB24 1000 MG-150 MG, 1000 MG-50 MG                              | 2         | QL(2 ea daily)  | QTERN  | 1         | QL(1 ea daily); PA         |
|  |           |   | saxagliptin-metformin hcl 1000 MG-2.5 MG   | 1         | QL(2 ea daily); ST; MP; PA |
|  |           |   | saxagliptin-metformin hcl 1000 MG-5 MG, 500 MG-5 MG                                  | 1         | QL(1 ea daily); ST; MP; PA |
|  |           |   | SEGLUROMET   | 1         | QL(2 ea daily); PA         |

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| Drug Name   | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|
| SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABS                      | 1         | PA   |
| SOLIQUA 100/33  | 3         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail) |
| STEGLUJAN   | 1         | QL(1 ea daily); PA                                     |
| SYNJARDY XR TB24 1000 MG-10 MG, 1000 MG-12.5 MG, 1000 MG-5 MG | 2         | QL(2 ea daily); ST; MP                                 |
| SYNJARDY XR TB24 1000 MG-25 MG                                | 2         | QL(1 ea daily); ST; MP                                 |
| SYNJARDY TABS   | 2         | QL(2 ea daily); ST; MP                                 |
| TRIJARDY XR 1000 MG-2.5 MG-12.5 MG, 1000 MG-2.5 MG-5 MG       | 1         | QL(2 ea daily)   |
| TRIJARDY XR 1000 MG-5 MG-10 MG, 1000 MG-5 MG-25 MG            | 1         | QL(1 ea daily)   |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )  | 2         | Brand Required; QL(2 ea daily); ST; MP                 |
| XIGDUO XR ( <i>dapagliflozin propanediol-metformin hcl</i> )  | 2         | Brand Required; QL(1 ea daily); ST; MP                 |
| XIGDUO XR 1000 MG-10 MG, 500 MG-10 MG, 500 MG-5 MG            | 2         | Brand Required; QL(1 ea daily); ST; MP                 |
| XIGDUO XR 1000 MG-2.5 MG, 1000 MG-5 MG                        | 2         | Brand Required; QL(2 ea daily); ST; MP                 |
| XULTOPHY 100/3.6  | 3         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail) |
| ZITUVIMET XR TB24   | 1         | PA   |
| ZITUVIMET TABS  | 1         | PA   |
| Antidiabetic-Antibodies                                       |           |  |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| TZIELD  | 1         | AL(At least 8 yrs old); PA |
| Biguanides  |           |                            |
| GLUMETZA TB24 ( <i>metformin hcl</i> )            | 1         | QL(4 ea daily); PA         |
| <i>metformin hcl SOLN</i>                         | 1         | PA                         |
| <i>metformin hcl TABS 500 MG</i>                  | 1         | QL(5 ea daily); MP         |
| <i>metformin hcl TABS 850 MG, 1000 MG</i>         | 1         | QL(3 ea daily); MP         |
| <i>metformin hcl TABS 625 MG</i>                  | 1         | QL(4 ea daily); PA         |
| <i>metformin hcl TB24 500 MG, 1000 MG</i>         | 1         | QL(4 ea daily); PA         |
| <i>metformin hcl TB24 750 MG</i>                  | 1         | QL(3 ea daily); MP         |
| <i>metformin hcl TB24 500 MG</i>                  | 1         | QL(4 ea daily); MP         |
| RIOMET SOLN ( <i>metformin hcl</i> )              | 9         |                            |
| Diabetic Other                                    |           |                            |
| BAQSIMI ONE PACK POWD                             | 1         |                            |
| BAQSIMI TWO PACK POWD                             | 1         |                            |
| <i>diazoxide</i>                                  | 1         |                            |
| GLUCAGEN HYPOKIT                                  | 1         |                            |
| <i>glucagon (rdna)</i>                            | 1         |                            |
| GLUCAGON EMERGENCY KIT ( <i>glucagon (rdna)</i> ) | 9         |                            |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR        | 1         |                            |
| GVOKE HYPOPEN 2-PACK SOAJ                         | 1         |                            |
| GVOKE KIT SOLN                                    | 1         |                            |
| GVOKE PFS SOSY 1 MG/0.2ML                         | 1         |                            |

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| Drug Name                                      | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|---|---|-----------|--|
| KORLYM ( <i>mifepristone (hyperglycemia)</i> ) | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA          | BYETTA SOPN 10 MCG/0.04ML                         | 2         | QL(7.2 ml per 90 day(s) retail; 7 ml per 90 days mail); ST; MP                   |
| <i>mifepristone (hyperglycemia)</i>            | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA          | BYETTA SOPN 5 MCG/0.02ML                          | 2         | QL(3.6 ml per 90 day(s) retail; 4 ml per 90 days mail); ST; MP                   |
| PROGLYCEM ( <i>diazoxide</i> )                 | 1         |   | <i>liraglutide</i>                                | 2         | Brand Required; ST; MP; PA   |
| ZEGALOGUE SOAJ                                 | 1         |   | MOUNJARO  | 4         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                         |
| ZEGALOGUE SOSY                                 | 1         |   | OZEMPIC SOPN 2 MG/1.5ML                           | 1         | QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail); ST; PA                   |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors      |           |   | OZEMPIC SOPN                                      | 3         | QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); ST                         |
| <i>alogliptin benzoate</i>                     | 3         | ST  | RYBELSUS TABS                                     | 3         | QL(1 ea daily); ST; PA   |
| JANUVIA 25 MG                                  | 2         | QL(4 ea daily); ST; MP  | TRULICITY 1.5 MG/0.5ML                            | 2         | ST; MP   |
| JANUVIA 50 MG, 100 MG                          | 2         | QL(2 ea daily); ST; MP  | TRULICITY 0.75 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 2         | QL(6 ml per 84 day(s) retail; 6 ml per 84 days mail); ST; MP                     |
| NESINA ( <i>alogliptin benzoate</i> )          | 3         | ST  | VICTOZA ( <i>liraglutide</i> )                    | 2         | Brand Required; QL(0.2 ml daily); ST; MP   |
| ONGLYZA 2.5 MG ( <i>saxagliptin hcl</i> )      | 1         | QL(2 ea daily); ST; MP; PA  | VICTOZA ( <i>liraglutide</i> )                    | 2         | Brand Required; QL(0.3 ml daily); ST; MP   |
| ONGLYZA 5 MG ( <i>saxagliptin hcl</i> )        | 1         | QL(1 ea daily); ST; MP; PA  | Insulin   |           |  |
| <i>saxagliptin hcl 2.5 MG</i>                  | 1         | QL(2 ea daily); ST; MP; PA  | ADMELOG SOLOSTAR SOPN                             | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA |
| <i>saxagliptin hcl 5 MG</i>                    | 1         | QL(1 ea daily); ST; MP; PA  |   |           |  |
| SITAGLIPTIN                                    | 1         | QL(1 ea daily); PA  |   |           |  |
| TRADJENTA                                      | 2         | QL(1 ea daily); ST; MP  |   |           |  |
| ZITUVIO  | 1         | QL(1 ea daily); PA  |   |           |  |
| Dopamine Receptor Agonists - Antidiabetic      |           |   |   |           |  |
| CYCLOSET                                       | 3         | QL(6 ea daily); ST  |   |           |  |
| Incretin Mimetic Agents                        |           |   |   |           |  |
| BYDUREON BCISE AUJ                             | 3         | QL(3.4 ml per 28 day(s) retail; 10 ml per 84 days mail); ST; MP; PA |   |           |  |

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| Drug Name                            | Drug Tier | Requirements/Limits  | Drug Name                        | Drug Tier | Requirements/Limits  |
|--------------------------------------|-----------|--|----------------------------------|-----------|--|
| ADMELOG SOLN IJ                      | 1         | Brand Required; QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA | HUMALOG KWIKPEN SOPN 100 UNIT/ML | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT | 1         | AL(At least 18 yrs old); PA  | HUMALOG KWIKPEN SOPN 200 UNIT/ML | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA                   |
| APIDRA SOLOSTAR SOPN                 | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     | HUMALOG MIX 50/50 KWIKPEN SUPN   | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                 |
| APIDRA SOLN                          | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                     | HUMALOG MIX 75/25 KWIKPEN SUPN   | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                 |
| BASAGLAR KWIKPEN SOPN                | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA                 | HUMALOG MIX 75/25 SUSP           | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                 |
| BASAGLAR TEMPO PEN SOPN              | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA                     | HUMALOG TEMPO PEN SOPN           | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail)                       |
| FIASP FLEXTOUCH SOPN                 | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA                       | HUMALOG SOCT                     | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| FIASP PENFILL SOCT                   | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA                       | HUMALOG SOLN IJ                  | 1         | Brand Required; QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| FIASP PUMPCART SOCT                  | 1         | QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA                       | HUMULIN 70/30 KWIKPEN SUPN       | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                 |
| FIASP SOLN                           | 1         | QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA                       | HUMULIN 70/30 SUSP               | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                 |
| HUMALOG JUNIOR KWIKPEN SOPN          | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | HUMULIN N KWIKPEN SUPN           | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                 |

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|--|-----------|--|--|-----------|--|
| HUMULIN N SUSP                                       | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP               | INSULIN DEGLUDEC SOLN                      | 1         | Brand Required; QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA       |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC               | 1         | QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA                 | INSULIN GLARGINE MAX SOLOSTAR SOPN         | 1         | Brand Required; QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA     |
| HUMULIN R U-500 KWIKPEN SOPN SC                      | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail)                     | INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | 1         | Brand Required; QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA     |
| HUMULIN R SOLN IJ                                    | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP               | INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     |
| INSULIN ASPART FLEXPEN SOPN                          | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP               | INSULIN GLARGINE SOLN                      | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA                 |
| INSULIN ASPART PENFILL SOCT                          | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP               | INSULIN GLARGINE-YFGN SOLN                 | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                     |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP               | INSULIN GLARGINE-YFGN SOPN                 | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail)                         |
| INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP         | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP               | INSULIN LISPRO JUNIOR KWIKPEN SOPN         | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     |
| INSULIN ASPART SOLN IJ                               | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP               | INSULIN LISPRO KWIKPEN SOPN                | 1         | Brand Required; QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP; PA |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML          | 1         | Brand Required; QL(27 ml per 30 day(s) retail; 27 ml per 30 days mail); PA |  |           |  |
| INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML          | 1         | Brand Required; QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA |  |           |  |

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|--|-----------|--|-----------------------------------|-----------|--|
| INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     | NOVOLIN 70/30 FLEXPEN RELION SUPN | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| INSULIN LISPRO SOLN IJ                               | 1         | Brand Required; QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA | NOVOLIN 70/30 FLEXPEN SUPN        | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| LANTUS SOLOSTAR SOPN                                 | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     | NOVOLIN 70/30 RELION SUSP         | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| LANTUS SOLN  | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                     | NOVOLIN 70/30 SUSP                | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| LEVEMIR FLEXPEN SOPN                                 | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     | NOVOLIN N FLEXPEN RELION SUPN     | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| LEVEMIR FLEXTOUCH SOPN                               | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP                     | NOVOLIN N FLEXPEN SUPN            | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP |
| LEVEMIR SOLN   | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP                     | NOVOLIN N RELION SUSP             | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| LYUMJEV KWIKPEN SOPN 200 UNIT/ML                     | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA                       | NOVOLIN N SUSP                    | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| LYUMJEV KWIKPEN SOPN 100 UNIT/ML                     | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA                     | NOVOLIN R FLEXPEN RELION SOPN IJ  | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail)       |
| LYUMJEV TEMPO PEN SOPN                               | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA                     | NOVOLIN R FLEXPEN SOPN IJ         | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail)       |
| LYUMJEV SOLN   | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); PA                     | NOVOLIN R RELION SOLN IJ          | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |
| MYXREDLIN  | 1         | Medical Benefit Only   | NOVOLIN R SOLN IJ                 | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP |

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|---|-----------|--|---|-----------|--|
| NOVOLOG FLEXPEN RELION SOPN                     | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | TOUJEO MAX SOLOSTAR SOPN                                  | 1         | Brand Required; QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA |
| NOVOLOG FLEXPEN SOPN                            | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | TOUJEO SOLOSTAR SOPN                                      | 1         | Brand Required; QL(13.5 ml per 30 day(s) retail; 14 ml per 30 days mail); PA |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | TRESIBA FLEXTOUCH SOPN 100 UNIT/ML                        | 1         | Brand Required; QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA   |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN        | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | TRESIBA FLEXTOUCH SOPN 200 UNIT/ML                        | 1         | Brand Required; QL(27 ml per 30 day(s) retail; 27 ml per 30 days mail); PA   |
| NOVOLOG MIX 70/30 RELION SUSP                   | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP     | TRESIBA SOLN  | 1         | Brand Required; QL(40 ml per 30 day(s) retail; 40 ml per 30 days mail); PA   |
| NOVOLOG MIX 70/30 SUSP                          | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP     | <b>Insulin Sensitizing Agents</b>                         |           |  |
| NOVOLOG PENFILL SOCT                            | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); MP     | ACTOS 15 MG ( <i>pioglitazone hcl</i> )                   | 1         | QL(3 ea daily); MP   |
| NOVOLOG RELION SOLN IJ                          | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP     | ACTOS 30 MG, 45 MG ( <i>pioglitazone hcl</i> )            | 1         | QL(1 ea daily); MP   |
| NOVOLOG SOLN IJ                                 | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP     | <i>pioglitazone hcl</i> 15 MG                             | 1         | QL(3 ea daily); MP   |
| REZVOGLAR KWIKPEN                               | 1         | QL(45 ml per 30 day(s) retail; 45 ml per 30 days mail); PA       | <i>pioglitazone hcl</i> 30 MG, 45 MG                      | 1         | QL(1 ea daily); MP   |
| SEMGLEE SOLN                                    | 1         | QL(120 ml per 90 day(s) retail; 120 ml per 90 days mail); MP; PA | <b>Meglitinide Analogues</b>                              |           |  |
| SEMGLEE SOPN                                    | 1         | QL(135 ml per 90 day(s) retail; 135 ml per 90 days mail); PA     | <i>nateglinide</i>  | 2         | QL(3 ea daily); ST; MP   |
|   |           |  | <i>repaglinide</i>  | 1         | QL(8 ea daily); MP   |
|   |           |  | <b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b> |           |  |

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| Drug Name                                    | Drug Tier | Requirements/Limits                    | Drug Name   | Drug Tier | Requirements/Limits                                      |
|--|-----------|--|---|-----------|--|
| <i>dapagliflozin propanediol</i>             | 1         | Brand Required; QL(1 ea daily); MP; PA | GLUCOTROL XL TB24 2.5 MG ( <i>glipizide</i> )                   | 9         | QL(8 ea daily); MP                                       |
| FARXIGA ( <i>dapagliflozin propanediol</i> ) | 1         | Brand Required; QL(1 ea daily); MP     | <i>glyburide micronized 6 MG</i>                                | 1         | QL(2 ea daily); MP                                       |
| INVOKANA 100 MG                              | 2         | QL(1 ea daily); ST; MP                 | <i>glyburide micronized 3 MG</i>                                | 1         | QL(4 ea daily); MP                                       |
| INVOKANA 300 MG                              | 2         | QL(2 ea daily); ST; MP                 | <i>glyburide micronized 1.5 MG</i>                              | 1         | QL(8 ea daily); MP                                       |
| JARDIANCE 10 MG                              | 1         | QL(2 ea daily); MP                     | <i>glyburide TABS 1.25 MG, 2.5 MG</i>                           | 1         | QL(8 ea daily); MP                                       |
| JARDIANCE 25 MG                              | 1         | QL(1 ea daily); MP                     | <i>glyburide TABS 5 MG</i>                                      | 1         | QL(4 ea daily); MP                                       |
| STEGLATRO                                    | 1         | QL(1 ea daily); PA                     | GLYNASE 6 MG ( <i>glyburide micronized</i> )                    | 9         | QL(2 ea daily); MP                                       |
| Sulfonylureas                                |           |  | GLYNASE 1.5 MG ( <i>glyburide micronized</i> )                  | 9         | QL(8 ea daily); MP                                       |
| AMARYL 1 MG ( <i>glimepiride</i> )           | 9         | QL(8 ea daily); MP                     | GLYNASE 3 MG ( <i>glyburide micronized</i> )                    | 9         | QL(4 ea daily); MP                                       |
| AMARYL 4 MG ( <i>glimepiride</i> )           | 9         | QL(2 ea daily); MP                     | <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b> |           |  |
| AMARYL 2 MG ( <i>glimepiride</i> )           | 9         | QL(4 ea daily); MP                     | Antidiarrheal - Chloride Channel Antagonists                    |           |  |
| <i>glimepiride 1 MG</i>                      | 1         | QL(8 ea daily); MP                     | MYTESI  | 1         | PA   |
| <i>glimepiride 2 MG</i>                      | 1         | QL(4 ea daily); MP                     | Antiperistaltic Agents  |           |  |
| <i>glimepiride 4 MG</i>                      | 1         | QL(2 ea daily); MP                     | <i>diphenoxylate w/ atropine LIQD</i>                           | 1         | QL(400 ml per 12 day(s) retail; 400 ml per 12 days mail) |
| <i>glimepiride 3 MG</i>                      | 1         | PA                                     | <i>diphenoxylate w/ atropine TABS</i>                           | 1         | QL(80 ea per 12 day(s) retail; 80 ea per 12 days mail)   |
| <i>glipizide TABS 2.5 MG</i>                 | 1         | QL(1 ea daily); PA                     | IMODIUM A-D CAPS ( <i>loperamide hcl</i> )                      | 9         | QL(8 ea daily); RX/OTC                                   |
| <i>glipizide TABS 10 MG</i>                  | 1         | QL(4 ea daily); MP                     | LOMOTIL TABS ( <i>diphenoxylate w/ atropine</i> )               | 1         | QL(80 ea per 12 day(s) retail; 80 ea per 12 days mail)   |
| <i>glipizide TABS 5 MG</i>                   | 1         | QL(8 ea daily); MP                     | <i>loperamide hcl CAPS</i>                                      | 1         | QL(8 ea daily); RX/OTC                                   |
| <i>glipizide TB24 10 MG</i>                  | 1         | QL(2 ea daily); MP                     | MOTOFEN   | 1         | QL(16 ea per fill retail); AL(At least 3 yrs old); PA    |
| <i>glipizide TB24 2.5 MG</i>                 | 1         | QL(8 ea daily); MP                     |   |           |  |
| <i>glipizide TB24 5 MG</i>                   | 1         | QL(4 ea daily); MP                     |   |           |  |
| GLUCOTROL XL TB24 5 MG ( <i>glipizide</i> )  | 1         | QL(4 ea daily); MP                     |   |           |  |
| GLUCOTROL XL TB24 10 MG ( <i>glipizide</i> ) | 1         | QL(2 ea daily); MP                     |   |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>opium tincture</i>                               | 1         |                            |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>           |           |                            |
| Antidote Combinations                               |           |                            |
| PREVDUO   | 1         | Medical Benefit Only       |
| Antidotes - Chelating Agents                        |           |                            |
| CHEMET  | 1         |                            |
| <i>deferasirox PACK</i>                             | 1         | PA                         |
| <i>deferasirox TABS</i>                             | 1         | AL(At least 3 yrs old); PA |
| <i>deferasirox TBSO</i>                             | 1         | AL(At least 3 yrs old)     |
| <i>deferiprone TABS</i>                             | 1         | PA                         |
| EXJADE TBSO ( <i>deferasirox</i> )                  | 1         | AL(At least 3 yrs old)     |
| FERRIPROX TWICE-A-DAY TABS                          | 1         | PA                         |
| FERRIPROX SOLN                                      | 1         | PA                         |
| FERRIPROX TABS ( <i>deferiprone</i> )               | 1         | PA                         |
| JADENU SPRINKLE PACK ( <i>deferasirox</i> )         | 9         |                            |
| JADENU SPRINKLE PACK ( <i>deferasirox</i> )         | 1         | PA                         |
| JADENU TABS ( <i>deferasirox</i> )                  | 1         | AL(At least 3 yrs old); PA |
| Antidotes and Specific Antagonists                  |           |                            |
| ACETADOTE SOLN ( <i>acetylcysteine (antidote)</i> ) | 1         |                            |
| <i>acetylcysteine (antidote) SOLN</i>               | 1         |                            |
| ANDEXXA 200 MG                                      | 1         | Medical Benefit Only       |
| BRIDION SOLN  | 1         |                            |
| <i>deferoxamine mesylate</i>                        | 1         |                            |
| DESFERAL 500 MG ( <i>deferoxamine mesylate</i> )    | 9         |                            |
| DESFERAL 500 MG ( <i>deferoxamine mesylate</i> )    | 1         |                            |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| EDETATE CALCIUM DISODIUM SOLN                           | 1         | Medical Benefit Only   |
| <i>fomepizole 1.5 GM/1.5ML</i>                          | 1         |  |
| <i>methylene blue (antidote) SOLN IV 50 MG/10ML</i>     | 1         | Medical Benefit Only   |
| PRAXBIND  | 1         | Medical Benefit Only   |
| PROVAYBLUE SOLN IV ( <i>methylene blue (antidote)</i> ) | 1         | Medical Benefit Only   |
| PROVAYBLUE SOLN IV ( <i>methylene blue (antidote)</i> ) | 9         |  |
| Benzodiazepine Antagonists                              |           |  |
| <i>flumazenil</i>                                       | 1         |  |
| Opioid Antagonists                                      |           |  |
| KLOXXADO LIQD   | 1         | QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail)         |
| NALMEFENE HYDROCHLORIDE IJ                              | 1         | Medical Benefit Only   |
| <i>naloxone hcl LIQD</i>                                | 1         | QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); RX/OTC |
| <i>naloxone hcl SOCT</i>                                | 1         |  |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>           | 1         |  |
| <i>naloxone hcl SOSY 2 MG/2ML</i>                       | 1         | QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail)         |
| <i>naloxone hcl SOSY 0.4 MG/ML</i>                      | 1         |  |
| <i>naltrexone hcl</i>                                   | 1         |  |
| NARCAN LIQD ( <i>naloxone hcl</i> )                     | 1         | QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); RX/OTC |

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|---|-----------|---|
| OPVEE NA  | 1         | QL(2 ea per 30 day(s) retail; 2 ea per 30 days mail); AL(At least 12 yrs old) |
| REXTOVY LIQD  | 1         |   |
| VIVITROL  | 1         |   |
| ZIMHI SOSY  | 1         | QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail)                          |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |   |
| <b>5-HT3 Receptor Antagonists</b>                       |           |   |
| ANZEMET TABS 50 MG                                      | 1         | QL(10 ea per fill retail); PA   |
| <i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>        | 1         | PA  |
| <i>granisetron hcl TABS</i>                             | 1         | QL(20 ea per 10 day(s) retail; 20 ea per 10 days mail); PA                    |
| <i>ondansetron hcl SOLN OR 4 MG/5ML</i>                 | 1         | QL(50 ml per 10 day(s) retail; 50 ml per 10 days mail)                        |
| <i>ondansetron hcl SOLN IJ</i>                          | 1         |   |
| <i>ondansetron hcl SOSY</i>                             | 1         |   |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>                  | 1         | QL(30 ea per 10 day(s) retail; 30 ea per 10 days mail)                        |
| <i>ondansetron TBDP 4 MG, 8 MG</i>                      | 1         | QL(30 ea per 10 day(s) retail; 30 ea per 10 days mail)                        |
| <i>ondansetron TBDP 16 MG</i>                           | 1         | PA  |
| <i>palonosetron hcl SOLN</i>                            | 1         |   |
| <i>palonosetron hcl SOSY</i>                            | 1         | PA  |
| PALONOSETRON HYDROCHLORIDE SOLN                         | 1         |   |
| POSFREA SOLN  | 1         |   |

| Drug Name                                | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| SANCUSO PTCH                             | 1         | QL(1 ea per 20 day(s) retail; 1 ea per 20 days mail); PA       |
| SUSTOL PRSY                              | 1         | PA   |
| <b>Antiemetics - Anticholinergic</b>     |           |  |
| DIMENHYDRINATE SOLN                      | 1         |  |
| <i>meclizine hcl TABS 12.5 MG, 25 MG</i> | 1         | RX/OTC   |
| <i>scopolamine</i>                       | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)         |
| TIGAN SOLN                               | 1         |  |
| TRANSDERM-SCOP ( <i>scopolamine</i> )    | 9         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)         |
| TRANSDERM-SCOP ( <i>scopolamine</i> )    | 1         | QL(10 ea per 30 day(s) retail; 10 ea per 30 days mail)         |
| <i>trimethobenzamide hcl CAPS</i>        | 1         |  |
| <b>Antiemetics - Antidopaminergic</b>    |           |  |
| BARHEMSYS                                | 1         | Medical Benefit Only   |
| <b>Antiemetics - Miscellaneous</b>       |           |  |
| AKYNZEO                                  | 1         | QL(1 ea per 7 day(s) retail; 1 ea per 7 days mail); PA         |
| AKYNZEO SOLN                             | 1         | PA   |
| AKYNZEO SOLR                             | 1         | QL(1 ea per 7 day(s) retail; 1 ea per 7 days mail); PA         |
| BONJESTA TBCR                            | 1         | QL(2 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                                      |
|---|-----------|--|---|-----------|--|
| DICLEGIS TBEC<br>(doxylamine-pyridoxine)            | 1         | Brand Required; QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old)     | <i>fosaprepitant dimeglumine SOLR</i>                 | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA |
| <i>doxylamine-pyridoxine TBEC</i>                   | 1         | Brand Required; QL(4 ea daily); AL(At least 10 yrs old - Up to 50 yrs old); PA | <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b> |           |  |
| <i>dronabinol CAPS</i>                              | 1         | QL(2 ea daily); PA   | Antifungal - Glucan Synthesis Inhibitors              |           |  |
| MARINOL CAPS 5 MG, 10 MG<br>( <i>dronabinol</i> )   | 9         | QL(2 ea daily)   | BREXAFEMME  | 1         | QL(4 ea per fill retail); AL(At least 10 yrs old); PA    |
| MARINOL CAPS 2.5 MG<br>( <i>dronabinol</i> )        | 1         | QL(2 ea daily); PA   | CANCIDAS ( <i>caspofungin acetate</i> )               | 1         |  |
| SYNDROS SOLN  | 1         | AL(Up to 20 yrs old); PA   | <i>caspofungin acetate</i>                            | 1         |  |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |  | CASPOFUNGIN ACETATE                                   | 1         |  |
| APONVIE EMUL  | 1         | QL(4.4 ml per fill retail); PA   | ERAXIS  | 1         |  |
| <i>aprepitant CAPS</i>                              | 1         | QL(1 ea daily); PA   | MICAFUNGIN  | 1         |  |
| <i>aprepitant MISC</i>                              | 1         | QL(1 ea daily); PA   | <i>micafungin sodium</i>                              | 1         |  |
| CINVANTI EMUL                                       | 1         | QL(18 ml per fill retail); PA  | MICAFUNGIN/SODIUM CHLORIDE                            | 1         |  |
| EMEND TRIPACK CAPS<br>( <i>aprepitant</i> )         | 1         | QL(1 ea daily); PA   | MYCAMINE ( <i>micafungin sodium</i> )                 | 1         |  |
| EMEND CAPS 80 MG<br>( <i>aprepitant</i> )           | 1         | QL(1 ea daily); PA   | REZZAYO   | 1         | AL(At least 18 yrs old); PA                              |
| EMEND SOLR<br>( <i>fosaprepitant dimeglumine</i> )  | 9         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)                           | Antifungals   |           |  |
| EMEND SOLR<br>( <i>fosaprepitant dimeglumine</i> )  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA                       | ABELCET   | 1         |  |
| EMEND SUSR  | 1         | QL(1 ea daily); AL(Up to 6 yrs old); PA  | AMBISOME<br>( <i>amphotericin b liposome</i> )        | 1         |  |
| FOCINVEZ SOLN                                       | 1         | PA   | <i>amphotericin b IV</i>                              | 1         |  |
|   |           |  | <i>amphotericin b liposome</i>                        | 1         |  |
|   |           |  | ANCOBON ( <i>flucytosine</i> )                        | 1         | PA   |
|   |           |  | <i>flucytosine</i>                                    | 1         | PA   |
|   |           |  | <i>griseofulvin microsize SUSP</i>                    | 1         |  |
|   |           |  | <i>griseofulvin microsize TABS</i>                    | 1         |  |
|   |           |  | <i>griseofulvin ultramicrosize</i>                    | 1         |  |
|   |           |  | <i>nystatin TABS</i>                                  | 1         |  |
|   |           |  | <i>terbinafine hcl TABS</i>                           | 1         |  |
|   |           |  | Imidazole-Related Antifungals                         |           |  |

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|---|-----------|---|--|-----------|---|
| CRESEMBA CAPS 74.5 MG   | 1         | QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA | <i>posaconazole SOLN</i>                         | 1         |   |
|   |           |   | <i>posaconazole SUSP</i>                         | 1         | PA  |
|   |           |   | <i>posaconazole TBEC</i>                         | 1         |   |
|   |           |   | SPORANOX CAPS ( <i>itraconazole</i> )            | 1         |   |
| CRESEMBA CAPS 186 MG  | 1         | QL(68 ea per 30 day(s) retail; 68 ea per 30 days mail); AL(At least 18 yrs old); PA   | SPORANOX SOLN ( <i>itraconazole</i> )            | 1         |   |
|   |           |   | TOLSURA CAPS                                     | 1         | QL(4 ea daily); PA  |
| CRESEMBA SOLR   | 1         | AL(At least 18 yrs old)   | VFEND IV SOLR ( <i>voriconazole</i> )            | 1         | Medical Benefit Only  |
| DIFLUCAN SUSR 40 MG/ML ( <i>fluconazole</i> )                     | 1         |   | VFEND IV SOLR ( <i>voriconazole</i> )            | 9         |   |
| DIFLUCAN SUSR 10 MG/ML ( <i>fluconazole</i> )                     | 9         |   | VFEND SUSR ( <i>voriconazole</i> )               | 1         |   |
| DIFLUCAN TABS 100 MG, 200 MG ( <i>fluconazole</i> )               | 1         |   | VFEND TABS ( <i>voriconazole</i> )               | 1         |   |
| DIFLUCAN TABS 150 MG ( <i>fluconazole</i> )                       | 9         | QL(7 ea per fill retail)  | VIVJOA   | 1         | QL(18 ea per 84 day(s) retail; 18 ea per 84 days mail); AL(At least 18 yrs old); PA |
| <i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i> | 1         |   | <i>voriconazole SOLR</i>                         | 1         | Medical Benefit Only  |
| FLUCONAZOLE/SODIUM CHLORIDE                                       | 1         |   | VORICONAZOLE SOLR ( <i>voriconazole</i> )        | 1         | Medical Benefit Only  |
| <i>fluconazole SUSR</i>   | 1         |   | <i>voriconazole SUSR</i>                         | 1         |   |
| <i>fluconazole TABS 150 MG</i>                                    | 1         | QL(7 ea per fill retail)  | <i>voriconazole TABS</i>                         | 1         |   |
| <i>fluconazole TABS 50 MG, 100 MG, 200 MG</i>                     | 1         |   | <b>ANTIHISTAMINES - Drugs to Treat Allergies</b> |           |   |
| <i>itraconazole CAPS</i>  | 1         |   | Antihistamines - Ethanolamines                   |           |   |
| <i>itraconazole SOLN</i>  | 1         |   | <i>carbinoxamine maleate SOLN</i>                | 1         |   |
| <i>ketoconazole</i>   | 1         | AL(At least 3 yrs old); PA  | <i>carbinoxamine maleate TABS 4 MG</i>           | 1         | AL(Up to 20 yrs old); PA  |
| MICONAZOLE  | 1         |   | <i>clemastine fumarate SYRP</i>                  | 1         | PA  |
| NOXAFIL PACK  | 1         | PA  | <i>clemastine fumarate TABS 2.68 MG</i>          | 1         | PA  |
| NOXAFIL SOLN ( <i>posaconazole</i> )                              | 1         |   | <i>diphenhydramine hcl SOLN 50 MG/ML</i>         | 1         |   |
| NOXAFIL SUSP ( <i>posaconazole</i> )                              | 1         | PA  | Antihistamines - Non-Sedating                    |           |   |
| NOXAFIL TBEC ( <i>posaconazole</i> )                              | 1         |   |  |           |   |

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|---|-----------|---|---|-----------|--|
| <i>cetirizine hcl SOLN OR</i>                         | 1         | AL(Up to 20 yrs old); RX/OTC  | XYZAL ALLERGY 24HR CHILDRENS SOLN ( <i>levocetirizine dihydrochloride</i> ) | 9         | QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); ST; RX/OTC |
| <i>cetirizine hcl TABS</i>                            | 1         | QL(1 ea daily); AL(Up to 20 yrs old); MP  | XYZAL ALLERGY 24HR TABS ( <i>levocetirizine dihydrochloride</i> )           | 9         | QL(1 ea daily); ST; RX/OTC   |
| CLARINEX TABS ( <i>desloratadine</i> )                | 1         | QL(1 ea daily); PA  | ZYRTEC ALLERGY TABS ( <i>cetirizine hcl</i> )                               | 9         | QL(1 ea daily); MP   |
| CLARINEX TABS ( <i>desloratadine</i> )                | 9         | QL(1 ea daily)  | ZYRTEC CHILDRENS ALLERGY SOLN OR ( <i>cetirizine hcl</i> )                  | 9         | RX/OTC   |
| CLARITIN ALLERGY CHILDRENS SOLN ( <i>loratadine</i> ) | 9         |   | <b>Antihistamines - Phenothiazines</b>                                      |           |  |
| CLARITIN REDITABS JUNIORS TBDP ( <i>loratadine</i> )  | 9         | QL(1 ea daily); MP  | PHENERGAN SOLN IJ ( <i>promethazine hcl</i> )                               | 9         |  |
| CLARITIN REDITABS TBDP 10 MG ( <i>loratadine</i> )    | 9         | QL(1 ea daily); MP  | PHENERGAN SOLN IJ ( <i>promethazine hcl</i> )                               | 1         |  |
| CLARITIN SOLN ( <i>loratadine</i> )                   | 9         |   | <i>promethazine hcl SOLN OR 6.25 MG/5ML</i>                                 | 1         |  |
| CLARITIN TABS ( <i>loratadine</i> )                   | 9         | QL(1 ea daily); MP  | <i>promethazine hcl SUPP</i>  | 1         | QL(4 ea daily)   |
| <i>desloratadine TABS</i>                             | 1         | QL(1 ea daily); PA  | <i>promethazine hcl TABS</i>  | 1         |  |
| <i>desloratadine TBDP</i>                             | 1         | QL(1 ea daily); AL(At least 6 yrs old - Up to 11 yrs old); PA                             | <b>Antihistamines - Piperidines</b>   |           |  |
| <i>levocetirizine dihydrochloride SOLN</i>            | 2         | QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); AL(Up to 6 yrs old); ST; RX/OTC | <i>cyproheptadine hcl SYRP</i>  | 1         |  |
| <i>levocetirizine dihydrochloride TABS</i>            | 2         | QL(1 ea daily); AL(Up to 20 yrs old); ST; RX/OTC  | <i>cyproheptadine hcl TABS</i>  | 1         |  |
| <i>loratadine SOLN</i>                                | 1         | AL(Up to 20 yrs old)  | <b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b>                |           |  |
| <i>loratadine TABS</i>                                | 1         | QL(1 ea daily); AL(Up to 20 yrs old); MP  | Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors                       |           |  |
| <i>loratadine TBDP 10 MG</i>                          | 1         | QL(1 ea daily); AL(Up to 20 yrs old); MP  | NEXLETOL  | 1         | QL(1 ea daily); PA   |
|   |           |   | Angiotensin-like Protein Inhibitors   |           |  |
|   |           |   | EVKEEZA   | 1         | AL(At least 5 yrs old); PA   |
|   |           |   | <b>Antihyperlipidemics - Combinations</b>                                   |           |  |
|   |           |   | <i>ezetimibe-simvastatin</i>  | 1         | QL(1 ea daily); MP; PA   |
|   |           |   | NEXLIZET  | 1         | QL(1 ea daily); PA   |

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|--|-----------|------------------------|--|-----------|---------------------|
| VYTORIN ( <i>ezetimibe-simvastatin</i> )         | 1         | QL(1 ea daily); MP; PA | QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> )  | 1         |                     |
| Antihyperlipidemics - Misc.                      |           |                        | QUESTRAN PACK ( <i>cholestyramine</i> )              | 9         | QL(2 ea daily)      |
| <i>icosapent ethyl 0.5 GM</i>                    | 1         | QL(8 ea daily); PA     | QUESTRAN PACK ( <i>cholestyramine</i> )              | 1         | QL(2 ea daily)      |
| <i>icosapent ethyl 1 GM</i>                      | 1         | QL(4 ea daily); PA     | QUESTRAN POWD ( <i>cholestyramine</i> )              | 1         |                     |
| LOVAZA ( <i>omega-3-acid ethyl esters</i> )      | 1         | QL(4 ea daily); MP     | WELCHOL PACK ( <i>colesevelam hcl</i> )              | 1         | PA                  |
| <i>omega-3-acid ethyl esters</i>                 | 1         | QL(4 ea daily); MP     | WELCHOL TABS ( <i>colesevelam hcl</i> )              | 1         |                     |
| VASCEPA 0.5 GM ( <i>icosapent ethyl</i> )        | 9         | QL(8 ea daily)         | Fibric Acid Derivatives                              |           |                     |
| VASCEPA 1 GM ( <i>icosapent ethyl</i> )          | 9         | QL(4 ea daily)         | <i>choline fenofibrate 135 MG</i>                    | 2         | ST                  |
| Bile Acid Sequestrants                           |           |                        | <i>choline fenofibrate 45 MG</i>                     | 1         | QL(2 ea daily)      |
| <i>cholestyramine light PACK</i>                 | 1         | QL(2 ea daily)         | <i>fenofibrate micronized 67 MG, 134 MG</i>          | 1         |                     |
| <i>cholestyramine light POWD</i>                 | 1         |                        | <i>fenofibrate micronized 43 MG, 130 MG, 200 MG</i>  | 2         | ST                  |
| <i>cholestyramine PACK</i>                       | 1         | QL(2 ea daily)         | <i>fenofibrate CAPS</i>                              | 2         | ST                  |
| <i>cholestyramine POWD</i>                       | 1         |                        | <i>fenofibrate TABS 40 MG, 120 MG</i>                | 2         | ST                  |
| <i>colesevelam hcl PACK</i>                      | 1         | PA                     | <i>fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG</i> | 1         |                     |
| <i>colesevelam hcl TABS</i>                      | 1         |                        | FENOGLIDE TABS ( <i>fenofibrate</i> )                | 2         | ST                  |
| COLESTID FLAVORED GRAN ( <i>colestipol hcl</i> ) | 9         |                        | <i>gemfibrozil TABS</i>                              | 1         | QL(2 ea daily); MP  |
| COLESTID FLAVORED PACK ( <i>colestipol hcl</i> ) | 9         |                        | LIPOFEN CAPS ( <i>fenofibrate</i> )                  | 2         | ST                  |
| COLESTID GRAN ( <i>colestipol hcl</i> )          | 1         |                        | LIPOFEN CAPS 50 MG ( <i>fenofibrate</i> )            | 9         | ST                  |
| COLESTID PACK ( <i>colestipol hcl</i> )          | 9         |                        | LOPID TABS ( <i>gemfibrozil</i> )                    | 1         | QL(2 ea daily); MP  |
| COLESTID PACK ( <i>colestipol hcl</i> )          | 1         |                        | TRICOR TABS ( <i>fenofibrate</i> )                   | 1         |                     |
| COLESTID TABS ( <i>colestipol hcl</i> )          | 1         |                        | TRILIPIX 135 MG ( <i>choline fenofibrate</i> )       | 2         | ST                  |
| <i>colestipol hcl GRAN</i>                       | 1         |                        | TRILIPIX 45 MG ( <i>choline fenofibrate</i> )        | 1         | QL(2 ea daily)      |
| <i>colestipol hcl PACK</i>                       | 1         |                        |  |           |                     |
| <i>colestipol hcl TABS</i>                       | 1         |                        |  |           |                     |

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|--|-----------|--|---|-----------|---|
| HMG CoA Reductase Inhibitors                                     |           |  | <i>simvastatin TABS 40 MG</i>                             | 1         | QL(1 ea daily); MP  |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG                                | 1         | PA   | <i>simvastatin TABS 5 MG, 80 MG</i>                       | 1         |   |
| ATORVALIQ SUSP   | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); PA | <i>simvastatin TABS 10 MG, 20 MG</i>                      | 1         | QL(2 ea daily); MP  |
| <i>atorvastatin calcium TABS 10 MG, 20 MG, 40 MG</i>             | 1         | QL(2 ea daily); MP   | ZOCOR TABS 10 MG, 20 MG ( <i>simvastatin</i> )            | 1         | QL(2 ea daily); MP  |
| <i>atorvastatin calcium TABS 80 MG</i>                           | 1         | QL(1 ea daily); MP   | ZOCOR TABS 40 MG ( <i>simvastatin</i> )                   | 1         | QL(1 ea daily); MP  |
| CRESTOR TABS ( <i>rosuvastatin calcium</i> )                     | 9         | QL(1 ea daily); MP   | ZYPITAMAG 2 MG, 4 MG                                      | 1         | QL(1 ea daily); PA  |
| EZALLOR SPRINKLE CPSP  | 1         | QL(1 ea daily); PA   | Intestinal Cholesterol Absorption Inhibitors              |           |   |
| FLOLIPID SUSP  | 1         | PA   | <i>ezetimibe</i>  | 1         | QL(1 ea daily)  |
| <i>fluvastatin sodium CAPS</i>                                   | 1         | PA   | ZETIA ( <i>ezetimibe</i> )                                | 1         | QL(1 ea daily)  |
| <i>fluvastatin sodium TB24</i>                                   | 1         | PA   | Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |   |
| LESCOL XL TB24 ( <i>fluvastatin sodium</i> )                     | 1         | PA   | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG                        | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                            |
| LIPITOR TABS 80 MG ( <i>atorvastatin calcium</i> )               | 9         | QL(1 ea daily); MP   | Nicotinic Acid Derivatives                                |           |   |
| LIPITOR TABS 10 MG, 20 MG, 40 MG ( <i>atorvastatin calcium</i> ) | 1         | QL(2 ea daily); MP   | <i>niacin (antihyperlipidemic) TBCR 750 MG, 1000 MG</i>   | 1         | QL(2 ea daily); MP  |
| LIPITOR TABS 20 MG, 40 MG ( <i>atorvastatin calcium</i> )        | 9         | QL(2 ea daily); MP   | <i>niacin (antihyperlipidemic) TBCR 500 MG</i>            | 1         | QL(3 ea daily); MP  |
| LIPITOR TABS 80 MG ( <i>atorvastatin calcium</i> )               | 1         | QL(1 ea daily); MP   | Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors  |           |   |
| LIVALO ( <i>pitavastatin calcium</i> )                           | 1         | PA   | LEQVIO  | 1         | QL(1.5 ml per 180 day(s) retail; 2 ml per 180 days mail); AL(At least 18 yrs old); PA |
| <i>lovastatin TABS</i>   | 1         | QL(2 ea daily); MP   | PRALUENT SOAJ   | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                              |
| <i>pitavastatin calcium</i>                                      | 1         | PA   | REPATHA PUSHTRONEX SYSTEM SOCT                            | 1         | QL(3.5 ml per 28 day(s) retail; 4 ml per 28 days mail); PA                            |
| <i>pravastatin sodium 20 MG, 40 MG</i>                           | 1         | QL(2 ea daily); MP   |   |           |   |
| <i>pravastatin sodium 80 MG</i>                                  | 1         | QL(1 ea daily); MP   |   |           |   |
| <i>pravastatin sodium 10 MG</i>                                  | 1         | QL(3 ea daily); MP   |   |           |   |
| <i>rosuvastatin calcium TABS</i>                                 | 1         | QL(1 ea daily); MP   |   |           |   |

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|---|-----------|--|--|-----------|-------------------------------------|
| REPATHA SURECLICK SOAJ  | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | LOTENSIN 20 MG, 40 MG ( <i>benazepril hcl</i> )        | 1         | QL(2 ea daily); MP                  |
| REPATHA SOSY  | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | LOTENSIN 10 MG ( <i>benazepril hcl</i> )               | 1         | QL(3 ea daily); MP                  |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b> |           |  | <i>moexipril hcl</i>                                   | 1         | QL(4 ea daily); MP                  |
| <b>ACE Inhibitors</b>   |           |  | <i>perindopril erbumine</i>                            | 1         | MP                                  |
| ACCUPRIL ( <i>quinapril hcl</i> )                             | 1         | QL(2 ea daily); MP                                       | QBRELIS SOLN   | 1         | QL(5 ml daily); AL(Up to 6 yrs old) |
| ALTACE CAPS 1.25 MG, 2.5 MG ( <i>ramipril</i> )               | 1         | QL(3 ea daily); MP                                       | <i>quinapril hcl</i>                                   | 1         | QL(2 ea daily); MP                  |
| ALTACE CAPS 5 MG, 10 MG ( <i>ramipril</i> )                   | 1         | QL(2 ea daily); MP                                       | <i>ramipril CAPS 1.25 MG, 2.5 MG</i>                   | 1         | QL(3 ea daily); MP                  |
| <i>benazepril hcl 10 MG</i>                                   | 1         | QL(3 ea daily); MP                                       | <i>ramipril CAPS 5 MG, 10 MG</i>                       | 1         | QL(2 ea daily); MP                  |
| <i>benazepril hcl 5 MG</i>                                    | 1         | QL(6 ea daily); MP                                       | <i>trandolapril</i>                                    | 1         | MP                                  |
| <i>benazepril hcl 20 MG, 40 MG</i>                            | 1         | QL(2 ea daily); MP                                       | VASOTEC TABS 10 MG, 20 MG ( <i>enalapril maleate</i> ) | 1         | QL(2 ea daily); MP                  |
| <i>captopril</i>  | 2         | ST   | VASOTEC TABS 2.5 MG, 5 MG ( <i>enalapril maleate</i> ) | 1         | QL(3 ea daily); MP                  |
| <i>enalapril maleate SOLN</i>                                 | 1         | QL(5 ml daily); AL(Up to 6 yrs old)                      | ZESTRIL TABS 2.5 MG, 5 MG ( <i>lisinopril</i> )        | 1         | QL(6 ea daily); MP                  |
| <i>enalapril maleate TABS 2.5 MG, 5 MG</i>                    | 1         | QL(3 ea daily); MP                                       | ZESTRIL TABS 10 MG ( <i>lisinopril</i> )               | 1         | QL(8 ea daily); MP                  |
| <i>enalapril maleate TABS 10 MG, 20 MG</i>                    | 1         | QL(2 ea daily); MP                                       | ZESTRIL TABS 20 MG ( <i>lisinopril</i> )               | 1         | QL(4 ea daily); MP                  |
| <i>enalaprilat SOLN</i>                                       | 1         |  | ZESTRIL TABS 30 MG, 40 MG ( <i>lisinopril</i> )        | 1         | QL(2 ea daily); MP                  |
| EPANED SOLN ( <i>enalapril maleate</i> )                      | 1         | QL(5 ml daily); AL(Up to 6 yrs old)                      | <b>Agents for Pheochromocytoma</b>                     |           |                                     |
| <i>fosinopril sodium</i>                                      | 1         | MP   | DEMSEER ( <i>metyrosine</i> )                          | 1         |                                     |
| <i>lisinopril TABS 20 MG</i>                                  | 1         | QL(4 ea daily); MP                                       | DIBENZYLINE ( <i>phenoxybenzamine hcl</i> )            | 9         |                                     |
| <i>lisinopril TABS 2.5 MG, 5 MG</i>                           | 1         | QL(6 ea daily); MP                                       | <i>metyrosine</i>                                      | 1         |                                     |
| <i>lisinopril TABS 30 MG, 40 MG</i>                           | 1         | QL(2 ea daily); MP                                       | <i>phenoxybenzamine hcl</i>                            | 1         |                                     |
| <i>lisinopril TABS 10 MG</i>                                  | 1         | QL(8 ea daily); MP                                       | <i>phentolamine mesylate SOLR</i>                      | 1         |                                     |
|   |           |  | <b>Angiotensin II Receptor Antagonists</b>             |           |                                     |
|   |           |  | ATACAND 32 MG ( <i>candesartan cilexetil</i> )         | 2         | ST                                  |

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|--|-----------|---------------------|--|-----------|---|
| ATACAND 4 MG, 8 MG, 16 MG ( <i>candesartan cilexetil</i> ) | 1         |                     | <i>valsartan SOLN</i>                            | 1         | AL(At least 6 yrs old - Up to 10 yrs old); PA             |
| AVAPRO ( <i>irbesartan</i> )                               | 1         | MP                  | <i>valsartan TABS</i>                            | 1         | MP  |
| BENICAR 20 MG ( <i>olmesartan medoxomil</i> )              | 1         | QL(3 ea daily); MP  | <b>Antiadrenergic Antihypertensives</b>          |           |   |
| BENICAR 5 MG ( <i>olmesartan medoxomil</i> )               | 1         | QL(6 ea daily); MP  | CARDURA 8 MG ( <i>doxazosin mesylate</i> )       | 9         | QL(2 ea daily); MP  |
| BENICAR 40 MG ( <i>olmesartan medoxomil</i> )              | 1         | QL(2 ea daily); MP  | CARDURA 1 MG, 2 MG ( <i>doxazosin mesylate</i> ) | 1         | QL(7 ea daily); MP  |
| <i>candesartan cilexetil 32 MG</i>                         | 2         | ST                  | CARDURA 4 MG ( <i>doxazosin mesylate</i> )       | 1         | QL(4 ea daily); MP  |
| <i>candesartan cilexetil 4 MG, 8 MG, 16 MG</i>             | 1         |                     | CARDURA 8 MG ( <i>doxazosin mesylate</i> )       | 1         | QL(2 ea daily); MP  |
| COZAAR 25 MG ( <i>losartan potassium</i> )                 | 1         | QL(4 ea daily); MP  | CATAPRES-TTS-1 PTWK ( <i>clonidine</i> )         | 9         | QL(4 ea per 28 day(s) retail; 12 ea per 84 days mail); MP |
| COZAAR 50 MG, 100 MG ( <i>losartan potassium</i> )         | 1         | QL(3 ea daily); MP  | CATAPRES-TTS-2 PTWK ( <i>clonidine</i> )         | 9         | QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP |
| DIOVAN TABS ( <i>valsartan</i> )                           | 1         | MP                  | CATAPRES-TTS-3 PTWK ( <i>clonidine</i> )         | 9         | QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP |
| EDARBI   | 3         | ST                  | CLONIDINE HCL POWD                               | 1         | Medical Benefit Only                                      |
| <i>irbesartan</i>  | 1         | MP                  | <i>clonidine hcl TABS</i>                        | 1         | QL(8 ea daily); MP  |
| <i>losartan potassium 25 MG</i>                            | 1         | QL(4 ea daily); MP  | <i>clonidine PTWK 0.2 MG/24HR, 0.3 MG/24HR</i>   | 1         | QL(8 ea per 28 day(s) retail; 24 ea per 84 days mail); MP |
| <i>losartan potassium 50 MG, 100 MG</i>                    | 1         | QL(3 ea daily); MP  | <i>clonidine PTWK 0.1 MG/24HR</i>                | 1         | QL(4 ea per 28 day(s) retail; 12 ea per 84 days mail); MP |
| MICARDIS 80 MG ( <i>telmisartan</i> )                      | 1         | QL(2 ea daily); MP  | <i>clonidine TB24</i>                            | 1         | PA  |
| MICARDIS 40 MG ( <i>telmisartan</i> )                      | 1         | QL(3 ea daily); MP  | <i>doxazosin mesylate 4 MG</i>                   | 1         | QL(4 ea daily); MP  |
| MICARDIS 20 MG ( <i>telmisartan</i> )                      | 1         | QL(5 ea daily); MP  | <i>doxazosin mesylate 1 MG, 2 MG</i>             | 1         | QL(7 ea daily); MP  |
| <i>olmesartan medoxomil 20 MG</i>                          | 1         | QL(3 ea daily); MP  | <i>doxazosin mesylate 8 MG</i>                   | 1         | QL(2 ea daily); MP  |
| <i>olmesartan medoxomil 40 MG</i>                          | 1         | QL(2 ea daily); MP  | <i>guanfacine hcl</i>                            | 1         | QL(4 ea daily)  |
| <i>olmesartan medoxomil 5 MG</i>                           | 1         | QL(6 ea daily); MP  | <i>methyldopa TABS</i>                           | 1         |   |
| <i>telmisartan 80 MG</i>                                   | 1         | QL(2 ea daily); MP  |  |           |   |
| <i>telmisartan 40 MG</i>                                   | 1         | QL(3 ea daily); MP  |  |           |   |
| <i>telmisartan 20 MG</i>                                   | 1         | QL(5 ea daily); MP  |  |           |   |

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|--|-----------|------------------------|--|-----------|-----------------------|
| MINIPRESS CAPS 1 MG<br>(prazosin hcl)  | 9         | QL(6 ea daily);<br>MP  | atenolol & chlorthalidone  | 1         | QL(1 ea daily);<br>MP |
| MINIPRESS CAPS 5 MG<br>(prazosin hcl)  | 1         | QL(8 ea daily);<br>MP  | AVALIDE (irbesartan-<br>hydrochlorothiazide)   | 1         | MP                    |
| MINIPRESS CAPS 2 MG<br>(prazosin hcl)  | 1         | QL(5 ea daily);<br>MP  | AZOR (amlodipine<br>besylate-olmesartan<br>medoxomil)  | 1         |                       |
| NEXICLON XR TB24<br>(clonidine)  | 1         | PA                     | benazepril &<br>hydrochlorothiazide  | 1         | QL(2 ea daily);<br>MP |
| prazosin hcl CAPS 2 MG   | 1         | QL(5 ea daily);<br>MP  | BENICAR HCT<br>(olmesartan medoxomil-<br>hydrochlorothiazide)  | 1         | QL(2 ea daily);<br>MP |
| prazosin hcl CAPS 5 MG   | 1         | QL(8 ea daily);<br>MP  | bisoprolol &<br>hydrochlorothiazide  | 1         | QL(2 ea daily);<br>MP |
| prazosin hcl CAPS 1 MG   | 1         | QL(6 ea daily);<br>MP  | candesartan cilexetil-<br>hydrochlorothiazide  | 3         | ST                    |
| terazosin hcl 2 MG   | 1         | QL(4 ea daily);<br>MP  | captopril &<br>hydrochlorothiazide   | 2         |                       |
| terazosin hcl 10 MG  | 1         | QL(18 ea<br>daily); MP | DIOVAN HCT (valsartan-<br>hydrochlorothiazide)   | 1         | MP                    |
| terazosin hcl 5 MG   | 1         | QL(3 ea daily);<br>MP  | EDARBYCLOR   | 3         | ST                    |
| terazosin hcl 1 MG   | 1         | QL(19 ea<br>daily); MP | enalapril maleate &<br>hydrochlorothiazide   | 1         | QL(2 ea daily);<br>MP |
| Antihypertensive Combinations  |           |                        | EXFORGE (amlodipine<br>besylate-valsartan)   | 1         | QL(1 ea daily);<br>MP |
| ACCURETIC (quinapril-<br>hydrochlorothiazide)                                    | 1         | QL(2 ea daily);<br>MP  | EXFORGE HCT 12.5 MG-<br>10 MG-160 MG, 12.5 MG-<br>5 MG-160 MG, 25 MG-10<br>MG-160 MG, 25 MG-10<br>MG-320 MG (amlodipine-<br>valsartan-<br>hydrochlorothiazide) | 1         | QL(1 ea daily);<br>MP |
| amlodipine besylate-<br>benazepril hcl 40 MG-10<br>MG, 40 MG-5 MG                | 1         | QL(1 ea daily);<br>MP  | EXFORGE HCT 25 MG-5<br>MG-160 MG (amlodipine-<br>valsartan-<br>hydrochlorothiazide)  | 9         | QL(1 ea daily);<br>MP |
| amlodipine besylate-<br>benazepril hcl 10 MG-5<br>MG, 20 MG-10 MG, 20<br>MG-5 MG | 1         | QL(2 ea daily);<br>MP  | fosinopril sodium &<br>hydrochlorothiazide   | 1         | MP; PA                |
| amlodipine besylate-<br>benazepril hcl 10 MG-2.5<br>MG                           | 1         | QL(4 ea daily);<br>MP  | HYZAAR (losartan<br>potassium &<br>hydrochlorothiazide)  | 1         | QL(2 ea daily);<br>MP |
| amlodipine besylate-<br>olmesartan medoxomil                                     | 1         |                        | irbesartan-<br>hydrochlorothiazide   | 1         | MP                    |
| amlodipine besylate-<br>valsartan  | 1         | QL(1 ea daily);<br>MP  |  |           |                       |
| amlodipine-valsartan-<br>hydrochlorothiazide                                     | 1         | QL(1 ea daily);<br>MP  |  |           |                       |
| ATACAND HCT<br>(candesartan cilexetil-<br>hydrochlorothiazide)                   | 3         | ST                     |  |           |                       |

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|--|-----------|---------------------|--|-----------|----------------------|
| <i>lisinopril &amp; hydrochlorothiazide</i>  | 1         | QL(4 ea daily); MP  | TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )     | 2         | ST                   |
| <i>losartan potassium &amp; hydrochlorothiazide</i>  | 1         | QL(2 ea daily); MP  | <i>valsartan-hydrochlorothiazide</i>   | 1         | MP                   |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG ( <i>benazepril &amp; hydrochlorothiazide</i> ) | 1         | QL(2 ea daily); MP  | VASERETIC 25 MG-10 MG ( <i>enalapril maleate &amp; hydrochlorothiazide</i> ) | 1         | QL(2 ea daily); MP   |
| LOTREL 40 MG-10 MG ( <i>amlodipine besylate-benazepril hcl</i> )                                       | 1         | QL(1 ea daily); MP  | ZESTORETIC ( <i>lisinopril &amp; hydrochlorothiazide</i> )                   | 1         | QL(4 ea daily); MP   |
| LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG ( <i>amlodipine besylate-benazepril hcl</i> )               | 1         | QL(2 ea daily); MP  | ZIAC ( <i>bisoprolol &amp; hydrochlorothiazide</i> )                         | 1         | QL(2 ea daily); MP   |
| <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-50 MG, 50 MG-100 MG</i>                             | 1         | QL(2 ea daily); MP  | Direct Renin Inhibitors  |           |                      |
| <i>metoprolol &amp; hydrochlorothiazide TABS 25 MG-100 MG</i>  | 1         | QL(1 ea daily); MP  | <i>aliskiren fumarate</i>  | 3         |                      |
| MICARDIS HCT ( <i>telmisartan-hydrochlorothiazide</i> )  | 2         | ST                  | TEKTURNA ( <i>aliskiren fumarate</i> )                                       | 3         |                      |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>   | 2         | ST                  | Endothelin Receptor Antagonists  |           |                      |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>  | 1         | QL(2 ea daily); MP  | TRYVIO   | 1         | PA                   |
| <i>quinapril-hydrochlorothiazide</i>   | 1         | QL(2 ea daily); MP  | Selective Aldosterone Receptor Antagonists (SARAs)                           |           |                      |
| TEKTURNA HCT 12.5 MG-300 MG, 25 MG-300 MG  | 3         |                     | <i>eplerenone</i>  | 1         |                      |
| <i>telmisartan-amlodipine</i>  | 3         | ST                  | INSPIRA ( <i>eplerenone</i> )  | 9         |                      |
| <i>telmisartan-hydrochlorothiazide</i>   | 2         | ST                  | INSPIRA ( <i>eplerenone</i> )  | 1         |                      |
| TENORETIC 100 ( <i>atenolol &amp; chlorthalidone</i> )   | 1         | QL(1 ea daily); MP  | Vasodilators   |           |                      |
| TENORETIC 50 ( <i>atenolol &amp; chlorthalidone</i> )  | 1         | QL(1 ea daily); MP  | <i>hydralazine hcl SOLN</i>  | 1         |                      |
| <i>trandolapril-verapamil hcl</i>  | 2         | ST                  | <i>hydralazine hcl TABS 25 MG</i>  | 1         | QL(11 ea daily); MP  |
|  |           |                     | <i>hydralazine hcl TABS 100 MG</i>   | 1         | QL(3 ea daily); MP   |
|  |           |                     | <i>hydralazine hcl TABS 10 MG</i>  | 1         | QL(30 ea daily); MP  |
|  |           |                     | <i>hydralazine hcl TABS 50 MG</i>  | 1         | QL(5 ea daily); MP   |
|  |           |                     | <i>minoxidil 2.5 MG</i>  | 1         | QL(4 ea daily); MP   |
|  |           |                     | <i>minoxidil 10 MG</i>   | 1         | QL(10 ea daily); MP  |
|  |           |                     | NIPRIDE RTU ( <i>nitroprusside sodium-sodium chloride</i> )                  | 1         | Medical Benefit Only |

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|--|-----------|---|
| <i>nitroprusside sodium</i>  | 1         |   |
| <i>nitroprusside sodium-sodium chloride</i>                                | 1         | Medical Benefit Only                        |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |   |
| Anti-infective Agents - Misc.  |           |   |
| AEMCOLO  | 1         | QL(4 ea daily); PA                          |
| <i>bacitracin</i>  | 1         |   |
| FLAGYL CAPS ( <i>metronidazole</i> )                                       | 1         |   |
| LIKMEZ SUSP  | 1         | QL(20 ml daily); AL(Up to 10 yrs old)       |
| <i>metronidazole CAPS</i>  | 1         |   |
| <i>metronidazole SOLN</i>  | 1         |   |
| METRONIDAZOLE SOLN ( <i>metronidazole</i> )                                | 1         |   |
| <i>metronidazole TABS</i>  | 1         |   |
| NEBUPENT IN ( <i>pentamidine isethionate</i> )                             | 1         |   |
| PENTAM 300 IJ ( <i>pentamidine isethionate</i> )                           | 1         |   |
| <i>pentamidine isethionate IJ</i>  | 1         |   |
| <i>tinidazole</i>  | 1         |   |
| <i>trimethoprim TABS</i>   | 1         |   |
| XIFAXAN 550 MG   | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA |
| XIFAXAN 200 MG   | 1         | QL(3 ea daily); AL(At least 12 yrs old); PA |
| Anti-infective Misc. - Combinations  |           |   |
| BACTRIM DS TABS ( <i>sulfamethoxazole-trimethoprim</i> )                   | 1         |   |
| BACTRIM TABS ( <i>sulfamethoxazole-trimethoprim</i> )                      | 1         |   |
| <i>sulfamethoxazole-trimethoprim SOLN</i>                                  | 1         |   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>sulfamethoxazole-trimethoprim SUSP</i>                   | 1         |   |
| <i>sulfamethoxazole-trimethoprim TABS</i>                   | 1         |   |
| Antiprotozoal Agents  |           |   |
| ALINIA SUSR   | 1         | AL(Up to 20 yrs old); PA  |
| ALINIA TABS ( <i>nitazoxanide</i> )                         | 9         | QL(2 ea daily)  |
| <i>atovaquone</i>   | 1         |   |
| LAMPIT 120 MG   | 1         | QL(225 ea per 30 day(s) retail; 225 ea per 30 days mail); AL(Up to 17 yrs old); PA  |
| LAMPIT 30 MG  | 1         | QL(9 ea daily); AL(Up to 17 yrs old); PA  |
| MEPRON ( <i>atovaquone</i> )                                | 1         |   |
| <i>nitazoxanide TABS</i>                                    | 1         | QL(2 ea daily); PA  |
| Carbapenems   |           |   |
| <i>ertapenem sodium IJ</i>                                  | 1         |   |
| <i>imipenem-cilastatin IV</i>                               | 1         |   |
| INVANZ IJ ( <i>ertapenem sodium</i> )                       | 9         |   |
| <i>meropenem</i>  | 1         |   |
| MEROPENEM   | 1         | PA  |
| MEROPENEM/SODIUM CHLORIDE                                   | 1         |   |
| PRIMAXIN IV IV 500 MG-500 MG ( <i>imipenem-cilastatin</i> ) | 9         |   |
| RECARBRIO   | 1         | QL(56 ea per 14 day(s) retail; 56 ea per 14 days mail); PA                          |
| VABOMERE  | 1         | QL(84 ea per 14 day(s) retail; 84 ea per 14 days mail); AL(At least 18 yrs old); PA |

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|---|-----------|--|---|-----------|---------------------|
| Chloramphenicols  |           |  | VANCOMYCIN HYDROCHLORIDE/DEXTROSE 1 GM/200ML-5 %, 1.25 GM/250ML-5 %, 1.5 GM/300ML-5 %, 500 MG/100ML-5 %, 750 MG/150ML-5 % |           |                     |
| <i>chloramphenicol sodium succinate</i>   | 1         |  | VANCOMYCIN HYDROCHLORIDE SOLN IV 500 MG/100ML, 750 MG/150ML, 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML   |           |                     |
| Cyclic Lipopeptides   |           |  | VANCOMYCIN HYDROCHLORIDE SOLR IV ( <i>vancomycin hcl</i> )  |           |                     |
| CUBICIN RF ( <i>daptomycin</i> )  | 9         |  | VANCOMYCIN HYDROCHLORIDE SOLR IV ( <i>vancomycin hcl</i> )  |           |                     |
| <i>daptomycin</i>   | 1         |  | VANCOMYCIN HYDROCHLORIDE SOLR IV  |           |                     |
| DAPTOMYCIN  | 1         |  | VANCOMYCIN SOLN IV  |           |                     |
| DAPTOMYCIN ( <i>daptomycin</i> )  | 9         |  | VIBATIV 750 MG  |           |                     |
| DAPTOMYCIN ( <i>daptomycin</i> )  | 1         |  | Leprostotics  |           |                     |
| DAPTOMYCIN/SODIUM CHLORIDE  | 1         |  | <i>dapsone</i>  |           |                     |
| Glycopeptides   |           |  | Lincosamides  |           |                     |
| DALVANCE  | 1         | QL(3 ea per 7 day(s) retail; 3 ea per 7 days mail); PA   | CLEOCIN ( <i>clindamycin hcl</i> )  |           |                     |
| FIRVANQ SOLR OR ( <i>vancomycin hcl</i> )   | 1         |  | CLEOCIN PEDIATRIC GRANULES ( <i>clindamycin palmitate hydrochloride</i> )   |           |                     |
| KIMYRSA   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA | CLEOCIN PHOSPHATE SOLN IJ ( <i>clindamycin phosphate</i> )  |           |                     |
| ORBACTIV  | 1         | QL(3 ea per 30 day(s) retail; 3 ea per 30 days mail)     | CLEOCIN PHOSPHATE SOLN IJ ( <i>clindamycin phosphate</i> )  |           |                     |
| VANCOGIN CAPS ( <i>vancomycin hcl</i> )   | 1         |  | CLEOCIN PHOSPHATE SOLN IJ   |           |                     |
| <i>vancomycin hcl</i> CAPS  | 1         |  | <i>clindamycin hcl</i>  |           |                     |
| VANCOMYCIN HCL SOLN   | 1         |  |   |           |                     |
| <i>vancomycin hcl SOLR IV</i> 1 GM, 1.25 GM, 1.5 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG | 1         |  |   |           |                     |

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|---|-----------|--|--|-----------|--|
| <i>clindamycin palmitate hydrochloride</i>  | 1         |  | ZYVOX SOLN ( <i>linezolid</i> )                    | 9         | QL(8400 ml per 14 day(s) retail; 8400 ml per 14 days mail)                       |
| <i>clindamycin phosphate in d5w</i>   | 1         |  | ZYVOX SOLN   | 1         | QL(2800 ml per 14 day(s) retail; 2800 ml per 14 days mail)                       |
| <i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i> | 1         |  | ZYVOX SUSR ( <i>linezolid</i> )                    | 1         | QL(150 ml per 10 day(s) retail; 150 ml per 10 days mail)                         |
| CLINDAMYCIN/SODIUM CHLORIDE   | 1         |  | ZYVOX TABS ( <i>linezolid</i> )                    | 1         | QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail)                           |
| LINCOCIN ( <i>lincomycin hcl</i> )  | 1         |  | <b>Polymyxins</b>                                  |           |  |
| LINCOCIN ( <i>lincomycin hcl</i> )  | 9         |  | <i>colistimethate sodium</i>                       | 1         |  |
| <i>lincomycin hcl</i>   | 1         |  | COLY-MYCIN M ( <i>colistimethate sodium</i> )      | 1         |  |
| <b>Monobactams</b>  |           |  | <i>polymyxin b sulfate SOLR</i>                    | 1         |  |
| AZACTAM ( <i>aztreonam</i> )  | 1         |  | <b>Urinary Anti-infectives</b>                     |           |  |
| <i>aztreonam</i>  | 1         |  | <i>fosfomycin tromethamine</i>                     | 1         |  |
| CAYSTON   | 1         | QL(84 ml per 55 day(s) retail; 84 ml per 55 days mail)     | HIPREX ( <i>methenamine hippurate</i> )            | 9         |  |
| <b>Oxazolidinones</b>   |           |  | MACROBID ( <i>nitrofurantoin monohyd macro</i> )   | 1         |  |
| LINEZOLID   | 1         |  | MACRODANTIN ( <i>nitrofurantoin macrocrystal</i> ) | 9         |  |
| <i>linezolid SOLN</i>   | 1         | QL(8400 ml per 14 day(s) retail; 8400 ml per 14 days mail) | <i>methenamine hippurate</i>                       | 1         |  |
| <i>linezolid SUSR</i>   | 1         | QL(150 ml per 10 day(s) retail; 150 ml per 10 days mail)   | <i>methenamine mandelate 0.5 GM, 1 GM</i>          | 1         |  |
| <i>linezolid TABS</i>   | 1         | QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail)     | MONUROL ( <i>fosfomycin tromethamine</i> )         | 9         |  |
| SIVEXTRO SOLR   | 1         | QL(6 ea per fill retail); PA                               | <i>nitrofurantoin</i>                              | 1         |  |
| SIVEXTRO TABS   | 1         | QL(6 ea per fill retail); PA                               | NITROFURANTOIN                                     | 1         | QL(300 ml per 7 day(s) retail; 300 ml per 7 days mail); AL(Up to 10 yrs old); PA |
| ZYVOX SOLN ( <i>linezolid</i> )   | 1         | QL(8400 ml per 14 day(s) retail; 8400 ml per 14 days mail) |  |           |  |

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|--|-----------|---|---|-----------|-----------------------|
| <i>nitrofurantoin macrocrystal</i>                                       | 1         |   | QUALAQUIN CAPS<br>( <i>quinine sulfate</i> )                                  | 1         | PA                    |
| <i>nitrofurantoin monohyd macro</i>                                      | 1         |   | <i>quinine sulfate CAPS 324 MG</i>  | 1         | PA                    |
| <b>ANTIMALARIALS - Drugs to Treat Malaria<br/>(Parasitic Infections)</b> |           |   | <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                      |           |                       |
| Antimalarial Combinations  |           |   | Antimyasthenic/Cholinergic Agents   |           |                       |
| <i>atovaquone-proguanil hcl</i>  | 1         |   | BLOXIVERZ SOLN IV 10<br>MG/10ML ( <i>neostigmine<br/>methylsulfate</i> )      | 1         |                       |
| COARTEM  | 1         |   | BLOXIVERZ SOLN IV<br>( <i>neostigmine<br/>methylsulfate</i> )                 | 9         |                       |
| MALARONE<br>( <i>atovaquone-proguanil<br/>hcl</i> )                      | 1         |   | FIRDAPSE  | 1         | QL(8 ea daily);<br>PA |
| Antimalarials  |           |   | MESTINON TIMESPAN<br>TBCR ( <i>pyridostigmine<br/>bromide</i> )               | 1         |                       |
| ARTESUNATE   | 1         | Medical Benefit<br>Only   | MESTINON SOLN OR<br>( <i>pyridostigmine bromide</i> )                         | 1         |                       |
| <i>chloroquine phosphate<br/>TABS</i>                                    | 1         |   | MESTINON TABS<br>( <i>pyridostigmine bromide</i> )                            | 1         |                       |
| DARAPRIM<br>( <i>pyrimethamine</i> )                                     | 9         | QL(63 ea per<br>20 day(s) retail;<br>63 ea per 20<br>days mail)     | <i>neostigmine methylsulfate<br/>SOLN IV 5 MG/10ML, 10<br/>MG/10ML</i>        | 1         |                       |
| <i>hydroxychloroquine<br/>sulfate</i>                                    | 1         |   | NEOSTIGMINE<br>METHYLSULFATE SOLN<br>IV 5 MG/10ML, 10<br>MG/10ML              | 1         |                       |
| KRINTAFEL  | 1         | QL(2 ea per fill<br>retail); AL(At<br>least 16 yrs<br>old)          | <i>neostigmine methylsulfate<br/>SOSY</i>                                     | 1         |                       |
| <i>mefloquine hcl</i>  | 1         |   | NEOSTIGMINE<br>METHYLSULFATE SOSY<br>( <i>neostigmine<br/>methylsulfate</i> ) | 1         |                       |
| PLAQUENIL<br>( <i>hydroxychloroquine<br/>sulfate</i> )                   | 9         |   | NEOSTIGMINE<br>METHYLSULFATE SOSY<br>( <i>neostigmine<br/>methylsulfate</i> ) | 9         |                       |
| <i>primaquine phosphate<br/>TABS</i>                                     | 1         |   | <i>pyridostigmine bromide<br/>SOLN OR</i>                                     | 1         |                       |
| PRIMAQUINE<br>PHOSPHATE TABS<br>( <i>primaquine phosphate</i> )          | 1         |   | <i>pyridostigmine bromide<br/>TABS 60 MG</i>                                  | 1         |                       |
| <i>pyrimethamine</i>   | 1         | QL(63 ea per<br>20 day(s) retail;<br>63 ea per 20<br>days mail); PA |   |           |                       |
| QUALAQUIN CAPS<br>( <i>quinine sulfate</i> )                             | 9         |   |   |           |                       |

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|--|-----------|--|---|-----------|--------------------------|
| <i>pyridostigmine bromide TABS 30 MG</i>   | 1         | PA   | BENDAMUSTINE HYDROCHLORIDE SOLN   | 1         |                          |
| <i>pyridostigmine bromide TBCR</i>   | 1         |  | BENDEKA SOLN  | 1         |                          |
| REGONOL SOLN IV  | 1         |  | BICNU ( <i>carmustine</i> )   | 9         |                          |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |  | BICNU ( <i>carmustine</i> )   | 1         |                          |
| <b>Antimycobacterial Agents</b>  |           |  | <i>busulfan SOLN</i>  | 1         |                          |
| <i>cycloserine</i>   | 1         |  | BUSULFEX SOLN ( <i>busulfan</i> )   | 9         |                          |
| <i>ethambutol hcl TABS</i>   | 1         |  | BUSULFEX SOLN ( <i>busulfan</i> )   | 1         |                          |
| <i>isoniazid SOLN</i>  | 1         |  | <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i> | 1         |                          |
| <i>isoniazid SYRP</i>  | 1         |  | <i>carmustine</i>   | 1         |                          |
| <i>isoniazid TABS</i>  | 1         |  | CARMUSTINE 300 MG   | 1         |                          |
| MYAMBUTOL TABS 400 MG ( <i>ethambutol hcl</i> )                                      | 9         |  | <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>                            | 1         |                          |
| MYCOBUTIN ( <i>rifabutin</i> )   | 1         |  | CISPLATIN SOLR  | 1         |                          |
| PRIFTIN  | 1         |  | CYCLOPHOSPHAMIDE MONOHYDRATE SOLN ( <i>cyclophosphamide</i> )                           | 1         |                          |
| <i>pyrazinamide</i>  | 1         |  | <i>cyclophosphamide CAPS</i>  | 1         |                          |
| <i>rifabutin</i>   | 1         |  | CYCLOPHOSPHAMIDE SOLN   | 1         |                          |
| RIFADIN SOLR ( <i>rifampin</i> )   | 1         |  | CYCLOPHOSPHAMIDE SOLN ( <i>cyclophosphamide</i> )                                       | 1         |                          |
| <i>rifampin CAPS</i>   | 1         |  | <i>cyclophosphamide SOLR IJ</i>   | 1         |                          |
| <i>rifampin SOLR</i>   | 1         |  | CYCLOPHOSPHAMIDE TABS   | 1         |                          |
| SIRTURO 20 MG  | 1         | AL(At least 5 yrs old)   | EVOMELA IV  | 1         |                          |
| SIRTURO 100 MG   | 1         | QL(188 ea per 168 day(s) retail; 188 ea per 168 days mail); AL(At least 5 yrs old) | GLEOSTINE 10 MG, 40 MG, 100 MG  | 1         | AL(Up to 20 yrs old); PA |
| TRECTOR  | 1         |  | GLIADEL WAFER   | 1         |                          |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |  | IFEX SOLR   | 1         |                          |
| <b>Alkylating Agents</b>   |           |  | IFEX SOLR ( <i>ifosfamide</i> )   | 1         |                          |
| ALKERAN IV ( <i>melphalan hcl</i> )  | 9         |  |   |           |                          |
| BELRAPZO SOLN  | 1         |  |   |           |                          |
| <i>bendamustine hcl SOLR</i>   | 1         |  |   |           |                          |

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|---|-----------|----------------------|---|-----------|---|
| <i>ifosfamide SOLN</i>                          | 1         |                      | FOLOTYN   | 1         | PA  |
| <i>ifosfamide SOLR</i>                          | 1         |                      | <i>gemcitabine hcl SOLN</i>   | 1         |   |
| IFOSFAMIDE SOLR                                 | 1         |                      | <i>gemcitabine hcl SOLR</i>   | 1         |   |
| KEMOPLAT SOLN                                   | 1         |                      | GEMCITABINE HYDROCHLORIDE SOLN  | 1         |   |
| LEUKERAN  | 1         |                      | GEMCITABINE HYDROCHLORIDE SOLN ( <i>gemcitabine hcl</i> )                       | 1         |   |
| <i>melphalan hcl IV</i>                         | 1         |                      | GEMCITABINE HYDROCHLORIDE SOLN  | 1         |   |
| MYLERAN TABS                                    | 1         |                      | JYLAMVO SOLN  | 1         | AL(At least 18 yrs old); PA   |
| <i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i> | 1         |                      | <i>mercaptopurine TABS</i>  | 1         |   |
| TEMODAR CAPS 250 MG ( <i>temozolomide</i> )     | 9         |                      | <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | 1         |   |
| TEMODAR SOLR                                    | 1         |                      | <i>methotrexate sodium SOLR</i>   | 1         |   |
| <i>temozolomide CAPS</i>                        | 1         |                      | <i>methotrexate sodium TABS 2.5 MG</i>  | 1         |   |
| TEPADINA ( <i>thiotepa</i> )                    | 1         |                      | <i>nelarabine</i>   | 1         |   |
| <i>thiotepa</i>                                 | 1         |                      | ONUREG TABS   | 1         | QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); AL(At least 18 yrs old); PA |
| TREANDA SOLR ( <i>bendamustine hcl</i> )        | 1         |                      |   |           |   |
| VIVIMUSTA SOLN                                  | 1         |                      |   |           |   |
| YONDELIS  | 1         | Medical Benefit Only |   |           |   |
| ZANOSAR   | 1         |                      |   |           |   |
| ZEPZELCA  | 1         | PA                   |   |           |   |
| Antimetabolites                                 |           |                      |   |           |   |
| ALIMTA SOLR ( <i>pemetrexed disodium</i> )      | 1         |                      | PEMETREXED  | 1         |   |
| ARRANON ( <i>nelarabine</i> )                   | 1         |                      | <i>pemetrexed disodium SOLR</i>   | 1         |   |
| <i>azacitidine SUSR</i>                         | 1         |                      | PEMETREXED SOLN   | 1         |   |
| <i>capecitabine</i>                             | 1         |                      | PEMETREXED SOLN 100 MG/4ML, 500 MG/20ML   | 1         | PA  |
| <i>cladribine 10 MG/10ML</i>                    | 1         |                      | PEMETREXED SOLN   | 1         |   |
| <i>clofarabine</i>                              | 1         |                      | PEMFEXY   | 1         | PA  |
| CLOLAR ( <i>clofarabine</i> )                   | 9         |                      | PEMRYDI RTU SOLN  | 1         | PA  |
| <i>cytarabine SOLN</i>                          | 1         |                      | <i>pralatrexate</i>   | 1         | PA  |
| <i>decitabine</i>                               | 1         |                      | PURIXAN SUSP  | 1         | AL(Up to 10 yrs old)  |
| <i>fludarabine phosphate SOLN</i>               | 1         |                      |   |           |   |
| <i>fludarabine phosphate SOLR</i>               | 1         |                      | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG   | 1         |   |
| <i>fluorouracil</i>                             | 1         |                      |   |           |   |

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|--|-----------|----------------------|-----------|-----------|----------------------|
| VIDAZA SUSR<br>(azacitidine)             | 1         |                      | BESPONSA  | 1         | Medical Benefit Only |
| XATMEP SOLN                              | 1         | AL(Up to 10 yrs old) | BLINCYTO  | 1         | PA                   |
| XELODA (capecitabine)                    | 1         |                      | COLUMVI   | 1         | Medical Benefit Only |
| Antineoplastic - Angiogenesis Inhibitors |           |                      | DANYELZA  | 1         | Medical Benefit Only |
| ALYMSYS                                  | 1         |                      | DARZALEX  | 1         | Medical Benefit Only |
| AVASTIN                                  | 1         |                      | ELAHERE   | 1         | PA                   |
| CYRAMZA                                  | 1         | PA                   | ELREXFIO  | 1         | Medical Benefit Only |
| FRUZAQLA 5 MG                            | 1         | PA                   | EMPLICITI | 1         | Medical Benefit Only |
| FRUZAQLA 1 MG                            | 1         | QL(3 ea daily); PA   | ENHERTU   | 1         | PA                   |
| INLYTA                                   | 1         |                      | EPKINLY   | 1         | Medical Benefit Only |
| LENVIMA 10 MG DAILY DOSE                 | 1         | QL(1 ea daily); PA   | GAZYVA    | 1         | Medical Benefit Only |
| LENVIMA 12MG DAILY DOSE                  | 1         | QL(3 ea daily); PA   | IMDELLTRA | 1         | Medical Benefit Only |
| LENVIMA 14 MG DAILY DOSE                 | 1         | QL(2 ea daily); PA   | IMFINZI   | 1         | Medical Benefit Only |
| LENVIMA 18 MG DAILY DOSE                 | 1         | QL(3 ea daily); PA   | IMJUDO    | 1         | Medical Benefit Only |
| LENVIMA 20 MG DAILY DOSE                 | 1         | QL(2 ea daily); PA   | JEMPERLI  | 1         | PA                   |
| LENVIMA 24 MG DAILY DOSE                 | 1         | QL(3 ea daily); PA   | KADCYLA   | 1         | Medical Benefit Only |
| LENVIMA 4 MG DAILY DOSE                  | 1         | QL(1 ea daily); PA   | KEYTRUDA  | 1         | Medical Benefit Only |
| LENVIMA 8 MG DAILY DOSE                  | 1         | QL(3 ea daily); PA   | KIMMTRAK  | 1         | Medical Benefit Only |
| MVASI                                    | 1         |                      | LIBTAYO   | 1         | PA                   |
| VEGZELMA                                 | 1         |                      | LOQTORZI  | 1         | PA                   |
| ZALTRAP                                  | 1         |                      | LUNSUMIO  | 1         | Medical Benefit Only |
| ZIRABEV                                  | 1         |                      | MONJUVI   | 1         | Medical Benefit Only |
| Antineoplastic - Antibodies              |           |                      | MYLOTARG  | 1         | Medical Benefit Only |
| ADCETRIS                                 | 1         | Medical Benefit Only | OPDIVO    | 1         | Medical Benefit Only |
| ARZERRA                                  | 1         | Medical Benefit Only | PADCEV    | 1         | PA                   |
| BAVENCIO                                 | 1         | Medical Benefit Only | POLIVY    | 1         | Medical Benefit Only |
|  |           |                      | POTELIGEO | 1         | Medical Benefit Only |

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|--|-----------|----------------------|--|-----------|--|
| RIABNI                                   | 1         | Medical Benefit Only | VENCLEXTA STARTING PACK TBPK                   | 1         | QL(42 ea per 28 day(s) retail; 42 ea per 28 days mail); PA |
| RITUXAN                                  | 1         | Medical Benefit Only | VENCLEXTA TABS 10 MG                           | 1         | QL(14 ea per fill retail); PA                              |
| RUXIENCE                                 | 1         | Medical Benefit Only | VENCLEXTA TABS 100 MG                          | 1         | QL(4 ea daily); PA   |
| RYBREVANT                                | 1         | Medical Benefit Only | VENCLEXTA TABS 50 MG                           | 1         | QL(7 ea per fill retail); PA                               |
| SARCLISA                                 | 1         | PA                   | <b>Antineoplastic - Cellular Immunotherapy</b> |           |  |
| TALVEY                                   | 1         | Medical Benefit Only | ABECMA   | 1         | Medical Benefit Only                                       |
| TECENTRIQ                                | 1         | Medical Benefit Only | BREYANZI                                       | 1         | Medical Benefit Only                                       |
| TECVAYLI                                 | 1         | Medical Benefit Only | CARVYKTI                                       | 1         | Medical Benefit Only                                       |
| TEVIMBRA                                 | 1         | PA                   | KYMRIAH  | 1         | Medical Benefit Only                                       |
| TIVDAK                                   | 1         | PA                   | OMISIRGE                                       | 1         | Medical Benefit Only                                       |
| TRUXIMA                                  | 1         | Medical Benefit Only | PROVENGE                                       | 1         | Medical Benefit Only                                       |
| UNITUXIN                                 | 1         | QL(5 ml daily)       | TECARTUS                                       | 1         | Medical Benefit Only                                       |
| VYLOY                                    | 1         | Medical Benefit Only | TECELRA  | 1         | Medical Benefit Only                                       |
| YERVOY                                   | 1         | Medical Benefit Only | YESCARTA                                       | 1         | Medical Benefit Only                                       |
| ZEVALIN Y-90                             | 1         | Medical Benefit Only | <b>Antineoplastic - EGFR Inhibitors</b>        |           |  |
| ZYNLONTA                                 | 1         | PA                   | ERBITUX  | 1         |  |
| ZYNYZ                                    | 1         | Medical Benefit Only | <i>erlotinib hcl</i>                           | 1         | QL(1 ea daily); PA   |
| <b>Antineoplastic - Anti-HER2 Agents</b> |           |                      | EXKIVITY                                       | 1         | QL(4 ea daily); PA   |
| HERCEPTIN 150 MG                         | 1         | PA                   | <i>gefitinib</i>                               | 1         | QL(1 ea daily)   |
| HERZUMA                                  | 1         | PA                   | GILOTRIF                                       | 1         | QL(1 ea daily); PA   |
| KANJINTI                                 | 1         | PA                   | IRESSA ( <i>gefitinib</i> )                    | 1         | QL(1 ea daily)   |
| MARGENZA                                 | 1         | PA                   | LAZCLUZE                                       | 1         | PA   |
| OGIVRI                                   | 1         | PA                   | PORTRAZZA                                      | 1         |  |
| ONTRUZANT                                | 1         | PA                   | TAGRISSO                                       | 1         | QL(1 ea daily); PA   |
| PERJETA                                  | 1         | Medical Benefit Only | TARCEVA 100 MG ( <i>erlotinib hcl</i> )        | 1         | QL(1 ea daily); PA   |
| TRAZIMERA                                | 1         | PA                   |  |           |  |
| TUKYSA 150 MG                            | 1         | QL(4 ea daily); PA   |  |           |  |
| TUKYSA 50 MG                             | 1         | QL(2 ea daily); PA   |  |           |  |
| <b>Antineoplastic - BCL-2 Inhibitors</b> |           |                      |  |           |  |

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|--|-----------|--|---|-----------|--|
| TARCEVA 150 MG<br>( <i>erlotinib hcl</i> )   | 9         | QL(1 ea daily)   | ERLEADA 60 MG                                   | 1         | QL(4 ea daily);<br>PA  |
| VECTIBIX 100 MG/5ML,<br>400 MG/20ML          | 1         |  | <i>exemestane</i>                               | 1         |  |
| VIZIMPRO                                     | 1         | QL(1 ea daily);<br>PA  | FARESTON ( <i>toremifene<br/>citrate</i> )      | 1         |  |
| Antineoplastic - Gene Therapy Agents         |           |  | FASLODEX SOSY<br>( <i>fulvestrant</i> )         | 1         |  |
| ADSTILADRIN                                  | 1         | AL(At least 18<br>yrs old); PA   | FEMARA ( <i>letrozole</i> )                     | 1         |  |
| Antineoplastic - Hedgehog Pathway Inhibitors |           |  | FIRMAGON<br><i>flutamide</i>                    | 1         |  |
| DAURISMO                                     | 1         | QL(28 ea per<br>28 day(s) retail;<br>28 ea per 28<br>days mail); PA    | <i>fulvestrant SOSY</i>                         | 1         |  |
| ERIVEDGE                                     | 1         | QL(28 ea per<br>28 day(s) retail;<br>28 ea per 28<br>days mail); PA    | <i>letrozole</i>                                | 1         |  |
| ODOMZO                                       | 1         | QL(1 ea daily);<br>PA  | LEUPROLIDE ACETATE<br>INJ                       | 1         |  |
| Antineoplastic - Hormonal and Related Agents |           |  | <i>leuprolide acetate KIT IJ 1<br/>MG/0.2ML</i> | 1         |  |
| <i>abiraterone acetate 250<br/>MG</i>        | 1         | QL(4 ea daily);<br>PA  | LUPRON DEPOT (1-<br>MONTH) KIT IM 3.75 MG       | 1         | QL(1 ea per 30<br>day(s) retail; 1<br>ea per 30 days<br>mail); PA      |
| <i>abiraterone acetate 500<br/>MG</i>        | 1         | QL(2 ea daily);<br>PA  | LUPRON DEPOT (1-<br>MONTH) KIT IM 7.5 MG        | 1         | QL(1 ea per 28<br>day(s) retail; 1<br>ea per 28 days<br>mail)          |
| AKEEGA                                       | 1         | QL(2 ea daily);<br>PA  | LUPRON DEPOT (3-<br>MONTH) KIT IM               | 1         | QL(1 ea per 84<br>day(s) retail; 1<br>ea per 84 days<br>mail); PA      |
| <i>anastrozole</i>                           | 1         |  | LUPRON DEPOT (4-<br>MONTH) IM                   | 1         | QL(1 ea per<br>112 day(s)<br>retail; 1 ea per<br>112 days mail);<br>PA |
| ARIMIDEX ( <i>anastrozole</i> )              | 1         |  | LUPRON DEPOT (6-<br>MONTH) IM                   | 1         | QL(1 ea per<br>168 day(s)<br>retail; 1 ea per<br>168 days mail);<br>PA |
| AROMASIN<br>( <i>exemestane</i> )            | 1         |  | LYSODREN  | 1         |  |
| <i>bicalutamide</i>                          | 1         |  | <i>megestrol acetate SUSP</i>                   | 1         |  |
| CAMCEVI                                      | 1         | QL(1 ea per<br>180 day(s)<br>retail; 1 ea per<br>180 days mail);<br>PA | <i>megestrol acetate TABS</i>                   | 1         |  |
| CASODEX ( <i>bicalutamide</i> )              | 1         |  | NILANDRON ( <i>nilutamide</i> )                 | 9         |  |
| ELIGARD SC 30 MG                             | 1         |  | <i>nilutamide</i>                               | 1         |  |
| ELIGARD KIT SC                               | 1         | PA   |   |           |  |
| ERLEADA 240 MG                               | 1         | QL(1 ea daily);<br>PA  |   |           |  |

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|---|-----------|--|---|-----------|--|
| NUBEQA  | 1         | QL(4 ea daily); PA                                       | XPOVIO 40 MG, 60 MG   | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA   |
| ORGOVYX   | 1         | QL(1 ea daily); PA                                       | XPOVIO 60 MG TWICE WEEKLY   | 1         | QL(24 ea per 28 day(s) retail; 24 ea per 28 days mail); PA |
| ORSERDU 86 MG   | 1         | QL(3 ea daily); PA                                       | XPOVIO 80 MG TWICE WEEKLY   | 1         | QL(32 ea per 28 day(s) retail; 32 ea per 28 days mail); PA |
| ORSERDU 345 MG  | 1         | QL(1 ea daily); PA                                       | <b>Antineoplastic Antibiotics</b>                                     |           |  |
| SOLTAMOX SOLN   | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail) | <i>bleomycin sulfate</i>  | 1         |  |
| <i>tamoxifen citrate TABS</i>                               | 1         |  | COSMEGEN ( <i>dactinomycin</i> )                                      | 1         |  |
| <i>toremifene citrate</i>                                   | 1         |  | <i>dactinomycin</i>   | 1         |  |
| TRELSTAR MIXJECT  | 1         |  | <i>daunorubicin hcl SOLN</i>  | 1         |  |
| XTANDI CAPS   | 1         | QL(4 ea daily); PA                                       | DAUNORUBICIN HYDROCHLORIDE SOLN ( <i>daunorubicin hcl</i> )           | 1         |  |
| XTANDI TABS 80 MG   | 1         | QL(2 ea daily); PA                                       | DAUNORUBICIN HYDROCHLORIDE SOLN 20 MG/4ML ( <i>daunorubicin hcl</i> ) | 9         |  |
| XTANDI TABS 40 MG   | 1         | QL(4 ea daily); PA                                       | DOXIL SUSP ( <i>doxorubicin hcl liposomal</i> )                       | 1         |  |
| YONSA   | 1         | QL(4 ea daily); PA                                       | <i>doxorubicin hcl liposomal SUSP</i>                                 | 1         |  |
| ZYTIGA 250 MG ( <i>abiraterone acetate</i> )                | 1         | QL(4 ea daily); PA                                       | <i>doxorubicin hcl SOLN</i>   | 1         |  |
| ZYTIGA 500 MG ( <i>abiraterone acetate</i> )                | 1         | QL(2 ea daily); PA                                       | DOXORUBICIN HCL SOLN ( <i>doxorubicin hcl</i> )                       | 1         |  |
| <b>Antineoplastic - Hypoxia-Inducible Factor Inhibitors</b> |           |  | <i>doxorubicin hcl SOLR 10 MG, 50 MG</i>                              | 1         |  |
| WELIREG   | 1         | QL(3 ea daily); PA                                       | DOXORUBICIN HYDROCHLORIDE SOLN ( <i>doxorubicin hcl</i> )             | 1         |  |
| <b>Antineoplastic - Immunomodulators</b>                    |           |  | ELLENCES SOLN   | 1         |  |
| POMALYST  | 1         | QL(21 ea per 28 day(s) retail; 21 ea per 28 days mail)   | IDAMYCIN PFS ( <i>idarubicin hcl</i> )                                | 1         |  |
| <b>Antineoplastic - PDGFR-alpha Inhibitors</b>              |           |  | <i>idarubicin hcl</i>   | 1         |  |
| AYVAKIT   | 1         | QL(1 ea daily); PA                                       | JELMYTO SOLR UL   | 1         | Medical Benefit Only                                       |
| <b>Antineoplastic - XPO1 Inhibitors</b>                     |           |  |   |           |  |
| XPOVIO 40 MG, 50 MG   | 1         | QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail); PA |   |           |  |

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|---------------------------------------|-----------|---|---|-----------|--|
| <i>mitomycin SOLR IV</i>              | 1         |   | AFINITOR DISPERZ TBSO ( <i>everolimus</i> ) | 9         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail)     |
| <i>mitoxantrone hcl 2 MG/ML</i>       | 1         |   | AFINITOR DISPERZ TBSO ( <i>everolimus</i> ) | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| <i>valrubicin</i>                     | 1         |   | AFINITOR TABS ( <i>everolimus</i> )         | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| VALSTAR ( <i>valrubicin</i> )         | 1         |   | AFINITOR TABS ( <i>everolimus</i> )         | 9         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail)     |
| Antineoplastic Combinations           |           |   | ALECENSA                                    | 1         | QL(8 ea daily); PA   |
| DARZALEX FASPRO                       | 1         | Medical Benefit Only  | ALIQOPA                                     | 1         | PA   |
| HERCEPTIN HYLECTA                     | 1         | PA  | ALUNBRIG TABS 30 MG, 90 MG                  | 1         | QL(2 ea daily); PA   |
| INQOVI                                | 1         | QL(5 ea per 28 day(s) retail; 5 ea per 28 days mail); AL(At least 18 yrs old); PA | ALUNBRIG TABS 180 MG                        | 1         | QL(1 ea daily); PA   |
| KISQALI FEMARA 200 DOSE               | 1         | QL(49 ea per 28 day(s) retail; 49 ea per 28 days mail); PA                        | ALUNBRIG TBPK                               | 1         | QL(1 ea daily); PA   |
| KISQALI FEMARA 400 DOSE               | 1         | QL(70 ea per 28 day(s) retail; 70 ea per 28 days mail); PA                        | AUGTYRO                                     | 1         | QL(8 ea daily); PA   |
| KISQALI FEMARA 600 DOSE               | 1         | QL(91 ea per 28 day(s) retail; 91 ea per 28 days mail); PA                        | BALVERSA 5 MG                               | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| LONSURF                               | 1         | PA  | BALVERSA 4 MG                               | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA |
| OPDUALAG                              | 1         | Medical Benefit Only  | BALVERSA 3 MG                               | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA |
| PHESGO 40 MG/ML-80 MG/ML-2000 UNIT/ML | 1         | QL(15 ml per 42 day(s) retail; 15 ml per 42 days mail); PA                        | BELEODAQ                                    | 1         | PA   |
| PHESGO 60 MG/ML-60 MG/ML-2000 UNIT/ML | 1         | QL(10 ml per 21 day(s) retail; 10 ml per 21 days mail); PA                        | BORTEZOMIB SOLN                             | 1         |  |
| RITUXAN HYCELA                        | 1         | Medical Benefit Only  | <i>bortezomib SOLR IJ</i>                   | 1         |  |
| TECENTRIQ HYBREZA                     | 1         | Medical Benefit Only  | BORTEZOMIB SOLR IJ 1 MG, 2.5 MG             | 1         |  |
| VYXEOS                                | 1         | Medical Benefit Only  | BOSULIF CAPS 100 MG                         | 1         | QL(5 ea daily); PA   |
| Antineoplastic Enzyme Inhibitors      |           |   | BOSULIF CAPS 50 MG                          | 1         | QL(1 ea daily); PA   |

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|---|-----------|--|---|-----------|--|
| BOSULIF TABS                                  | 1         | QL(1 ea daily); PA   | FYARRO                                      | 1         | AL(At least 18 yrs old); PA  |
| BRAFTOVI 75 MG                                | 1         | QL(6 ea daily); PA   | GAVRETO                                     | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA  |
| BRUKINSA                                      | 1         | QL(4 ea daily); PA   | GAVRETO                                     | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA  |
| CABOMETYX TABS                                | 1         | QL(1 ea daily); PA   | GLEEVEC 100 MG ( <i>imatinib mesylate</i> ) | 1         | QL(3 ea daily)   |
| CALQUENCE                                     | 1         | QL(2 ea daily); PA   | GLEEVEC 400 MG ( <i>imatinib mesylate</i> ) | 1         | QL(2 ea daily)   |
| CALQUENCE                                     | 1         | QL(2 ea daily); PA   | IBRANCE CAPS                                | 1         | QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA                         |
| CAPRELSA                                      | 1         |  | IBRANCE TABS                                | 1         | QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA                         |
| COMETRIQ KIT                                  | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail)   | ICLUSIG 10 MG, 30 MG, 45 MG                 | 1         | QL(1 ea daily); PA   |
| COMETRIQ KIT                                  | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail)     | ICLUSIG 15 MG                               | 1         | QL(2 ea daily); PA   |
| COMETRIQ KIT                                  | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail)     | IDHIFA                                      | 1         | QL(1 ea daily); PA   |
| COPIKTRA                                      | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA | <i>imatinib mesylate 400 MG</i>             | 1         | QL(2 ea daily)   |
| COTELLIC                                      | 1         | QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA | <i>imatinib mesylate 100 MG</i>             | 1         | QL(3 ea daily)   |
| <i>dasatinib 70 MG, 80 MG, 100 MG, 140 MG</i> | 1         | QL(1 ea daily); PA   | IMBRUVICA CAPS 140 MG                       | 1         | QL(4 ea daily); PA   |
| <i>dasatinib 20 MG, 50 MG</i>                 | 1         | QL(2 ea daily); PA   | IMBRUVICA CAPS 70 MG                        | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                         |
| <i>everolimus TABS</i>                        | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA | IMBRUVICA SUSP                              | 1         | QL(216 ml per 35 day(s) retail; 216 ml per 35 days mail); AL(Up to 10 yrs old); PA |
| <i>everolimus TBSO</i>                        | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA | IMBRUVICA TABS                              | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                         |
| FOTIVDA                                       | 1         | QL(21 ea per 28 day(s) retail; 21 ea per 28 days mail); PA | INREBIC                                     | 1         | QL(4 ea daily); PA   |

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|-----------------------------------|-----------|--|------------------------------|-----------|---|
| ISTODAX SOLR<br>(romidepsin)      | 1         | PA   | LYTGOBI                      | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 18 yrs old); PA                       |
| ITOVEBI                           | 1         | PA   | LYTGOBI                      | 1         | QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 18 yrs old); PA                     |
| JAKAFI 10 MG, 15 MG, 20 MG, 25 MG | 1         | QL(2 ea daily); PA   | LYTGOBI                      | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 18 yrs old); PA                     |
| JAKAFI 5 MG                       | 1         | QL(2 ea daily)   | MEKINIST SOLR                | 1         | QL(1170 ml per 29 day(s) retail; 1170 ml per 29 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA |
| JAYPIRCA 100 MG                   | 1         | QL(2 ea daily); PA   | MEKINIST TABS                | 1         | QL(1 ea daily); PA  |
| JAYPIRCA 50 MG                    | 1         | QL(1 ea daily); PA   | MEKTOVI                      | 1         | QL(6 ea daily); PA  |
| KISQALI                           | 1         | QL(63 ea per 20 day(s) retail; 63 ea per 20 days mail); PA   | NERLYNX                      | 1         | QL(6 ea daily); PA  |
| KISQALI                           | 1         | QL(21 ea per 20 day(s) retail; 21 ea per 20 days mail); PA   | NEXAVAR (sorafenib tosylate) | 1         | QL(4 ea daily)  |
| KISQALI                           | 1         | QL(42 ea per 20 day(s) retail; 42 ea per 20 days mail); PA   | NINLARO                      | 1         | QL(3 ea per 28 day(s) retail; 3 ea per 28 days mail); PA  |
| KOSELUGO 10 MG                    | 1         | QL(10 ea daily); AL(At least 2 yrs old); PA                  | OGSIVEO 100 MG, 150 MG       | 1         | PA  |
| KOSELUGO 25 MG                    | 1         | QL(4 ea daily); AL(At least 2 yrs old); PA                   | OGSIVEO 50 MG                | 1         | QL(6 ea daily); PA  |
| KRAZATI                           | 1         | QL(6 ea daily); PA   | OJEMDA SUSR                  | 1         | AL(Up to 10 yrs old); PA  |
| KYPROLIS                          | 1         |  | OJEMDA TABS                  | 1         | AL(Up to 25 yrs old); PA  |
| <i>lapatinib ditosylate</i>       | 1         | QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); PA | OJJAARA                      | 1         | QL(1 ea daily); PA  |
| LORBRENA 25 MG                    | 1         | QL(3 ea daily); PA   | <i>pazopanib hcl</i>         | 1         |   |
| LORBRENA 100 MG                   | 1         | QL(1 ea daily); PA   |                              |           |   |
| LUMAKRAS 120 MG                   | 1         | QL(8 ea daily); PA   |                              |           |   |
| LUMAKRAS 320 MG                   | 1         | QL(3 ea daily); PA   |                              |           |   |
| LYNPARZA TABS                     | 1         | QL(4 ea daily); PA   |                              |           |   |

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| Drug Name               | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |
|-------------------------|-----------|--|---|-----------|---|
| PEMAZYRE                | 1         | QL(14 ea per 20 day(s) retail; 14 ea per 20 days mail); PA | <i>sorafenib tosylate</i>                                 | 1         | QL(4 ea daily)  |
| PIQRAY 200MG DAILY DOSE | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA | SPRYCEL 70 MG, 80 MG, 100 MG, 140 MG ( <i>dasatinib</i> ) | 1         | QL(1 ea daily); PA  |
| PIQRAY 250MG DAILY DOSE | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA | SPRYCEL 20 MG, 50 MG ( <i>dasatinib</i> )                 | 1         | QL(2 ea daily); PA  |
| PIQRAY 300MG DAILY DOSE | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA | STIVARGA  | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA  |
| QINLOCK                 | 1         | QL(3 ea daily); PA   | <i>sunitinib malate</i>                                   | 1         |   |
| RETEVMO CAPS 40 MG      | 1         | QL(2 ea daily); AL(At least 12 yrs old); PA                | SUTENT ( <i>sunitinib malate</i> )                        | 1         |   |
| RETEVMO CAPS 80 MG      | 1         | QL(4 ea daily); AL(At least 12 yrs old); PA                | TABRECTA  | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA  |
| RETEVMO TABS            | 1         | PA   | TAFINLAR CAPS   | 1         | QL(4 ea daily); PA  |
| REZLIDHIA               | 1         | QL(2 ea daily); PA   | TAFINLAR TBSO   | 1         | QL(840 ea per 28 day(s) retail; 840 ea per 28 days mail); AL(At least 1 yrs old - Up to 10 yrs old); PA |
| <i>romidepsin SOLR</i>  | 1         | PA   | TALZENNA 0.25 MG  | 1         | QL(3 ea daily); PA  |
| ROZLYTREK CAPS 100 MG   | 1         | QL(1 ea daily); PA   | TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG           | 1         | QL(1 ea daily); PA  |
| ROZLYTREK CAPS 200 MG   | 1         | QL(3 ea daily); PA   | TASIGNA   | 1         | QL(4 ea daily); PA  |
| ROZLYTREK PACK          | 1         | QL(12 ea daily); AL(Up to 10 yrs old); PA                  | TAZVERIK  | 1         | QL(8 ea daily); PA  |
| RUBRACA                 | 1         | QL(4 ea daily); PA   | <i>temsirolimus</i>                                       | 1         |   |
| RYDAPT                  | 1         | QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail)   | TEPMETKO  | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |
| RYTELO                  | 1         | Medical Benefit Only                                       | TIBSOVO   | 1         | QL(2 ea daily); PA  |
| SCEMBLIX 20 MG          | 1         | QL(2 ea daily); PA   | TORISEL ( <i>temsirolimus</i> )                           | 1         |   |
| SCEMBLIX 40 MG          | 1         | QL(10 ea daily); PA  | TRUQAP TABS   | 1         | PA  |
| SCEMBLIX 100 MG         | 1         | PA   | TRUQAP TBPK   | 1         | PA  |
|                         |           |  | TURALIO 125 MG  | 1         | QL(4 ea daily); PA  |

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|--|-----------|--|
| TYKERB ( <i>lapatinib ditosylate</i> ) | 1         | QL(150 ea per 30 day(s) retail; 150 ea per 30 days mail); PA |
| VANFLYTA                               | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA   |
| VELCADE SOLR IJ ( <i>bortezomib</i> )  | 1         |  |
| VERZENIO 100 MG                        | 1         | QL(4 ea daily); PA   |
| VERZENIO 50 MG, 150 MG, 200 MG         | 1         | QL(2 ea daily); PA   |
| VITRAKVI CAPS                          | 1         | PA   |
| VITRAKVI SOLN                          | 1         | PA   |
| VONJO                                  | 1         | QL(4 ea daily); PA   |
| VORANIGO                               | 1         | PA   |
| VOTRIENT ( <i>pazopanib hcl</i> )      | 1         |  |
| XALKORI CAPS                           | 1         | QL(2 ea daily); PA   |
| XALKORI CPSP 150 MG                    | 1         | QL(6 ea daily); PA   |
| XALKORI CPSP 20 MG, 50 MG              | 1         | QL(4 ea daily); PA   |
| XOSPATA                                | 1         | QL(3 ea daily); PA   |
| ZEJULA TABS                            | 1         | QL(1 ea daily); PA   |
| ZELBORAF                               | 1         | QL(8 ea daily); PA   |
| ZOLINZA                                | 1         | QL(4 ea daily); PA   |
| ZYDELIG                                | 1         | QL(2 ea daily); PA   |
| ZYKADIA TABS                           | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA   |
| <b>Antineoplastic Enzymes</b>          |           |  |
| ASPARLAS                               | 1         | AL(Up to 21 yrs old); PA                                     |
| ONCASPAR                               | 1         | PA   |
| RYLAZE                                 | 1         | PA   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <b>Antineoplastic Radiopharmaceuticals</b>            |           |   |
| PLUVICTO  | 1         | Medical Benefit Only  |
| STRONTIUM CHLORIDE SR-89                              | 1         | Medical Benefit Only  |
| XOFIGO  | 1         | Medical Benefit Only  |
| <b>Antineoplastics Misc.</b>                          |           |   |
| ACTIMMUNE 100 MCG/0.5ML                               | 1         |   |
| ANKTIVA   | 1         | Medical Benefit Only  |
| <i>arsenic trioxide</i>                               | 1         |   |
| BESREMI   | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 18 yrs old); PA |
| <i>bexarotene</i>                                     | 1         |   |
| <i>dacarbazine SOLR 200 MG</i>                        | 1         |   |
| ELZONRIS  | 1         | Medical Benefit Only  |
| HYDREA ( <i>hydroxyurea</i> )                         | 1         |   |
| <i>hydroxyurea</i>                                    | 1         |   |
| MATULANE  | 1         |   |
| NIPENT  | 1         |   |
| TARGRETIN ( <i>bexarotene</i> )                       | 1         |   |
| TICE BCG  | 1         |   |
| <i>tretinoin (chemotherapy)</i>                       | 1         | QL(3 ea daily)  |
| TRISENOX ( <i>arsenic trioxide</i> )                  | 1         |   |
| TRISENOX ( <i>arsenic trioxide</i> )                  | 9         |   |
| <b>Chemotherapy Adjuncts</b>                          |           |   |
| ELITEK  | 1         |   |
| KEPIVANCE 5.16 MG                                     | 1         | PA  |
| <b>Chemotherapy Rescue/Antidote/Protective Agents</b> |           |   |

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|---|-----------|--------------------------|--|-----------|----------------------|
| COSELA  | 1         | Medical Benefit Only     | <i>etoposide CAPS</i>  | 1         |                      |
| <i>dexrazoxane hcl</i>  | 1         |                          | <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>                             | 1         |                      |
| IWILFIN   | 1         | QL(8 ea daily); PA       | HALAVEN ( <i>eribulin mesylate</i> )   | 1         | Medical Benefit Only |
| KHAPZORY 175 MG   | 1         | PA                       | IXEMPRA KIT  | 1         | Medical Benefit Only |
| <i>leucovorin calcium SOLN IJ 100 MG/10ML, 500 MG/50ML</i>          | 1         |                          | JEVTANA  | 1         | Medical Benefit Only |
| <i>leucovorin calcium SOLR</i>                                      | 1         |                          | <i>paclitaxel</i>  | 1         |                      |
| <i>leucovorin calcium TABS</i>                                      | 1         |                          | <i>paclitaxel protein-bound particles</i>  | 1         |                      |
| <i>levoleucovorin calcium SOLN</i>                                  | 1         |                          | PACLITAXEL PROTEIN-BOUND PARTICLES   | 1         |                      |
| <i>levoleucovorin calcium SOLR</i>                                  | 1         |                          | <i>vinblastine sulfate SOLN</i>  | 1         |                      |
| <i>mesna SOLN</i>   | 1         |                          | <i>vincristine sulfate</i>   | 1         |                      |
| MESNEX SOLN ( <i>mesna</i> )  | 1         |                          | <i>vinorelbine tartrate</i>  | 1         |                      |
| MESNEX TABS   | 1         |                          | <b>Oncolytic Viral Agents</b>  |           |                      |
| PEDMARK   | 1         | AL(Up to 18 yrs old); PA | IMLYGIC  | 1         | Medical Benefit Only |
| <b>Mitotic Inhibitors</b>   |           |                          | <b>Topoisomerase I Inhibitors</b>  |           |                      |
| ABRAXANE  | 1         |                          | CAMPTOSAR ( <i>irinotecan hcl</i> )  | 1         |                      |
| <i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>               | 1         |                          | HYCANTIN CAPS  | 1         |                      |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML ( <i>docetaxel</i> ) | 1         |                          | HYCANTIN SOLR ( <i>topotecan hcl</i> )   | 9         |                      |
| DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML                      | 1         |                          | <i>irinotecan hcl</i>  | 1         |                      |
| <i>docetaxel SOLN</i>   | 1         |                          | ONIVYDE  | 1         | Medical Benefit Only |
| DOCETAXEL SOLN ( <i>docetaxel</i> )                                 | 1         |                          | <i>topotecan hcl SOLN</i>  | 1         |                      |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML                    | 1         |                          | TOPOTECAN HCL SOLN ( <i>topotecan hcl</i> )  | 1         |                      |
| DOCIVYX SOLN 20 MG/2ML, 160 MG/16ML                                 | 1         |                          | <i>topotecan hcl SOLR</i>  | 1         |                      |
| <i>eribulin mesylate</i>  | 1         | Medical Benefit Only     | TRODELVY   | 1         | PA                   |
| ETOPOPHOS   | 1         |                          | <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                      |
|   |           |                          | <b>Antiparkinson Adjunctive Therapy</b>  |           |                      |
|   |           |                          | <i>carbidopa</i>   | 1         |                      |

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|---|-----------|---|--|-----------|---|
| LODOSYN ( <i>carbidopa</i> )  | 1         |   | <i>carbidopa-levodopa-entacapone 100 MG-25 MG-200 MG</i> | 1         | QL(4 ea daily)  |
| NOURIANZ  | 1         | QL(1 ea daily); PA                          | <i>carbidopa-levodopa TABS</i>                           | 1         | QL(11 ea daily); MP   |
| Antiparkinson Anticholinergics  |           |   | <i>carbidopa-levodopa TBCR</i>                           | 1         | QL(4 ea daily); MP  |
| <i>benztropine mesylate SOLN</i>  | 1         |   | <i>carbidopa-levodopa TBDP</i>                           | 1         |   |
| <i>benztropine mesylate TABS</i>  | 1         |   | CREXONT CPCR   | 1         | PA  |
| <i>trihexyphenidyl hcl SOLN</i>   | 1         |   | DHIVY TABS   | 1         | QL(11 ea daily); MP   |
| <i>trihexyphenidyl hcl TABS</i>   | 1         |   | DUOPA SUSP   | 1         | QL(2800 ml per 28 day(s) retail; 2800 ml per 28 days mail); PA                      |
| Antiparkinson COMT Inhibitors   |           |   | GOCOVRI CP24   | 1         | QL(2 ea daily); PA  |
| COMTAN ( <i>entacapone</i> )  | 9         |   | INBRIJA CAPS   | 1         | 5 package(s) per 30 day(s) retail; 5 package(s) per 30 day(s) mail; PA              |
| <i>entacapone</i>   | 1         |   | MIRAPEX ER TB24 ( <i>pramipexole dihydrochloride</i> )   | 9         | QL(1 ea daily)  |
| ONGENTYS  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA | NEUPRO   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA |
| TASMAR ( <i>tolcapone</i> )   | 1         |   | OSMOLEX ER TB24 129 MG                                   | 1         | QL(1 ea daily); PA  |
| <i>tolcapone</i>  | 1         |   | PARLODEL CAPS ( <i>bromocriptine mesylate</i> )          | 9         |   |
| Antiparkinson Dopaminergics   |           |   | PARLODEL TABS ( <i>bromocriptine mesylate</i> )          | 9         |   |
| <i>amantadine hcl CAPS</i>  | 1         | QL(4 ea daily)                              | <i>pramipexole dihydrochloride TABS 0.125 MG</i>         | 1         | QL(20 ea daily); MP   |
| <i>amantadine hcl SOLN</i>  | 1         | QL(33.34 ml daily); MP                      | <i>pramipexole dihydrochloride TABS 0.5 MG</i>           | 1         | QL(9 ea daily); MP  |
| <i>amantadine hcl TABS</i>  | 1         | QL(4 ea daily)                              |  |           |   |
| APOKYN SOCT   | 1         |   |  |           |   |
| <i>apomorphine hydrochloride SOCT</i>   | 1         |   |  |           |   |
| <i>bromocriptine mesylate CAPS</i>  | 1         |   |  |           |   |
| <i>bromocriptine mesylate TABS 2.5 MG</i>   | 1         |   |  |           |   |
| <i>carbidopa-levodopa-entacapone 200 MG-50 MG-200 MG</i>  | 1         | QL(2 ea daily); MP                          |  |           |   |
| <i>carbidopa-levodopa-entacapone 125 MG-31.25 MG-200 MG, 150 MG-37.5 MG-200 MG, 50 MG-12.5 MG-200 MG, 75 MG-18.75 MG-200 MG</i> | 1         |   |  |           |   |

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|---|-----------|-----------------------|--|-----------|--|
| <i>pramipexole dihydrochloride TABS 1 MG</i>                          | 1         | QL(4.67 ea daily); MP | STALEVO 75 ( <i>carbidopa-levodopa-entacapone</i> )                    | 1         |  |
| <i>pramipexole dihydrochloride TABS 0.75 MG</i>                       | 1         | QL(8 ea daily); MP    | <b>Antiparkinson Monoamine Oxidase Inhibitors</b>                      |           |  |
| <i>pramipexole dihydrochloride TABS 0.25 MG</i>                       | 1         | QL(10 ea daily); MP   | <i>AZILECT (rasagiline mesylate)</i>                                   | 1         | QL(1 ea daily)   |
| <i>pramipexole dihydrochloride TABS 1.5 MG</i>                        | 1         |                       | <i>rasagiline mesylate</i>   | 1         | QL(1 ea daily)   |
| <i>pramipexole dihydrochloride TB24</i>                               | 1         | QL(1 ea daily); PA    | <i>selegiline hcl CAPS</i>   | 1         |  |
| <i>ropinirole hydrochloride TABS 0.25 MG, 1 MG, 2 MG</i>              | 1         |                       | <i>selegiline hcl TABS</i>   | 1         |  |
| <i>ropinirole hydrochloride TABS 3 MG</i>                             | 1         | QL(6 ea daily); MP    | XADAGO   | 1         | QL(1 ea daily); PA                                       |
| <i>ropinirole hydrochloride TABS 0.5 MG</i>                           | 1         | QL(7 ea daily); MP    | ZELAPAR TBDP   | 1         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail) |
| <i>ropinirole hydrochloride TABS 4 MG, 5 MG</i>                       | 1         | QL(3 ea daily); MP    | <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |  |
| <i>ropinirole hydrochloride TB24</i>                                  | 1         | PA                    | <b>Antimanic Agents</b>  |           |  |
| RYTARY CPR  | 1         | QL(3 ea daily); PA    | <i>lithium</i>   | 1         |  |
| SINEMET TABS 100 MG-10 MG, 100 MG-25 MG ( <i>carbidopa-levodopa</i> ) | 1         | QL(11 ea daily); MP   | <i>lithium carbonate CAPS</i>  | 1         |  |
| STALEVO 100 ( <i>carbidopa-levodopa-entacapone</i> )                  | 1         | QL(4 ea daily)        | <i>lithium carbonate TABS</i>  | 1         |  |
| STALEVO 125 ( <i>carbidopa-levodopa-entacapone</i> )                  | 1         |                       | <i>lithium carbonate TBCR</i>  | 1         |  |
| STALEVO 150 ( <i>carbidopa-levodopa-entacapone</i> )                  | 1         |                       | LITHOBID TBCR ( <i>lithium carbonate</i> )                             | 1         |  |
| STALEVO 200 ( <i>carbidopa-levodopa-entacapone</i> )                  | 1         | QL(2 ea daily); MP    | <b>Antipsychotics - Misc.</b>  |           |  |
| STALEVO 50 ( <i>carbidopa-levodopa-entacapone</i> )                   | 1         |                       | CAPLYTA  | 3         | QL(1 ea daily); ST                                       |
|   |           |                       | EQUETRO 200 MG, 300 MG   | 1         | QL(4 ea daily)   |
|   |           |                       | EQUETRO 100 MG   | 1         | QL(3 ea daily)   |
|   |           |                       | GEODON ( <i>ziprasidone mesylate</i> )                                 | 1         |  |
|   |           |                       | GEODON ( <i>ziprasidone hcl</i> )                                      | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP               |
|   |           |                       | GEODON ( <i>ziprasidone mesylate</i> )                                 | 9         |  |
|   |           |                       | GEODON 40 MG, 60 MG ( <i>ziprasidone hcl</i> )                         | 9         | QL(2 ea daily); MP                                       |

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|---|-----------|---|--|-----------|---|
| LATUDA 80 MG<br><i>(lurasidone hcl)</i>                       | 2         | QL(2 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    | INVEGA HAFYERA 1560<br>MG/5ML                    | 1         | QL(5 ml per 180 day(s) retail; 5 ml per 180 days mail)                                  |
| LATUDA 20 MG, 40 MG, 60 MG, 120 MG<br><i>(lurasidone hcl)</i> | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    | INVEGA HAFYERA 1092<br>MG/3.5ML                  | 1         | QL(3.5 ml per 180 day(s) retail; 4 ml per 180 days mail)                                |
| <i>lurasidone hcl 20 MG, 40 MG, 60 MG, 120 MG</i>             | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    | INVEGA SUSTENNA 117<br>MG/0.75ML                 | 1         | QL(0.75 ml per 28 day(s) retail; 1 ml per 28 days mail)                                 |
| <i>lurasidone hcl 80 MG</i>                                   | 2         | QL(2 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    | INVEGA SUSTENNA 234<br>MG/1.5ML                  | 1         | QL(1.5 ml per 28 day(s) retail; 2 ml per 28 days mail)                                  |
| NUPLAZID CAPS   | 1         | QL(1 ea daily);<br>PA   | INVEGA SUSTENNA 39<br>MG/0.25ML                  | 1         | QL(0.25 ml per 28 day(s) retail)  |
| NUPLAZID TABS 10 MG   | 1         | QL(1 ea daily);<br>PA   | INVEGA SUSTENNA 156<br>MG/ML                     | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail)                                    |
| VRAYLAR CAPS  | 3         | QL(1 ea daily);<br>AL(At least 5 yrs old); ST   | INVEGA SUSTENNA 78<br>MG/0.5ML                   | 1         | QL(0.5 ml per 28 day(s) retail)   |
| <i>ziprasidone hcl</i>  | 1         | QL(2 ea daily);<br>AL(At least 5 yrs old); MP   | INVEGA TRINZA 819<br>MG/2.63ML                   | 1         | QL(2.63 ml per 84 day(s) retail; 3 ml per 84 days mail)                                 |
| <i>ziprasidone mesylate</i>                                   | 1         |   | INVEGA TRINZA 546<br>MG/1.75ML                   | 1         | QL(1.75 ml per 84 day(s) retail; 2 ml per 84 days mail)                                 |
| Benzisoxazoles  |           |   | INVEGA TRINZA 273<br>MG/0.88ML, 410<br>MG/1.32ML | 1         |   |
| FANAPT  | 2         | QL(2 ea daily);<br>AL(At least 5 yrs old); ST   | <i>paliperidone 1.5 MG, 3 MG, 9 MG</i>           | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    |
| FANAPT TITRATION PACK   | 2         | QL(2 ea daily);<br>AL(At least 5 yrs old)   | <i>paliperidone 6 MG</i>                         | 2         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail);<br>AL(At least 5 yrs old); ST |
| INVEGA 1.5 MG<br><i>(paliperidone)</i>                        | 9         | QL(1 ea daily);<br>ST; MP   |  |           |   |
| INVEGA 6 MG<br><i>(paliperidone)</i>                          | 2         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail);<br>AL(At least 5 yrs old); ST |  |           |   |
| INVEGA 3 MG, 9 MG<br><i>(paliperidone)</i>                    | 2         | QL(1 ea daily);<br>AL(At least 5 yrs old); ST;<br>MP                                    |  |           |   |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |
|--|-----------|--|---|-----------|---|
| PERSERIS PRSY  | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)     | UZEDY SUSY 200 MG/0.56ML                              | 1         | QL(0.56 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 5 yrs old) |
| RISPERDAL CONSTA ( <i>risperidone microspheres</i> )                 | 9         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)                             | UZEDY SUSY 125 MG/0.35ML                              | 1         | QL(0.35 ml per 28 day(s) retail); AL(At least 5 yrs old)                        |
| RISPERDAL CONSTA ( <i>risperidone microspheres</i> )                 | 3         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); AL(At least 5 yrs old)     | UZEDY SUSY 250 MG/0.7ML                               | 1         | QL(0.7 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 5 yrs old)  |
| RISPERDAL SOLN ( <i>risperidone</i> )                                | 1         | QL(8 ml daily); AL(At least 5 yrs old); MP                                       | UZEDY SUSY 50 MG/0.14ML                               | 1         | QL(0.14 ml per 28 day(s) retail); AL(At least 5 yrs old)                        |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> ) | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP                                       | UZEDY SUSY 75 MG/0.21ML                               | 1         | QL(0.21 ml per 28 day(s) retail); AL(At least 5 yrs old)                        |
| <i>risperidone microspheres</i>                                      | 3         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); AL(At least 5 yrs old)     | UZEDY SUSY 100 MG/0.28ML                              | 1         | QL(0.28 ml per 28 day(s) retail); AL(At least 5 yrs old)                        |
| <i>risperidone SOLN</i>  | 1         | QL(8 ml daily); AL(At least 5 yrs old); MP                                       | UZEDY SUSY 150 MG/0.42ML                              | 1         | QL(0.42 ml per 55 day(s) retail); AL(At least 5 yrs old)                        |
| <i>risperidone TABS</i>  | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP                                       | <b>Butyrophenones</b>                                 |           |   |
| <i>risperidone TBDP 0.25 MG, 0.5 MG, 1 MG, 2 MG, 4 MG</i>            | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP                                       | HALDOL DECANOATE 100 ( <i>haloperidol decanoate</i> ) | 1         |   |
| <i>risperidone TBDP 3 MG</i>   | 1         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); AL(At least 5 yrs old) | HALDOL DECANOATE 50 ( <i>haloperidol decanoate</i> )  | 1         |   |
| RYKINDO SRER   | 3         | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail); AL(At least 5 yrs old)     | <i>haloperidol decanoate</i>                          | 1         |   |
|  |           |  | <i>haloperidol lactate CONC</i>                       | 1         |   |
|  |           |  | <i>haloperidol lactate SOLN</i>                       | 1         |   |
|  |           |  | <i>haloperidol TABS</i>                               | 1         |   |
|  |           |  | <b>Dibenzapines</b>                                   |           |   |
|  |           |  | ADASUVE   | 1         | Medical Benefit Only  |

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|--|-----------|--|--|-----------|--|
| <i>asenapine maleate</i>   | 2         | QL(2 ea daily); AL(At least 5 yrs old); ST                 | SEROQUEL TABS ( <i>quetiapine fumarate</i> ) | 1         | QL(3 ea daily); AL(At least 5 yrs old); MP   |
| <i>clozapine TABS</i>  | 1         | AL(At least 5 yrs old)                                     | VERSACLOZ SUSP                               | 1         | QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); AL(At least 5 yrs old); PA |
| <i>clozapine TBDP</i>  | 1         | AL(At least 5 yrs old); PA                                 | ZYPREXA RELPREVV                             | 1         |  |
| CLOZARIL TABS 25 MG, 100 MG ( <i>clozapine</i> )                             | 1         | AL(At least 5 yrs old)                                     | ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )     | 9         | QL(1 ea daily); MP   |
| CLOZARIL TABS 50 MG, 200 MG ( <i>clozapine</i> )                             | 9         |  | ZYPREXA ZYDIS TBDP ( <i>olanzapine</i> )     | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP   |
| <i>loxapine succinate</i>  | 1         |  | ZYPREXA SOLR ( <i>olanzapine</i> )           | 1         |  |
| <i>olanzapine SOLR</i>   | 1         |  | ZYPREXA TABS ( <i>olanzapine</i> )           | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP   |
| <i>olanzapine TABS</i>   | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP                 | <b>Dihydroindolones</b>                      |           |  |
| <i>olanzapine TBDP</i>   | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP                 | <i>molindone hcl 5 MG, 25 MG</i>             | 1         |  |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG</i> | 1         | QL(3 ea daily); AL(At least 5 yrs old); MP                 | <b>Muscarinic Agents</b>                     |           |  |
| <i>quetiapine fumarate TABS 150 MG</i>                                       | 3         | QL(2 ea daily); AL(At least 5 yrs old)                     | COBENFY STARTER PACK CPPK                    | 3         | AL(At least 5 yrs old)   |
| <i>quetiapine fumarate TB24 150 MG, 200 MG</i>                               | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP                 | COBENFY CAPS                                 | 3         | AL(At least 5 yrs old)   |
| <i>quetiapine fumarate TB24 50 MG, 300 MG, 400 MG</i>                        | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP                 | <b>Phenothiazines</b>                        |           |  |
| SAPHRIS ( <i>asenapine maleate</i> )   | 9         | QL(2 ea daily); ST   | <i>chlorpromazine hcl CONC</i>               | 1         | AL(Up to 10 yrs old)   |
| SAPHRIS ( <i>asenapine maleate</i> )   | 2         | QL(2 ea daily); AL(At least 5 yrs old); ST                 | <i>chlorpromazine hcl SOLN</i>               | 1         |  |
| SECUADO  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA | <i>chlorpromazine hcl TABS</i>               | 1         |  |
| SEROQUEL XR TB24 150 MG, 200 MG ( <i>quetiapine fumarate</i> )               | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP                 | <i>fluphenazine decanoate</i>                | 1         |  |
| SEROQUEL XR TB24 50 MG, 300 MG, 400 MG ( <i>quetiapine fumarate</i> )        | 1         | QL(2 ea daily); AL(At least 5 yrs old); MP                 | <i>fluphenazine hcl CONC</i>                 | 1         |  |
|  |           |  | <i>fluphenazine hcl ELIX</i>                 | 1         |  |
|  |           |  | <i>fluphenazine hcl SOLN</i>                 | 1         |  |
|  |           |  | <i>fluphenazine hcl TABS</i>                 | 1         |  |
|  |           |  | <i>perphenazine TABS</i>                     | 1         |  |
|  |           |  | <i>prochlorperazine</i>                      | 1         |  |
|  |           |  | <i>prochlorperazine edisylate 10 MG/2ML</i>  | 1         |  |

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|--------------------------------------|-----------|---|---|-----------|--|
| PROCHLORPERAZINE MALEATE POWD        | 1         |   | <i>aripiprazole TBDP</i>                            | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA                                     |
| <i>prochlorperazine maleate TABS</i> | 1         |   | ARISTADA 882 MG/3.2ML                               | 1         | QL(3.2 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 5 yrs old) |
| <i>thioridazine hcl</i>              | 1         |   |   |           |  |
| <i>trifluoperazine hcl TABS</i>      | 1         |   |   |           |  |
| Quinolinone Derivatives              |           |   |   |           |  |
| ABILIFY ASIMTUFII PRSY 960 MG/3.2ML  | 1         | QL(3.2 ml per 55 day(s) retail; 3 ml per 55 days mail); AL(At least 5 yrs old)                      | ARISTADA 1064 MG/3.9ML                              | 1         | QL(3.9 ml per 55 day(s) retail; 4 ml per 55 days mail); AL(At least 5 yrs old) |
| ABILIFY ASIMTUFII PRSY 720 MG/2.4ML  | 1         | QL(2.4 ml per 55 day(s) retail; 2 ml per 55 days mail); AL(At least 5 yrs old)                      | ARISTADA 441 MG/1.6ML                               | 1         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 5 yrs old) |
| ABILIFY MAINTENA PRSY                | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)                        | ARISTADA 662 MG/2.4ML                               | 1         | QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 5 yrs old) |
| ABILIFY MAINTENA SRER                | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); AL(At least 5 yrs old)                        | ARISTADA INITIO                                     | 1         | QL(2.4 ml per fill retail)   |
| ABILIFY MYCITE MAINTENANCE KIT       | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA  | REXULTI   | 3         | QL(1 ea daily); AL(At least 5 yrs old); ST                                     |
| ABILIFY MYCITE STARTER KIT           | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA  | Thioxanthenes                                       |           |  |
| ABILIFY TABS ( <i>aripiprazole</i> ) | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP  | <i>thiothixene</i>                                  | 1         |  |
| <i>aripiprazole SOLN OR</i>          | 1         | QL(900 ml per 30 day(s) retail; 900 ml per 30 days mail); AL(At least 5 yrs old - Up to 10 yrs old) | <b>ANTIVIRALS - Drugs to Treat Viral Infections</b> |           |  |
| <i>aripiprazole TABS</i>             | 1         | QL(1 ea daily); AL(At least 5 yrs old); MP  | Antiretrovirals                                     |           |  |
|                                      |           |   | <i>abacavir sulfate-lamivudine</i>                  | 1         |  |
|                                      |           |   | <i>abacavir sulfate SOLN</i>                        | 1         |  |
|                                      |           |   | <i>abacavir sulfate TABS</i>                        | 1         |  |
|                                      |           |   | APRETUDE  | 1         | QL(3 ml per 28 day(s) retail; 3 ml per 28 days mail); AL(At least 12 yrs old)  |

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|--|-----------|---|---|-----------|--|
| APTIVUS CAPS   | 1         |   | EPIVIR TABS<br>(lamivudine)                     | 1         |  |
| <i>atazanavir sulfate CAPS</i>                               | 1         |   | EPZICOM ( <i>abacavir sulfate-lamivudine</i> )  | 1         |  |
| BIKTARVY   | 1         | QL(1 ea daily)  | <i>etravirine</i>                               | 1         |  |
| CABENUVA 900 MG/3ML-600 MG/3ML                               | 1         | QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail); AL(At least 12 yrs old) | EVOTAZ  | 1         | QL(1 ea daily)   |
| CABENUVA 600 MG/2ML-400 MG/2ML                               | 1         | QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); AL(At least 12 yrs old) | <i>fosamprenavir calcium TABS</i>               | 1         | QL(2.95 ea daily)  |
| CIMDUO   | 1         | QL(1 ea daily)  | FUZEON SOLR                                     | 1         | QL(300 ea per 102 day(s) retail; 300 ea per 102 days mail) |
| COMBIVIR ( <i>lamivudine-zidovudine</i> )                    | 1         |   | GENVOYA   | 1         | QL(1 ea daily)   |
| COMPLERA   | 1         |   | INTELENCE 25 MG                                 | 1         | QL(2.95 ea daily)  |
| <i>darunavir TABS 800 MG</i>                                 | 1         | QL(1 ea daily)  | INTELENCE ( <i>etravirine</i> )                 | 1         |  |
| <i>darunavir TABS 600 MG</i>                                 | 1         | QL(2 ea daily)  | ISENTRESS HD TABS                               | 1         | QL(2 ea daily)   |
| DELSTRIGO  | 1         | QL(1 ea daily)  | ISENTRESS CHEW                                  | 1         | AL(At least 2 yrs old - Up to 11 yrs old)                  |
| DESCOVY  | 1         | QL(1 ea daily)  | ISENTRESS PACK                                  | 1         | AL(At least 2 yrs old - Up to 11 yrs old)                  |
| DOVATO   | 1         | QL(1 ea daily)  | ISENTRESS TABS                                  | 1         |  |
| EDURANT  | 1         |   | JULUCA  | 1         | QL(1 ea daily)   |
| <i>efavirenz CAPS</i>  | 1         |   | KALETRA SOLN<br>( <i>lopinavir-ritonavir</i> )  | 1         |  |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 1         |   | KALETRA TABS<br>( <i>lopinavir-ritonavir</i> )  | 1         |  |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>    | 1         | QL(1 ea daily)  | <i>lamivudine SOLN</i>                          | 1         |  |
| <i>efavirenz TABS</i>  | 1         |   | <i>lamivudine TABS</i>                          | 1         |  |
| <i>emtricitabine CAPS</i>                                    | 1         |   | <i>lamivudine-zidovudine</i>                    | 1         |  |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>           | 1         | QL(1 ea daily)  | LEXIVA TABS<br>( <i>fosamprenavir calcium</i> ) | 1         | QL(2.95 ea daily)  |
| EMTRIVA CAPS<br>( <i>emtricitabine</i> )                     | 1         |   | <i>lopinavir-ritonavir SOLN</i>                 | 1         |  |
| EMTRIVA SOLN   | 1         |   | <i>lopinavir-ritonavir TABS</i>                 | 1         |  |
| EPIVIR SOLN<br>( <i>lamivudine</i> )                         | 1         |   | <i>maraviroc TABS 150 MG</i>                    | 1         | QL(2 ea daily)   |
|  |           |   | <i>maraviroc TABS 300 MG</i>                    | 1         | QL(4 ea daily)   |
|  |           |   | <i>nevirapine SUSP</i>                          | 1         |  |
|  |           |   | <i>nevirapine TABS</i>                          | 1         |  |
|  |           |   | <i>nevirapine TB24 400 MG</i>                   | 1         |  |

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|---|-----------|--|--|-----------|--|
| NORVIR PACK   | 1         | QL(12 ea daily); AL(Up to 6 yrs old)                   | SUNLENCA TBPK  | 1         | QL(5 ea per 8 day(s) retail; 5 ea per 8 days mail) |
| NORVIR TABS ( <i>ritonavir</i> )                          | 9         |  | SUNLENCA TBPK  | 1         | QL(4 ea per fill retail)                           |
| NORVIR TABS ( <i>ritonavir</i> )                          | 1         |  | SUSTIVA CAPS ( <i>efavirenz</i> )                                      | 9         |  |
| ODEFSEY   | 1         | QL(1 ea daily)   | SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )    | 1         | QL(1 ea daily)                                     |
| PIFELTRO  | 1         | QL(1 ea daily)   | SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | 1         | QL(1 ea daily)                                     |
| PREZCOBIX   | 1         | QL(1 ea daily)   | SYMTUZA  | 1         | QL(1 ea daily)                                     |
| PREZISTA SUSP   | 1         |  | <i>tenofovir disoproxil fumarate</i> TABS                              | 1         | QL(1 ea daily)                                     |
| PREZISTA TABS 75 MG, 150 MG                               | 1         | QL(2.95 ea daily)                                      | TIVICAY PD TBSO  | 1         | QL(6 ea daily)                                     |
| PREZISTA TABS 600 MG ( <i>darunavir</i> )                 | 1         | QL(2 ea daily)   | TIVICAY TABS   | 1         |  |
| PREZISTA TABS 800 MG ( <i>darunavir</i> )                 | 1         | QL(1 ea daily)   | TRIUMEQ PD TBSO  | 1         | QL(6 ea daily)                                     |
| RETROVIR IV INFUSION SOLN                                 | 1         |  | TRIUMEQ TABS   | 1         | QL(1 ea daily)                                     |
| RETROVIR CAPS ( <i>zidovudine</i> )                       | 1         |  | TRIZIVIR   | 1         |  |
| RETROVIR SYRP ( <i>zidovudine</i> )                       | 1         |  | TROGARZO   | 1         |  |
| REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> ) | 1         |  | TRUVADA ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )         | 1         | QL(1 ea daily)                                     |
| REYATAZ PACK  | 1         | AL(Up to 10 yrs old)                                   | TYBOST   | 1         | QL(1 ea daily)                                     |
| <i>ritonavir</i> TABS                                     | 1         |  | VIRACEPT TABS  | 1         |  |
| RUKOBIA   | 1         | QL(2 ea daily)   | VIREAD POWD  | 1         |  |
| SELZENTRY SOLN  | 1         | QL(60 ml daily)  | VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )                   | 1         | QL(1 ea daily)                                     |
| SELZENTRY TABS 150 MG ( <i>maraviroc</i> )                | 1         | QL(2 ea daily)   | VIREAD TABS  | 1         | QL(1 ea daily)                                     |
| SELZENTRY TABS 25 MG, 75 MG, 300 MG                       | 1         | QL(4 ea daily)   | ZIAGEN SOLN ( <i>abacavir sulfate</i> )                                | 1         |  |
| SELZENTRY TABS ( <i>maraviroc</i> )                       | 1         | QL(4 ea daily)   | ZIAGEN TABS ( <i>abacavir sulfate</i> )                                | 9         |  |
| STRIBILD  | 1         | QL(1 ea daily)   | <i>zidovudine</i> CAPS   | 1         |  |
| SUNLENCA SOLN   | 1         | QL(3 ml per 180 day(s) retail; 3 ml per 180 days mail) | <i>zidovudine</i> SYRP   | 1         |  |
|   |           |  | <i>zidovudine</i> TABS   | 1         |  |
| <b>Antiviral Combinations</b>                             |           |  |  |           |  |

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|--|-----------|---|--|-----------|---|
| PAXLOVID 100 MG-150 MG                             | 1         | QL(20 ea per fill retail); AL(At least 12 yrs old)                                    | BARACLUDE TABS<br>( <i>entecavir</i> )         | 1         |   |
| PAXLOVID 100 MG-150 MG                             | 1         | QL(30 ea per fill retail); AL(At least 12 yrs old)                                    | <i>entecavir</i> TABS                          | 1         |   |
| CMV Agents   |           |   | EPCLUSA PACK 37.5 MG-150 MG                    | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA |
| <i>cidofovir</i>                                   | 1         |   | EPCLUSA PACK 50 MG-200 MG                      | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 10 yrs old); PA |
| <i>foscarnet sodium 6000 MG/250ML</i>              | 1         |   | EPCLUSA TABS 100 MG-400 MG                     | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA                   |
| FOSCAVIR 6000 MG/250ML ( <i>foscarnet sodium</i> ) | 9         |   | EPCLUSA TABS 50 MG-200 MG                      | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA  |
| <i>ganciclovir sodium SOLR</i>                     | 1         |   | EPIVIR HBV TABS<br>( <i>lamivudine (hbv)</i> ) | 1         |   |
| GANCICLOVIR SOLN                                   | 1         |   | HARVONI PACK 45 MG-200 MG                      | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA  |
| LIVTENCITY   | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 12 yrs old); PA | HARVONI PACK 33.75 MG-150 MG                   | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA  |
| PREVYMIS SOLN 240 MG/12ML                          | 1         | QL(336 ml per 28 day(s) retail; 336 ml per 28 days mail); PA                          | HARVONI TABS                                   | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA                    |
| PREVYMIS SOLN 480 MG/24ML                          | 1         | QL(672 ml per 28 day(s) retail; 672 ml per 28 days mail); PA                          |  |           |   |
| PREVYMIS TABS                                      | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                            |  |           |   |
| VALCYTE SOLR<br>( <i>valganciclovir hcl</i> )      | 1         |   |  |           |   |
| VALCYTE TABS<br>( <i>valganciclovir hcl</i> )      | 1         |   |  |           |   |
| <i>valganciclovir hcl SOLR</i>                     | 1         |   |  |           |   |
| <i>valganciclovir hcl TABS</i>                     | 1         |   |  |           |   |
| Hepatitis Agents                                   |           |   |  |           |   |
| <i>adefovir dipivoxil</i>                          | 1         |   |  |           |   |
| BARACLUDE SOLN                                     | 1         |   |  |           |   |

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| Drug Name                                  | Drug Tier | Requirements/Limits   | Drug Name                           | Drug Tier | Requirements/Limits  |
|--|-----------|---|-------------------------------------|-----------|--|
| HARVONI TABS                               | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA  | SOVALDI PACK 200 MG                 | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA |
| <i>lamivudine (hbv) TABS</i>               | 1         |   | SOVALDI PACK 150 MG                 | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 3 yrs old - Up to 6 yrs old); PA |
| LEDIPASVIR/SOFOSBUVIR TABS                 | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA  | SOVALDI TABS                        | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 7 yrs old); PA                   |
| MAVYRET PACK                               | 1         | QL(168 ea per 28 day(s) retail; 168 ea per 28 days mail)                            | VEMLIDY                             | 1         | QL(1 ea daily)   |
| MAVYRET TABS                               | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); PA                          | VOSEVI                              | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA   |
| MAVYRET TABS                               | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail)                              | ZEPATIER                            | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA                  |
| PEGASYS SOLN                               | 1         | QL(12 ml per 84 day(s) retail; 12 ml per 84 days mail)                              | <b>Herpes Agents</b>                |           |  |
| PEGASYS SOSY                               | 1         | QL(12 ml per 84 day(s) retail; 12 ml per 84 days mail)                              | <i>acyclovir sodium SOLN</i>        | 1         |  |
| <i>ribavirin (hepatitis c) CAPS</i>        | 1         |   | <i>acyclovir CAPS</i>               | 1         |  |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | 1         |   | <i>acyclovir SUSP</i>               | 1         | QL(473 ml per fill retail); AL(Up to 7 yrs old)  |
| SOFOSBUVIR/VELPATA SVIR TABS               | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 18 yrs old); PA | <i>acyclovir TABS OR</i>            | 1         |  |
|  |           |   | <i>famciclovir</i>                  | 1         |  |
|  |           |   | <i>valacyclovir hcl</i>             | 1         |  |
|  |           |   | VALTREX ( <i>valacyclovir hcl</i> ) | 1         |  |
|  |           |   | ZOVIRAX SUSP ( <i>acyclovir</i> )   | 9         | QL(473 ml per fill retail)   |
|  |           |   | <b>Influenza Agents</b>             |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name  | Drug Tier | Requirements/Limits    |
|---|-----------|---|--|-----------|------------------------|
| <i>oseltamivir phosphate</i><br>CAPS 30 MG, 45 MG                 | 1         |   | COREG 12.5 MG, 25 MG<br>( <i>carvedilol</i> )                    | 1         | QL(4 ea daily);<br>MP  |
| <i>oseltamivir phosphate</i><br>CAPS 75 MG                        | 1         | QL(20 ea per<br>10 day(s) retail;<br>20 ea per 10<br>days mail) | COREG 3.125 MG, 6.25<br>MG ( <i>carvedilol</i> )                 | 1         | QL(8 ea daily);<br>MP  |
| <i>oseltamivir phosphate</i><br>SUSR                              | 1         |   | COREG 3.125 MG, 6.25<br>MG ( <i>carvedilol</i> )                 | 9         | QL(8 ea daily);<br>MP  |
| RAPIVAB   | 1         | Medical Benefit<br>Only   | COREG 12.5 MG, 25 MG<br>( <i>carvedilol</i> )                    | 9         | QL(4 ea daily);<br>MP  |
| RELENZA DISKHALER   | 1         | QL(20 ea per<br>fill retail)                                    | COREG CR ( <i>carvedilol<br/>phosphate</i> )                     | 1         |                        |
| <i>rimantadine hydrochloride</i><br>TABS                          | 1         |   | COREG CR ( <i>carvedilol<br/>phosphate</i> )                     | 9         |                        |
| TAMIFLU CAPS 75 MG<br>( <i>oseltamivir phosphate</i> )            | 1         | QL(20 ea per<br>10 day(s) retail;<br>20 ea per 10<br>days mail) | <i>labetalol hcl</i> SOLN  | 1         |                        |
| TAMIFLU CAPS 30 MG,<br>45 MG ( <i>oseltamivir<br/>phosphate</i> ) | 1         |   | <i>labetalol hcl</i> TABS 300<br>MG                              | 1         | QL(8 ea daily);<br>MP  |
| TAMIFLU SUSR<br>( <i>oseltamivir phosphate</i> )                  | 1         |   | <i>labetalol hcl</i> TABS 100<br>MG                              | 1         | QL(24 ea<br>daily); MP |
| XOFLUZA 80 MG   | 1         | QL(1 ea per fill<br>retail); AL(At<br>least 5 yrs old)          | <i>labetalol hcl</i> TABS 200<br>MG                              | 1         | QL(12 ea<br>daily); MP |
| XOFLUZA 40 MG   | 1         | QL(2 ea per fill<br>retail); AL(At<br>least 5 yrs old)          | LABETALOL<br>HYDROCHLORIDE SOSY<br>10 MG/2ML                     | 1         |                        |
| Misc. Antivirals  |           |   | Beta Blockers Cardio-Selective                                   |           |                        |
| VEKLURY SOLR  | 1         | Medical Benefit<br>Only   | <i>acebutolol hcl</i> CAPS 400<br>MG                             | 1         | QL(4 ea daily);<br>MP  |
| Respiratory Syncytial Virus (RSV) Agents                          |           |   | <i>acebutolol hcl</i> CAPS 200<br>MG                             | 1         | QL(6 ea daily);<br>MP  |
| <i>ribavirin</i>  | 1         |   | <i>atenolol</i> TABS 50 MG                                       | 1         | QL(4 ea daily);<br>MP  |
| VIRAZOLE ( <i>ribavirin</i> )                                     | 1         |   | <i>atenolol</i> TABS 25 MG                                       | 1         | QL(8 ea daily);<br>MP  |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b>         |           |   | <i>atenolol</i> TABS 100 MG                                      | 1         | QL(2 ea daily);<br>MP  |
| Alpha-Beta Blockers   |           |   | <i>betaxolol hcl</i>   | 1         |                        |
| <i>carvedilol</i> 12.5 MG, 25<br>MG                               | 1         | QL(4 ea daily);<br>MP   | <i>bisoprolol fumarate</i> 5 MG                                  | 1         | QL(4 ea daily);<br>MP  |
| <i>carvedilol</i> 3.125 MG, 6.25<br>MG                            | 1         | QL(8 ea daily);<br>MP   | <i>bisoprolol fumarate</i> 10<br>MG                              | 1         | QL(2 ea daily);<br>MP  |
| <i>carvedilol phosphate</i>                                       | 1         |   | BREVIBLOC ( <i>esmolol<br/>hcl-sodium chloride</i> )             | 1         |                        |
|   |           |   | BREVIBLOC PREMIXED<br>( <i>esmolol hcl-sodium<br/>chloride</i> ) | 1         |                        |

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|---|-----------|---------------------|---|-----------|--|
| BREVIBLOC PREMIXED DOUBLESTRENGTH<br>( <i>esmolol hcl-sodium chloride</i> ) | 1         |                     | TOPROL XL TB24 100 MG, 200 MG ( <i>metoprolol succinate</i> )   | 1         | QL(2 ea daily); MP   |
| BREVIBLOC SOLN 100 MG/10ML ( <i>esmolol hcl</i> )                           | 9         |                     | TOPROL XL TB24 25 MG, 50 MG ( <i>metoprolol succinate</i> )     | 1         | QL(3 ea daily); MP   |
| BYSTOLIC ( <i>nebivolol hcl</i> )   | 1         |                     | Beta Blockers Non-Selective                                     |           |  |
| BYSTOLIC 2.5 MG, 5 MG, 10 MG ( <i>nebivolol hcl</i> )                       | 9         |                     | BETAPACE AF 80 MG ( <i>sotalol hcl (afib/afll)</i> )            | 1         | QL(8 ea daily); MP   |
| <i>esmolol hcl-sodium chloride</i>  | 1         |                     | BETAPACE AF 120 MG ( <i>sotalol hcl (afib/afll)</i> )           | 1         | QL(6.67 ea daily); MP  |
| <i>esmolol hcl SOLN 100 MG/10ML</i>   | 1         |                     | BETAPACE AF 160 MG ( <i>sotalol hcl (afib/afll)</i> )           | 1         | QL(4 ea daily); MP   |
| ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN                          | 1         |                     | BETAPACE TABS 120 MG ( <i>sotalol hcl</i> )                     | 1         | QL(6.67 ea daily); MP  |
| ESMOLOL HYDROCHLORIDE INWATER SOLN  | 1         |                     | BETAPACE TABS 80 MG ( <i>sotalol hcl</i> )                      | 1         | QL(8 ea daily); MP   |
| KASPARGO SPRINKLE CS24  | 1         | QL(1 ea daily); PA  | BETAPACE TABS 160 MG ( <i>sotalol hcl</i> )                     | 1         | QL(4 ea daily); MP   |
| LOPRESSOR TABS 100 MG ( <i>metoprolol tartrate</i> )                        | 1         | QL(5 ea daily); MP  | CORGARD TABS 40 MG, 80 MG ( <i>nadolol</i> )                    | 9         | QL(4 ea daily); MP   |
| LOPRESSOR TABS 50 MG ( <i>metoprolol tartrate</i> )                         | 1         | QL(6 ea daily); MP  | CORGARD TABS 20 MG ( <i>nadolol</i> )                           | 9         |  |
| <i>metoprolol succinate TB24 100 MG, 200 MG</i>                             | 1         | QL(2 ea daily); MP  | HEMANGEOL SOLN OR   | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA |
| <i>metoprolol succinate TB24 25 MG, 50 MG</i>                               | 1         | QL(3 ea daily); MP  | INDERAL LA CP24 60 MG, 80 MG, 160 MG ( <i>propranolol hcl</i> ) | 1         | QL(2 ea daily); MP   |
| <i>metoprolol tartrate SOLN IV 5 MG/5ML</i>                                 | 1         |                     | INDERAL LA CP24 120 MG ( <i>propranolol hcl</i> )               | 1         | QL(3 ea daily); MP   |
| <i>metoprolol tartrate TABS 25 MG, 50 MG</i>                                | 1         | QL(6 ea daily); MP  | INDERAL XL  | 1         |  |
| <i>metoprolol tartrate TABS 37.5 MG, 75 MG, 100 MG</i>                      | 1         | QL(5 ea daily); MP  | INNOPRAN XL   | 1         |  |
| <i>nebivolol hcl</i>  | 1         |                     | <i>nadolol TABS 40 MG, 80 MG</i>                                | 1         | QL(4 ea daily); MP   |
| TENORMIN TABS 100 MG ( <i>atenolol</i> )                                    | 1         | QL(2 ea daily); MP  | <i>nadolol TABS 20 MG</i>                                       | 1         |  |
| TENORMIN TABS 50 MG ( <i>atenolol</i> )                                     | 1         | QL(4 ea daily); MP  | <i>pindolol TABS</i>  | 1         |  |
| TENORMIN TABS 25 MG ( <i>atenolol</i> )                                     | 1         | QL(8 ea daily); MP  | <i>propranolol hcl CP24 120 MG</i>                              | 1         | QL(3 ea daily); MP   |
|   |           |                     | <i>propranolol hcl CP24 60 MG, 80 MG, 160 MG</i>                | 1         | QL(2 ea daily); MP   |

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|--|-----------|--|--|-----------|---------------------|
| <i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>                  | 1         |  | CARDIZEM CD CP24 360 MG ( <i>diltiazem hcl coated beads</i> )      | 1         | PA                  |
| <i>propranolol hcl TABS 60 MG, 80 MG</i>                             | 1         | QL(4 ea daily); MP   | CARDIZEM CD CP24 300 MG ( <i>diltiazem hcl coated beads</i> )      | 1         | QL(1 ea daily); MP  |
| <i>propranolol hcl TABS 40 MG</i>                                    | 1         | QL(6 ea daily); MP   | CARDIZEM CD CP24 180 MG ( <i>diltiazem hcl coated beads</i> )      | 1         | QL(3 ea daily); MP  |
| <i>propranolol hcl TABS 10 MG, 20 MG</i>                             | 1         | QL(8 ea daily); MP   | CARDIZEM CD CP24 240 MG ( <i>diltiazem hcl coated beads</i> )      | 1         | QL(2 ea daily); MP  |
| <i>sotalol hcl (afib/af) 80 MG</i>                                   | 1         | QL(8 ea daily); MP   | CARDIZEM CD CP24 120 MG ( <i>diltiazem hcl coated beads</i> )      | 1         | QL(4 ea daily); MP  |
| <i>sotalol hcl (afib/af) 120 MG</i>                                  | 1         | QL(6.67 ea daily); MP  | CARDIZEM LA TB24 ( <i>diltiazem hcl</i> )                          | 2         | ST                  |
| <i>sotalol hcl (afib/af) 160 MG</i>                                  | 1         | QL(4 ea daily); MP   | CARDIZEM TABS 30 MG, 60 MG ( <i>diltiazem hcl</i> )                | 1         | QL(6 ea daily); MP  |
| <i>sotalol hcl TABS 240 MG</i>                                       | 1         | QL(2 ea daily); MP   | CARDIZEM TABS 120 MG ( <i>diltiazem hcl</i> )                      | 1         | QL(8 ea daily); MP  |
| <i>sotalol hcl TABS 80 MG</i>  | 1         | QL(8 ea daily); MP   | CLEVIPREX 25 MG/50ML, 50 MG/100ML                                  | 1         |                     |
| <i>sotalol hcl TABS 120 MG</i>                                       | 1         | QL(6.67 ea daily); MP  | CONJUPRI ( <i>levamlodipine maleate</i> )                          | 9         | QL(1 ea daily)      |
| <i>sotalol hcl TABS 160 MG</i>                                       | 1         | QL(4 ea daily); MP   | <i>diltiazem hcl coated beads CP24 240 MG</i>                      | 1         | QL(2 ea daily); MP  |
| SOTYLIZE SOLN OR   | 1         | QL(1920 ml per 30 day(s) retail; 1920 ml per 30 days mail); PA | <i>diltiazem hcl coated beads CP24 360 MG</i>                      | 1         | PA                  |
| <i>timolol maleate TABS</i>  | 1         |  | <i>diltiazem hcl coated beads CP24 300 MG</i>                      | 1         | QL(1 ea daily); MP  |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |  |  |           |                     |
| Calcium Channel Blockers   |           |  |  |           |                     |
| <i>amlodipine besylate TABS 5 MG</i>                                 | 1         | QL(4 ea daily); MP   | <i>diltiazem hcl coated beads CP24 180 MG</i>                      | 1         | QL(3 ea daily); MP  |
| <i>amlodipine besylate TABS 2.5 MG</i>                               | 1         | QL(6 ea daily); MP   | <i>diltiazem hcl coated beads CP24 120 MG</i>                      | 1         | QL(4 ea daily); MP  |
| <i>amlodipine besylate TABS 10 MG</i>                                | 1         | QL(2 ea daily); MP   | <i>diltiazem hcl extended release beads 120 MG</i>                 | 1         | QL(4 ea daily); MP  |
| CALAN SR TBCR 120 MG, 180 MG ( <i>verapamil hcl</i> )                | 9         | QL(2 ea daily); MP   | <i>diltiazem hcl extended release beads 300 MG, 360 MG, 420 MG</i> | 1         | QL(1 ea daily); MP  |
| CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML               | 1         |  | <i>diltiazem hcl extended release beads 240 MG</i>                 | 1         | QL(2 ea daily); MP  |

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|---|-----------|---|---|-----------|---|
| <i>diltiazem hcl extended release beads 180 MG</i>        | 1         | QL(3 ea daily); MP  | <i>nimodipine CAPS</i>  | 1         | QL(252 ea per 20 day(s) retail; 252 ea per 20 days mail)  |
| <i>diltiazem hcl CP12</i>                                 | 2         | ST  | <i>nisoldipine</i>  | 2         | ST  |
| <i>diltiazem hcl CP24 120 MG</i>                          | 1         | QL(4 ea daily); MP  | NORLIQVA SOLN   | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA |
| <i>diltiazem hcl CP24 180 MG</i>                          | 1         | QL(3 ea daily); MP  | NORVASC TABS 2.5 MG ( <i>amlodipine besylate</i> )                            | 1         | QL(6 ea daily); MP  |
| <i>diltiazem hcl CP24 240 MG</i>                          | 1         | QL(2 ea daily); MP  | NORVASC TABS 5 MG ( <i>amlodipine besylate</i> )                              | 1         | QL(4 ea daily); MP  |
| <i>diltiazem hcl SOLN</i>                                 | 1         |   | NORVASC TABS 10 MG ( <i>amlodipine besylate</i> )                             | 1         | QL(2 ea daily); MP  |
| DILTIAZEM HCL SOLR  | 1         |   | NORVASC TABS 10 MG ( <i>amlodipine besylate</i> )                             | 9         | QL(2 ea daily); MP  |
| <i>diltiazem hcl TABS 90 MG</i>                           | 1         | QL(3 ea daily); MP  | NORVASC TABS 5 MG ( <i>amlodipine besylate</i> )                              | 9         | QL(4 ea daily); MP  |
| <i>diltiazem hcl TABS 120 MG</i>                          | 1         | QL(8 ea daily); MP  | NYMALIZE SOLN 6 MG/ML   | 1         |   |
| <i>diltiazem hcl TABS 30 MG, 60 MG</i>                    | 1         | QL(6 ea daily); MP  | PROCARDIA XL TB24 ( <i>nifedipine</i> )                                       | 1         | MP  |
| <i>diltiazem hcl TB24</i>                                 | 2         | ST  | SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )                             | 2         | ST  |
| <i>felodipine</i>   | 1         | QL(1 ea daily); MP  | TIAZAC 120 MG ( <i>diltiazem hcl extended release beads</i> )                 | 1         | QL(4 ea daily); MP  |
| <i>isradipine CAPS</i>                                    | 2         | ST  | TIAZAC 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl extended release beads</i> ) | 1         | QL(1 ea daily); MP  |
| KATERZIA  | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(At least 6 yrs old - Up to 10 yrs old); PA | TIAZAC 240 MG ( <i>diltiazem hcl extended release beads</i> )                 | 1         | QL(2 ea daily); MP  |
| <i>levamlodipine maleate</i>                              | 1         | QL(1 ea daily); PA  | TIAZAC 180 MG ( <i>diltiazem hcl extended release beads</i> )                 | 1         | QL(3 ea daily); MP  |
| <i>nicardipine hcl CAPS</i>                               | 2         | ST; MP  | <i>verapamil hcl CP24</i>   | 2         | ST  |
| <i>nicardipine hcl SOLN</i>                               | 1         |   | <i>verapamil hcl SOLN 2.5 MG/ML</i>   | 1         |   |
| NICARDIPINE HYDROCHLORIDE SOLN ( <i>nicardipine hcl</i> ) | 1         |   |   |           |   |
| NICARDIPINE HYDROCHLORIDE SOLN                            | 1         |   |   |           |   |
| NICARDIPINE HYDROCHLORIDE SOLN ( <i>nicardipine hcl</i> ) | 9         |   |   |           |   |
| <i>nifedipine CAPS</i>                                    | 1         | MP  |   |           |   |
| <i>nifedipine TB24</i>                                    | 1         | MP  |   |           |   |

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|--|-----------|--|--|-----------|---|
| <i>verapamil hcl TABS 80 MG, 120 MG</i>                                      | 1         | QL(4 ea daily); MP   | <i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>  | 1         |   |
| <i>verapamil hcl TABS 40 MG</i>  | 1         | QL(3 ea daily); MP   | DOBUTAMINE HCL/D5W   | 1         |   |
| <i>verapamil hcl TBCR 240 MG</i>   | 1         |  | DOBUTAMINE HYDROCHLORIDE/DEXT ROSE 5%  | 1         |   |
| <i>verapamil hcl TBCR 120 MG, 180 MG</i>                                     | 1         | QL(2 ea daily); MP   | <i>dopamine hcl 40 MG/ML</i>   | 1         |   |
| VERAPAMIL HYDROCHLORIDE ER CP24 ( <i>verapamil hcl</i> )                     | 2         | ST   | DOPAMINE HYDROCHLORIDE ( <i>dopamine hcl</i> )   | 1         |   |
| VERELAN PM CP24 ( <i>verapamil hcl</i> )                                     | 2         | ST   | DOPAMINE HYDROCHLORIDE ( <i>dopamine hcl</i> )   | 9         |   |
| VERELAN CP24 ( <i>verapamil hcl</i> )  | 2         | ST   | DOPAMINE HYDROCHLORIDE/DEXT ROSE   | 1         |   |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b> |           |  | DOPAMINE/D5W   | 1         |   |
| Cardiac Glycosides   |           |  | <i>milrinone lactate</i>   | 1         |   |
| <i>digoxin SOLN OR 0.05 MG/ML</i>  | 1         | QL(900 ml per 90 day(s) retail; 900 ml per 90 days mail); MP | <i>milrinone lactate in dextrose</i>   | 1         |   |
| <i>digoxin SOLN IJ 0.25 MG/ML</i>  | 1         |  | <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |   |
| <i>digoxin TABS 250 MCG</i>  | 1         | QL(2.22 ea daily); MP  | Cardiac Myosin Inhibitors  |           |   |
| <i>digoxin TABS 0.125 MG, 125 MCG</i>  | 1         | QL(3.34 ea daily); MP  | CAMZYOS  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA |
| <i>digoxin TABS 0.0625 MG, 62.5 MCG</i>                                      | 1         |  | Cardioplegic Solutions   |           |   |
| LANOXIN PEDIATRIC SOLN IJ  | 1         |  | <i>cardioplegic soln</i>   | 1         |   |
| LANOXIN SOLN IJ ( <i>digoxin</i> )   | 1         |  | PLEGISOL ( <i>cardioplegic soln</i> )  | 1         |   |
| LANOXIN TABS 62.5 MCG ( <i>digoxin</i> )                                     | 9         |  | Cardiovascular Agents Misc. - Combinations   |           |   |
| LANOXIN TABS 125 MCG ( <i>digoxin</i> )                                      | 9         | QL(3.34 ea daily); MP  | <i>amlodipine besylate-atorvastatin calcium</i>  | 2         | ST  |
| LANOXIN TABS 250 MCG ( <i>digoxin</i> )                                      | 9         | QL(2.22 ea daily); MP  | BIDIL ( <i>isosorbide dinitrate-hydralazine hcl</i> )                                  | 1         |   |
| Inotropes  |           |  |  |           |   |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> ) | 2         | ST   | ORENITRAM TITRATION KIT MONTH 2 TEPK   | 1         | QL(336 ea per 28 day(s) retail; 336 ea per 28 days mail); PA |
| CADUET 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> )              | 9         | ST   | ORENITRAM TITRATION KIT MONTH 3 TEPK   | 1         | QL(252 ea per 28 day(s) retail; 252 ea per 28 days mail); PA |
| ENTRESTO CPSP   | 1         | AL(At least 1 yrs old - Up to 10 yrs old)                    | ORENITRAM TBCR                         | 1         | QL(6 ea daily); PA   |
| ENTRESTO TABS   | 1         | QL(2 ea daily)   | REMODULIN SOLN IJ                      | 1         |  |
| <i>isosorbide dinitrate-hydralazine hcl</i>   | 1         |  | <i>treprostinil SOLN IJ</i>            | 1         |  |
| OPSYNVI   | 1         | PA   | TYVASO DPI INSTITUTIONALKIT POWD       | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors   |           |  | TYVASO DPI MAINTENANCE KIT POWD        | 1         | QL(224 ea per 35 day(s) retail; 224 ea per 35 days mail); PA |
| INPEFA  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA                  | TYVASO DPI MAINTENANCE KIT POWD        | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA |
| Impotence Agents  |           |  | TYVASO DPI TITRATION KIT POWD          | 1         | QL(252 ea per 35 day(s) retail; 252 ea per 35 days mail); PA |
| CIALIS 2.5 MG, 10 MG, 20 MG ( <i>tadalafil</i> )  | 9         |  | TYVASO DPI TITRATION KIT POWD          | 1         | QL(196 ea per 35 day(s) retail; 196 ea per 35 days mail); PA |
| CIALIS 5 MG ( <i>tadalafil</i> )  | 1         | QL(1 ea daily); PA   | TYVASO REFILL KIT SOLN IN              | 1         | QL(324.8 ml per 28 day(s) retail; 325 ml per 28 days mail)   |
| <i>tadalafil 5 MG</i>   | 1         | QL(1 ea daily); PA   | TYVASO STARTER KIT SOLN IN             | 1         | QL(324.8 ml per 28 day(s) retail; 325 ml per 28 days mail)   |
| Peripheral Vasodilators   |           |  | TYVASO SOLN IN                         | 1         | QL(11.6 ml per 7 day(s) retail; 12 ml per 7 days mail)       |
| <i>papaverine hcl SOLN</i>  | 1         |  | VELETRI ( <i>epoprostenol sodium</i> ) | 1         |  |
| Prostaglandin Vasodilators  |           |  |  |           |  |
| <i>epoprostenol sodium</i>  | 1         |  |  |           |  |
| FLOLAN ( <i>epoprostenol sodium</i> )   | 1         |  |  |           |  |
| ORENITRAM TITRATION KIT MONTH 1 TEPK  | 1         | QL(168 ea per 28 day(s) retail; 168 ea per 28 days mail); PA |  |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| VENTAVIS  | 1         |   |
| Pulmonary Hypertension - Activin Signaling Inhibitor                |           |   |
| WINREVAIR   | 1         | PA  |
| Pulmonary Hypertension - Endothelin Receptor Antagonists            |           |   |
| <i>ambrisentan</i>  | 1         |   |
| <i>bosentan</i> TABS  | 1         |   |
| LETAIRIS ( <i>ambrisentan</i> )                                     | 1         |   |
| OPSUMIT   | 1         | QL(1 ea daily); PA  |
| TRACLEER TABS ( <i>bosentan</i> )                                   | 1         |   |
| TRACLEER TBSO   | 1         |   |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors               |           |   |
| ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )          | 1         | QL(2 ea daily); PA  |
| LIQREV SUSP   | 1         | AL(At least 18 yrs old); PA   |
| REVATIO SOLN ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | 1         |   |
| REVATIO SUSR ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | 1         | QL(224 ml per 30 day(s) retail; 224 ml per 30 days mail); AL(Up to 6 yrs old); PA |
| REVATIO TABS ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | 1         | QL(3 ea daily); PA  |
| <i>sildenafil citrate (pulmonary hypertension)</i> SOLN             | 1         |   |
| <i>sildenafil citrate (pulmonary hypertension)</i> SUSR             | 1         | QL(224 ml per 30 day(s) retail; 224 ml per 30 days mail); AL(Up to 6 yrs old); PA |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS   | 1         | QL(3 ea daily); PA  |
| <i>tadalafil (pulmonary hypertension)</i> TABS            | 1         | QL(2 ea daily); PA  |
| TADLIQ SUSP   | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); AL(Up to 10 yrs old); PA    |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist    |           |   |
| UPTRAVI TITRATION PACK TBPK                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); AL(At least 18 yrs old); PA |
| UPTRAVI SOLR  | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 18 yrs old); PA   |
| UPTRAVI TABS  | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator |           |   |
| ADEMPAS   | 1         | QL(3 ea daily); PA  |
| Septal Agents   |           |   |
| ABLYSINOL   | 1         | AL(Up to 20 yrs old); PA  |
| Sinus Node Inhibitors                                     |           |   |
| CORLANOR SOLN   | 1         | QL(560 ml per 28 day(s) retail; 560 ml per 28 days mail); PA                          |
| CORLANOR TABS ( <i>ivabradine hcl</i> )                   | 1         | QL(2 ea daily); PA  |
| <i>ivabradine hcl</i> TABS                                | 1         | QL(2 ea daily); PA  |

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                                   | Drug Tier | Requirements/Limits  |
|---|-----------|---|---|-----------|--|
| Transthyretin Stabilizers                                       |           |   | CEFAZOLIN SOLR IV                           | 1         |  |
| VYNDAMAX  | 1         | QL(1 ea daily); PA  | <i>cephalexin CAPS 250 MG, 500 MG</i>       | 1         |  |
| VYNDAQEL  | 1         | QL(4 ea daily); PA  | <i>cephalexin CAPS 750 MG</i>               | 1         | PA   |
| Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)           |           |   | <i>cephalexin SUSR</i>                      | 1         |  |
| VERQUVO   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   | <i>cephalexin TABS</i>                      | 1         | PA   |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b>     |           |   | Cephalosporins - 2nd Generation             |           |  |
| Cephalosporin Combinations                                      |           |   | CEFACLOR ER TB12                            | 1         |  |
| AVYCAZ  | 1         | QL(42 ea per 14 day(s) retail; 42 ea per 14 days mail); AL(At least 18 yrs old); PA | <i>cefaclor CAPS</i>                        | 1         |  |
| ZERBAXA   | 1         | QL(84 ea per 14 day(s) retail; 84 ea per 14 days mail); AL(At least 18 yrs old); PA | <i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i> | 1         |  |
| Cephalosporins - 1st Generation                                 |           |   | CEFOTAN IJ ( <i>cefotetan disodium</i> )    | 1         |  |
| <i>cefadroxil CAPS</i>  | 1         |   | CEFOTAN IJ ( <i>cefotetan disodium</i> )    | 9         |  |
| <i>cefadroxil SUSR</i>  | 1         |   | <i>cefotetan disodium IJ 1 GM, 2 GM</i>     | 1         |  |
| <i>cefadroxil TABS</i>  | 1         |   | <i>cefoxitin sodium IV</i>                  | 1         |  |
| CEFAZOLIN SODIUM/DEXTROSE SOLR                                  | 1         |   | CEFOXITIN SODIUM                            | 1         |  |
| CEFAZOLIN SODIUM SOLN 4 %-1 GM/50ML                             | 1         |   | <i>cefprozil SUSR</i>                       | 1         |  |
| <i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i> | 1         |   | <i>cefprozil TABS</i>                       | 1         |  |
| CEFAZOLIN SODIUM SOLR IV 2 GM, 3 GM                             | 1         |   | <i>cefuroxime axetil TABS</i>               | 1         |  |
| <i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i> | 1         |   | <i>cefuroxime sodium IJ 750 MG</i>          | 1         |  |
| CEFAZOLIN SODIUM SOLN 4 %-3 GM/150ML                            | 1         |   | Cephalosporins - 3rd Generation             |           |  |
| CEFAZOLIN SOLN  | 1         |   | <i>cefdinir CAPS</i>                        | 1         |  |
|   |           |   | <i>cefdinir SUSR</i>                        | 1         |  |
|   |           |   | <i>cefixime CAPS</i>                        | 1         | QL(10 ea per 10 day(s) retail; 10 ea per 10 days mail); PA                         |
|   |           |   | <i>cefixime SUSR</i>                        | 1         | QL(100 ml per 10 day(s) retail; 100 ml per 10 days mail); AL(Up to 12 yrs old); PA |
|   |           |   | <i>cefpodoxime proxetil SUSR</i>            | 1         |  |
|   |           |   | <i>cefpodoxime proxetil TABS</i>            | 1         |  |

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| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| <i>ceftazidime IJ 1 GM, 6 GM</i>                        | 1         |                             |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i> | 1         |                             |
| <i>ceftriaxone sodium in dextrose</i>                   | 1         |                             |
| CEFTRIAXONE/DEXTRO SE                                   | 1         |                             |
| Cephalosporins - 4th Generation                         |           |                             |
| <i>cefepime hcl SOLR IJ 1 GM</i>                        | 1         |                             |
| CEFEPIME/DEXTROSE                                       | 1         |                             |
| CEFEPIME SOLN   | 1         |                             |
| Cephalosporins - 5th Generation                         |           |                             |
| TEFLARO   | 1         |                             |
| Cephalosporins - Siderophores                           |           |                             |
| FETROJA   | 1         | AL(At least 18 yrs old); PA |
| <b>CHEMICALS</b>  |           |                             |
| Bulk Chemicals - A's                                    |           |                             |
| ACYCLOVIR   | 1         |                             |
| ALBENDAZOLE   | 1         |                             |
| AMLODIPINE BESYLATE                                     | 1         |                             |
| Bulk Chemicals - B's                                    |           |                             |
| BENZOCAINE  | 1         | RX/OTC                      |
| BETHANECHOL CHLORIDE                                    | 1         |                             |
| Bulk Chemicals - C's                                    |           |                             |
| CHLORPROMAZINE HCL                                      | 1         |                             |
| CHOLESTYRAMINE  | 1         |                             |
| CHOLESTYRAMINE RESIN                                    | 1         |                             |
| CLINDAMYCIN PHOSPHATE POWD                              | 1         |                             |
| Bulk Chemicals - D's                                    |           |                             |
| DEXAMETHASONE   | 1         |                             |

| Drug Name                         | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|----------------------|
| DEXAMETHASONE SODIUM PHOSPHATE    | 1         |                      |
| DIAZEPAM                          | 1         |                      |
| Bulk Chemicals - E's              |           |                      |
| ENALAPRIL MALEATE                 | 1         |                      |
| ESTRADIOL                         | 1         |                      |
| ESTRADIOL MICRONIZED              | 1         |                      |
| ESTRIOL                           | 1         |                      |
| ESTRIOL MICRONIZED                | 1         |                      |
| Bulk Chemicals - G's              |           |                      |
| GLYCOPYRROLATE                    | 1         |                      |
| Bulk Chemicals - H's              |           |                      |
| HYDROCODONE BITARTRATE CRYSTALS   | 1         |                      |
| HYDROCODONE BITARTRATE POWD       | 1         |                      |
| HYDROCORTISONE                    | 1         |                      |
| HYDROCORTISONE ACETATE            | 1         |                      |
| HYDROCORTISONE ACETATE MICRONIZED | 1         |                      |
| HYDROCORTISONE MICRONIZED         | 1         |                      |
| HYDROXYUREA                       | 1         |                      |
| HYDROXYZINE HCL                   | 1         |                      |
| Bulk Chemicals - K's              |           |                      |
| KETAMINE HCL                      | 1         | Medical Benefit Only |
| Bulk Chemicals - L's              |           |                      |
| LANSOPRAZOLE                      | 1         | RX/OTC               |
| LIDOCAINE BASE POWD               | 1         |                      |
| LIDOCAINE HCL                     | 1         |                      |
| LIDOCAINE HCL MONOHYDRATE         | 1         |                      |
| LIDOCAINE CRYSTALS                | 1         |                      |
| LIDOCAINE POWD                    | 1         |                      |

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| Drug Name                          | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|
| LORAZEPAM                          | 1         |                     |
| Bulk Chemicals - M's               |           |                     |
| METFORMIN HCL                      | 1         |                     |
| METRONIDAZOLE                      | 1         |                     |
| METRONIDAZOLE BENZOATE             | 1         |                     |
| MUPIROCIN                          | 1         |                     |
| Bulk Chemicals - N's               |           |                     |
| NALTREXONE HCL                     | 1         |                     |
| NALTREXONE HYDROCHLORIDE           | 1         |                     |
| NALTREXONE HYDROCHLORIDE ANHYDROUS | 1         |                     |
| NIFEDIPINE                         | 1         |                     |
| Bulk Chemicals - O's               |           |                     |
| OMEPRAZOLE                         | 1         |                     |
| Bulk Chemicals - P's               |           |                     |
| PHYTONADIONE LIQD                  | 1         | RX/OTC              |
| PROGESTERONE MICRONIZED            | 1         |                     |
| PROGESTERONE MICRONIZED (SOY)      | 1         |                     |
| PROGESTERONE MICRONIZED (YAM)      | 1         |                     |
| PROGESTERONE MILLED POWD           | 1         |                     |
| PROGESTERONE ULTRA MICRONIZED      | 1         |                     |
| PROGESTERONE WETTABLE (SOY) POWD   | 1         |                     |
| PROGESTERONE WETTABLE (YAM) POWD   | 1         |                     |
| PROGESTERONE WETTABLE POWD         | 1         |                     |
| PROGESTERONE POWD                  | 1         |                     |
| PROMETHAZINE HCL POWD              | 1         |                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Bulk Chemicals - T's  |           |                     |
| TESTOSTERONE MICRONIZED (SOY) POWD                          | 1         | PA                  |
| TESTOSTERONE MICRONIZED SOY POWD                            | 1         | PA                  |
| TESTOSTERONE MICRONIZED YAM CRYSTALS                        | 1         | PA                  |
| TESTOSTERONE MICRONIZED POWD                                | 1         | PA                  |
| TESTOSTERONE PROPIONATE                                     | 1         | PA                  |
| TESTOSTERONE POWD   | 1         | PA                  |
| TOPIRAMATE  | 1         |                     |
| TRIAMCINOLONE   | 1         |                     |
| TRIAMCINOLONE USP, MICRONIZED                               | 1         |                     |
| TRICHLOROACETIC ACID CRYSTALS                               | 1         | RX/OTC              |
| Bulk Chemicals - U's  |           |                     |
| URSODIOL  | 1         |                     |
| Solids  |           |                     |
| KETOCONAZOLE  | 1         |                     |
| PILOCARPINE HCL POWD  | 1         |                     |
| PREGNENOLONE  | 1         |                     |
| PREGNENOLONE MICRONIZED                                     | 1         |                     |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>          |           |                     |
| Combination Contraceptives - Oral                           |           |                     |
| BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)           | 9         | QL(1 ea daily)      |
| BALCOLTRA (levonorgestrel-ethinyl estradiol-iron)           | 1         | QL(1 ea daily)      |
| BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium) | 1         |                     |

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|--|-----------|----------------------|--|-----------|----------------------|
| BEYAZ ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> ) | 9         |                      | <i>norethin acet &amp; estrad-fe CAPS</i>  | 1         | QL(1 ea daily); PA   |
| <i>desogestrel &amp; ethinyl estradiol</i>                           | 1         |                      | <i>norethin acet &amp; estrad-fe CHEW</i>  | 1         |                      |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                      | 1         |                      | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 1         |                      |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                     | 1         |                      | <i>norethindrone &amp; eth estradiol</i>   | 1         |                      |
| <i>drospirenone-ethinyl estradiol</i>                                | 1         |                      | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 1         |                      |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>           | 1         |                      | <i>norethindrone acet &amp; eth estra TABS</i>                                   | 1         |                      |
| <i>ethynodiol diacet &amp; eth estrad</i>                            | 1         |                      | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 1         |                      |
| FEMLYV TBDP  | 1         | PA                   | <i>norethindrone-eth estradiol (triphasic)</i>                                   | 1         |                      |
| GENERESS FE ( <i>norethindrone &amp; ethinyl estradiol-fe</i> )      | 9         |                      | <i>norgestimate-ethinyl estradiol</i>  | 1         |                      |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                       | 1         |                      | <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | 1         |                      |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                      | 1         |                      | <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | 1         |                      |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>     | 1         |                      | QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )                   | 1         | QL(1 ea daily)       |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                 | 1         |                      | QUARTETTE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )                   | 9         | QL(1 ea daily)       |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                         | 1         | QL(1 ea daily)       | SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )           | 1         |                      |
| LO LOESTRIN FE TABS  | 1         |                      | SAFYRAL ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )           | 9         |                      |
| LOSEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )    | 9         |                      | SEASONIQUE ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )                  | 9         |                      |
| MINASTRIN 24 FE CHEW ( <i>norethin acet &amp; estrad-fe</i> )        | 9         |                      | TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )                           | 9         | QL(1 ea daily)       |
| MIRCETTE ( <i>desogestrel-ethinyl estradiol (biphasic)</i> )         | 9         |                      | TAYTULLA CAPS ( <i>norethin acet &amp; estrad-fe</i> )                           | 1         | QL(1 ea daily); PA   |
| NATAZIA  | 1         |                      |  |           |                      |
| NEXTSTELLIS  | 1         | QL(1 ea daily); PA   |  |           |                      |

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|--|-----------|--|
| TYBLUME CHEW                                       | 1         |  |
| YASMIN 28<br>(drospirenone-ethinyl estradiol)      | 9         |  |
| YASMIN 28<br>(drospirenone-ethinyl estradiol)      | 1         |  |
| YAZ (drospirenone-ethinyl estradiol)               | 1         |  |
| YAZ (drospirenone-ethinyl estradiol)               | 9         |  |
| Combination Contraceptives - Transdermal           |           |  |
| norelgestromin-ethinyl estradiol                   | 1         | QL(9 ea per 84 day(s) retail; 9 ea per 84 days mail)                 |
| TWIRLA   | 1         |  |
| Combination Contraceptives - Vaginal               |           |  |
| ANNOVERA   | 1         | 1 package(s) per 365 day(s) retail; 1 package(s) per 365 day(s) mail |
| etonogestrel-ethinyl estradiol                     | 1         |  |
| NUVARING<br>(etonogestrel-ethinyl estradiol)       | 9         |  |
| NUVARING<br>(etonogestrel-ethinyl estradiol)       | 1         |  |
| Emergency Contraceptives                           |           |  |
| ELLA   | 1         |  |
| levonorgestrel (emergency oc) 1.5 MG               | 1         |  |
| PLAN B ONE-STEP<br>(levonorgestrel (emergency oc)) | 9         |  |
| Progestin Contraceptives - Injectable              |           |  |

| Drug Name  | Drug Tier | Requirements/Limits                                  |
|--|-----------|--|
| DEPO-PROVERA CONTRACEPTIVE SUSP IM (medroxyprogesterone acetate (contraceptive))     | 1         | QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail) |
| DEPO-PROVERA CONTRACEPTIVE SUSY IM (medroxyprogesterone acetate (contraceptive))     | 1         |  |
| DEPO-SUBQ PROVERA 104 SUSY SC  | 1         |  |
| medroxyprogesterone acetate (contraceptive) SUSP IM                                  | 1         | QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail) |
| medroxyprogesterone acetate (contraceptive) SUSY IM                                  | 1         |  |
| Progestin Contraceptives - Oral  |           |  |
| norethindrone (contraceptive)  | 1         |  |
| OPILL  | 1         |  |
| SLYND  | 1         | QL(1 ea daily); PA                                   |
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |  |
| Glucocorticosteroids   |           |  |
| AGAMREE  | 1         | AL(At least 2 yrs old); PA                           |
| ALKINDI SPRINKLE CPSP  | 1         | AL(Up to 6 yrs old); PA                              |
| betamethasone sod phosphate & acetate SUSP   | 1         |  |
| budesonide CPEP  | 1         |  |
| budesonide TB24  | 1         | QL(1 ea daily); PA                                   |
| CELESTONE SOLUSPAN SUSP (betamethasone sod phosphate & acetate)                      | 1         |  |
| CORTEF TABS (hydrocortisone)   | 1         |  |
| CORTISONE ACETATE TABS   | 1         |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|--|---|-----------|---|
| <i>deflazacort SUSP</i>   | 1         | Brand Required; QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(At least 5 yrs old); PA | EMFLAZA TABS ( <i>deflazacort</i> )                               | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old); PA                          |
| <i>deflazacort TABS</i>   | 1         | Brand Required; QL(1 ea daily); AL(At least 5 yrs old); PA   | EOHILIA SUSP  | 1         | AL(At least 11 yrs old); PA   |
| DEPO-MEDROL SUSP  | 1         |  | HEMADY TABS   | 1         | QL(24 ea per 28 day(s) retail; 24 ea per 28 days mail); AL(At least 18 yrs old); PA |
| DEPO-MEDROL SUSP 80 MG/ML ( <i>methylprednisolone acetate</i> ) | 9         |  | <i>hydrocortisone sod succinate 100 MG</i>                        | 1         |   |
| DEPO-MEDROL SUSP ( <i>methylprednisolone acetate</i> )          | 1         |  | <i>hydrocortisone TABS</i>  | 1         |   |
| DEXAMETHASONE INTENSOL CONC                                     | 1         |  | KENALOG-10 SUSP   | 1         | QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail)                                |
| <i>dexamethasone sodium phosphate SOLN IJ</i>                   | 1         |  | KENALOG-40 SUSP ( <i>triamcinolone acetonide</i> )                | 1         | QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail)                                |
| <i>dexamethasone sodium phosphate SOSY IJ</i>                   | 1         |  | KENALOG-80 SUSP   | 1         |   |
| <i>dexamethasone ELIX</i>                                       | 1         |  | MEDROL DOSEPAK TBPK ( <i>methylprednisolone</i> )                 | 1         |   |
| <i>dexamethasone SOLN</i>                                       | 1         |  | MEDROL TABS ( <i>methylprednisolone</i> )                         | 1         |   |
| <i>dexamethasone TABS</i>                                       | 1         |  | MEDROL TABS   | 1         |   |
| <i>dexamethasone TBPK</i>                                       | 1         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA                               | <i>methylprednisolone acetate SUSP</i>                            | 1         |   |
| <i>dexamethasone TBPK</i>                                       | 1         | PA   | <i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i> | 1         |   |
| <i>dexamethasone TBPK</i>                                       | 1         |  | <i>methylprednisolone TABS</i>                                    | 1         |   |
| EMFLAZA SUSP ( <i>deflazacort</i> )                             | 1         | Brand Required; QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); AL(At least 5 yrs old); PA | <i>methylprednisolone TBPK</i>                                    | 1         |   |
|   |           |  | ORAPRED ODT TBDP ( <i>prednisolone sodium phosphate</i> )         | 9         | QL(10 ea per fill retail)   |
|   |           |  | PEDIAPRED SOLN ( <i>prednisolone sodium phosphate</i> )           | 1         |   |

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|--|-----------|--|
| PREDNISOLONE SODIUM PHOSPHATE POWD   | 1         |  |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | 1         |  |
| <i>prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML</i>                       | 1         | PA   |
| <i>prednisolone sodium phosphate TBP</i>   | 1         | QL(10 ea per fill retail); AL(Up to 10 yrs old)      |
| <i>prednisolone SOLN</i>   | 1         |  |
| <i>prednisolone TABS</i>   | 1         | PA   |
| PREDNISON INTENSOL CONC  | 1         |  |
| PREDNISON POWD   | 1         |  |
| <i>prednisone SOLN</i>   | 1         |  |
| <i>prednisone TABS</i>   | 1         |  |
| <i>prednisone TBP</i>  | 1         |  |
| RAYOS TBEC   | 1         |  |
| SOLU-CORTEF  | 1         |  |
| SOLU-MEDROL  | 1         |  |
| SOLU-MEDROL ( <i>methylprednisolone sod succ</i> )                                   | 1         |  |
| TARPEYO CPDR   | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA          |
| <i>triamcinolone acetonide SUSP 40 MG/ML, 400 MG/10ML</i>                            | 1         | QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail) |
| UCERIS TB24 ( <i>budesonide</i> )  | 9         | QL(1 ea daily)                                       |
| UCERIS TB24 ( <i>budesonide</i> )  | 1         | QL(1 ea daily); PA                                   |
| ZILRETTA SRER  | 1         | Medical Benefit Only                                 |
| Mineralocorticoids   |           |  |

| Drug Name   | Drug Tier | Requirements/Limits                            |
|---|-----------|--|
| <i>fludrocortisone acetate TABS</i>   | 1         |  |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b> |           |  |
| Expectorants  |           |  |
| SSKI SOLN ( <i>potassium iodide (expectorant)</i> )                         | 1         | AL(Up to 20 yrs old); PA                       |
| Misc. Respiratory Inhalants   |           |  |
| HYPERSAL NEBU ( <i>sodium chloride (inhalant)</i> )                         | 9         |  |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>                     | 1         |  |
| <i>sodium chloride (inhalant) NEBU 7 %</i>                                  | 1         | AL(Up to 21 yrs old)                           |
| Mucolytics  |           |  |
| ACETYLCYSTEINE POWD   | 1         |  |
| <i>acetylcysteine SOLN</i>  | 1         |  |
| <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>                     |           |  |
| Acne Products   |           |  |
| ABSORICA ( <i>isotretinoin</i> )  | 9         | QL(2 ea daily)                                 |
| ABSORICA ( <i>isotretinoin</i> )  | 1         | QL(2 ea daily); AL(Up to 20 yrs old)           |
| ABSORICA LD   | 1         | AL(At least 12 yrs old - Up to 20 yrs old); PA |
| ACZONE ( <i>dapsone (topical)</i> )   | 9         |  |
| <i>adapalene GEL 0.3 %</i>  | 1         |  |
| AVAR LS CLEANSER LIQD ( <i>sulfacetamide sodium w/ sulfur</i> )             | 9         |  |
| AVAR-E LS CREA ( <i>sulfacetamide sodium w/ sulfur</i> )                    | 9         |  |

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| Drug Name  | Drug Tier | Requirements/ Limits                          | Drug Name   | Drug Tier | Requirements/ Limits                                       |
|--|-----------|---|---|-----------|--|
| CLEOCIN-T LOTN<br>(clindamycin phosphate<br>topical))          | 1         | AL(Up to 20 yrs old)                          | <i>sulfacetamide sodium w/<br/>sulfur CREA 10 %-5 %</i>                         | 1         | AL(Up to 20 yrs old)                                       |
| CLINDACIN ETZ  | 1         | AL(Up to 20 yrs old); PA                      | <i>sulfacetamide sodium w/<br/>sulfur LIQD 10 %-2 %, 9<br/>%-4 %, 9 %-4.5 %</i> | 1         | AL(Up to 20 yrs old)                                       |
| CLINDAGEL GEL<br>(clindamycin phosphate<br>topical))           | 1         | AL(Up to 20 yrs old); PA                      | <i>sulfacetamide sodium w/<br/>sulfur SUSP 8 %-4 %</i>                          | 1         | AL(Up to 20 yrs old)                                       |
| <i>clindamycin phosphate<br/>(topical) FOAM</i>                | 1         | AL(Up to 20 yrs old); PA                      | SUMADAN KIT   | 1         | AL(Up to 20 yrs old); PA                                   |
| <i>clindamycin phosphate<br/>(topical) GEL</i>                 | 1         | AL(Up to 20 yrs old); PA                      | SUMADAN WASH LIQD<br>( <i>sulfacetamide sodium w/<br/>sulfur</i> )              | 1         | AL(Up to 20 yrs old)                                       |
| <i>clindamycin phosphate<br/>(topical) GEL</i>                 | 1         | AL(Up to 20 yrs old)                          | <i>tretinoin CREA 0.025 %, 0.05 %</i>   | 1         | AL(Up to 20 yrs old); PA                                   |
| <i>clindamycin phosphate<br/>(topical) LOTN</i>                | 1         | AL(Up to 20 yrs old)                          | WINLEVI   | 1         | AL(At least 12 yrs old - Up to 20 yrs old); PA             |
| <i>clindamycin phosphate<br/>(topical) SOLN</i>                | 1         | AL(Up to 20 yrs old)                          | <b>Agents for External Genital and Perianal Warts</b>                           |           |  |
| <i>clindamycin phosphate<br/>(topical) SWAB</i>                | 1         | AL(Up to 20 yrs old)                          | VEREGEN   | 1         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail)     |
| <i>dapsone (topical) 7.5 %</i>                                 | 1         | AL(At least 9 yrs old - Up to 20 yrs old); PA | <b>Antibiotics - Topical</b>  |           |  |
| <i>dapsone (topical) 5 %</i>                                   | 1         | AL(Up to 20 yrs old); PA                      | CENTANY AT KIT  | 2         |  |
| ERYGEL GEL<br>( <i>erythromycin (acne aid)</i> )               | 1         | AL(Up to 20 yrs old); PA                      | CENTANY OINT  | 1         |  |
| <i>erythromycin (acne aid)<br/>GEL</i>                         | 1         | AL(Up to 20 yrs old); PA                      | <i>gentamicin sulfate<br/>(topical) CREA</i>                                    | 1         |  |
| <i>erythromycin (acne aid)<br/>PADS</i>                        | 1         | AL(Up to 20 yrs old); PA                      | <i>gentamicin sulfate<br/>(topical) OINT</i>                                    | 1         |  |
| <i>erythromycin (acne aid)<br/>SOLN</i>                        | 1         | AL(Up to 20 yrs old)                          | <i>mupirocin calcium<br/>(topical)</i>  | 2         |  |
| EVOCLIN FOAM<br>( <i>clindamycin phosphate<br/>(topical)</i> ) | 9         |   | <i>mupirocin OINT</i>   | 1         |  |
| <i>isotretinoin</i>  | 1         | QL(2 ea daily); AL(Up to 20 yrs old)          | NEO-SYNALAR   | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); PA |
| KLARON ( <i>sulfacetamide sodium (acne)</i> )                  | 1         | AL(Up to 20 yrs old)                          | TETRACYCLINE HCL  | 1         |  |
| <i>sulfacetamide sodium (acne)</i>                             | 1         | AL(Up to 20 yrs old)                          | XEPI  | 2         |  |
|  |           |   | <b>Antifungals - Topical</b>  |           |  |
|  |           |   | <i>ciclopirox olamine CREA</i>  | 1         |  |
|  |           |   | <i>ciclopirox olamine SUSP</i>  | 1         |  |
|  |           |   | <i>ciclopirox GEL</i>   | 2         |  |

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|--|-----------|--|--|-----------|--|
| <i>ciclopirox SHAM</i>   | 2         |  | LOTRIMIN AF JOCK ITCH CREA ( <i>clotrimazole (topical)</i> ) | 9         | RX/OTC   |
| <i>ciclopirox SOLN</i>   | 1         | QL(6.6 ml per 30 day(s) retail; 7 ml per 30 days mail); PA         | LOTRIMIN AF CREA ( <i>clotrimazole (topical)</i> )           | 9         | RX/OTC   |
| <i>clotrimazole (topical) CREA</i>                             | 1         | AL(Up to 20 yrs old); RX/OTC                                       | <i>luliconazole</i>  | 2         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)                 |
| <i>clotrimazole (topical) SOLN</i>                             | 2         | RX/OTC   | LUZU ( <i>luliconazole</i> )                                 | 2         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)                 |
| <i>clotrimazole w/ betamethasone CREA</i>                      | 1         |  | <i>miconazole-zinc oxide-white petrolatum</i>                | 2         |  |
| <i>clotrimazole w/ betamethasone LOTN</i>                      | 2         |  | <i>naftifine hcl CREA</i>                                    | 2         |  |
| <i>econazole nitrate CREA</i>                                  | 1         |  | <i>naftifine hcl GEL 2 %</i>                                 | 2         |  |
| ERTACZO  | 2         |  | NAFTIN GEL   | 2         |  |
| EXTINA FOAM ( <i>ketoconazole (topical)</i> )                  | 9         |  | NAFTIN GEL ( <i>naftifine hcl</i> )                          | 2         |  |
| JUBLIA   | 1         | QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); PA           | <i>nystatin (topical) CREA</i>                               | 1         |  |
| KERYDIN ( <i>tavaborole</i> )                                  | 9         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail | <i>nystatin (topical) OINT</i>                               | 1         |  |
| <i>ketoconazole (topical) CREA</i>                             | 1         |  | <i>nystatin (topical) POWD EX</i>                            | 1         | 4 package(s) per 28 day(s) retail; 4 package(s) per 28 day(s) mail     |
| <i>ketoconazole (topical) FOAM</i>                             | 2         |  | <i>nystatin-triamcinolone CREA</i>                           | 2         |  |
| <i>ketoconazole (topical) SHAM 2 %</i>                         | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail)           | <i>nystatin-triamcinolone OINT</i>                           | 2         |  |
| LAMISIL AT JOCK ITCH CREA ( <i>terbinafine hcl (topical)</i> ) | 9         |  | <i>oxiconazole nitrate CREA</i>                              | 2         |  |
| LAMISIL AT CREA ( <i>terbinafine hcl (topical)</i> )           | 9         |  | OXISTAT CREA ( <i>oxiconazole nitrate</i> )                  | 9         |  |
| LOPROX SHAMPOO SHAM ( <i>ciclopirox</i> )                      | 9         |  | OXISTAT LOTN   | 2         |  |
| LOPROX CREA ( <i>ciclopirox olamine</i> )                      | 1         |  | <i>tavaborole</i>  | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA |
| LOPROX SUSP ( <i>ciclopirox olamine</i> )                      | 1         |  | <i>terbinafine hcl (topical) CREA</i>                        | 1         | AL(Up to 20 yrs old)   |

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|--|-----------|--|---------------------------------------|-----------|---|
| TINACTIN CREA<br>(tolnaftate)                                | 9         |  | fluorouracil (topical)<br>CREA 0.5 %  | 1         | PA  |
| tolnaftate CREA  | 1         | AL(Up to 20 yrs old)   | fluorouracil (topical) SOLN           | 1         |   |
| VUSION (miconazole-zinc oxide-white petrolatum)              | 2         |  | LEVULAN KERASTICK SOLR                | 1         | Medical Benefit Only  |
| Anti-inflammatory Agents - Topical                           |           |  | TARGRETIN (bexarotene (topical))      | 1         |   |
| diclofenac epolamine PTCH EX                                 | 1         | QL(30 ea per 15 day(s) retail; 30 ea per 15 days mail); PA   | VALCHLOR                              | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)                                |
| diclofenac sodium (topical) GEL EX                           | 1         | RX/OTC   | Antipruritics - Topical               |           |   |
| diclofenac sodium (topical) SOLN EX 2 %                      | 1         | QL(112 gm per 28 day(s) retail; 112 gm per 28 days mail); PA | doxepin hcl (antipruritic)            | 1         | 1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA                  |
| diclofenac sodium (topical) SOLN EX 1.5 %                    | 1         | QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); PA | PRUDOXIN (doxepin hcl (antipruritic)) | 1         | 1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA                  |
| FLECTOR PTCH EX (diclofenac epolamine)                       | 9         | QL(30 ea per 15 day(s) retail; 30 ea per 15 days mail)       | ZONALON (doxepin hcl (antipruritic))  | 1         | 1 package(s) per 8 day(s) retail; 1 package(s) per 8 day(s) mail; PA                  |
| PENNSAID SOLN EX 2 % (diclofenac sodium (topical))           | 1         | QL(112 gm per 30 day(s) retail; 112 gm per 30 days mail); PA | Antipsoriatics                        |           |   |
| VOLTAREN ARTHRITIS PAIN GEL EX (diclofenac sodium (topical)) | 9         | RX/OTC   | acitretin                             | 1         | QL(2 ea daily)  |
| Antineoplastic or Premalignant Lesion Agents - Topical       |           |  | BIMZELX SOAJ                          | 1         | PA  |
| AMELUZ GEL   | 1         | Medical Benefit Only   | BIMZELX SOSY                          | 1         | PA  |
| bexarotene (topical)   | 1         |  | calcipotriene CREA                    | 1         |   |
| diclofenac sodium (actinic keratoses) EX                     | 1         | PA   | CALCIPOTRIENE FOAM                    | 1         | QL(120 gm per 30 day(s) retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA |
| EFUDEX CREA (fluorouracil (topical))                         | 1         |  | calcipotriene OINT                    | 1         |   |
| fluorouracil (topical) CREA 5 %                              | 1         |  |                                       |           |   |

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|------------------------------|-----------|---|--------------------------------------|-----------|---|
| <i>calcipotriene SOLN</i>    | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail)  | SORILUX FOAM                         | 1         | QL(120 gm per 30 day(s) retail; 120 gm per 30 days mail); AL(At least 12 yrs old); PA |
| <i>calcitriol (topical)</i>  | 1         |   | SOTYKTU                              | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| COSENTYX SENSOREADY PEN SOAJ | 1         | QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA  | SPEVIGO SOLN                         | 1         | AL(At least 12 yrs old); PA   |
| COSENTYX UNOREADY SOAJ       | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA  | SPEVIGO SOSY                         | 1         | AL(At least 12 yrs old); PA   |
| COSENTYX SOLN                | 1         | PA  | STELARA SOLN 45 MG/0.5ML             | 1         | QL(0.5 ml per 84 day(s) retail); PA   |
| COSENTYX SOSY 75 MG/0.5ML    | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 6 yrs old - Up to 18 yrs old); PA | STELARA SOSY 90 MG/ML                | 1         | QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); PA                              |
| COSENTYX SOSY 150 MG/ML      | 1         | QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA  | STELARA SOSY 45 MG/0.5ML             | 1         | QL(0.5 ml per 84 day(s) retail); PA   |
| ILUMYA                       | 1         | QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA  | TALTZ SOAJ                           | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA                              |
| <i>methoxsalen rapid</i>     | 1         |   | TALTZ SOSY 80 MG/ML                  | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA                              |
| SILIQ                        | 1         | QL(4.5 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 18 yrs old); PA                 | TALTZ SOSY 20 MG/0.25ML, 40 MG/0.5ML | 1         | AL(At least 6 yrs old - Up to 17 yrs old); PA   |
| SKYRIZI PEN SOAJ             | 1         | QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA  | <i>tazarotene CREA 0.1 %</i>         | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)                                |
| SKYRIZI SOSY                 | 1         | QL(1 ml per 84 day(s) retail; 1 ml per 84 days mail); PA  | <i>tazarotene CREA 0.05 %</i>        | 1         | AL(Up to 20 yrs old)  |
|                              |           |   | <i>tazarotene GEL</i>                | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(Up to 20 yrs old); PA      |

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|---|-----------|---|---|-----------|--|
| <i>tazarotene GEL</i>                     | 1         | QL(100 gm per 30 day(s) retail; 100 gm per 30 days mail); AL(Up to 20 yrs old); PA  | <i>selenium sulfide LOTN 2.5 %</i>        | 1         |  |
| TAZORAC CREA 0.1 % ( <i>tazarotene</i> )  | 9         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail)                              | ZORYVE                                    | 1         | QL(2 gm daily); AL(At least 6 yrs old); PA                               |
| TAZORAC CREA 0.05 % ( <i>tazarotene</i> ) | 9         |   | <b>Antivirals - Topical</b>               |           |  |
| TAZORAC GEL ( <i>tazarotene</i> )         | 9         |   | <i>acyclovir topical CREA</i>             | 1         | Brand Required; QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA |
| TREMFYA SOAJ 100 MG/ML                    | 1         | QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA   | <i>acyclovir topical OINT</i>             | 1         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA               |
| TREMFYA SOAJ 200 MG/2ML                   | 1         | AL(At least 18 yrs old); PA   | DENAVIR ( <i>penciclovir</i> )            | 1         | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA                 |
| TREMFYA SOLN                              | 1         | AL(At least 18 yrs old); PA   | <i>penciclovir</i>                        | 1         | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA                 |
| TREMFYA SOSY 100 MG/ML                    | 1         | QL(1 ml per 55 day(s) retail; 1 ml per 55 days mail); AL(At least 18 yrs old); PA   | XERESE                                    | 1         | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail); PA                 |
| TREMFYA SOSY 200 MG/2ML                   | 1         | AL(At least 18 yrs old); PA   | ZOVIRAX CREA ( <i>acyclovir topical</i> ) | 1         | Brand Required; QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)     |
| VECTICAL ( <i>calcitriol topical</i> )    | 9         |   | ZOVIRAX OINT ( <i>acyclovir topical</i> ) | 1         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); PA               |
| VTAMA                                     | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA | <b>Burn Products</b>                      |           |  |
| ZORYVE 0.3 %                              | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 6 yrs old); PA  | <i>mafenide acetate PACK</i>              | 1         |  |
| <b>Antiseborrheic Products</b>            |           |   | SILVADENE ( <i>silver sulfadiazine</i> )  | 1         |  |
|   |           |   | <i>silver sulfadiazine</i>                | 1         |  |

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|--|-----------|--|--|-----------|--|
| SULFAMYLLON CREA                                       | 1         | QL(113.4 gm per 14 day(s) retail; 113 gm per 14 days mail) | <i>betamethasone valerate OINT</i>                   | 1         |  |
| <b>Cauterizing Agents</b>                              |           |  | BRYHALI LOTN   | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA |
| SILVER NITRATE SOLN 0.5 %                              | 1         |  | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1         | PA   |
| <b>Corticosteroids - Topical</b>                       |           |  | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1         | PA   |
| <i>alclometasone dipropionate CREA</i>                 | 1         | PA   | <i>clobetasol propionate emollient base 0.05 %</i>   | 1         |  |
| <i>alclometasone dipropionate OINT</i>                 | 1         | PA   | <i>clobetasol propionate emulsion</i>                | 1         | PA   |
| <i>amcinonide CREA</i>                                 | 1         | PA   | <i>clobetasol propionate CREA 0.05 %</i>             | 1         |  |
| APEXICON E CREA  | 1         | PA   | <i>clobetasol propionate FOAM</i>                    | 1         |  |
| <i>betamethasone dipropionate (topical) CREA</i>       | 1         |  | <i>clobetasol propionate GEL 0.05 %</i>              | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA |
| <i>betamethasone dipropionate (topical) LOTN</i>       | 1         |  | <i>clobetasol propionate LIQD</i>                    | 1         | PA   |
| <i>betamethasone dipropionate (topical) OINT</i>       | 1         |  | <i>clobetasol propionate LOTN</i>                    | 1         | PA   |
| <i>betamethasone dipropionate augmented CREA</i>       | 1         |  | <i>clobetasol propionate OINT 0.05 %</i>             | 1         |  |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1         | PA   | <i>clobetasol propionate SHAM</i>                    | 1         | PA   |
| <i>betamethasone dipropionate augmented LOTN</i>       | 1         | PA   | <i>clobetasol propionate SOLN 0.05 %</i>             | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail     |
| <i>betamethasone dipropionate augmented OINT</i>       | 1         |  | CLOBEX LIQD ( <i>clobetasol propionate</i> )         | 9         |  |
| <i>betamethasone valerate CREA</i>                     | 1         |  | CLOBEX LOTN 0.05 % ( <i>clobetasol propionate</i> )  | 9         |  |
| <i>betamethasone valerate FOAM</i>                     | 1         | PA   |  |           |  |
| <i>betamethasone valerate LOTN</i>                     | 1         | PA   |  |           |  |

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|--|-----------|---|---|-----------|---|
| CLOBEX SHAM<br>( <i>clobetasol propionate</i> )                | 9         |   | <i>diflorasone diacetate</i><br>CREA                              | 1         | PA  |
| <i>clocortolone pivalate</i>                                   | 1         | PA  | <i>diflorasone diacetate</i><br>OINT                              | 1         | PA  |
| CLODAN KIT   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA                        | DIPROLENE OINT<br>( <i>betamethasone dipropionate augmented</i> ) | 1         |   |
| CLODERM ( <i>clocortolone pivalate</i> )                       | 1         | PA  | DUOBRII   | 1         | QL(100 gm per 30 day(s) retail; 100 gm per 30 days mail); PA                        |
| DERMA-SMOOTH/FS<br>BODY OIL ( <i>fluocinolone acetonide</i> )  | 1         | QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail); PA                 | ENSTILAR FOAM   | 1         | QL(60 gm per 30 day(s) retail; 60 gm per 30 days mail); AL(At least 18 yrs old); PA |
| DERMA-SMOOTH/FS<br>SCALP OIL ( <i>fluocinolone acetonide</i> ) | 9         | Brand Required; QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail)     | EPIFOAM FOAM  | 1         |   |
| DERMA-SMOOTH/FS<br>SCALP OIL ( <i>fluocinolone acetonide</i> ) | 1         | Brand Required; QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail); PA | <i>fluocinolone acetonide</i><br>CREA                             | 1         | PA  |
| <i>desonide</i> CREA   | 1         |   | <i>fluocinolone acetonide</i><br>OIL                              | 1         | Brand Required; QL(118.28 ml per 15 day(s) retail; 118 ml per 15 days mail); PA     |
| <i>desonide</i> LOTN   | 1         | PA  | <i>fluocinolone acetonide</i><br>OINT                             | 1         | PA  |
| <i>desonide</i> OINT   | 1         |   | <i>fluocinolone acetonide</i><br>SOLN                             | 1         |   |
| DESOWEN CREA<br>( <i>desonide</i> )                            | 9         |   | <i>fluocinonide emulsified base</i>                               | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA              |
| <i>desoximetasone</i> CREA<br>0.05 %                           | 1         | PA  | <i>fluocinonide</i> CREA  | 1         |   |
| <i>desoximetasone</i> CREA<br>0.25 %                           | 1         |   | <i>fluocinonide</i> GEL   | 1         | PA  |
| <i>desoximetasone</i> GEL                                      | 1         | PA  | <i>fluocinonide</i> OINT  | 1         |   |
| <i>desoximetasone</i> LIQD                                     | 1         | QL(100 ml per 30 day(s) retail; 100 ml per 30 days mail); PA                    | <i>fluocinonide</i> SOLN  | 1         |   |
| <i>desoximetasone</i> OINT<br>0.25 %                           | 1         |   | <i>flurandrenolide</i> LOTN                                       | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA                        |
| <i>desoximetasone</i> OINT<br>0.05 %                           | 1         | PA  |   |           |   |

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|--|-----------|---|---|-----------|--|
| <i>fluticasone propionate</i><br>CREA 0.05 %         | 1         |   | <i>hydrocortisone valerate</i><br>OINT                                  | 1         | PA   |
| <i>fluticasone propionate</i><br>LOTN                | 1         | QL(120 ml per 30 day(s) retail; 120 ml per 30 days mail); PA                        | KENALOG AERS<br>( <i>triamcinolone acetonide</i><br>( <i>topical</i> )) | 9         |  |
| <i>fluticasone propionate</i><br>OINT                | 1         |   | LEXETTE FOAM<br>( <i>halobetasol propionate</i> )                       | 9         | QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail) |
| <i>halcinonide</i> CREA                              | 1         | PA  | LOCOID LIPOCREAM  | 1         | PA   |
| <i>halobetasol propionate</i><br>CREA                | 1         |   | LOCOID LOTN<br>( <i>hydrocortisone butyrate</i> )                       | 1         | PA   |
| <i>halobetasol propionate</i><br>FOAM                | 1         | QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail); AL(At least 18 yrs old); PA | LUXIQ FOAM<br>( <i>betamethasone valerate</i> )                         | 9         |  |
| <i>halobetasol propionate</i><br>OINT                | 1         |   | <i>mometasone furoate</i><br>CREA                                       | 1         |  |
| HALOG CREA<br>( <i>halcinonide</i> )                 | 1         | PA  | <i>mometasone furoate</i><br>OINT                                       | 1         |  |
| HALOG SOLN   | 1         | PA  | <i>mometasone furoate</i><br>SOLN                                       | 1         |  |
| <i>hydrocortisone (topical)</i><br>CREA 1 %, 2.5 %   | 1         | RX/OTC  | OLUX-E ( <i>clobetasol propionate emulsion</i> )                        | 9         |  |
| <i>hydrocortisone (topical)</i><br>LOTN 2.5 %        | 1         |   | OLUX FOAM ( <i>clobetasol propionate</i> )                              | 9         |  |
| <i>hydrocortisone (topical)</i><br>OINT 1 %, 2.5 %   | 1         | RX/OTC  | PANDEL  | 1         | PA   |
| <i>hydrocortisone butyrate hydrophilic lipo base</i> | 1         | PA  | <i>prednicarbate</i> OINT   | 1         | PA   |
| <i>hydrocortisone butyrate</i><br>CREA               | 1         | PA  | SYNALAR CREAM KIT   | 1         | PA   |
| <i>hydrocortisone butyrate</i><br>LOTN               | 1         | PA  | SYNALAR OINTMENT KIT  | 1         | PA   |
| <i>hydrocortisone butyrate</i><br>OINT               | 1         | PA  | SYNALAR TS  | 1         | PA   |
| <i>hydrocortisone butyrate</i><br>SOLN               | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; PA              | SYNALAR CREA<br>( <i>fluocinolone acetonide</i> )                       | 1         | PA   |
| <i>hydrocortisone valerate</i><br>CREA               | 1         |   | SYNALAR OINT<br>( <i>fluocinolone acetonide</i> )                       | 1         | PA   |
|  |           |   | SYNALAR SOLN<br>( <i>fluocinolone acetonide</i> )                       | 1         |  |
|  |           |   | TACLONEX OINT<br>( <i>calcipotriene-betamethasone dipropionate</i> )    | 1         | PA   |

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|--|-----------|---|---------------------------------------|-----------|---|
| TACLONEX SUSP<br>( <i>calcipotriene-betamethasone dipropionate</i> ) | 1         | PA  | VANOS CREA<br>( <i>fluocinonide</i> ) | 1         |   |
| TEXACORT SOLN 2.5 %  | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA                          | Eczema Agents                         |           |   |
| TOPICORT CREA 0.05 %<br>( <i>desoximetasone</i> )                    | 9         |   | ADBRY SOAJ                            | 1         | AL(At least 18 yrs old); PA   |
| TOPICORT CREA 0.25 %<br>( <i>desoximetasone</i> )                    | 1         |   | ADBRY SOSY                            | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA             |
| TOPICORT GEL<br>( <i>desoximetasone</i> )                            | 1         | PA  | CIBINQO                               | 1         | QL(1 ea daily); AL(At least 12 yrs old); PA   |
| TOPICORT LIQD<br>( <i>desoximetasone</i> )                           | 9         | QL(100 ml per 30 day(s) retail; 100 ml per 30 days mail)                            | DUPIXENT SOAJ 300 MG/2ML              | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA                                      |
| TOPICORT OINT<br>( <i>desoximetasone</i> )                           | 9         |   | DUPIXENT SOAJ 200 MG/1.14ML           | 1         | QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                                   |
| <i>triamcinolone acetonide (topical) AERS</i>                        | 1         | PA  | DUPIXENT SOSY 300 MG/2ML              | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA                                      |
| <i>triamcinolone acetonide (topical) CREA</i>                        | 1         |   | DUPIXENT SOSY 100 MG/0.67ML           | 1         | QL(1.34 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                                   |
| <i>triamcinolone acetonide (topical) LOTN</i>                        | 1         |   | DUPIXENT SOSY 200 MG/1.14ML           | 1         | QL(2.28 ml per 28 day(s) retail; 2 ml per 28 days mail); PA                                   |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %, 0.5 %</i>  | 1         |   | EBGLYSS                               | 1         | AL(At least 12 yrs old); PA   |
| <i>triamcinolone acetonide (topical) OINT 0.05 %</i>                 | 1         | PA  | OPZELURA                              | 1         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 12 yrs old); PA |
| TRIAMCINOLONE ACETONIDE POWD   | 1         |   | Emollient/Keratolytic Agents          |           |   |
| TRIAMCINOLONE ACETONIDEUSP, MICRONIZED POWD                          | 1         |   | <i>urea CREA 39 %, 40 %</i>           | 1         | RX/OTC  |
| TRIDESILON CREA 0.05 %<br>( <i>desonide</i> )                        | 9         |   | Emollients                            |           |   |
| ULTRAVATE LOTN   | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); AL(At least 18 yrs old); PA |                                       |           |   |

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|---|-----------|--|
| <i>lactic acid (ammonium lactate) CREA</i>      | 1         | RX/OTC   |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | 1         | RX/OTC   |
| Enzymes - Topical                               |           |  |
| SANTYL OINT                                     | 1         | AL(Up to 20 yrs old); PA   |
| Glabella Lines (Frown Lines) Agents             |           |  |
| DAXXIFY   | 1         | Medical Benefit Only   |
| Hair Growth Agents                              |           |  |
| LITFULO   | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 12 yrs old - Up to 20 yrs old); PA |
| Immunomodulating Agents - Systemic              |           |  |
| NEMLUVIO  | 1         | AL(At least 18 yrs old); PA  |
| Immunomodulating Agents - Topical               |           |  |
| <i>imiquimod 5 %</i>                            | 1         | QL(0.4 ea daily)   |
| <i>imiquimod 3.75 %</i>                         | 1         | AL(At least 13 yrs old); PA  |
| ZYCLARA ( <i>imiquimod</i> )                    | 1         | AL(At least 13 yrs old); PA  |
| ZYCLARA PUMP ( <i>imiquimod</i> )               | 1         | AL(At least 13 yrs old); PA  |
| ZYCLARA PUMP                                    | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 13 yrs old); PA        |
| Immunosuppressive Agents - Topical              |           |  |

| Drug Name                               | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| ELIDEL ( <i>pimecrolimus</i> )          | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)            |
| HYFTOR                                  | 1         | QL(30 gm per 35 day(s) retail; 30 gm per 35 days mail); AL(At least 6 yrs old - Up to 20 yrs old); PA |
| <i>pimecrolimus</i>                     | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)            |
| <i>tacrolimus (topical) OINT 0.1 %</i>  | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 15 yrs old)           |
| <i>tacrolimus (topical) OINT 0.03 %</i> | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 2 yrs old)            |
| Keratolytic/Antimitotic/Vesicant Agents |           |   |
| CONDYLOX GEL ( <i>podofilox</i> )       | 1         | QL(3.5 gm per fill retail)  |
| PODOCON-25 SOLN                         | 1         | Medical Benefit Only  |
| <i>podofilox GEL</i>                    | 1         | QL(3.5 gm per fill retail)  |
| <i>podofilox SOLN</i>                   | 1         | QL(3.5 ml per fill retail)  |
| SALICYLIC ACID OINT                     | 1         | PA; RX/OTC  |
| SALYCIM CREA                            | 1         | AL(Up to 20 yrs old)  |

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|---|-----------|--|---|-----------|--|
| YCANTH SOLN                                     | 1         | Medical Benefit Only   | EUCRISA   | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail                                     |
| Local Anesthetics - Topical                     |           |  | ZORYVE 0.15 %                                       | 1         | AL(At least 6 yrs old); PA   |
| GEN7T PTCH ( <i>lidocaine</i> )                 | 9         | RX/OTC   | Protectives Against UV Radiation                    |           |  |
| <i>lidocaine hcl CREA 3 %</i>                   | 1         |  | SCENESSE  | 1         | Medical Benefit Only   |
| <i>lidocaine hcl PRSY</i>                       | 1         |  | Rosacea Agents                                      |           |  |
| <i>lidocaine hcl SOLN</i>                       | 1         |  | <i>brimonidine tartrate (topical)</i>               | 1         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail); AL(At least 18 yrs old - Up to 20 yrs old); PA |
| <i>lidocaine OINT</i>                           | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail         | <i>doxycycline (rosacea)</i>                        | 1         | PA   |
| <i>lidocaine-prilocaine CREA</i>                | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail         | METROCREAM CREA ( <i>metronidazole (topical)</i> )  | 9         |  |
| <i>lidocaine PTCH 5 %</i>                       | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail)                     | METROGEL GEL 1 % ( <i>metronidazole (topical)</i> ) | 9         |  |
| LIDODERM PTCH ( <i>lidocaine</i> )              | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail)                     | METROLOTION LOTN ( <i>metronidazole (topical)</i> ) | 9         |  |
| LIDODERM PTCH ( <i>lidocaine</i> )              | 9         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail)                     | <i>metronidazole (topical) CREA</i>                 | 1         | AL(Up to 20 yrs old)   |
| QUTENZA   | 1         | Medical Benefit Only; QL(4 ea per 90 day(s) retail; 4 ea per 90 days mail) | <i>metronidazole (topical) GEL 0.75 %</i>           | 1         | AL(Up to 20 yrs old)   |
| ZTLIDO PTCH                                     | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); PA                 | <i>metronidazole (topical) GEL 1 %</i>              | 1         | AL(Up to 20 yrs old); PA   |
| Misc. Topical                                   |           |  | <i>metronidazole (topical) LOTN</i>                 | 1         | AL(Up to 20 yrs old)   |
| DRYSOL SOLN                                     | 1         | AL(Up to 20 yrs old); PA   | MIRVASO ( <i>brimonidine tartrate (topical)</i> )   | 9         | QL(30 gm per 30 day(s) retail; 30 gm per 30 days mail)   |
| XERAC AC  | 1         | AL(Up to 20 yrs old)   | NORITATE CREA                                       | 1         | AL(Up to 20 yrs old); PA   |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical |           |  | ORACEA ( <i>doxycycline (rosacea)</i> )             | 9         |  |
|   |           |  | Scabicides & Pediculicides                          |           |  |

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| Drug Name                                     | Drug Tier | Requirements/Limits  | Drug Name                             | Drug Tier | Requirements/Limits  |
|---|-----------|--|---------------------------------------|-----------|--|
| <i>crotamiton LOTN</i>                        | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 18 yrs old); PA          | <i>spinosad</i>                       | 1         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; PA |
| <i>ivermectin (pediculicide)</i>              | 1         | QL(117 gm per fill retail); PA   | VANALICE GEL                          | 1         | AL(Up to 18 yrs old)   |
| <i>malathion</i>                              | 1         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 6 yrs old); PA             | <b>Wound Care Products</b>            |           |  |
| NATROBA ( <i>spinosad</i> )                   | 1         | Brand Required; 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail; AL(At least 1 yrs old) | FILSUVEZ                              | 1         | PA   |
| NIX CREME RINSE LIQD EX ( <i>permethrin</i> ) | 9         | 2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail   | VASHE WOUND THERAPY SOLN              | 1         | AL(Up to 20 yrs old); PA; RX/OTC                                     |
| OVIDE ( <i>malathion</i> )                    | 9         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail   | VYJUVEK                               | 1         | QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA           |
| <i>permethrin CREA</i>                        | 1         | 1 package(s) per 7 day(s) retail; 1 package(s) per 7 day(s) mail   | <b>DIAGNOSTIC PRODUCTS</b>            |           |  |
| <i>permethrin LIQD EX</i>                     | 1         | 2 package(s) per 7 day(s) retail; 2 package(s) per 7 day(s) mail; AL(Up to 20 yrs old)                   | <b>Diagnostic Biologicals</b>         |           |  |
| SKLICE ( <i>ivermectin (pediculicide)</i> )   | 1         | QL(117 gm per fill retail); PA   | APLISOL                               | 1         | QL(0.1 ml per fill retail)   |
|   |           |  | <b>Diagnostic Drugs</b>               |           |  |
|   |           |  | <i>adenosine (diagnostic)</i>         | 1         |  |
|   |           |  | BLUDIGO IV                            | 1         | Medical Benefit Only   |
|   |           |  | CORTROSYN SOLR ( <i>cosyntropin</i> ) | 1         |  |
|   |           |  | <i>cosyntropin SOLR</i>               | 1         |  |
|   |           |  | <i>dipyridamole (diagnostic)</i>      | 1         |  |
|   |           |  | GLEOLAN                               | 1         | Medical Benefit Only   |
|   |           |  | GLUCAGON                              | 1         |  |
|   |           |  | GLUCAGON HCL DIAGNOSTIC               | 1         |  |
|   |           |  | LEXISCAN ( <i>regadenoson</i> )       | 1         |  |
|   |           |  | MACRILEN                              | 1         | Medical Benefit Only   |
|   |           |  | METOPIRONE                            | 1         |  |
|   |           |  | <i>regadenoson</i>                    | 1         | Medical Benefit Only   |
|   |           |  | R-GENE 10                             | 1         |  |

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|--------------------------------------|-----------|--|--|-----------|---|
| SINCALIDE                            | 1         | Medical Benefit Only                                     | KETOSTIX STRP                                    | 1         | QL(100 ea per 30 day(s) retail; 100 ea per 30 days mail)                    |
| SINCALIDE                            | 1         | Medical Benefit Only                                     | ONETOUCH ULTRA BLUE TESTSTRIP STRP               | 1         | RX/OTC  |
| THYROGEN 0.9 MG                      | 1         | Medical Benefit Only                                     | ONETOUCH ULTRA STRP                              | 1         | RX/OTC  |
| Diagnostic Radiopharmaceuticals      |           |  | ONETOUCH VERIO TEST STRIPS STRP                  | 1         | RX/OTC  |
| AMYVID                               | 1         | Medical Benefit Only                                     | PRECISION XTRA                                   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(Up to 4 yrs old) |
| AXUMIN                               | 1         | Medical Benefit Only                                     | PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS STRP | 1         | RX/OTC  |
| ILLUCCIX CONFIGURATION A KIT         | 1         | Medical Benefit Only                                     | RELION KETONE TEST STRIPS STRP                   | 1         | QL(100 ea per 30 day(s) retail; 100 ea per 30 days mail)                    |
| ILLUCCIX CONFIGURATION B KIT         | 1         | Medical Benefit Only                                     | RELION TRUE METRIX BLOODGLUCOSE TEST STRIPS STRP | 1         | RX/OTC  |
| LOCAMETZ KIT                         | 1         | Medical Benefit Only                                     | TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP        | 1         | RX/OTC  |
| NEUROLITE                            | 1         | Medical Benefit Only                                     | Miscellaneous Contrast Media                     |           |   |
| POSLUMA                              | 1         | Medical Benefit Only                                     | DEFINITY RT                                      | 1         | Medical Benefit Only  |
| PYLARIFY                             | 1         | Medical Benefit Only                                     | DOTAREM SOLN (gadoterate meglumine)              | 9         |   |
| TAUVID                               | 1         | Medical Benefit Only                                     | DOTAREM SOSY (gadoterate meglumine)              | 9         |   |
| XENON XE 133                         | 1         | Medical Benefit Only                                     | EOVIST   | 1         | Medical Benefit Only  |
| Diagnostic Tests                     |           |  | GADAVIST SOLN (gadobutrol)                       | 1         | Medical Benefit Only  |
| ACCU-CHEK GUIDE TEST STRIPS STRP     | 1         | RX/OTC   | GADAVIST SOLN (gadobutrol)                       | 9         |   |
| ACCU-CHEK GUIDE STRP                 | 1         | RX/OTC   | GADAVIST SOSY 10 MMOL/10ML, 15 MMOL/15ML         | 1         | Medical Benefit Only  |
| CONTOUR NEXT BLOOD GLUCOSE TEST STRP | 1         | RX/OTC   |  |           |   |
| EASYMAX TEST STRIPS STRP             | 1         | RX/OTC   |  |           |   |
| KETONE TEST STRIPS STRP              | 1         | QL(100 ea per 30 day(s) retail; 100 ea per 30 days mail) |  |           |   |
| KETONE STRP                          | 1         | QL(100 ea per 30 day(s) retail; 100 ea per 30 days mail) |  |           |   |

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|---|-----------|--|-----------------------------------|-----------|----------------------|
| <i>gadobutrol SOLN</i>  | 1         | Medical Benefit Only                     | PERIFLEX INFANT POWD              | 1         |                      |
| <i>gadoterate meglumine SOLN</i>                              | 1         | Medical Benefit Only                     | PHENYL-FREE 1 POWD                | 1         |                      |
| <i>gadoterate meglumine SOSY</i>                              | 1         | Medical Benefit Only                     | <b>Nutritional Supplements</b>    |           |                      |
| OMNISCAN SOLN IV  | 1         | Medical Benefit Only                     | CAMINO PRO COMPLETE/GLYTACTIN BAR | 1         | RX/OTC               |
| <b>Radiographic Contrast Media</b>                            |           |  | EAA SUPPLEMENT PACK               | 1         | RX/OTC               |
| <i>diatrizoate meglumine &amp; sodium OR</i>                  | 1         | Medical Benefit Only                     | FLAVOR PACKETS PACK               | 1         | AL(Up to 20 yrs old) |
| GASTROGRAFIN OR ( <i>diatrizoate meglumine &amp; sodium</i> ) | 9         |  | GLYTACTIN BETTERMILK 15 PACK      | 1         | RX/OTC               |
| <i>iopamidol IV</i>   | 1         | Medical Benefit Only                     | GLYTACTIN BETTERMILK DE-LITE PACK | 1         | RX/OTC               |
| ISOVUE-200 IV ( <i>iopamidol</i> )                            | 9         |  | GLYTACTIN BETTERMILK POWD         | 1         | RX/OTC               |
| ISOVUE-250 IV ( <i>iopamidol</i> )                            | 9         |  | GLYTACTIN BUILD 10PE PACK         | 1         | RX/OTC               |
| ISOVUE-300 IV ( <i>iopamidol</i> )                            | 9         |  | GLYTACTIN BUILD 20/20 PKU PACK    | 1         | RX/OTC               |
| ISOVUE-370 IV ( <i>iopamidol</i> )                            | 9         |  | GLYTACTIN BUILD 20/20 PACK        | 1         | RX/OTC               |
| ISOVUE-M 200 IJ ( <i>iopamidol</i> )                          | 9         |  | GLYTACTIN BURST PACK              | 1         | RX/OTC               |
| ISOVUE-M 300 IJ ( <i>iopamidol</i> )                          | 9         |  | GLYTACTIN COMPLETE 10PE BAR       | 1         | RX/OTC               |
| OMNIPAQUE SOLN CO 350 MG/ML                                   | 1         | Medical Benefit Only                     | GLYTACTIN RESTORE 10 LIQD OR      | 1         | RX/OTC               |
| <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>           |           |  | GLYTACTIN RESTORE 5 PACK          | 1         | RX/OTC               |
| <b>Dietary Management Products</b>                            |           |  | GLYTACTIN RESTORE LITE 10 LIQD OR | 1         | RX/OTC               |
| DEPLIN 7.5  | 1         | QL(1 ea daily); AL(Up to 20 yrs old); PA | GLYTACTIN RESTORE LITE 10PE PACK  | 1         | RX/OTC               |
| NEOPHE POWD   | 1         | RX/OTC                                   | GLYTACTIN RTD 10 LIQD OR          | 1         | RX/OTC               |
| NEOPHE TABS   | 1         | RX/OTC                                   | GLYTACTIN RTD 15 LIQD OR          | 1         | RX/OTC               |
| URE-NA PACK   | 1         | AL(Up to 20 yrs old); PA                 | GLYTACTIN RTD LITE 15 LIQD OR     | 1         | RX/OTC               |
| <b>Infant Foods</b>   |           |  |                                   |           |                      |

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|---|-----------|---------------------|-------------------------------|-----------|---------------------|
| GLYTACTIN SWIRL 15 PACK                       | 1         | RX/OTC              | PHENYLADE60 DRINK MIX PACK    | 1         | RX/OTC              |
| GLYTACTIN SWIRL 15PE PACK                     | 1         | RX/OTC              | PHENYLADE60 DRINK MIX POWD    | 1         | RX/OTC              |
| LANAFLEX PACK                                 | 1         | RX/OTC              | PHENYL-FREE 2HP POWD          | 1         | RX/OTC              |
| LOPHLEX LQ 20 LIQD OR                         | 1         | RX/OTC              | PHENYL-FREE 2 POWD            | 1         | RX/OTC              |
| LOPHLEX PACK                                  | 1         | RX/OTC              | PHLEXY-10 PACK                | 1         | RX/OTC              |
| PERIFLEX ADVANCE POWD                         | 1         | RX/OTC              | PKU 2 POWD                    | 1         | RX/OTC              |
| PERIFLEX JUNIOR POWD                          | 1         | RX/OTC              | PKU 3 POWD                    | 1         | RX/OTC              |
| PHENEX-1 POWD                                 | 1         | RX/OTC              | PKU AIR20 GOLD LIQD OR        | 1         | RX/OTC              |
| PHENEX-2 POWD                                 | 1         | RX/OTC              | PKU AIR20 GREEN LIQD OR       | 1         | RX/OTC              |
| PHENYLADE DRINK MIX POWD                      | 1         | RX/OTC              | PKU AIR20 YELLOW LIQD OR      | 1         | RX/OTC              |
| PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER PACK | 1         | RX/OTC              | PKU COOLER 10 LIQD OR         | 1         | RX/OTC              |
| PHENYLADE ESSENTIAL DRINK MIX/FLAX/FIBER POWD | 1         | RX/OTC              | PKU COOLER 15 LIQD OR         | 1         | RX/OTC              |
| PHENYLADE ESSENTIAL DRINK MIX PACK            | 1         | RX/OTC              | PKU COOLER 20 LIQD OR         | 1         | RX/OTC              |
| PHENYLADE ESSENTIAL DRINK MIX POWD            | 1         | RX/OTC              | PKU EASY MICROTABS PLUS TBEC  | 1         | RX/OTC              |
| PHENYLADE GMP DRINK MIX/DHA/FIBER POWD        | 1         | RX/OTC              | PKU EASY MICROTABS TBEC       | 1         | RX/OTC              |
| PHENYLADE GMP MIX-IN PACK                     | 1         | RX/OTC              | PKU EASY SHAKE & GO POWD      | 1         | RX/OTC              |
| PHENYLADE GMP MIX-IN POWD                     | 1         | RX/OTC              | PKU EASY TABS                 | 1         | RX/OTC              |
| PHENYLADE GMP READY LIQD OR                   | 1         | RX/OTC              | PKU EXPLORE10 PACK            | 1         | RX/OTC              |
| PHENYLADE GMP ULTRA PACK                      | 1         | RX/OTC              | PKU EXPLORE5 PACK             | 1         | RX/OTC              |
| PHENYLADE GMP PACK                            | 1         | RX/OTC              | PKU EXPRESS 15 PLUS+ PACK     | 1         | RX/OTC              |
| PHENYLADE GMP POWD                            | 1         | RX/OTC              | PKU EXPRESS 20 PLUS+ PACK     | 1         | RX/OTC              |
| PHENYLADE RTD PKU 10 LIQD OR                  | 1         | RX/OTC              | PKU GEL PACK                  | 1         | RX/OTC              |
|   |           |                     | PKU LOPHLEX LQ 20 LIQD OR     | 1         | RX/OTC              |
|   |           |                     | PKU PERIFLEX EARLY YEARS POWD | 1         | RX/OTC              |

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|---|-----------|--------------------------|--|-----------|-----------------------------|
| PKU PERIFLEX JUNIOR PLUS POWD   | 1         | RX/OTC                   | <i>acetazolamide TABS</i>  | 1         |                             |
| PKU SPHERE 15 PACK  | 1         | RX/OTC                   | <i>dichlorphenamide</i>  | 1         | QL(4 ea daily); PA          |
| PKU SPHERE 20 LIQD OR   | 1         | RX/OTC                   | KEVEYIS ( <i>dichlorphenamide</i> )                              | 1         | QL(4 ea daily); PA          |
| PKU SPHERE 20 PACK  | 1         | RX/OTC                   | <i>methazolamide TABS 50 MG</i>                                  | 1         | QL(6 ea daily); PA          |
| PKU START POWD  | 1         | RX/OTC                   | <i>methazolamide TABS 25 MG</i>                                  | 1         | QL(12 ea daily); PA         |
| PKU TRIO POWD   | 1         | RX/OTC                   | <b>Diuretic Combinations</b>                                     |           |                             |
| TYR EASY TABS   | 1         | RX/OTC                   | ALDACTAZIDE ( <i>spironolactone &amp; hydrochlorothiazide</i> )  | 9         | MP                          |
| XPHE MAXAMAID POWD  | 1         | RX/OTC                   | <i>amiloride &amp; hydrochlorothiazide</i>                       | 1         |                             |
| XPHE-XYR MAXAMAID POWD  | 1         | RX/OTC                   | MAXZIDE-25 TABS ( <i>triamterene &amp; hydrochlorothiazide</i> ) | 9         |                             |
| <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>  |           |                          | MAXZIDE TABS ( <i>triamterene &amp; hydrochlorothiazide</i> )    | 9         |                             |
| Digestive Enzymes   |           |                          | <i>spironolactone &amp; hydrochlorothiazide</i>                  | 1         | MP                          |
| CREON CPEP  | 1         |                          | <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>  | 1         |                             |
| PANCREAZE CPEP 83900 UNIT-54700 UNIT-21000 UNIT   | 1         | AL(Up to 20 yrs old); PA | <i>triamterene &amp; hydrochlorothiazide TABS</i>                | 1         |                             |
| PERTZYE CPEP  | 1         | PA                       | <b>Loop Diuretics</b>  |           |                             |
| SUCRAID   | 1         | AL(Up to 20 yrs old); PA | <i>bumetanide SOLN 0.25 MG/ML</i>                                | 1         |                             |
| VIOKACE TABS  | 1         | PA                       | <i>bumetanide TABS</i>   | 1         |                             |
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 1         |                          | BUMEX TABS 0.5 MG ( <i>bumetanide</i> )                          | 9         |                             |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>  |           |                          | EDECRIN ( <i>ethacrynic acid</i> )                               | 1         |                             |
| Carbonic Anhydrase Inhibitors   |           |                          | <i>ethacrynate sodium</i>  | 1         |                             |
| <i>acetazolamide sodium</i>   | 1         |                          | <i>ethacrynic acid</i>   | 1         |                             |
| <i>acetazolamide CP12</i>   | 1         |                          | FUROSCIX CTKT  | 1         | AL(At least 18 yrs old); PA |
|   |           |                          | <i>furosemide SOLN IJ 10 MG/ML</i>                               | 1         |                             |

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|--|-----------|--|
| <i>furosemide TABS 80 MG, 80 MG</i>          | 1         | QL(8 ea daily); MP   |
| <i>furosemide TABS 20 MG</i>                 | 1         | QL(30 ea daily); MP  |
| <i>furosemide TABS 40 MG</i>                 | 1         | QL(15 ea daily); MP  |
| LASIX TABS 80 MG ( <i>furosemide</i> )       | 1         | QL(8 ea daily); MP   |
| LASIX TABS 40 MG ( <i>furosemide</i> )       | 1         | QL(15 ea daily); MP  |
| LASIX TABS 20 MG ( <i>furosemide</i> )       | 1         | QL(30 ea daily); MP  |
| SODIUM EDECRIN ( <i>ethacrynate sodium</i> ) | 9         |  |
| <i>torseamide TABS 100 MG</i>                | 1         | QL(2 ea daily); MP   |
| <i>torseamide TABS 5 MG, 10 MG, 20 MG</i>    | 1         | QL(10 ea daily); MP  |
| Osmotic Diuretics                            |           |  |
| <i>mannitol 10 %, 20 %, 25 %</i>             | 1         |  |
| Potassium Sparing Diuretics                  |           |  |
| ALDACTONE TABS ( <i>spironolactone</i> )     | 1         | MP   |
| <i>amiloride hcl TABS</i>                    | 1         |  |
| CAROSPIR SUSP ( <i>spironolactone</i> )      | 1         | QL(473 ml per 30 day(s) retail; 473 ml per 30 days mail); PA |
| DYRENIUM CAPS ( <i>triamterene</i> )         | 9         |  |
| SPIRONOLACTONE POWD                          | 1         |  |
| <i>spironolactone SUSP</i>                   | 1         | QL(473 ml per 30 day(s) retail; 473 ml per 30 days mail)     |
| <i>spironolactone TABS</i>                   | 1         | MP   |
| <i>triamterene CAPS</i>                      | 1         |  |
| Thiazides and Thiazide-Like Diuretics        |           |  |
| <i>chlorothiazide sodium</i>                 | 1         |  |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>chlorthalidone 25 MG, 50 MG</i>                         | 1         |   |
| DIURIL SUSP  | 1         |   |
| <i>hydrochlorothiazide CAPS</i>                            | 1         | QL(3 ea daily); MP  |
| <i>hydrochlorothiazide TABS 12.5 MG</i>                    | 1         |   |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>               | 1         | QL(3 ea daily); MP  |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>                     | 1         | QL(2 ea daily); MP  |
| <i>metolazone</i>  | 1         |   |
| SODIUM DIURIL ( <i>chlorothiazide sodium</i> )             | 9         |   |
| THALITONE  | 1         |   |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>              |           |   |
| <b>- Drugs to Treat Bone Disease and Regulate Hormones</b> |           |   |
| Adrenal Steroid Inhibitors                                 |           |   |
| ISTURISA 10 MG   | 1         | QL(6 ea daily); PA  |
| ISTURISA 5 MG  | 1         | QL(2 ea daily); PA  |
| ISTURISA 1 MG  | 1         | QL(8 ea daily); PA  |
| RECORLEV   | 1         | QL(250 ea per 30 day(s) retail; 250 ea per 30 days mail); AL(At least 18 yrs old); PA |
| Bone Density Regulators                                    |           |   |
| ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )          | 2         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)                                  |
| ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )           | 2         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)                                  |
| <i>alendronate sodium SOLN</i>                             | 1         | QL(300 ml per 28 day(s) retail; 300 ml per 28 days mail); PA                          |

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|---|-----------|--|--|-----------|---|
| <i>alendronate sodium TABS 10 MG</i>                    | 1         | QL(1 ea daily); MP   | PAMIDRONATE DISODIUM SOLN              | 1         |   |
| <i>alendronate sodium TABS 70 MG</i>                    | 1         | QL(13 ea per 90 day(s) retail; 13 ea per 90 days mail); MP         | PROLIA SOSY                            | 1         | QL(1 ml per 180 day(s) retail; 1 ml per 180 days mail); PA  |
| <i>alendronate sodium TABS 35 MG</i>                    | 1         | QL(12 ea per 84 day(s) retail; 12 ea per 84 days mail)             | RECLAST SOLN (zoledronic acid)         | 1         | QL(100 ml per 365 day(s) retail; 100 ml per 365 days mail)  |
| ATELVIA TBEC ( <i>risedronate sodium</i> )              | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA           | <i>risedronate sodium TABS 150 MG</i>  | 2         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)        |
| BINOSTO TBEF  | 1         | PA   | <i>risedronate sodium TABS 5 MG</i>    | 2         | QL(1 ea daily)  |
| <i>calcitonin (salmon) IJ</i>                           | 1         |  | <i>risedronate sodium TABS 30 MG</i>   | 1         | QL(1 ea daily); PA  |
| <i>calcitonin (salmon) NA</i>                           | 1         | QL(3.7 ml per 30 day(s) retail; 4 ml per 30 days mail)             | <i>risedronate sodium TABS 35 MG</i>   | 2         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)        |
| EVENITY   | 1         | QL(2.34 ml per 30 day(s) retail; 2 ml per 30 days mail); PA        | <i>risedronate sodium TBEC</i>         | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); PA    |
| FORTEO SOPN ( <i>teriparatide</i> )                     | 1         | QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA         | <i>teriparatide SOPN</i>               | 1         | QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA  |
| FOSAMAX PLUS D  | 1         | PA   | TERIPARATIDE SOPN                      | 1         | QL(2.48 ml per 28 day(s) retail; 2 ml per 28 days mail); PA |
| FOSAMAX TABS 70 MG ( <i>alendronate sodium</i> )        | 1         | QL(13 ea per 90 day(s) retail; 13 ea per 90 days mail); MP         | TYMLOS                                 | 1         | QL(1.56 ml per 30 day(s) retail; 2 ml per 30 days mail); PA |
| <i>ibandronate sodium SOLN</i>                          | 1         | QL(3 ml per 90 day(s) retail; 3 ml per 90 days mail); PA           | XGEVA SOLN                             | 1         | Medical Benefit Only  |
| <i>ibandronate sodium TABS</i>                          | 1         | 1 package(s) per 84 day(s) retail; 1 package(s) per 84 day(s) mail | <i>zoledronic acid CONC</i>            | 1         |   |
| MIACALCIN IJ ( <i>calcitonin (salmon)</i> )             | 1         |  | <i>zoledronic acid SOLN 5 MG/100ML</i> | 1         | QL(100 ml per 365 day(s) retail; 100 ml per 365 days mail)  |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 1         |  |  |           |   |

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|--|-----------|---|
| <i>zoledronic acid SOLN 4 MG/100ML</i> | 1         |   |
| ZOLEDRONIC ACID SOLN                   | 1         |   |
| Corticotropin                          |           |   |
| ACTHAR GEL AUIJ                        | 1         | PA  |
| ACTHAR GEL                             | 1         | PA  |
| CORTROPHIN GEL                         | 1         | PA  |
| Fertility Regulators                   |           |   |
| CHORIONIC GONADOTROPIN IM              | 1         | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| NOVAREL IM 5000 UNIT                   | 1         | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| PREGNYL IM                             | 1         | AL(At least 4 yrs old - Up to 10 yrs old); PA |
| GnRH/LHRH Antagonists                  |           |   |
| ORILISSA 200 MG                        | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |
| ORILISSA 150 MG                        | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| Growth Hormone Receptor Antagonists    |           |   |
| SOMAVERT                               | 1         |   |
| Growth Hormones                        |           |   |
| GENOTROPIN MINIQUICK PRSY              | 1         | PA  |
| GENOTROPIN CART SC                     | 1         | PA  |
| HUMATROPE CART IJ                      | 1         | PA  |
| NGENLA                                 | 1         | PA  |
| NORDITROPIN FLEXPRO SOPN               | 1         | PA  |
| NUTROPIN AQ NUSPIN 10 SOPN             | 1         | PA  |
| NUTROPIN AQ NUSPIN 20 SOPN             | 1         | PA  |
| NUTROPIN AQ NUSPIN 5 SOPN              | 1         | PA  |

| Drug Name                                       | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| OMNITROPE SOCT                                  | 1         | PA   |
| OMNITROPE SOLR SC                               | 1         | PA   |
| SEROSTIM SC 4 MG, 5 MG, 6 MG                    | 1         | PA   |
| SKYTROFA  | 1         | PA   |
| SOGROYA   | 1         | PA   |
| ZOMACTON SOLR SC                                | 1         | PA   |
| Hormone Receptor Modulators                     |           |  |
| EVISTA ( <i>raloxifene hcl</i> )                | 9         |  |
| EVISTA ( <i>raloxifene hcl</i> )                | 1         |  |
| <i>raloxifene hcl</i>                           | 1         |  |
| Insulin-Like Growth Factor Receptor Inhibitors  |           |  |
| TEPEZZA   | 1         | PA   |
| Insulin-Like Growth Factors (Somatomedins)      |           |  |
| INCRELEX  | 1         | PA   |
| LHRH/GnRH Agonist Analog Pituitary Suppressants |           |  |
| FENSOLVI SC                                     | 1         | QL(1 ea per 180 day(s) retail; 1 ea per 180 days mail); AL(At least 2 yrs old); PA |
| LUPRON DEPOT-PED (1-MONTH)                      | 1         | PA   |
| LUPRON DEPOT-PED (3-MONTH)                      | 1         | PA   |
| LUPRON DEPOT-PED (6-MONTH) IM                   | 1         | QL(1 ea per 180 day(s) retail; 1 ea per 180 days mail); PA                         |
| SUPPRELIN LA                                    | 1         | Medical Benefit Only   |
| SYNAREL   | 1         | QL(40 ml per 28 day(s) retail; 40 ml per 28 days mail); AL(Up to 16 yrs old); PA   |

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|---|-----------|---|--|-----------|--|
| TRIPTODUR   | 1         | QL(1 ea per 168 day(s) retail; 1 ea per 168 days mail); AL(At least 2 yrs old - Up to 14 yrs old); PA | <i>doxercalciferol CAPS</i>                                  | 1         | PA   |
|   |           |   | <i>doxercalciferol SOLN</i>                                  | 1         |  |
|   |           |   | ELAPRASE   | 1         | PA   |
|   |           |   | ELFABRIO   | 1         | AL(At least 18 yrs old); PA                                |
|   |           |   | FABRAZYME  | 1         | PA   |
| Menopausal Symptoms Suppressants  |           |   | GALAFOLD   | 1         | QL(14 ea per 28 day(s) retail; 14 ea per 28 days mail); PA |
| VEOZAH  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   | HECTOROL SOLN ( <i>doxercalciferol</i> )                     | 9         |  |
| Metabolic Modifiers   |           |   | HECTOROL SOLN ( <i>doxercalciferol</i> )                     | 1         |  |
| ALDURAZYME  | 1         | PA  | KANUMA   | 1         | Medical Benefit Only                                       |
| AMMONUL ( <i>sod benzoate &amp; sod phenylacetate</i> )                   | 1         | Medical Benefit Only  | KUVAN PACK ( <i>sapropterin dihydrochloride</i> )            | 9         |  |
| <i>betaine</i>  | 1         |   | KUVAN PACK ( <i>sapropterin dihydrochloride</i> )            | 1         | PA   |
| BRINEURA  | 1         | PA  | KUVAN TABS ( <i>sapropterin dihydrochloride</i> )            | 1         | PA   |
| BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )                            | 1         |   | LAMZEDE  | 1         | PA   |
| BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )                            | 1         |   | <i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i> | 1         |  |
| <i>calcitriol CAPS</i>  | 1         |   | <i>levocarnitine (metabolic modifiers) TABS</i>              | 1         |  |
| <i>calcitriol SOLN IV</i>   | 1         | Medical Benefit Only  | LUMIZYME   | 1         | PA   |
| <i>calcitriol SOLN OR</i>   | 1         |   | MEPSEVII   | 1         | PA   |
| CARBAGLU ( <i>carglumic acid</i> )  | 1         | Brand Required; PA  | MYALEPT  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| <i>carglumic acid</i>   | 1         | Brand Required; PA  | NAGLAZYME  | 1         | PA   |
| CARNITOR SF SOLN OR ( <i>levocarnitine (metabolic modifiers)</i> )        | 1         |   | NEXVIAZYME   | 1         | PA   |
| CARNITOR SOLN OR 1 GM/10ML ( <i>levocarnitine (metabolic modifiers)</i> ) | 1         |   | <i>nitisinone CAPS</i>                                       | 1         |  |
| CARNITOR TABS ( <i>levocarnitine (metabolic modifiers)</i> )              | 1         |   | NITYR TABS   | 1         |  |
| <i>cinacalcet hcl</i>   | 1         |   | NULIBRY  | 1         | PA   |
| CRYSVITA  | 1         | AL(At least 1 yrs old); PA  |  |           |  |
| CYSTADANE ( <i>betaine</i> )  | 1         |   |  |           |  |

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|--|-----------|--|---|-----------|--|
| OLPRUVA THPK 3 GM, 4 GM, 5 GM, 6 GM, 6.67 GM | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); PA     | ROCALTROL SOLN OR ( <i>calcitriol</i> )           | 1         |  |
| OPFOLDA                                      | 1         | AL(At least 18 yrs old); PA                                    | <i>sapropterin dihydrochloride PACK</i>           | 1         | PA   |
| ORFADIN CAPS ( <i>nitisinone</i> )           | 1         |  | <i>sapropterin dihydrochloride TABS</i>           | 1         | PA   |
| ORFADIN SUSP                                 | 1         |  | SENSIPAR 30 MG, 90 MG ( <i>cinacalcet hcl</i> )   | 1         |  |
| PALYNZIQ 10 MG/0.5ML                         | 1         | QL(7 ml per 28 day(s) retail; 7 ml per 28 days mail); PA       | SENSIPAR 60 MG ( <i>cinacalcet hcl</i> )          | 9         |  |
| PALYNZIQ 20 MG/ML                            | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); PA     | <i>sod benzoate &amp; sod phenylacetate</i>       | 1         | Medical Benefit Only   |
| PALYNZIQ 2.5 MG/0.5ML                        | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA       | <i>sodium phenylbutyrate POWD</i>                 | 1         |  |
| <i>paricalcitol CAPS</i>                     | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA                    | <i>sodium phenylbutyrate TABS</i>                 | 1         |  |
| <i>paricalcitol SOLN</i>                     | 1         | AL(At least 10 yrs old); PA                                    | STRENSIQ  | 1         | PA   |
| PARSABIV 2.5 MG/0.5ML, 10 MG/2ML             | 1         | PA   | VIMIZIM   | 1         | Medical Benefit Only   |
| PARSABIV 5 MG/ML                             | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail); PA     | XENPOZYME   | 1         | PA   |
| PHEBURANE PLLT                               | 1         | QL(1218 gm per 30 day(s) retail; 1218 gm per 30 days mail); PA | XPHOZAH   | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA  |
| POMBILITI                                    | 1         | AL(At least 18 yrs old); PA                                    | YORVIPATH   | 1         | AL(At least 18 yrs old); PA  |
| RAVICTI                                      | 1         | QL(525 ml per 30 day(s) retail; 525 ml per 30 days mail); PA   | ZEMPLAR CAPS 1 MCG, 2 MCG ( <i>paricalcitol</i> ) | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA  |
| RAYALDEE                                     | 1         | QL(1 ea daily); PA   | ZEMPLAR SOLN 2 MCG/ML ( <i>paricalcitol</i> )     | 9         |  |
| REVCovi                                      | 1         | PA   | ZEMPLAR SOLN 5 MCG/ML ( <i>paricalcitol</i> )     | 1         | AL(At least 10 yrs old); PA  |
| ROCALTROL CAPS ( <i>calcitriol</i> )         | 9         |  | Mineralocorticoid Receptor Antagonists            |           |  |
|  |           |  | KERENDIA  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA  |
|  |           |  | Natriuretic Peptides                              |           |  |
|  |           |  | VOXZOGO   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 5 yrs old); PA |

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|---|-----------|--|--|----------------------|--|
| Posterior Pituitary Hormones  |           |  | <i>lanreotide acetate</i>  | 1                    | QL(0.5 ml per 28 day(s) retail)                              |
| DDAVP SOLN IJ 4 MCG/ML ( <i>desmopressin acetate</i> )                    | 1         |  | LANREOTIDE ACETATE   | 1                    | QL(0.5 ml per 28 day(s) retail)                              |
| DDAVP TABS 0.1 MG ( <i>desmopressin acetate</i> )                         | 1         |  | MYCAPSSA CPDR  | 1                    | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA |
| DDAVP TABS 0.2 MG ( <i>desmopressin acetate</i> )                         | 1         | QL(6 ea daily)                                       | <i>octreotide acetate KIT 20 MG</i>  | 1                    | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)         |
| <i>desmopressin acetate spray</i>   | 1         | QL(5 ml per 25 day(s) retail; 5 ml per 25 days mail) | <i>octreotide acetate KIT 30 MG</i>  | 1                    | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)         |
| <i>desmopressin acetate spray refrigerated</i>                            | 1         | QL(5 ml per 25 day(s) retail; 5 ml per 25 days mail) | <i>octreotide acetate SOLN</i>   | 1                    |  |
| <i>desmopressin acetate SOLN IJ</i>                                       | 1         |  | <i>octreotide acetate SOSY</i>   | 1                    |  |
| <i>desmopressin acetate TABS 0.2 MG</i>                                   | 1         | QL(6 ea daily)                                       | SANDOSTATIN LAR DEPOT KIT ( <i>octreotide acetate</i> )                          | 9                    | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)         |
| <i>desmopressin acetate TABS 0.1 MG</i>                                   | 1         |  | SANDOSTATIN LAR DEPOT KIT 20 MG ( <i>octreotide acetate</i> )                    | 9                    | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)         |
| NOCDURNA SUBL   | 1         | QL(1 ea daily); PA                                   | SANDOSTATIN LAR DEPOT KIT 20 MG ( <i>octreotide acetate</i> )                    | 1                    | QL(2 ea per 28 day(s) retail; 2 ea per 28 days mail)         |
| VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML | 1         |  | SANDOSTATIN LAR DEPOT KIT ( <i>octreotide acetate</i> )                          | 1                    | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)         |
| <i>vasopressin SOLN IV</i>  | 1         | Medical Benefit Only                                 | SANDOSTATIN LAR DEPOT KIT 10 MG, 30 MG   | 1                    | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail)         |
| VASOSTRICT SOLN IV ( <i>vasopressin</i> )                                 | 1         | Medical Benefit Only                                 | SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> ) | 1                    |  |
| VASOSTRICT SOLN   | 1         |  | SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> ) | 9                    |  |
| VASOSTRICT SOLN IV ( <i>vasopressin</i> )                                 | 9         |  | Progesterone Receptor Antagonists  |                      |  |
| MIFEPREX ( <i>mifepristone</i> )  |           |  | 1  | Medical Benefit Only |  |
| <i>mifepristone</i>   |           |  | 1  | Medical Benefit Only |  |
| Prolactin Inhibitors  |           |  | Prolactin Inhibitors   |                      |  |
| <i>cabergoline</i>  |           |  | 1  |                      |  |
| Somatostatic Agents   |           |  | Somatostatic Agents  |                      |  |

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|---|-----------|--|--|-----------|--|
| SIGNIFOR  | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail)     | <i>estradiol &amp; norethindrone acetate TABS</i>                        | 1         |  |
| SIGNIFOR LAR  | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA   | MYFEMBREE  | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                     |
| SOMATULINE DEPOT 90 MG/0.3ML  | 1         | QL(0.3 ml per 28 day(s) retail)                            | <i>norethindrone acetate-ethinyl estradiol</i>                           | 1         |  |
| SOMATULINE DEPOT 120 MG/0.5ML   | 1         | QL(0.5 ml per 28 day(s) retail)                            | ORIAHNN  | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA                     |
| SOMATULINE DEPOT 60 MG/0.2ML  | 1         | QL(0.2 ml per 28 day(s) retail)                            | PREMPHASE  | 1         |  |
| Vasopressin Receptor Antagonists  |           |  | PREMPRO  | 1         |  |
| JYNARQUE TABS   | 1         | QL(2 ea daily)   | Estrogens  |           |  |
| JYNARQUE TBPk   | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA | CLIMARA PTWK ( <i>estradiol</i> )  | 9         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)                           |
| SAMSCA TABS ( <i>tolvaptan</i> )  | 1         | QL(2 ea daily)   | CLIMARA PTWK ( <i>estradiol</i> )  | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)                           |
| <i>tolvaptan</i> TABS   | 1         | QL(2 ea daily)   | DELESTROGEN ( <i>estradiol valerate</i> )                                | 1         |  |
| VAPRISOL  | 1         |  | DEPO-ESTRADIOL   | 1         |  |
| <b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>                      |           |  | DIVIGEL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1 MG/GM ( <i>estradiol</i> ) | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)                         |
| Estrogen Combinations   |           |  | DIVIGEL GEL 1.25 MG/1.25GM ( <i>estradiol</i> )                          | 1         | QL(37.5 gm per 30 day(s) retail; 38 gm per 30 days mail)                       |
| ACTIVELLA TABS 1 MG-0.5 MG ( <i>estradiol &amp; norethindrone acetate</i> ) | 1         |  | DIVIGEL GEL 0.5 MG/0.5GM ( <i>estradiol</i> )                            | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 1 yrs old) |
| ANGELIQ   | 1         |  | ELESTRIN GEL   | 1         | QL(52 gm per 30 day(s) retail; 52 gm per 30 days mail); AL(Up to 65 yrs old)   |
| BIJUVA  | 1         | QL(1 ea daily); PA   |  |           |  |
| CLIMARA PRO   | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail)       |  |           |  |
| COMBIPATCH PTTW   | 1         | QL(8 ea per 28 day(s) retail; 8 ea per 28 days mail)       |  |           |  |
| DUAVEE  | 1         | QL(1 ea daily); PA   |  |           |  |

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|--|-----------|---|---|-----------|---|
| ESTRACE TABS<br>( <i>estradiol</i> )   | 1         |   | VIVELLE-DOT PTTW<br>0.025 MG/24HR, 0.0375<br>MG/24HR, 0.075<br>MG/24HR, 0.1 MG/24HR<br>( <i>estradiol</i> ) | 1         | QL(8 ea per 28<br>day(s) retail; 8<br>ea per 28 days<br>mail)       |
| <i>estradiol valerate</i>  | 1         |   | <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b>   |           |   |
| <i>estradiol GEL 1.25<br/>MG/1.25GM</i>  | 1         | QL(37.5 gm per<br>30 day(s) retail;<br>38 gm per 30<br>days mail) | <b>Fluoroquinolones</b>   |           |   |
| <i>estradiol GEL 0.25<br/>MG/0.25GM, 0.5<br/>MG/0.5GM, 0.75<br/>MG/0.75GM, 1 MG/GM</i> | 1         | QL(30 ea per<br>30 day(s) retail;<br>30 ea per 30<br>days mail)   | BAXDELA SOLR  | 1         | QL(2 ea daily);<br>PA   |
| <i>estradiol GEL 0.06 %</i>  | 1         |   | BAXDELA TABS  | 1         | QL(28 ea per<br>14 day(s) retail;<br>28 ea per 14<br>days mail); PA |
| <i>estradiol PTTW</i>  | 1         | QL(8 ea per 28<br>day(s) retail; 8<br>ea per 28 days<br>mail)     | <i>ciprofloxacin hcl TABS<br/>250 MG, 500 MG, 750<br/>MG</i>  | 1         |   |
| <i>estradiol PTWK</i>  | 1         | QL(4 ea per 28<br>day(s) retail; 4<br>ea per 28 days<br>mail)     | <i>ciprofloxacin in d5w</i>   | 1         |   |
| <i>estradiol TABS</i>  | 1         |   | <i>ciprofloxacin SUSR 5<br/>GM/100ML, 500 MG/5ML</i>  | 1         | AL(Up to 6 yrs<br>old)  |
| ESTROGEL GEL<br>( <i>estradiol</i> )   | 9         |   | CIPRO SUSR  | 1         | AL(Up to 6 yrs<br>old)  |
| EVAMIST SOLN   | 1         | QL(8.1 ml per<br>55 day(s) retail;<br>8 ml per 55<br>days mail)   | CIPRO TABS 250 MG,<br>500 MG ( <i>ciprofloxacin hcl</i> )   | 1         |   |
| MENEST   | 1         |   | <i>levofloxacin in d5w</i>  | 1         |   |
| MENOSTAR PTWK  | 1         | QL(4 ea per 28<br>day(s) retail; 4<br>ea per 28 days<br>mail)     | <i>levofloxacin SOLN OR</i>   | 1         | AL(Up to 6 yrs<br>old)  |
| MINIVELLE PTTW<br>( <i>estradiol</i> )   | 9         | QL(8 ea per 28<br>day(s) retail; 8<br>ea per 28 days<br>mail)     | <i>levofloxacin TABS 750<br/>MG</i>   | 1         | QL(1 ea daily)  |
| MINIVELLE PTTW<br>( <i>estradiol</i> )   | 1         | QL(8 ea per 28<br>day(s) retail; 8<br>ea per 28 days<br>mail)     | <i>levofloxacin TABS 250<br/>MG, 500 MG</i>   | 1         |   |
| PREMARIN SOLR  | 1         |   | <i>moxifloxacin hcl in sodium<br/>chloride</i>  | 1         |   |
| PREMARIN TABS  | 1         |   | <i>moxifloxacin hcl TABS</i>  | 1         | QL(21 ea per<br>20 day(s) retail;<br>21 ea per 20<br>days mail)     |
| VIVELLE-DOT PTTW<br>( <i>estradiol</i> )   | 9         | QL(8 ea per 28<br>day(s) retail; 8<br>ea per 28 days<br>mail)     | MOXIFLOXACIN<br>HYDROCHLORIDE SOLN<br>400 MG/250ML  | 1         |   |
|  |           |   | <i>ofloxacin 300 MG, 400<br/>MG</i>   | 1         | QL(2 ea daily);<br>PA   |
|  |           |   | <b>GASTROINTESTINAL AGENTS - MISC. -</b>  |           |   |

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| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <b>Miscellaneous Gastrointestinal Drugs</b>                        |           |  |
| <b>5-HT4 Receptor Agonists</b>                                     |           |  |
| MOTEGRITY  | 1         | QL(1 ea daily); PA   |
| <b>Agents for Chronic Idiopathic Constipation (CIC)</b>            |           |  |
| TRULANCE   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA                  |
| <b>Bile Acid Synthesis Disorder Agents</b>                         |           |  |
| CHOLBAM  | 1         | QL(4 ea daily); PA   |
| <b>Farnesoid X Receptor (FXR) Agonists</b>                         |           |  |
| OCALIVA  | 1         | QL(1 ea daily); PA   |
| <b>Gallstone Solubilizing Agents</b>                               |           |  |
| CHENODAL   | 1         |  |
| RELTONE CAPS   | 1         | PA   |
| URSO 250 TABS<br>( <i>ursodiol</i> )                               | 1         |  |
| URSO FORTE TABS<br>( <i>ursodiol</i> )                             | 1         |  |
| <i>ursodiol</i> CAPS   | 1         |  |
| <i>ursodiol</i> TABS   | 1         |  |
| <b>Gastrointestinal Antiallergy Agents</b>                         |           |  |
| <i>cromolyn sodium</i><br>( <i>mastocytosis</i> )                  | 1         |  |
| GASTROCROM<br>( <i>cromolyn sodium</i><br>( <i>mastocytosis</i> )) | 9         |  |
| GASTROCROM<br>( <i>cromolyn sodium</i><br>( <i>mastocytosis</i> )) | 1         |  |
| <b>Gastrointestinal Chloride Channel Activators</b>                |           |  |
| AMITIZA ( <i>lubiprostone</i> )                                    | 1         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); PA |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>lubiprostone</i>                                  | 1         | QL(100 ea per 50 day(s) retail; 100 ea per 50 days mail); PA  |
| <b>Gastrointestinal Stimulants</b>                   |           |   |
| GIMOTI SOLN NA                                       | 1         | QL(9.8 ml per 28 day(s) retail; 10 ml per 28 days mail); AL(At least 18 yrs old - Up to 65 yrs old); PA |
| METOCLOPRAMIDE HCL MONOHYDRATE                       | 1         |   |
| METOCLOPRAMIDE HCL POWD                              | 1         |   |
| <i>metoclopramide hcl</i> SOLN IJ 5 MG/ML            | 1         |   |
| <i>metoclopramide hcl</i> TABS                       | 1         |   |
| METOCLOPRAMIDE HYDROCHLORIDE POWD                    | 1         |   |
| REGLAN TABS<br>( <i>metoclopramide hcl</i> )         | 1         |   |
| <b>Hepatotropics</b>                                 |           |   |
| REZDIFFRA  | 1         | AL(At least 18 yrs old); PA   |
| <b>Ileal Bile Acid Transporter (IBAT) Inhibitors</b> |           |   |
| BYLVAY (PELLETS) CPSP                                | 1         | PA  |
| BYLVAY CAPS  | 1         | PA  |
| LIVMARLI 19 MG/ML                                    | 1         | PA  |
| LIVMARLI 9.5 MG/ML                                   | 1         | QL(90 ml per 30 day(s) retail; 90 ml per 30 days mail); PA  |
| <b>Inflammatory Bowel Agents</b>                     |           |   |
| APRISO CP24<br>( <i>mesalamine</i> )                 | 1         | QL(4 ea daily)  |
| ASACOL HD TBEC<br>( <i>mesalamine</i> )              | 9         | QL(6 ea daily)  |
| AVSOLA   | 1         | PA  |

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| Drug Name   | Drug Tier | Requirements/ Limits  | Drug Name                                | Drug Tier | Requirements/ Limits                                       |
|---|-----------|---|--|-----------|--|
| AZULFIDINE EN-TABS<br>TBEC ( <i>sulfasalazine</i> ) | 1         |   | <i>mesalamine CP24</i>                   | 1         | QL(4 ea daily)   |
| AZULFIDINE TABS<br>( <i>sulfasalazine</i> )         | 1         |   | <i>mesalamine CPCR</i>                   | 1         | Brand Required; QL(8 ea daily); PA                         |
| AZULFIDINE TABS<br>( <i>sulfasalazine</i> )         | 9         |   | <i>mesalamine CPDR</i>                   | 1         | QL(6 ea daily)   |
| <i>balsalazide disodium</i><br>CAPS                 | 1         | QL(9 ea daily);<br>AL(At least 5 yrs old)                   | <i>mesalamine ENEM</i>                   | 1         | QL(1800 ml per 30 day(s) retail; 1800 ml per 30 days mail) |
| CANASA SUPP<br>( <i>mesalamine</i> )                | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)      | <i>mesalamine SUPP</i>                   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)     |
| CIMZIA STARTER KIT<br>PSKT                          | 1         | QL(3 ea per 42 day(s) retail; 3 ea per 42 days mail); PA    | <i>mesalamine TBEC 800 MG</i>            | 1         | QL(6 ea daily); PA   |
| CIMZIA KIT  | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA    | <i>mesalamine TBEC 1.2 GM</i>            | 1         | QL(4 ea daily)   |
| CIMZIA PSKT   | 1         | QL(3 ea per 42 day(s) retail; 3 ea per 42 days mail); PA    | OMVOH SOAJ                               | 1         | PA   |
| COLAZAL CAPS<br>( <i>balsalazide disodium</i> )     | 1         | QL(9 ea daily);<br>AL(At least 5 yrs old)                   | OMVOH SOLN                               | 1         | QL(15 ml per 28 day(s) retail; 15 ml per 28 days mail); PA |
| DELZICOL CPDR<br>( <i>mesalamine</i> )              | 1         | QL(6 ea daily)  | OMVOH SOSY                               | 1         | PA   |
| DIPENTUM  | 1         | QL(4 ea daily)  | PENTASA CPCR 250 MG                      | 1         | QL(16 ea daily)  |
| ENTYVIO PEN SOAJ                                    | 1         | QL(1.36 ml per 28 day(s) retail; 1 ml per 28 days mail); PA | PENTASA CPCR<br>( <i>mesalamine</i> )    | 1         | Brand Required; QL(8 ea daily)                             |
| ENTYVIO SOLR  | 1         | PA  | REMICADE                                 | 1         | QL(16 ea per 56 day(s) retail; 16 ea per 56 days mail); PA |
| INFLECTRA SOLR                                      | 2         |   | RENFLEXIS                                | 1         | PA   |
| INFLIXIMAB  | 1         | QL(16 ea per 56 day(s) retail; 16 ea per 56 days mail); PA  | ROWASA ( <i>mesalamine w/ cleanser</i> ) | 1         | PA   |
| LIALDA TBEC<br>( <i>mesalamine</i> )                | 1         | QL(4 ea daily)  | SFROWASA ENEM                            | 1         | QL(1800 ml per 30 day(s) retail; 1800 ml per 30 days mail) |
| LIALDA TBEC<br>( <i>mesalamine</i> )                | 9         | QL(4 ea daily)  | SKYRIZI SOCT 180 MG/1.2ML                | 1         | QL(1.2 ml per 55 day(s) retail; 1 ml per 55 days mail); PA |
| <i>mesalamine w/ cleanser</i>                       | 1         | PA  | SKYRIZI SOCT 360 MG/2.4ML                | 1         | QL(2.4 ml per 55 day(s) retail; 2 ml per 55 days mail); PA |

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|--|-----------|--|---|-----------|---|
| SKYRIZI SOLN                           | 1         | QL(10 ml per 28 day(s) retail; 10 ml per 28 days mail); PA     | <i>alvimopan</i>  | 1         | Medical Benefit Only  |
|  |           |  | ENTEREG ( <i>alvimopan</i> )                              | 1         | Medical Benefit Only  |
| STELARA 130 MG/26ML                    | 1         | QL(104 ml per 365 day(s) retail; 104 ml per 365 days mail); PA | MOVANTIK  | 1         | QL(1 ea daily); PA  |
| SULFASALAZINE POWD                     | 1         |  | RELISTOR SOLN 8 MG/0.4ML                                  | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail); AL(At least 18 yrs old); PA   |
| <i>sulfasalazine TABS</i>              | 1         |  |   |           |   |
| <i>sulfasalazine TBEC</i>              | 1         |  | RELISTOR SOLN 12 MG/0.6ML                                 | 1         | QL(18 ml per 30 day(s) retail; 18 ml per 30 days mail); AL(At least 18 yrs old); PA   |
| VELSIPITY                              | 1         | QL(1 ea daily); PA   |   |           |   |
| ZYMFENTRA 1-PEN AJKT                   | 1         | PA   | RELISTOR TABS   | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA   |
| ZYMFENTRA 2-PEN AJKT                   | 1         | PA   |   |           |   |
| ZYMFENTRA 2-SYRINGE PSKT               | 1         | PA   | SYMPROIC  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| Intestinal Acidifiers                  |           |  | Peroxisome Proliferator-Activated Receptor(PPAR) Agonists |           |   |
| <i>lactulose (encephalopathy)</i>      | 1         |  | IQIRVO  | 1         | AL(At least 18 yrs old); PA   |
| Irritable Bowel Syndrome (IBS) Agents  |           |  | LIVDELZI  | 1         | AL(At least 18 yrs old); PA   |
| <i>alosetron hcl</i>                   | 1         | QL(2 ea daily)   | Phosphate Binder Agents                                   |           |   |
| IBSRELA                                | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                    | AURYXIA   | 1         | QL(360 ea per 30 day(s) retail; 360 ea per 30 days mail); AL(At least 19 yrs old); PA |
| LINZESS                                | 1         | QL(1 ea daily); AL(At least 6 yrs old); PA                     | <i>calcium acetate (phosphate binder) CAPS</i>            | 1         |   |
| LOTRONEX ( <i>alosetron hcl</i> )      | 1         | QL(2 ea daily)   | <i>calcium acetate (phosphate binder) TABS</i>            | 1         | RX/OTC  |
| VIBERZI                                | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                    | FOSRENOL CHEW ( <i>lanthanum carbonate</i> )              | 1         | Brand Required  |
| Live Fecal Microbiota                  |           |  | FOSRENOL CHEW ( <i>lanthanum carbonate</i> )              | 9         | Brand Required  |
| REBYOTA                                | 1         | Medical Benefit Only   | FOSRENOL PACK   | 1         | Brand Required  |
| VOWST                                  | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA                    |   |           |   |
| Peripheral Opioid Receptor Antagonists |           |  |   |           |   |

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| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <i>lanthanum carbonate</i><br>CHEW                           | 1         | Brand Required; PA           |
| RENAGEL ( <i>sevelamer hcl</i> )                             | 9         |                              |
| REVELA PACK ( <i>sevelamer carbonate</i> )                   | 9         |                              |
| REVELA PACK ( <i>sevelamer carbonate</i> )                   | 1         |                              |
| REVELA TABS ( <i>sevelamer carbonate</i> )                   | 1         |                              |
| <i>sevelamer carbonate</i><br>PACK                           | 1         |                              |
| <i>sevelamer carbonate</i><br>TABS                           | 1         |                              |
| <i>sevelamer hcl</i>   | 1         | PA                           |
| VELPHORO   | 2         |                              |
| Short Bowel Syndrome (SBS) Agents                            |           |                              |
| GATTEX   | 1         | QL(1 ea per fill retail); PA |
| <b>GENERAL ANESTHETICS</b>                                   |           |                              |
| Anesthetics - Misc.  |           |                              |
| AMIDATE ( <i>etomidate</i> )                                 | 1         |                              |
| AMIDATE ( <i>etomidate</i> )                                 | 9         |                              |
| DIPRIVAN EMUL ( <i>propofol</i> )                            | 1         |                              |
| DIPRIVAN EMUL  | 1         |                              |
| DIPRIVAN EMUL ( <i>propofol</i> )                            | 9         |                              |
| <i>etomidate</i>   | 1         |                              |
| KETALAR SOLN IJ ( <i>ketamine hcl</i> )                      | 1         | Medical Benefit Only         |
| <i>ketamine hcl</i> SOLN IJ                                  | 1         | Medical Benefit Only         |
| <i>propofol</i> EMUL 200 MG/20ML, 500 MG/50ML, 1000 MG/100ML | 1         |                              |
| <i>propofol</i> EMUL 1000 MG/100ML                           | 1         | Medical Benefit Only         |
| Barbiturate Anesthetics                                      |           |                              |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| BREVITAL SODIUM SOLR 500 MG   | 1         |                     |
| Volatile Anesthetics  |           |                     |
| <i>desflurane</i>   | 1         |                     |
| FORANE ( <i>isoflurane</i> )  | 1         |                     |
| <i>isoflurane</i>   | 1         |                     |
| <i>sevoflurane</i>  | 1         |                     |
| SUPRANE ( <i>desflurane</i> )   | 9         |                     |
| SUPRANE ( <i>desflurane</i> )   | 1         |                     |
| ULTANE ( <i>sevoflurane</i> )   | 1         |                     |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                     |
| Acidifiers  |           |                     |
| K-PHOS NO 2   | 1         |                     |
| Alkalinizers  |           |                     |
| ORACIT  | 1         |                     |
| ORAL CITRATE  | 1         |                     |
| <i>potassium citrate (alkalinizer)</i> TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG                                      | 1         |                     |
| <i>potassium citrate-citric acid</i> SOLN   | 1         | PA; RX/OTC          |
| <i>sodium citrate &amp; citric acid</i>   | 1         | RX/OTC              |
| UROCIT-K 10 TBCR ( <i>potassium citrate (alkalinizer)</i> )   | 1         |                     |
| UROCIT-K 15 TBCR ( <i>potassium citrate (alkalinizer)</i> )   | 1         |                     |
| UROCIT-K 5 TBCR ( <i>potassium citrate (alkalinizer)</i> )  | 1         |                     |
| Cystinosis Agents   |           |                     |
| CYSTAGON CAPS   | 1         |                     |
| PROCYSBI CPDR   | 1         | PA                  |
| PROCYSBI PACK   | 1         | PA                  |

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| Drug Name                                  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <b>Genitourinary Irrigants</b>             |           |   |
| <i>acetic acid 0.25 %</i>                  | 1         |   |
| <i>glycine (gu irrigant) SOLN 1.5 %</i>    | 1         |   |
| <i>neomycin/polymyxin b gu</i>             | 1         |   |
| <i>sodium chloride (gu irrigant) 0.9 %</i> | 1         |   |
| SORBITOL 3 %                               | 1         |   |
| SORBITOL/MANNITOL IRRIGATION               | 1         |   |
| <b>Hyperoxaluria Agents</b>                |           |   |
| OXLUMO                                     | 1         | PA  |
| RIVFLOZA SOLN                              | 1         | QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 9 yrs old - Up to 11 yrs old); PA |
| RIVFLOZA SOSY 160 MG/ML                    | 1         | QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 9 yrs old); PA                    |
| RIVFLOZA SOSY 128 MG/0.8ML                 | 1         | AL(At least 9 yrs old); PA  |
| <b>IgA Nephropathy (IgAN) Agents</b>       |           |   |
| FILSPARI                                   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   |
| <b>Interstitial Cystitis Agents</b>        |           |   |
| ELMIRON CAPS                               | 1         |   |
| RIMSO-50                                   | 1         |   |
| <b>Prostatic Hypertrophy Agents</b>        |           |   |
| <i>alfuzosin hcl</i>                       | 1         | QL(1 ea daily); MP  |
| AVODART ( <i>dutasteride</i> )             | 1         | QL(1 ea daily); MP  |
| AVODART ( <i>dutasteride</i> )             | 9         | QL(1 ea daily); MP  |
| CARDURA XL                                 | 2         | ST  |

| Drug Name                                   | Drug Tier | Requirements/Limits  |
|---|-----------|----------------------|
| <i>dutasteride</i>                          | 1         | QL(1 ea daily); MP   |
| <i>dutasteride-tamsulosin hcl</i>           | 2         | ST                   |
| <i>finasteride</i>                          | 1         | QL(1 ea daily); MP   |
| FLOMAX ( <i>tamsulosin hcl</i> )            | 1         | QL(2 ea daily); MP   |
| JALYN ( <i>dutasteride-tamsulosin hcl</i> ) | 9         | ST                   |
| PROSCAR ( <i>finasteride</i> )              | 1         | QL(1 ea daily); MP   |
| RAPAFLO ( <i>silodosin</i> )                | 2         | ST                   |
| RAPAFLO 8 MG ( <i>silodosin</i> )           | 9         | ST                   |
| <i>silodosin</i>                            | 2         | ST                   |
| <i>tamsulosin hcl</i>                       | 1         | QL(2 ea daily); MP   |
| UROXATRAL ( <i>alfuzosin hcl</i> )          | 9         | QL(1 ea daily); MP   |
| <b>Urinary Stone Agents</b>                 |           |                      |
| LITHOSTAT                                   | 1         |                      |
| THIOLA EC TBEC ( <i>tiopronin</i> )         | 1         |                      |
| THIOLA TABS ( <i>tiopronin</i> )            | 1         | QL(3 ea daily)       |
| <i>tiopronin TABS</i>                       | 1         | QL(3 ea daily); PA   |
| <i>tiopronin TBEC</i>                       | 1         | PA                   |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>    |           |                      |
| <b>Gout Agent Combinations</b>              |           |                      |
| <i>colchicine w/ probenecid</i>             | 1         |                      |
| <b>Gout Agents</b>                          |           |                      |
| <i>allopurinol 100 MG, 300 MG</i>           | 1         |                      |
| <i>allopurinol 200 MG</i>                   | 1         | PA                   |
| <i>allopurinol sodium</i>                   | 1         | Medical Benefit Only |
| ALOPRIM ( <i>allopurinol sodium</i> )       | 1         | Medical Benefit Only |
| <i>colchicine CAPS</i>                      | 1         | QL(2 ea daily)       |
| <i>colchicine TABS</i>                      | 1         | QL(2 ea daily)       |

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|--|-----------|---|---|-----------|--|
| COLCRYS TABS<br>( <i>colchicine</i> )                                    | 1         | QL(2 ea daily)  | FEIBA   | 1         | PA   |
| <i>febuxostat</i>  | 1         | QL(1 ea daily);<br>PA   | FIBRYGA   | 1         |  |
| GLOPERBA SOLN OR   | 1         | QL(300 ml per<br>30 day(s) retail;<br>300 ml per 30<br>days mail); PA | HEMGENIX  | 1         | QL(1 ea per fill<br>retail); AL(At<br>least 19 yrs<br>old); PA |
| KRYSTEXXA  | 1         | Medical Benefit<br>Only   | HEMLIBRA  | 1         | PA   |
| MITIGARE CAPS<br>( <i>colchicine</i> )                                   | 1         | QL(2 ea daily)  | HEMOFIL M SOLR 250<br>UNIT, 500 UNIT, 1000<br>UNIT, 1700 UNIT | 1         |  |
| ULORIC ( <i>febuxostat</i> )   | 1         | QL(1 ea daily);<br>PA   | HUMATE-P SOLR   | 1         |  |
| ZYLOPRIM ( <i>allopurinol</i> )  | 9         |   | IDELVION  | 1         | PA   |
| Uricosurics  |           |   | IXINITY SOLR  | 1         |  |
| <i>probenecid</i>  | 1         |   | JIVI  | 1         | PA   |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to<br/>Treat Blood Disorders</b> |           |   | KCENTRA   | 1         |  |
| Aminolevulinatase Synthase 1-Directed siRNA                              |           |   | KOATE SOLR  | 1         |  |
| GIVLAARI   | 1         | PA  | KOGENATE FS KIT 250<br>UNIT, 500 UNIT, 3000<br>UNIT           | 1         |  |
| Antihemophilic Products  |           |   | KOVALTRY  | 1         |  |
| ADVATE   | 1         |   | NOVOEIGHT   | 1         |  |
| ADYNOVATE  | 1         | PA  | NOVOSEVEN RT  | 1         | PA   |
| AFSTYLA  | 1         | PA  | NUWIQ KIT   | 1         |  |
| ALPHANATE SOLR   | 1         |   | OBIZUR  | 1         | PA   |
| ALPHANINE SD 500<br>UNIT, 1000 UNIT, 1500<br>UNIT                        | 1         |   | PROFILNINE  | 1         |  |
| ALPROLIX   | 1         | PA  | REBINYN   | 1         | PA   |
| ALTUVIIIO  | 1         | PA  | RECOMBINATE SOLR  | 1         |  |
| BALFAXAR   | 1         | Medical Benefit<br>Only   | RIASTAP   | 1         |  |
| BENEFIX KIT  | 1         |   | RIXUBIS SOLR  | 1         |  |
| BEQVEZ   | 1         | AL(At least 18<br>yrs old); PA  | ROCTAVIAN   | 1         | QL(1 ea per fill<br>retail); AL(At<br>least 18 yrs<br>old); PA |
| COAGADEX   | 1         | PA  | SEVENFACT   | 1         | PA   |
| CORIFACT   | 1         | PA  | TRETTEN   | 1         | PA   |
| ELOCTATE   | 1         | PA  | VONVENDI  | 1         |  |
| ESPEROCT   | 1         | PA  | WILATE KIT  | 1         |  |
|  |           |   | XYNTHA  | 1         |  |
|  |           |   | XYNTHA SOLOFUSE   | 1         |  |
|  |           |   | <b>Bradykinin B2 Receptor Antagonists</b>                     |           |  |

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| Drug Name                                 | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| FIRAZYR SOSY ( <i>icatibant acetate</i> ) | 1         | PA  |
| <i>icatibant acetate SOLN</i>             | 1         | PA  |
| <i>icatibant acetate SOSY</i>             | 1         | PA  |
| Complement Inhibitors                     |           |   |
| BERINERT KIT                              | 1         | PA  |
| CINRYZE SOLR IV                           | 1         | QL(16 ea per 28 day(s) retail; 16 ea per 28 days mail); PA                            |
| EMPAVELI                                  | 1         | QL(160 ml per 28 day(s) retail; 160 ml per 28 days mail); AL(At least 18 yrs old); PA |
| ENJAYMO                                   | 1         | AL(At least 18 yrs old); PA   |
| FABHALTA                                  | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |
| HAEGARDA SOLR SC                          | 1         | PA  |
| PIASKY                                    | 1         | Medical Benefit Only  |
| RUCONEST                                  | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA                              |
| SOLIRIS                                   | 1         | PA  |
| TAVNEOS                                   | 1         | QL(6 ea daily); AL(At least 18 yrs old); PA   |
| ULTOMIRIS                                 | 1         | PA  |
| VEOPOZ                                    | 1         | QL(16 ml per 28 day(s) retail; 16 ml per 28 days mail); AL(At least 1 yrs old); PA    |
| VOYDEYA TABS                              | 1         | PA  |
| VOYDEYA TBPB                              | 1         | PA  |
| ZILBRYSQ 23 MG/0.574ML, 32.4 MG/0.81ML    | 1         | AL(At least 18 yrs old); PA   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| ZILBRYSQ 16.6 MG/0.416ML  | 1         | QL(11.648 ml per 28 day(s) retail; 12 ml per 28 days mail); AL(At least 18 yrs old); PA |
| Hemataologic - Tyrosine Kinase Inhibitors                           |           |   |
| TAVALISSE   | 1         | QL(2 ea daily); PA  |
| Hematological Enzymes - Misc  |           |   |
| ADZYNMA   | 1         | PA  |
| Hematorheologic Agents  |           |   |
| <i>pentoxifylline</i>   | 1         |   |
| Hemin   |           |   |
| PANHEMATIN 350 MG   | 1         | Medical Benefit Only  |
| Human Protein C   |           |   |
| CEPROTIN  | 1         |   |
| Plasma Expanders  |           |   |
| <i>dextran 40 in d5w</i>  | 1         |   |
| <i>dextran 40 in saline</i>   | 1         |   |
| HESPAN ( <i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i> ) | 9         |   |
| <i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>            | 1         |   |
| HEXTEND   | 1         |   |
| Plasma Kallikrein Inhibitors  |           |   |
| KALBITOR  | 1         | PA  |
| ORLADEYO  | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 12 yrs old); PA     |
| TAKHZYRO SOLN   | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA       |

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                                     | Drug Tier | Requirements/Limits  |
|---|-----------|---|---|-----------|--|
| TAKHZYRO SOSY 300 MG/2ML                              | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); AL(At least 12 yrs old); PA                   | <i>aspirin-dipyridamole</i>                   | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                |
| TAKHZYRO SOSY 150 MG/ML                               | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA | BRILINTA 90 MG                                | 1         | QL(61 ea per 30 day(s) retail; 61 ea per 30 days mail)     |
| <b>Plasma Proteins</b>                                |           |   | BRILINTA 60 MG                                | 1         | QL(2 ea daily)   |
| ALBUKED 25  | 1         |   | CABLIVI                                       | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| ALBUKED 5   | 1         |   | <i>cilostazol</i>                             | 1         |  |
| ALBUMIN HUMAN   | 1         |   | <i>clopidogrel bisulfate</i>                  | 1         | QL(1 ea daily); MP   |
| ALBUMINEX   | 1         |   | <i>dipyridamole</i>                           | 1         | QL(4 ea daily); MP   |
| ALBURX  | 1         |   | EFFIENT ( <i>prasugrel hcl</i> )              | 1         | QL(35 ea per 30 day(s) retail; 35 ea per 30 days mail)     |
| ALBUTEIN  | 1         |   | <i>eptifibatide</i>                           | 1         |  |
| FLEXBUMIN   | 1         |   | <i>eptifibatide 75 MG/100ML</i>               | 1         | Medical Benefit Only                                       |
| KEDBUMIN  | 1         |   | KENGREAL                                      | 1         | Medical Benefit Only                                       |
| OCTAPLAS BLOOD GROUP A                                | 1         | Medical Benefit Only  | PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> ) | 1         | QL(1 ea daily); MP   |
| OCTAPLAS BLOOD GROUP AB                               | 1         | Medical Benefit Only  | <i>prasugrel hcl</i>                          | 1         | QL(35 ea per 30 day(s) retail; 35 ea per 30 days mail)     |
| OCTAPLAS BLOOD GROUP B                                | 1         | Medical Benefit Only  | <i>tirofiban hcl in sodium chloride</i>       | 1         |  |
| OCTAPLAS BLOOD GROUP O                                | 1         | Medical Benefit Only  | <b>Protamine</b>                              |           |  |
| RYPLAZIM  | 1         | PA  | <i>protamine sulfate</i>                      | 1         |  |
| THROMBATE III   | 1         |   | <b>Pyruvate Kinase Activators</b>             |           |  |
| <b>Platelet Aggregation Inhibitors</b>                |           |   | PYRUKYND TAPER PACK TBPk                      | 1         | QL(7 ea per fill retail); AL(At least 18 yrs old); PA      |
| AGGRASTAT 3.75 MG/15ML                                | 1         |   |   |           |  |
| AGGRASTAT ( <i>tirofiban hcl in sodium chloride</i> ) | 1         |   |   |           |  |
| AGRYLIN 0.5 MG ( <i>anagrelide hcl</i> )              | 1         |   |   |           |  |
| <i>anagrelide hcl</i>                                 | 1         |   |   |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| PYRUKYND TAPER PACK TBPK                                     | 1         | QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA |
| PYRUKYND TABS  | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 18 yrs old); PA |
| Thrombolytic Agent - Misc                                    |           |   |
| DEFITELIO  | 1         | Medical Benefit Only  |
| Thrombolytic Enzymes   |           |   |
| ACTIVASE IV  | 1         |   |
| CATHFLO ACTIVASE IJ  | 1         |   |
| RETAVASE 10 UNIT   | 1         | Medical Benefit Only  |
| TNKASE   | 1         | Medical Benefit Only  |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b> |           |   |
| Agents for Gaucher Disease                                   |           |   |
| CERDELGA   | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA                          |
| CEREZYME 400 UNIT  | 1         | PA  |
| ELELYSO  | 1         | PA  |
| <i>miglustat</i>   | 1         | Brand Required; QL(3 ea daily); PA  |
| VPRIV  | 1         | PA  |
| ZAVESCA ( <i>miglustat</i> )                                 | 1         | Brand Required; QL(3 ea daily); PA  |
| ZAVESCA ( <i>miglustat</i> )                                 | 9         | Brand Required; QL(3 ea daily)  |
| Agents for Sickle Cell Disease                               |           |   |
| ADAKVEO  | 1         | PA  |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| CASGEVY   | 1         | Medical Benefit Only   |
| DROXIA CAPS   | 1         |  |
| ENDARI ( <i>glutamine sickle cell</i> )   | 9         |  |
| ENDARI ( <i>glutamine sickle cell</i> )   | 1         | AL(At least 5 yrs old); PA   |
| <i>glutamine sickle cell</i>  | 1         | AL(At least 5 yrs old); PA   |
| LYFGENIA  | 1         | Medical Benefit Only   |
| SIKLOS TABS   | 1         | AL(At least 2 yrs old); PA   |
| Cobalamins  |           |  |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>   | 1         | AL(Up to 20 yrs old)   |
| <i>hydroxocobalamin acetate SOLN</i>  | 1         | AL(Up to 20 yrs old)   |
| Folic Acid/Folates  |           |  |
| <i>folic acid SOLN</i>  | 1         |  |
| <i>folic acid TABS 1 MG</i>   | 1         | RX/OTC   |
| Hematopoietic Gene Therapy  |           |  |
| ZYNTEGLO  | 1         | Medical Benefit Only; QL(1 ea per fill retail); AL(At least 4 yrs old) |
| Hematopoietic Growth Factors  |           |  |
| ALVAIZ  | 1         | AL(At least 6 yrs old); PA   |
| ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA               |
| ARANESP ALBUMIN FREE SOSY 100 MCG/0.5ML   | 1         | QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail); PA               |
| ARANESP ALBUMIN FREE SOSY 300 MCG/0.6ML   | 1         | QL(2.4 ml per 28 day(s) retail; 2 ml per 28 days mail); PA             |

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| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                   | Drug Tier | Requirements/Limits  |
|---|-----------|---|-----------------------------|-----------|--|
| ARANESP ALBUMIN FREE SOSY 60 MCG/0.3ML, 150 MCG/0.3ML                         | 1         | QL(1.2 ml per 28 day(s) retail; 1 ml per 28 days mail); PA  | JESDUVROQ 8 MG              | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA                |
| ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 40 MCG/0.4ML, 200 MCG/0.4ML           | 1         | QL(1.6 ml per 28 day(s) retail; 2 ml per 28 days mail); PA  | JESDUVROQ 1 MG, 2 MG, 4 MG  | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA                |
| ARANESP ALBUMIN FREE SOSY 25 MCG/0.42ML                                       | 1         | QL(1.68 ml per 28 day(s) retail; 2 ml per 28 days mail); PA | LEUKINE SOLR IJ             | 1         |  |
| ARANESP ALBUMIN FREE SOSY 500 MCG/ML  | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA    | MULPLETA                    | 1         | QL(7 ea per fill retail); PA                               |
| DOPTELET  | 1         | PA  | NEULASTA ONPRO KIT PSKT     | 1         | Medical Benefit Only                                       |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 1         | PA  | NEULASTA SOSY               | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA |
| FULPHILA  | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail)      | NEUPOGEN SOLN 300 MCG/ML    | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)     |
| FYLNETRA  | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail)      | NEUPOGEN SOLN 480 MCG/1.6ML | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail)     |
| GRANIX SOLN 300 MCG/ML  | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)      | NEUPOGEN SOSY 300 MCG/0.5ML | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)     |
| GRANIX SOLN 480 MCG/1.6ML   | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail)      | NEUPOGEN SOSY 480 MCG/0.8ML | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)     |
| GRANIX SOSY 300 MCG/0.5ML   | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)      | NIVESTYM SOLN 300 MCG/ML    | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA |
| GRANIX SOSY 480 MCG/0.8ML   | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail)      | NIVESTYM SOLN 480 MCG/1.6ML | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail); PA |
| JESDUVROQ 6 MG  | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                 | NIVESTYM SOSY 480 MCG/0.8ML | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA |
|   |           |   | NIVESTYM SOSY 300 MCG/0.5ML | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA |
|   |           |   | NPLATE                      | 1         |  |

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| Drug Name                  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                                    |
|----------------------------|-----------|--|---|-----------|--|
| NYVEPRIA                   | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA | VAFSEO  | 1         | AL(At least 18 yrs old); PA                            |
| PROCRIT                    | 1         | PA   | ZARXIO 300 MCG/0.5ML  | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail) |
| PROCRIT                    | 1         | PA   | ZARXIO 480 MCG/0.8ML  | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail) |
| PROMACTA PACK              | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)     | ZIEXTENZO   | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail) |
| PROMACTA TABS              | 1         | QL(1 ea daily)   | <b>Iron</b>   |           |  |
| REBLOZYL                   | 1         | PA   | ACCRUFER  | 1         | AL(At least 18 yrs old); PA                            |
| RELEUKO SOLN 300 MCG/ML    | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA | FERAHEME ( <i>ferumoxytol</i> )                                 | 1         | Medical Benefit Only                                   |
| RELEUKO SOLN 480 MCG/1.6ML | 1         | QL(48 ml per 30 day(s) retail; 48 ml per 30 days mail); PA | FERAHEME ( <i>ferumoxytol</i> )                                 | 9         |  |
| RELEUKO SOSY 480 MCG/0.8ML | 1         | QL(24 ml per 30 day(s) retail; 24 ml per 30 days mail); PA | FER-IN-SOL SOLN ( <i>ferrous sulfate</i> )                      | 9         |  |
| RELEUKO SOSY 300 MCG/0.5ML | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA | FERRLECIT ( <i>sodium ferric gluconate complex in sucrose</i> ) | 9         |  |
| RETACRIT                   | 1         | PA   | FERRLECIT ( <i>sodium ferric gluconate complex in sucrose</i> ) | 1         | Medical Benefit Only                                   |
| ROLVEDON                   | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA | <i>ferrous sulfate SOLN 15 MG/ML</i>                            | 1         | AL(Up to 2 yrs old); PA                                |
| STIMUFEND                  | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA | <i>ferumoxytol</i>  | 1         | Medical Benefit Only                                   |
| UDENYCA ONBODY SOSY        | 1         | Medical Benefit Only                                       | INFED   | 1         | Medical Benefit Only                                   |
| UDENYCA SOAJ               | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA | INJECTAFER  | 1         | Medical Benefit Only                                   |
| UDENYCA SOSY               | 1         | QL(0.6 ml per 20 day(s) retail; 1 ml per 20 days mail); PA | MONOFERRIC  | 1         | Medical Benefit Only                                   |
|                            |           |  | <i>sodium ferric gluconate complex in sucrose</i>               | 1         | Medical Benefit Only                                   |
|                            |           |  | VENOFER   | 1         | Medical Benefit Only                                   |
|                            |           |  | <b>Stem Cell Mobilizers</b>                                     |           |  |
|                            |           |  | APHEXDA   | 1         | PA   |

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| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| MOZOBIL ( <i>plerixafor</i> )  | 1         | QL(1.2 ml daily); PA        |
| <i>plerixafor</i>  | 1         | QL(1.2 ml daily); PA        |
| XOLREMDI   | 1         | AL(At least 12 yrs old); PA |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>          |           |                             |
| Hemostatics - Systemic   |           |                             |
| AMICAR SOLN OR ( <i>aminocaproic acid</i> )                                | 9         |                             |
| AMICAR TABS ( <i>aminocaproic acid</i> )                                   | 9         |                             |
| <i>aminocaproic acid</i> SOLN OR 0.25 GM/ML                                | 1         |                             |
| <i>aminocaproic acid</i> TABS  | 1         |                             |
| CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )                                | 9         |                             |
| CYKLOKAPRON SOLN ( <i>tranexamic acid</i> )                                | 1         |                             |
| LYSTEDA TABS ( <i>tranexamic acid</i> )                                    | 9         |                             |
| TRANEXAMIC ACID/SODIUM CHLORIDE ( <i>tranexamic acid-sodium chloride</i> ) | 1         |                             |
| <i>tranexamic acid-sodium chloride</i>                                     | 1         |                             |
| <i>tranexamic acid</i> SOLN 1000 MG/10ML                                   | 1         |                             |
| <i>tranexamic acid</i> TABS  | 1         |                             |
| Hemostatics - Topical  |           |                             |
| ARTISS KIT   | 1         |                             |
| RECOTHROM  | 1         | Medical Benefit Only        |
| RECOTHROM/SPRAY APPLICATOR KIT   | 1         | Medical Benefit Only        |
| TACHOSIL   | 1         | Medical Benefit Only        |
| THROMBIN-JMI DILUENT SOLR  | 1         |                             |

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| THROMBIN-JMI EPISTAXIS KIT                           | 1         |   |
| THROMBIN-JMI SYRINGE SPRAY KIT KIT                   | 1         |   |
| THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT            | 1         |   |
| TISSEEL KIT  | 1         | Medical Benefit Only                        |
| TISSEEL SOLN   | 1         | Medical Benefit Only                        |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>     |           |   |
| Barbiturate Hypnotics                                |           |   |
| NEMBUTAL SODIUM SOLN ( <i>pentobarbital sodium</i> ) | 9         |   |
| <i>pentobarbital sodium</i> SOLN                     | 1         | AL(At least 19 yrs old)                     |
| <i>phenobarbital sodium</i> SOLN                     | 1         |   |
| <i>phenobarbital</i> ELIX                            | 1         |   |
| <i>phenobarbital</i> TABS                            | 1         |   |
| SEZABY SOLR  | 1         | Medical Benefit Only                        |
| Hypnotics - Tricyclic Agents                         |           |   |
| <i>doxepin hcl</i> (sleep)                           | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA |
| SILENOR ( <i>doxepin hcl</i> (sleep))                | 9         | QL(1 ea daily)                              |
| Non-Barbiturate Hypnotics                            |           |   |
| AMBIEN CR TBCR ( <i>zolpidem tartrate</i> )          | 2         | QL(1 ea daily); AL(At least 19 yrs old)     |
| AMBIEN TABS ( <i>zolpidem tartrate</i> )             | 1         | QL(1 ea daily); AL(At least 19 yrs old)     |
| BYFAVO   | 1         | Medical Benefit Only                        |

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| Drug Name  | Drug Tier | Requirements/Limits                         | Drug Name   | Drug Tier | Requirements/Limits                         |
|--|-----------|---|---|-----------|---|
| <i>dexmedetomidine hcl in sodium chloride SOLN 0.9 %-200 MCG/50ML, 0.9 %-400 MCG/100ML</i> | 1         | Medical Benefit Only                        | MIDAZOLAM/SODIUM CHLORIDE ( <i>midazolam-sodium chloride</i> )  | 9         |   |
| <i>dexmedetomidine hcl in sodium chloride SOLN 0.9 %-80 MCG/20ML</i>                       | 1         |   | MIDAZOLAM/SODIUM CHLORIDE   | 1         |   |
| <i>dexmedetomidine hcl SOLN</i>  | 1         |   | MIDAZOLAM/SODIUM CHLORIDE ( <i>midazolam-sodium chloride</i> )  | 1         |   |
| DEXMEDETOMIDINE HCL SOLN ( <i>dexmedetomidine hcl</i> )                                    | 1         |   | <i>midazolam-sodium chloride</i>  | 1         |   |
| DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE   | 1         |   | PRECEDEX SOLN ( <i>dexmedetomidine hcl in sodium chloride</i> )   | 9         |   |
| DORAL ( <i>quazepam</i> )  | 9         | QL(1 ea daily)                              | PRECEDEX SOLN   | 1         |   |
| DORAL ( <i>quazepam</i> )  | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA | PRECEDEX SOLN ( <i>dexmedetomidine hcl in sodium chloride</i> )   | 1         |   |
| EDLUAR SUBL  | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA | PRECEDEX SOLN 0.9 %-200 MCG/50ML, 0.9 %-400 MCG/100ML ( <i>dexmedetomidine hcl in sodium chloride</i> ) | 1         | Medical Benefit Only                        |
| <i>estazolam</i>   | 1         | QL(1 ea daily); AL(At least 19 yrs old)     | <i>quazepam</i>   | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA |
| <i>eszopiclone</i>   | 1         | QL(1 ea daily); AL(At least 19 yrs old)     | RESTORIL 15 MG, 30 MG ( <i>temazepam</i> )  | 1         | QL(1 ea daily); AL(At least 19 yrs old)     |
| <i>flurazepam hcl</i>  | 1         | QL(1 ea daily); AL(At least 19 yrs old)     | RESTORIL 7.5 MG, 22.5 MG ( <i>temazepam</i> )   | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA |
| HALCION 0.25 MG ( <i>triazolam</i> )   | 9         | QL(1 ea daily)                              | <i>temazepam 15 MG, 30 MG</i>   | 1         | QL(1 ea daily); AL(At least 19 yrs old)     |
| HALCION 0.25 MG ( <i>triazolam</i> )   | 1         | QL(1 ea daily); AL(At least 19 yrs old)     | <i>temazepam 7.5 MG, 22.5 MG</i>  | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA |
| IGALMI FILM  | 1         | Medical Benefit Only                        | <i>triazolam</i>  | 1         | QL(1 ea daily); AL(At least 19 yrs old)     |
| LUNESTA ( <i>eszopiclone</i> )   | 1         | QL(1 ea daily); AL(At least 19 yrs old)     | <i>zaleplon</i>   | 1         | QL(2 ea daily); AL(At least 19 yrs old)     |
| LUNESTA ( <i>eszopiclone</i> )   | 9         | QL(1 ea daily)                              | ZOLPIDEM TARTRATE CAPS  | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA |
| <i>midazolam hcl SOLN IJ</i>   | 1         |   |   |           |   |
| <i>midazolam hcl SYRP</i>  | 1         |   |   |           |   |

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|---|-----------|---|--|-----------|--|
| <i>zolpidem tartrate SUBL</i>                     | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA                 | GOLYTELY SOLR ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )                            | 1         | QL(4000 ml per fill retail)                                |
| <i>zolpidem tartrate TABS</i>                     | 1         | QL(1 ea daily); AL(At least 19 yrs old)                     | MOVIPREP ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )                          | 9         | QL(1 ea per fill retail)                                   |
| <i>zolpidem tartrate TBCR</i>                     | 2         | QL(1 ea daily); AL(At least 19 yrs old)                     | MOVIPREP ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )                          | 1         | QL(1 ea per fill retail)                                   |
| <b>Orexin Receptor Antagonists</b>                |           |   | <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>                                       | 1         | QL(1 ea per fill retail)                                   |
| BELSOMRA  | 3         | QL(1 ea daily); AL(At least 19 yrs old)                     | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.74 GM-2.97 GM-5.86 GM-22.74 GM-236 GM</i> | 1         | QL(4000 ml per fill retail)                                |
| DAYVIGO   | 3         | QL(1 ea daily); AL(At least 19 yrs old)                     | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR 6.72 GM-2.98 GM-5.84 GM-22.72 GM-240 GM</i> | 1         | QL(4000 ml per fill retail)                                |
| QUVIVIQ   | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA                 | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                                      | 1         | QL(4000 ml per fill retail)                                |
| <b>Selective Melatonin Receptor Agonists</b>      |           |   | PLENVU   | 1         | QL(3 ea per fill retail); PA                               |
| HETLIOZ LQ SUSP                                   | 1         | AL(At least 3 yrs old - Up to 15 yrs old); PA               | <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>  | 1         | QL(354 ml per fill retail); PA                             |
| HETLIOZ CAPS ( <i>tasimelteon</i> )               | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA                 | SUFLAVE  | 1         | QL(2 ea per fill retail); PA                               |
| <i>ramelteon</i>                                  | 1         | Brand Required; QL(1 ea daily); AL(At least 19 yrs old); PA | SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )                  | 1         | QL(354 ml per fill retail); PA                             |
| ROZEREM ( <i>ramelteon</i> )                      | 1         | Brand Required; QL(1 ea daily); AL(At least 19 yrs old)     | SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )                  | 9         | QL(354 ml per fill retail)                                 |
| <i>tasimelteon CAPS</i>                           | 1         | QL(1 ea daily); AL(At least 19 yrs old); PA                 | SUTAB  | 1         | QL(24 ea per fill retail); PA                              |
| <b>LAXATIVES - Bowel Treatment Drugs</b>          |           |   | <b>Laxatives - Miscellaneous</b>   |           |  |
| <b>Laxative Combinations</b>                      |           |   | KRISTALOSE PACK  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML | 1         | QL(350 ml per fill retail); PA                              |  |           |  |

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|---|-----------|--|--|-----------|---------------------|
| KRISTALOSE PACK   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA                           | <i>bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %</i>   | 1         |                     |
| <i>lactulose SOLN</i>                                       | 1         |  | <i>lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %</i> | 1         |                     |
| MIRALAX MIX-IN PAX PACK ( <i>polyethylene glycol 3350</i> ) | 9         |  | MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % ( <i>bupivacaine w/ epinephrine</i> )                  | 1         |                     |
| MIRALAX PACK ( <i>polyethylene glycol 3350</i> )            | 9         |  | MARCAINE/EPINEPHRINE SOLN 1 :200000-0.25 %, 1 :200000-0.5 % ( <i>bupivacaine w/ epinephrine</i> )                  | 9         |                     |
| MIRALAX POWD ( <i>polyethylene glycol 3350</i> )            | 9         | QL(1581 gm per 30 day(s) retail; 1581 gm per 30 days mail)                           | SENSORCAINE-MPF/EPINEPHRINE SOLN   | 1         |                     |
| <i>polyethylene glycol 3350 PACK</i>                        | 1         | AL(Up to 20 yrs old)   | XYLOCAINE/EPINEPHRINE SOLN ( <i>lidocaine w/ epinephrine</i> )   | 1         |                     |
| <i>polyethylene glycol 3350 POWD</i>                        | 1         | QL(1581 gm per 30 day(s) retail; 1581 gm per 30 days mail); AL(Up to 20 yrs old)     | XYLOCAINE/EPINEPHRINE SOLN ( <i>lidocaine w/ epinephrine</i> )   | 9         |                     |
| Stimulant Laxatives   |           |  | XYLOCAINE-MPF/EPINEPHRINE SOLN 1 :200000-1 %, 1 :200000-1.5 %, 1 :200000-2 % ( <i>lidocaine w/ epinephrine</i> )   | 1         |                     |
| FLEET BISACODYL ENEM  | 1         | QL(1110 ml per 30 day(s) retail; 1110 ml per 30 days mail); AL(Up to 20 yrs old); PA | XYLOCAINE-MPF/EPINEPHRINE SOLN   | 1         |                     |
| Surfactant Laxatives  |           |  | XYLOCAINE-MPF/EPINEPHRINE SOLN 1 :200000-1 %, 1 :200000-1.5 %, 1 :200000-2 % ( <i>lidocaine w/ epinephrine</i> )   | 1         |                     |
| <i>benzocaine-docusate sodium ENEM</i>                      | 1         | QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail); AL(Up to 20 yrs old); PA   | XYLOCAINE-MPF/EPINEPHRINE SOLN   | 9         |                     |
| <i>docusate sodium ENEM 283 MG/5ML</i>                      | 1         | QL(150 ml per 30 day(s) retail); AL(Up to 20 yrs old); PA                            | Local Anesthetics - Amides   |           |                     |
| LOCAL ANESTHETICS-Parenteral - Drugs for Numbing            |           |  |  |           |                     |
| Local Anesthetic Combinations                               |           |  |  |           |                     |

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|--|-----------|----------------------|
| BUPIVACAINE FISIOPHARMA SOLN IJ  | 1         |                      |
| <i>bupivacaine hcl SOLN IJ</i>   | 1         |                      |
| <i>bupivacaine in dextrose SOLN</i>  | 1         |                      |
| EXPAREL  | 1         | Medical Benefit Only |
| <i>lidocaine hcl (local anesth.) SOLN</i>  | 1         |                      |
| MARCAINE SPINAL SOLN ( <i>bupivacaine in dextrose</i> )                            | 9         |                      |
| MARCAINE SPINAL SOLN ( <i>bupivacaine in dextrose</i> )                            | 1         |                      |
| MARCAINE SOLN IJ ( <i>bupivacaine hcl</i> )  | 1         |                      |
| MARCAINE SOLN IJ ( <i>bupivacaine hcl</i> )  | 9         |                      |
| <i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i>  | 1         |                      |
| NAROPIN SOLN IJ ( <i>ropivacaine hcl</i> )   | 1         |                      |
| NAROPIN SOLN IJ ( <i>ropivacaine hcl</i> )   | 9         |                      |
| <i>ropivacaine hcl SOLN IJ</i>   | 1         |                      |
| XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % ( <i>lidocaine hcl (local anesth.)</i> ) | 9         |                      |
| XYLOCAINE-MPF SOLN 0.5 %, 1 %, 1.5 %, 2 % ( <i>lidocaine hcl (local anesth.)</i> ) | 1         |                      |
| XYLOCAINE SOLN 1 %, 2 % ( <i>lidocaine hcl (local anesth.)</i> )                   | 1         |                      |
| Local Anesthetics - Esters   |           |                      |
| <i>chloroprocaine hcl IJ</i>   | 1         |                      |
| CLOTOTEKAL IT  | 1         |                      |
| NESACAINE IJ   | 1         |                      |

| Drug Name   | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|
| NESACAINE-MPF IJ ( <i>chloroprocaine hcl</i> )          | 9         |  |
| NESACAINE-MPF IJ ( <i>chloroprocaine hcl</i> )          | 1         |  |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b> |           |  |
| Azithromycin  |           |  |
| <i>azithromycin PACK</i>                                | 1         |  |
| <i>azithromycin SOLR</i>                                | 1         |  |
| <i>azithromycin SUSR 200 MG/5ML</i>                     | 1         | QL(12 ml daily)  |
| <i>azithromycin SUSR 100 MG/5ML</i>                     | 1         | QL(45 ml per fill retail)                              |
| <i>azithromycin TABS</i>                                | 1         |  |
| ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )          | 1         |  |
| ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )            | 1         |  |
| ZITHROMAX PACK  | 1         |  |
| ZITHROMAX SOLR ( <i>azithromycin</i> )                  | 1         |  |
| ZITHROMAX SOLR ( <i>azithromycin</i> )                  | 9         |  |
| ZITHROMAX SUSR 200 MG/5ML ( <i>azithromycin</i> )       | 1         | QL(12 ml daily)  |
| ZITHROMAX SUSR 100 MG/5ML ( <i>azithromycin</i> )       | 1         | QL(45 ml per fill retail)                              |
| ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )           | 9         |  |
| ZITHROMAX TABS 250 MG, 500 MG ( <i>azithromycin</i> )   | 1         |  |
| Clarithromycin  |           |  |
| <i>clarithromycin SUSR</i>                              | 1         |  |
| <i>clarithromycin TABS</i>                              | 1         |  |
| <i>clarithromycin TB24</i>                              | 1         | QL(28 ea per 14 day(s) retail; 28 ea per 14 days mail) |
| Erythromycins   |           |  |

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|--|-----------|--|---|-----------|--|
| E.E.S. GRANULES SUSR<br>(erythromycin ethylsuccinate)  | 1         |  | DUREX EXTRA SENSITIVE THIN MISC                   | 1         |  |
| ERYPED 200 SUSR<br>(erythromycin ethylsuccinate)       | 1         |  | DUREX TROPICAL MISC                               | 1         |  |
| ERYPED 400 SUSR<br>(erythromycin ethylsuccinate)       | 1         |  | FANTASY LUBRICATED/SPERMICIDE MISC                | 1         |  |
| ERYTHROCIN LACTOBIONATE<br>(erythromycin lactobionate) | 1         |  | FANTASY LUBRICATED MISC                           | 1         |  |
| ERYTHROCIN LACTOBIONATE<br>(erythromycin lactobionate) | 9         |  | FC2 FEMALE CONDOM                                 | 1         | QL(12 ea per 30 day(s) retail; 12 ea per 30 days mail) |
| <i>erythromycin base CPEP</i>                          | 1         |  | KIMONO COLORS DEVI                                | 1         |  |
| <i>erythromycin base TABS</i>                          | 1         |  | KIMONO LUBRICATED MISC                            | 1         |  |
| <i>erythromycin base TBEC</i>                          | 1         |  | KIMONO MAXX/LARGE FLARE MISC                      | 1         |  |
| <i>erythromycin ethylsuccinate SUSR</i>                | 1         |  | KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC | 1         |  |
| <i>erythromycin ethylsuccinate TABS</i>                | 1         |  | KIMONO MICRO THIN MISC                            | 1         |  |
| <i>erythromycin lactobionate 500 MG</i>                | 1         |  | KIMONO PLUS SPERMICIDE LUBRICATED MISC            | 1         |  |
| <i>erythromycin stearate TABS 250 MG</i>               | 1         |  | KIMONO SENSATION LUBRICATED MISC                  | 1         |  |
| <b>Fidaxomicin</b>                                     |           |  | KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC  | 1         |  |
| DIFICID SUSR   | 1         | QL(136 ml per 12 day(s) retail; 136 ml per 12 days mail) | KIMONO SPECIAL DEVI                               | 1         |  |
| DIFICID TABS   | 1         | QL(20 ea per 10 day(s) retail; 20 ea per 10 days mail)   | MAXX LUBRICATED MISC                              | 1         |  |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                    |           |  | TROJAN MAGNUM MISC                                | 1         |  |
| <b>Contraceptives</b>                                  |           |  | TROJAN REGULAR MISC                               | 1         |  |
| CAYA DPRH  | 1         |  | TROJAN ULTRA THIN LUBRICATED MISC                 | 1         |  |
| DUREX EXTRA SENSITIVE THIN DEVI                        | 1         |  | TROJAN ULTRA THIN/SPERMICIDAL LUBRICANT MISC      | 1         |  |
|  |           |  | TROJAN-ENZ LUBRICATED MISC                        | 1         |  |

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|---|-----------|--|---|-----------|--|
| TROJAN-ENZ W/SPERMICIDAL MISC                     | 1         |  | 1ST TIER UNILET COMFORTOUCH LANCETS 30G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUE COVER DEVI                                   | 1         |  | ACCU-CHEK FASTCLIX LANCETDEVICE KIT KIT   | 1         |  |
| TRUSTEX LUBRICATED EXTRALARGE MISC                | 1         |  | ACCU-CHEK FASTCLIX LANCETS                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX LUBRICATED EXTRASTRENGTH MISC             | 1         |  | ACCU-CHEK MULTICLIX LANCET DEVICE KIT KIT | 1         |  |
| TRUSTEX LUBRICATED/RIBBED/STUDDDED MISC           | 1         |  | ACCU-CHEK SAFE-T-PRO LANCETS              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE MISC    | 1         |  | ACCU-CHEK SAFE-T-PRO PLUSLANCETS          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH MISC | 1         |  | ACCU-CHEK SOFTCLIX LANCETDEVICE KIT KIT   | 1         |  |
| TRUSTEX LUBRICATED/SPERMICIDE MISC                | 1         |  | ACCU-CHEK SOFTCLIX LANCETS                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX LUBRICATED MISC                           | 1         |  | ACTI-LANCE LANCETS 28G                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX NON-LUBRICATED MISC                       | 1         |  | ACTI-LANCE LITE SAFETY LANCETS 28G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDDED MISC     | 1         |  | ACTI-LANCE SPECIAL SAFETY LANCETS 17G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUSTEX/RIA LUBRICATED SPERMICIDE MISC            | 1         |  |   |           |  |
| TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC            | 1         |  |   |           |  |
| TRUSTEX/RIA LUBRICATED MISC                       | 1         |  |   |           |  |
| TRUSTEX/RIA NON-LUBRICATED MISC                   | 1         |  |   |           |  |
| Diabetic Supplies                                 |           |  |   |           |  |
| 1ST TIER UNILET COMFORTOUCH LANCETS 28G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |   |           |  |

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|---|-----------|--|---|-----------|--|
| ACTI-LANCE SPECIAL SAFETY LANCETS 17G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ASSURE COMFORT LANCETS ULTRA THIN 28G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ASSURE LANCE LANCETS                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ADVANCED MOBILE LANCET 30G              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ASSURE LANCE SAFETY LANCET 28G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ADVOCATE LANCETS                        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | AUTO-LANCET MINI MISC                   | 1         |  |
|   |           |  | AUTOLET IMPRESSION LANCING DEVICE MISC  | 1         |  |
| ADVOCATE LANCETS 30G                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | AUTOLET LANCING DEVICE MISC             | 1         |  |
|   |           |  | AUTOLET PLUS MISC                       | 1         |  |
|   |           |  | BD MICROTAINER LANCETS                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|   |           |  | CAREONE ADVANCED LANCING DEVICE MISC    | 1         |  |
| ADVOCATE LANCING DEVICE MISC            | 1         |  | CAREONE LANCET SUPER THIN/30G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ADVOCATE RAPID-SAFE LANCING DEVICE MISC | 1         |  | CAREONE LANCET THIN                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ADVOCATE SAFETY LANCETS                 | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CARESENS LANCETS                        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| ADVOCATE SAFETY LANCETS 26G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CARETOUCH CONTROL SOLUTION LEVEL 2 LIQD | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           |
| AGAMATRIX ULTRA-THIN LANCETS 33G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |   |           |  |
| AQUALANCE LANCETS ULTRA THIN 30G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |   |           |  |

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|---|-----------|--|--|-----------|--|
| CARETOUCH SAFETY LANCETS/26G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CLEVER CHEK LANCETS ULTRATHIN 30G                        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CARETOUCH SAFETY LANCETS/28G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CLEVER CHOICE COMFORT EZLANCETS 23G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CARETOUCH TWIST LANCETS 28G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CLEVER CHOICE COMFORT EZLANCETS 28G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CARETOUCH TWIST LANCETS 30G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | COAGUCHEK LANCETS  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CARETOUCH TWIST LANCETS 33G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | COMFORT ASSURED LANCETS MICRO THIN 33G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CARETOUCH TWIST LANCETS MULTI COLOR/30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | COMFORT ASSURED LANCETS SUPER THIN 28G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CHOSEN LANCETS 30G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | COMFORT LANCETS  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CHOSEN LANCING DEVICE MISC              | 1         |  | COMFORT TOUCH LANCETS ULTRA THIN 31G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CHOSEN SAFETY LANCETS 28G               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CLEVER CHEK LANCETS ULTRATHIN           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | CVS LANCETS 21G  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                                | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|--|-----------|--|
| CVS LANCETS MICRO THIN 33G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | DROPLET PERSONAL LANCETS30G              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CVS LANCETS THIN 26G                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | DRUG MART ADJUSTABLE LANCING DEVICE MISC | 1         |  |
| CVS LANCETS ULTRA THIN 30G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | DRUG MART LANCETS THIN                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CVS LANCING DEVICE MISC             | 1         |  | DRUG MART ON-THE-GO LANCETS GENTLE 30G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| CVS ULTRA THIN LANCETS              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | DRUG MART UNILET LANCETSSUPER THIN 30G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DEXCOM G6 RECEIVER                  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             | DRUG MART UNILET LANCETSULTRA THIN 28G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DEXCOM G6 SENSOR                    | 1         | QL(3 ea per 30 day(s) retail)                                    | DRUG MART UNILET MICRO THIN LANCETS 33G  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DEXCOM G6 TRANSMITTER               | 1         | QL(1 ea per 90 day(s) retail; 1 ea per 90 days mail)             | EASY COMFORT LANCETS                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DEXCOM G7 RECEIVER                  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             | EASY COMFORT LANCETS 30G/PULL TOP        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DEXCOM G7 SENSOR                    | 1         | QL(3 ea per 30 day(s) retail)                                    | EASY COMFORT LANCETS 30G/THIN TOP        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| DIASCREEN 1K STRP                   | 1         |  |  |           |  |
| DROPLET GENTEEL LANCING DEVICE MISC | 1         | PA   |  |           |  |
| DROPLET LANCETS ULTRA THIN 30G      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |  |           |  |
| DROPLET LANCING DEVICE MISC         | 1         |  |  |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| EASY COMFORT LANCETS TWIST TOP                        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH LANCETS 30G/PRESSURE ACTIVATED        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY MINI EJECT LANCING DEVICE MISC                   | 1         |  | EASY TOUCH LANCETS 30G/PULL-TOP                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY MINI LANCING DEVICE MISC                         | 1         |  | EASY TOUCH LANCETS 30G/TWIST                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE BARRELS LUER LOCK/1ML MISC | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH LANCETS 32G/PRESSURE ACTIVATED        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH LANCETS 32G/PULL-TOP                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH LANCETS 32G/TWIST                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 26G/PRESSURE ACTIVATED             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH LANCETS 33G/TWIST                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 26G/PULL-TOP                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH LANCING DEVICE/EJECTOR MISC           | 1         |  |
| EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH SAFETY LANCETS21G/PRESSUR E ACTIVATED | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 28G/PULL-TOP                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EASY TOUCH SAFETY LANCETS23G/PRESSUR E ACTIVATED | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH LANCETS 28G/TWIST                          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |  |           |  |

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|--|-----------|--|---------------------------------|-----------|--|
| EASY TOUCH SAFETY LANCETS26G/BUTTON ACTIVATED    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EQL THIN LANCETS 26G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS26G/PRESSUR E ACTIVATED | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | E-Z JECT LANCETS                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | E-Z JECT LANCETS 21G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EASY TOUCH SAFETY LANCETS28G/PRESSUR E ACTIVATED | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | E-Z JECT LANCETS COLOR          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EMBRACE LANCETS ULTRA THIN 30G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | E-Z JECT LANCETS SUPER THIN 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EMBRACE LANCING DEVICE WITH EJECTOR MISC         | 1         |  | E-Z JECT LANCETS THIN 26G       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/21G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | E-ZJECT LANCETS MICRO-THIN 33G  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | EZ-LETS LANCETS 26G SUPER-SOFT  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EQL COLOR LANCETS 21G                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FIFTY50 SAFETY SEAL LANCETS 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| EQL SUPER THIN LANCETS 30G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FIFTY50 SAFETY SEAL LANCETS 32G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|--|-----------|--|--|-----------|--|
| FIFTY50 UNILET LANCETS 33G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM    | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             |
| FINE 30                                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM    | 1         | QL(2 ea per 28 day(s) retail)                                    |
| FINGERSTIX LANCETS                           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             |
| FORA LANCETS                                 | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM | 1         | QL(2 ea per 28 day(s) retail)                                    |
| FORA LANCING DEVICE/CLEARCAP MISC            | 1         |  | FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); PA         |
| FORA LANCING DEVICE MISC                     | 1         |  | FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM       | 1         | QL(2 ea per 28 day(s) retail)                                    |
| FREDS PHARMACY AUTOLET LANCING DEVICE MISC   | 1         |  | FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             |
| FREDS PHARMACY UNILET LANCETS SUPER THIN 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | FREESTYLE UNISTICK II LANCETS                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GENTEEL BUTTERFLY TOUCH LANCETS                          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| FREESTYLE CONTROL SOLUTION HIGH/LOW LIQD     | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | GLOBAL INJECT EASE LANCETS 28G                           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| FREESTYLE LANCETS                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GLOBAL INJECT EASE LANCETS 30G                           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|  |           |  | GLOBAL LANCING DEVICE MISC                               | 1         |  |

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|--|-----------|--|--|-----------|--|
| GLUCOCOM LANCETS 28G                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GOODSENSE LANCETS MICRO-THIN 33G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GLUCOCOM LANCETS 30G                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GLUCOCOM LANCETS 33G                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GNP LANCETS 21G                                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GOODSENSE LANCETS ULTRA-THIN 30G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GNP LANCETS THIN 26G                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GNP LANCING SYSTEM DEVICE MISC                   | 1         |  | GOODSENSE LANCING DEVICE MISC                          | 1         |  |
| GNP STERILE LANCETS 33G                          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | HEALTH CARE LANCING DEVICE MISC                        | 1         |  |
| GOJJI LANCING DEVICE/CLEAR CAP MISC              | 1         |  | HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC | 1         |  |
| GOJJI STERILE LANCETS 30G                        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | H-E-B INCONTROL ADVANCED LANCING DEVICE MISC           | 1         |  |
|  |           |  | H-E-B INCONTROL LANCETS MICRO THIN 33G                 | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|--|-----------|--|---------------------------------|-----------|--|
| H-E-B INCONTROL LANCETS SUPER THIN 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | KROGER LANCING DEVICE MISC      | 1         |  |
| H-E-B INCONTROL LANCETS ULTRA THIN 28G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCET DEVICE WITH EJECTOR MISC | 1         |  |
| HYPOLANCE AST LANCING KIT KIT          | 1         |  | LANCETS                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KINNEY LANCETS                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS 30G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KINNEY THIN LANCETS                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS 30G TWIST TOP           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER AUTOLET LANCING DEVICE MISC     | 1         |  | LANCETS 30G/TWIST TOP           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER HEALTHPRO TWIST LANCETS/26G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS 33G EXTRA FINE          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER LANCETS 21G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS 33G UNIVERSAL DESIGN    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER LANCETS MICRO THIN33G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS MICRO THIN 33G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER LANCETS THIN 26G                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS SUPER THIN 28G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| KROGER LANCETS ULTRATHIN30G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LANCETS THIN                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|--|-----------|--|---|-----------|--|
| LANCETS ULTRA THIN                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LONGS LANCETS THIN                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LANCETS ULTRA THIN 30G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | LONGS LANCETS ULTRA THIN                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LANCING DEVICE MISC                      | 1         |  | MEDLANCE PLUS EXTRA LANCETS 21G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LANZO MISC                               | 1         |  |   |           |  |
| LEADER ADVANCED LANCING DEVICE MISC      | 1         |  | MEDLANCE PLUS LANCETS                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LITE TOUCH LANCETS                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MEDLANCE PLUS LANCETS LITE 25G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LITE TOUCH LANCING PEN MISC              | 1         |  |   |           |  |
| LITETOUCH LANCETS MICRO THIN 33G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MEDLANCE PLUS LITE LANCETS 25G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LIVE BETTER ADVANCED LANCING DEVICE MISC | 1         |  |   |           |  |
| LIVE BETTER LANCET SUPERTHIN 30G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MEDLANCE PLUS SPECIAL LANCETS 0.8MM     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LIVE BETTER LANCET ULTRATHIN 28G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MEDLANCE PLUS SUPERLITE 30G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| LONGS LANCETS STANDARD                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|  |           |  | MEDLANCE PLUS UNIVERSAL LANCETS 21G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|-----------------------------|-----------|--|---|-----------|--|
| MEDLANCE PLUS/LITE 25G      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MM TWIST LANCETS                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MEDLANCE/LITE               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MONOLET LANCETS                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MEDLANCE/UNIVERSAL          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MULTI-LANCET DEVICE 2 KIT                   | 1         |  |
| MEIJER LANCETS              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MULTI-LANCET DEVICE MISC                    | 1         |  |
| MEIJER LANCETS THIN         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MEIJER LANCETS UNIVERSAL33G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | NOVA SAFETY LANCETS 23G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MEIJER SUPER THIN LANCETS   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | NOVA SAFETY LANCETS 28G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MICROLET LANCETS            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | NOVA SUREFLEX LANCETS                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MICROLET NEXT MISC          | 1         |  | NOVA SUREFLEX LANCING DEVICE MISC           | 1         |  |
| MINI LANCING DEVICE MISC    | 1         |  | ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| MM LANCING DEVICE MISC      | 1         |  | ONETOUCH DELICA PLUS LANCETS FINE 30G       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|                             |           |  | ONETOUCH DELICA PLUS LANCING DEVICE MISC    | 1         |  |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                                  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| ONETOUCH DELICA SAFETY LANCING DEVICE                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | PERFECT POINT SAFETY LANCETS/28G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| ONETOUCH DELICA SAFETY LANCING DEVICE 30G                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | PERFECT POINT SAFETY LANCETS/30G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| ONETOUCH ULTRA 2 KIT                                     | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC   | PHARMACIST CHOICE SELECTLANCETS/ULTRA THIN | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH ULTRA CONTROL SOLUTION LIQD                     | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | PHARMACIST CHOICE ULTRA THIN LANCETS       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH ULTRA CONTROL LIQD                              | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | PHARMACIST CHOICE ULTRA THIN LANCETS 28G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH ULTRASOFT 2 LANCETS FINE 30G                    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | PHARMACIST CHOICE ULTRA THIN LANCETS 30G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail)             | PHARMACIST CHOICE ULTRA THIN LANCETS 31G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT  | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC   | PHARMACIST CHOICE ULTRA THIN LANCETS 33G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD             | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | PIP LANCETS/30G                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD             | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | PRECISION XTRA DEVI                        | 1         | AL(Up to 21 yrs old)   |
| PC LANCETS SUPER THIN 30G                                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |  |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                        | Drug Tier | Requirements/Limits  |
|--|-----------|--|----------------------------------|-----------|--|
| PREFERRED PLUS LANCETS COLORED 21G                   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | PURE COMFORT LANCETS 30G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PREFERRED PLUS LANCETS SUPER THIN 30G                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | PX ADVANCED LANCING DEVICE MISC  | 1         |  |
| PREFERRED PLUS LANCETS THIN 26G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | PX LANCETS MICROTHIN 33G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRO COMFORT LANCETS 30G                              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | PX LANCETS ULTRA THIN            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRO COMFORT LANCETS 31G                              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | PX LANCETS ULTRA THIN 28G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRO COMFORT SAFETY LANCETS 30G PRESSURE ACTIVATED    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | QC ADVANCED LANCING DEVICE MISC  | 1         |  |
| PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); PA; RX/OTC | QC LANCETS SUPER THIN            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRODIGY LANCING DEVICE MISC                          | 1         |  | QC UNILET LANCETS 28G/ULTRA THIN | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRODIGY PRESSURE ACTIVATED SAFETY LANCETS            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | QC UNILET LANCETS 33G/MICRO THIN | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| PRODIGY TWIST TOP LANCETS                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC   | RA E-ZJECT LANCETS 28G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|  |           |  | RA E-ZJECT LANCETS THIN 26G      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|-------------------------------------|-----------|--|--|-----------|--|
| RA E-ZJECT LANCETS THIN 28G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION LANCING DEVICE KIT                                | 1         |  |
| RA E-ZJECT LANCETS ULTRATHIN 30G    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION LANCING DEVICE MISC                               | 1         |  |
| READYLANCE SAFETY LANCETS/23G/1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     |
| READYLANCE SAFETY LANCETS/26G/1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION ULTRA THIN LANCETS/30G                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| READYLANCE SAFETY LANCETS/28G/1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION ULTRA THIN LANCETS30G                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| READYLANCE SAFETY LANCETS/30G/1.6MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION ULTRA THIN PLUS LANCETS 32G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| RELION 2-IN-1 LANCET DEVICES 30G    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RELION ULTRA THIN PLUS LANCETS 33G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| RELION LANCETS MICRO-THIN33G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RIGHTTEST GD500 LANCING DEVICE MISC                      | 1         |  |
| RELION LANCETS THIN 26G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | RIGHTTEST GL300 LANCETS                                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| RELION LANCETS ULTRA-THIN30G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SAFE-T-LANCE LOW FLOW 25G                                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|                                     |           |  | SAFE-T-LANCE NORMAL FLOW21G                              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|--|-----------|--|--|-----------|--|
| SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SAPS HEALTH TWIST TOP LANCETS 30G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SAPSCARE TWIST TOP LANCETS 30G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAFE-T-LANCE PLUS SAFETYLANCET NORMAL FLOW | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SELECT-LITE LANCING DEVICE MISC            | 1         |  |
| SAFETY LANCET 30G/PRESSURE ACTIVATED       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SHOPKO AUTOLET LANCING DEVICE MISC         | 1         |  |
| SAFETY LANCETS                             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SHOPKO ON-THE-GO COMFORTLANCETS 30G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAFETY LANCETS 21G                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SHOPKO UNILET LANCETS SUPER THIN 30G       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAFETY LANCETS 23G                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SHOPKO UNILET LANCETS ULTRA THIN 28G       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAFETY LANCETS 28G                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SIMPLE DIAGNOSTICS LANCING DEVICE MISC     | 1         |  |
| SAPS HEALTH CARE TWIST TOP LANCETS         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SM MICRO THIN LANCETS 33G                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SAPS HEALTH PLUS TWIST TOP LANCETS 30G     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | SMART DIABETES VANTAGE LANCING DEVICE MISC | 1         |  |
|  |           |  | SMARTTEST LANCETS 28G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|  |           |  | SOLUS V2 LANCING DEVICE MISC               | 1         |  |

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|--|-----------|--|---|-----------|--|
| SOLUS V2 PRESSURE ACTIVATED SAFETY LANCETS 28G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TODAYS HEALTH ADVANCED LANCING DEVICE MISC              | 1         |  |
| SOLUS V2 TWIST LANCETS 30G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TODAYS HEALTH SUPER THINLANCETS 30G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| STERILANCE TL                                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TODAYS HEALTH ULTRA THINLANCETS 28G                     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SURE COMFORT LANCETS 18G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TOPCARE LANCETS MICRO-THIN 33G                          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SURE COMFORT LANCETS 21G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TRAVEL LANCETS 30G                                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SURE COMFORT LANCETS 23G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TRUE COMFORT SAFETY LANCETS/30G                         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SURE COMFORT LANCETS 28G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TRUE COMFORT TWIST TOP LANCETS 30G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| SURE COMFORT LANCETS 30G                       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     |
| SURE COMFORT LANCING PEN MISC                  | 1         |  | TRUE METRIX BLOOD GLUCOSEMETER KIT                      | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail); RX/OTC   |
| TECHLITE LANCETS                               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN               | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           |

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|---|-----------|--|--------------------------------------|-----------|--|
| TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | TWIST TOP LANCETS 30G                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN | 1         | QL(1 ea per 365 day(s) retail; 1 ea per 365 days mail)           | ULTI-LANCE AUTOMATIC/ CLEAR TIP MISC | 1         |  |
| TRUEPLUS LANCETS 26G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTILET CLASSIC LANCETS              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 28G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTILET LANCETS                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 28G SUPER THIN           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTILET LANCETS 33G                  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 30G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTILET SAFETY LANCETS 23G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 30G ULTRA THIN           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTRA THIN LANCETS 31G               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 33G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTRA-CARE LANCETS 30G               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS LANCETS 33G MICRO THIN           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTRA-THIN II LANCETS 28G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| TRUEPLUS SAFETY LANCETS 28G               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ULTRA-THIN II LANCETS 30G            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |

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|-------------------------------|-----------|--|-------------------------------|-----------|--|
| UNILET COMFORTOUCH LANCET     | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK 3 EXTRA               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET EXCELITE               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK 3 EXTRA               | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET EXCELITE II            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK 3 GENTLE              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| UNILET G.P. SUPERLITE LANCET  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK 3 NORMAL              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET GP 28 ULTRA THIN       | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK 3 NORMAL              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET LANCETS MICRO-THIN33G  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK CZT COMFORT           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET LANCETS SUPER-THIN30G  | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK CZT NORMAL            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNILET LANCETS ULTRA-THIN 28G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     | UNISTIK NORMAL                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC |
| UNISTIK 2 NORMAL              | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC | UNISTIK PRO SAFETY LANCET 21G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |
| UNISTIK 3 COMFORT             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); PA; RX/OTC | UNISTIK PRO SAFETY LANCET 25G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC     |

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|------------------------------------|-----------|--|---|-----------|--|
| UNISTIK PRO SAFETY LANCET 28G      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VALUE PLUS LANCING DEVICE MISC          | 1         |  |
| UNISTIK SAFETY LANCETS 28G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VALUMARK LANCET SUPER THIN 30G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNISTIK SAFETY LANCETS 30G         | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VALUMARK LANCET ULTRA THIN 28G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANCETS 21G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE SAFETY LANCET MINI 21G X 2.4MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANCETS 23G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE SAFETY LANCET MINI 23G X 1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANCETS 28G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE SAFETY LANCET MINI 28G X 1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNISTIK TOUCH SAFETY LANCETS 30G   | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE SAFETY LANCET MINI 30G X 1.8MM | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNIVERSAL 1 LANCETS THIN26G        | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE UNIVERSAL LANCETS 28G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN 30G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE UNIVERSAL LANCETS 30G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| VALUE PLUS LANCETS STANDARD 21G    | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | VERIFINE UNIVERSAL LANCETS 33G          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
|                                    |           |  | VIDA MIA AUTOLET LANCINGDEVICE MISC     | 1         |  |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                             | Drug Tier | Requirements/Limits  |
|--|-----------|--|---------------------------------------|-----------|--|
| VIDA MIA UNILET LANCETS SUPER THIN 30G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | WALGREENS THIN LANCETS                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| VIDA MIA UNILET LANCETS ULTRA THIN 28G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | WALGREENS ULTRA THIN LANCETS          | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| VIVAGUARD LANCETS                                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | ZEVRX TWIST TOP LANCETS 30G           | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC |
| VIVAGUARD LANCETS 30G                            | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | <b>Parenteral Therapy Supplies</b>    |           |  |
| VIVAGUARD LANCING DEVICE MISC                    | 1         |  | 1ST TIER UNIFINE PENTIPS/MINI/31GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VIVAGUARD SAFETY LANCETS28G                      | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | 1ST TIER UNIFINE PENTIPS29GX12MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| WALGREENS ADVANCED TRAVELLANCETS 28G             | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | 1ST TIER UNIFINE PENTIPS31GX6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | 1ST TIER UNIFINE PENTIPS31GX8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | 1ST TIER UNIFINE PENTIPS32GX4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| WALGREENS LANCETS                                | 1         | QL(600 ea per 90 day(s) retail; 600 ea per 90 days mail); RX/OTC | 1ST TIER UNIFINE PENTIPS32GX6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
|  |           |  | 1ST TIER UNIFINE PENTIPS33GX4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                                      | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| 1ST TIER UNIFINE PENTIPSPLUS 31GX8MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN PEN NEEDLE/32GX4MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS 32GX4MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN PEN NEEDLES                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| 1ST TIER UNIFINE PENTIPSPLUS 33GX4MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| 1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN PEN NEEDLES 31GX5MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL /29GX12MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN PEN NEEDLES 31GX8MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| 1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ABOUTTIME PEN NEEDLE 32GX 5/32"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ABOUTTIME PEN NEEDLES 30GX 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ABOUTTIME PEN NEEDLES 31G X 3/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ABOUTTIME PEN NEEDLES 31G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                      | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|--|-----------|--|-------------------------------------|-----------|--|
| ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/32GX4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/32GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/32GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/32GX8MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AQ INSULIN SYRINGE/0.5ML/30G X 5/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/33GX4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AQ INSULIN SYRINGE/1ML/29G X 1/2"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/33GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AQ INSULIN SYRINGE/1ML/31G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM MINI INSULIN PEN NEEDLE/33GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AQINJECT PEN NEEDLE/31G X 3/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM SAFETY PEN NEEDLE/31G X 4MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AQINJECT PEN NEEDLE/32G X 5/32"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AUM SAFETY PEN NEEDLE/31G X 5MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ASSURE ID SAFETY PEN NEEDLES 30G X 5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | AURORA PEN NEEDLES 29GX12MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
|  |           |  | AURORA PEN NEEDLES 31G X6MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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|---|-----------|--|--|-----------|--|
| AURORA PEN NEEDLES 31G X8MM                                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| AURORA UNIFINE PENTIPS/32GX5/32"                                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| AURORA UNIFINE PENTIPS/MINI/31GX3/16"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD 1/2ML TUBERCULIN SYRINGE/PERM NEEDLE/REG BEV/27G X 1/2" MISC | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); AL(Up to 20 yrs old) | BD INSULIN SYRINGE ULTRA-FINE/0.3ML/30G X 12.7MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD AUTOSHIELD DUO 30G X 5MM                                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD ECLIPSE SYRINGE/1ML/30GX1/2"                                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)                       | BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 8MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE LUER-LOK/U-100/1ML                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC               | BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
|   |           |  | BD INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 8MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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|--|-----------|--|--|-----------|--|
| BD INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 8MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD INSULIN SYRINGE/U-100/1ML/27G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/30G X 12.7MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/MICRO/ULTRA-FINE/32G X 6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/MINI/ULTRA-FINE/31G X 5MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/NANO 2ND GEN/32G X 4MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/NANO 2ND GEN/32G X 5/32"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE/0.3ML/29G X 12.7MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/NANO/ULTRA-FINE/32G X 4MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE/0.5ML/29G X 12.7MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD INSULIN SYRINGE/1ML/27G X 12.7MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD PEN NEEDLE/SHORT/ULTRA-FINE/31G X 8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD INSULIN SYRINGE/1ML/29G X 12.7MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD SAFETYGLIDE 1ML 27GX5/8"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD VEO INSULIN SYRINGE ULTRA-FINE/1/2 UNIT/0.3ML/31G X 6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | BD VEO INSULIN SYRINGE ULTR-FINE/U-100/0.5ML/31G X 15/64"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/1ML/30G X 1/2"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE INSULIN SYRINGES/1ML/31GX5/16"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CAREONE UNIFINE PENTIPS 29GX12MM                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                                       | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| CAREONE UNIFINE PENTIPS 31GX5MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH HYPODERMIC NEEDLES/27G X 1 1/2        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX6MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS 31GX8MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/1ML/30GX5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/1ML/31GX5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CARETOUCH PEN NEEDLE 29GX1/2"                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES/33G X 5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | CARETOUCH PEN NEEDLES 31G X 6 MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|---|-----------|--|---|-----------|--|
| CARETOUCH PEN NEEDLES 31GX 5MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CARETOUCH PEN NEEDLES 31GX 8MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CARETOUCH PEN NEEDLES 32GX 4MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CARETOUCH PEN NEEDLES 32GX 5MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYINGE/0.5ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                                   | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/31G X 15/64"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX8MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLICKFINE PEN NEEDLES 31G X 1/4"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | CLICKFINE PEN NEEDLES 31G X 3/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | CLICKFINE PEN NEEDLES 31G X 5/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
|   |           |  | CLICKFINE PEN NEEDLES 31G X 8MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                            | Drug Tier | Requirements/Limits  |
|--|-----------|--|--------------------------------------|-----------|--|
| CLICKFINE PEN NEEDLES 32G X 5/32"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT EZ/31G X 5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLICKFINE PEN NEEDLES/31GX1/4"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT EZ/31G X 6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/31G X 4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| COMFORT EZ INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/31G X 5MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT EZ INSULIN SYRINGE/U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/31G X 6 MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT EZ MICRO/32G X 4MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/31G X 8 MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT EZ PRO SAFETY PEN NEEDLES 30G X 8MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | COMFORT TOUCH PEN NEEDLES/32G X 4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 4MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | COMFORT TOUCH PEN NEEDLES/32G X 5MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/32G X 6MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| COMFORT EZ SHORT/31G X 8MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | COMFORT TOUCH PEN NEEDLES/32G X 8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| COMFORT TOUCH PEN NEEDLES/33G X 5/32"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| COMFORT TOUCH PEN NEEDLES/33GX 3/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| COMFORT TOUCH PEN NEEDLES/33GX1/4"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| DROPLET INSULIN SYRINGE 0.3ML/29G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET INSULIN SYRINGE U-100/0.5ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE 0.5ML/29G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET INSULIN SYRINGE U-100/0.5ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE 1ML/29G X 1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET INSULIN SYRINGE U-100/1ML/30G X 1/2"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET INSULIN SYRINGE U-100/1ML/30G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/1ML/30G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/1ML/31G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET INSULIN SYRINGE U-100/1ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE U-100/0.3ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |  |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                       | Drug Tier | Requirements/Limits  |
|--|-----------|--|---------------------------------|-----------|--|
| DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 29G X1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 29GX10MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET PEN NEEDLES 29GX12MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| DROPLET INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 31G X3/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE/U-100/1ML/30G X 1/2"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 31G X5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE/U-100/1ML/31G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 31GX5MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET INSULIN SYRINGE/U-100/1ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPLET PEN NEEDLES 31GX6MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET MICRON 34G X 9/64"                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET PEN NEEDLES 31GX8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET PEN NEEDLE/MICRON/34G X 9/64"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPLET PEN NEEDLES 32G X 5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| DROPLET PEN NEEDLES 32GX4MM                                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 1ML | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET PEN NEEDLES 32GX5MM                                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DROPSAFE SAFETY PEN NEEDLE/31GX5MM                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET PEN NEEDLES 32GX6MM                                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPSAFE SAFETY PEN NEEDLES/31G X 5/16"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPLET PEN NEEDLES 32GX8MM                                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | DROPSAFE SAFETY PEN NEEDLES/31G X 1/4"                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 29GX12.5MM 1ML | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPS 31GX5MM                        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.3ML  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPS29G X 12MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 0.5ML  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPS31GX6MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX6MM 1ML    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPS31GX8MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.3ML  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPS32GX4MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| DROPSAFE INSULIN SAFETY SYRINGE/FIXED NEEDLE 31GX8MM 0.5ML  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | DRUG MART UNIFINE PENTIPSPLUS 32GX4MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                               | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY COMFORT PEN NEEDLES31GX3/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT PEN NEEDLES31GX5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT PEN NEEDLES32GX5/32"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT PEN NEEDLES33G X 4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT PEN NEEDLES33G X 5MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT PEN NEEDLES33G X 6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY COMFORT SAFETY PEN NEEDLES 31GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY COMFORT SAFETY PEN NEEDLES 31GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY COMFORT SAFETY PEN NEEDLES 32GX4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY COMFORT PEN NEEDLES31GX1/4"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY GLIDE PEN NEEDLES 33G X 5/32"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| EASY TOUCH 32GX5MM                                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH 32GX6MM                                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH PEN NEEDLES 31GX5/16"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY TOUCH PEN NEEDLES 32GX1/4"                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH PEN NEEDLES 32GX3/16"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH PEN NEEDLES 32GX5/32"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH PEN NEEDLES/31G X 3/16"                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH SAFETY PEN NEEDLES/29G X 5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH PEN NEEDLE 30G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EASY TOUCH SAFETY PEN NEEDLES/29G X 8MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH PEN NEEDLE/30G X 3/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH SAFETY PEN NEEDLES/30G X 5/16"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EASY TOUCH PEN NEEDLES 29GX1/2"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EASY TOUCH PEN NEEDLES 31GX1/4"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|---|-----------|--|---|-----------|--|
| EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EQL INSULIN SYRINGE/0.5ML/29G X 1/2"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/29G X 12MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EQL INSULIN SYRINGE/0.5ML/30G X 5/16"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/30G X 5MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EQL INSULIN SYRINGE/0.5ML/31G X 5/16"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/30G X 8MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | EQL INSULIN SYRINGE/1ML/29G X 1/2"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/31G X 5MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EQL INSULIN SYRINGE/1ML/30G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/31G X 6MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EQL INSULIN SYRINGE/1ML/31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EMBRACE PEN NEEDLES/32G X 4MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/29G X 1/2"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/30G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EQL INSULIN SYRINGE/0.3ML/31G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 PEN NEEDLES/31GX8MM                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 PEN NEEDLES/32GX4MM                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 PEN NEEDLES/32GX6MM                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| FIFTY50 PEN NEEDLES 31G X3/16" (5MM)                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| FIFTY50 PEN NEEDLES 31G X5/16" (8MM)                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| FIFTY50 PEN NEEDLES 31GX5MM                          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL EASE INJECT PEN NEEDLES 29GX12MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| GLOBAL EASE INJECT PEN NEEDLES 31GX8MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES 32GX4MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASE INJECT PEN NEEDLES 31GX5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.3ML/31G X 15/64"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASY GLIDE INSULIN SYRINGE/0.5ML/31G X 15/64"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| GLOBAL EASY GLIDE INSULIN SYRINGE/1ML/31G X 15/64"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.



| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                             | Drug Tier | Requirements/Limits  |
|--|-----------|--|---------------------------------------|-----------|--|
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | GNP INSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGE/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGE/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGE/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP INSULIN SYRINGE/0.3ML/29G X 1/2"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP INSULIN SYRINGES/1ML/28GX1/2"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP INSULIN SYRINGE/0.3ML/30G X 5/16"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP ULTICARE PEN NEEDLES/31GX5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP INSULIN SYRINGE/0.3ML/31G X 5/16"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP ULTICARE PEN NEEDLES/32GX 5/32"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP INSULIN SYRINGE/0.5ML/28G X 1/2"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GNP ULTICARE PEN NEEDLES/32GX1/4"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| GNP ULTICARE PEN NEEDLES31G X 5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 5/32"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP ULTIGUARD SAFEPACK/MICRO PEN NEEDLE/32GX4MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31GX5MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32GX6MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP ULTIGUARD SAFEPACK/SHORT PEN NEEDLE/31GX8MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE INSULIN SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GOODSENSE CLICKFINE SAFETY PEN NEEDLE/31G X 3/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE INSULIN SYRINGE/U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 3/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE MICRON PEN NEEDLES/32G X 5/32"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | HEALTHWISE MINI PEN NEEDLES 31GX6MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| GOODSENSE PEN NEEDLE/PENFINE CLASSIC/32G X 1/4"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | HEALTHWISE PEN NEEDLES 29GX12MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/ Limits   | Drug Name                                      | Drug Tier | Requirements/ Limits   |
|--|-----------|--|--|-----------|--|
| HEALTHWISE SHORT PEN NEEDLES 31GX8MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL PEN NEEDLES 31GX5MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES/31G X 3/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL PEN NEEDLES 31GX6MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHWISE SHORT PEN NEEDLES/31G X 5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL PEN NEEDLES 31GX8MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4 MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX1/4"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX3/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| H-E-B IN CONTROL PEN NEEDLE 31GX3/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                      | Drug Tier | Requirements/Limits  | Drug Name                                | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| H-E-B IN CONTROL UNIFINEPENTIPS PLUS 33GX5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | INSULIN SYRINGE/0.5ML/28G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| H-E-B INCONTROL PEN NEEDLES 29GX12MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/0.5ML/30G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| HM ULTICARE MINI PEN NEEDLES/31G X 5MM (3/16") | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/0.5ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/31G X 6MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/1ML/28G X 1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/31GX8MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/1ML/30G X 5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INCONTROL ULTICARE MINI PEN NEEDLES/32G X 4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE 1ML/31G X1/4"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/0.3ML/30G X 5/16"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/0.3ML/31G X 5/16"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/0.5ML/27G X 1/2"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                              | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/28GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/28GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/U-100/1ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGE/U-100/1ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/0.5ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES 0.3ML/31G X 1/4"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | INSULIN SYRINGES/U-100/0.5ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES 0.5ML/31G X 1/4"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | INSULIN SYRINGES/U-100/1ML/27GX1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES/U-100/0.5ML/27GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSULIN SYRINGES/U-100/1ML/27GX1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                            | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--------------------------------------|-----------|--|---|-----------|--|
| INSULIN SYRINGES/U-100/1ML/28GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN 31G X 8MM                                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES/U-100/1ML/28GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN 32G X 4MM                                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES/U-100/1ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN 33GX4MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| INSULIN SYRINGES/U-100/1ML/29GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN PEN NEEDLES 32G X4MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES/U-100/1ML/30GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN SENSITIVE 32GX6MM                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| INSULIN SYRINGES/U-100/1ML/30GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN SENSITIVE 32GX8MM                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| INSULIN SYRINGES/U-100/1ML/30GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN ULTRAFIN 30GX8MM                                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| INSULIN SYRINGES/U-100/1ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN ULTRAFIN 31GX6MM                                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSULIN SYRINGES/U-100/1ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | INSUPEN ULTRAFIN 31GX8MM                                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSUPEN 29G X 12MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| INSUPEN 31G X 5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |   |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                                | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER INSULIN SYRINGE/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/0.5ML/29G               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | KROGER INSULIN SYRINGE/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/0.5ML/30G               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | KROGER INSULIN SYRINGE/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KMART VALU PLUS INSULIN SYRINGE/1ML/30G                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES 29G X12MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/29G X 1/2"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES 31G X8MM              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/30G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES 31GX1/4"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER INSULIN SYRINGE/0.3ML/31G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES/31G X1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER INSULIN SYRINGE/0.5ML/29G X 1/2"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES/31G X3/16"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER INSULIN SYRINGE/0.5ML/30G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | KROGER PEN NEEDLES/31G X5/16"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name                                | Drug Tier | Requirements/ Limits   | Drug Name                                   | Drug Tier | Requirements/ Limits   |
|--|-----------|--|---|-----------|--|
| KROGER PEN NEEDLES/32G X5/32"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER INSULIN SYRINGE/1ML/29G X 1/2"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| KROGER PEN NEEDLES/33G X5/32"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | LEADER INSULIN SYRINGE/1ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER INSULIN SYRINGE/1ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER UNIFINE PENTIPS/MINI/31GX3/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER UNIFINE PENTIPS/NANO/32GX5/32"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LEADER UNIFINE PENTIPS/PLUS/32GX5/32"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LEADER INSULIN SYRINGE/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LITETOUCH PEN NEEDLES 31G X 6MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LITETOUCH PEN NEEDLES 31GX8MM SHORT                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LITETOUCH PEN NEEDLES/31G X 3/16"                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| LITETOUCH PEN NEEDLES 29GX12.7MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name   | Drug Tier | Requirements/ Limits   | Drug Name                                  | Drug Tier | Requirements/ Limits   |
|---|-----------|--|--|-----------|--|
| MARATHON MEDICAL PENTIPS29GX12MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEDICINE SHOPPE PEN NEEDLES 29G X 12MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MARATHON MEDICAL PENTIPS31GX5MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEDICINE SHOPPE PEN NEEDLES 31G X 6MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MARATHON MEDICAL PENTIPS31GX8MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEDICINE SHOPPE PEN NEEDLES 31G X 8MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MARATHON MEDICAL PENTIPS32GX4MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEIJER PEN NEEDLES 29G X12MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MAXICOMFORT II PEN NEEDLES/31G X 1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEIJER PEN NEEDLES 31G X6MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MEIJER PEN NEEDLES 31G X8MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MICRODOT PEN NEEDLE/31G X 6 MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MAXICOMFORT INSULIN SYRINGES 27G X 1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MICRODOT PEN NEEDLE/32G X 4 MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MAXI-COMFORT SAFETY PEN NEEDLE/29G X 3/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | MICRODOT PEN NEEDLE/33G X 4 MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| MAXI-COMFORT SAFETY PEN NEEDLE/29G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/1ML/31G X 5/16"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM INSULIN SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM INSULIN SYRINGE/U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM PEN NEEDLES 31G X 1/4"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM PEN NEEDLES 31G X 3/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM PEN NEEDLES 31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MM PEN NEEDLES 32G X 5/32"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE/1ML               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT INSULIN SYRINGE REGULAR LUER TIP/SOFTPACK/1ML   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MS INSULIN SYRINGE/0.3ML/31G X 5/16"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MS INSULIN SYRINGE/0.5ML/31G X 5/16"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | MS INSULIN SYRINGE/1ML/31G X 5/16"                       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | NOVOFINE PEN NEEDLE 32G X 6MM                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name                               | Drug Tier | Requirements/ Limits   | Drug Name                   | Drug Tier | Requirements/ Limits   |
|---|-----------|--|-----------------------------|-----------|--|
| NOVOFINE PLUS PEN NEEDLE32G X 4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31G X 5MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PC UNIFINE PENTIPS 29G X1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31G X 6MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PC UNIFINE PENTIPS 31G X5MM MINI        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31G X 8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31G X 8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PC UNIFINE PENTIPS 31G X8MM SHORT       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31GX5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES                             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PEN NEEDLES 31GX6MM (1/4")  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 29GX12MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31GX8MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 30GX5MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 31GX8MM (5/16") | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 30GX8MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PEN NEEDLES 32G X 4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 31G X 3/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PEN NEEDLES 32G X 4MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name               | Drug Tier | Requirements/Limits  | Drug Name                            | Drug Tier | Requirements/Limits  |
|-------------------------|-----------|--|--------------------------------------|-----------|--|
| PEN NEEDLES 32G X 5MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 29G X 12MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 32G X 6MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PENTIPS 29GX12MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 32GX4MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 31G X 5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES 33G X 5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PENTIPS 31G X 8MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 31GX5MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/31G X 1/4"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 31GX6MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/31G X 3/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 31GX8MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 32G X 4MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/31G X 6MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS 32GX4MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PEN NEEDLES/32G X 5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PENTIPS GENERIC PEN NEEDLES 29GX12MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| PENTIPS GENERIC PEN NEEDLES 31GX5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PENTIPS GENERIC PEN NEEDLES 31GX6MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PENTIPS GENERIC PEN NEEDLES 31GX8MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PENTIPS GENERIC PEN NEEDLES 32GX4MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PENTIPS GENERIC PEN NEEDLES 32GX6MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PIP PEN NEEDLES 31G X 5MM                              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PIP PEN NEEDLES 32G X 4MM                              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS UNIFINE PENTIPS 32GX4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                      | Drug Tier | Requirements/Limits  | Drug Name                                       | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX1/4"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PREVENT DROPSAFE SAFETY PEN NEEDLES 31GX5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRO COMFORT PEN NEEDLES/31G X 8MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | PRO COMFORT PEN NEEDLES/32G X 4MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRO COMFORT PEN NEEDLES/32G X 5MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRO COMFORT PEN NEEDLES/32G X 6MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PURE COMFORT PEN NEEDLE 32G X6MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | PURE COMFORT PEN NEEDLE 32G X8MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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| Drug Name                                 | Drug Tier | Requirements/Limits  | Drug Name                                  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| PURE COMFORT PEN NEEDLE/32G X 5MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | QC UNIFINE PENTIPS 32GX4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PURE COMFORT PEN NEEDLE/32G X4MM          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RA INSULIN SYRINGE/0.5ML/29G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RA INSULIN SYRINGE/1ML/29G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PURE COMFORT SAFETY PEN NEEDLE 31G X 6MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PX EXTRA SHORT PEN NEEDLES 31GX6MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RA PEN NEEDLES 31G X 5MM3/16"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | RA PEN NEEDLES 31G X 8MM5/16"              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PX MINI PEN NEEDLES 31GX5MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RAYA SURE PEN NEEDLE 29GX 12MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| PX PEN NEEDLE 29GX12MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RAYA SURE PEN NEEDLE 31GX 4MM              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| PX PEN NEEDLE 31GX8MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RAYA SURE PEN NEEDLE 31GX 5MM              | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                       | Drug Tier | Requirements/Limits  | Drug Name                       | Drug Tier | Requirements/Limits  |
|---|-----------|--|---------------------------------|-----------|--|
| RAYA SURE PEN NEEDLE 31GX 6MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION MINI PEN NEEDLES 31GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RAYA SURE PEN NEEDLE 31GX 8MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 29GX12MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE 0.5ML/31G X 15/64"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 31G X6MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE 1ML/31GX15/64"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 31G X8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 31GX6MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 31GX8MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 32G X4MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 32G X5/32"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES 32GX4MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | RELION PEN NEEDLES/31G X1/4"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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|---|-----------|--|---|-----------|--|
| RELION SHORT PEN NEEDLES31GX8MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOVR/32GX4MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SAFETY PEN NEEDLES/30G X3/16"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SAFETY PEN NEEDLES/30G X5/16"                           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29 GX12MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/0.5ML/29GX1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SECURESAFE SAFETY INSULIN SYRINGES/U-100/1ML/29GX1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 31GX1/4"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SECURESAFE SAFETY PEN NEEDLES/30G X 5/16"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5M M        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31GX1/4"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGES/0.5ML/31G X 6MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT INSULIN SYRINGES/U-100/1ML/31GX6MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT PEN NEEDLES30GX5/16" SHORT            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT PEN NEEDLES31GX3/16" (5MM)            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT PEN NEEDLES31GX5/16" (8MM)            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT PEN NEEDLES32GX5/32"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | SURE COMFORT PEN NEEDLES32GX5/32" (4MM)            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
|  |           |  | SURE COMFORT PEN NEEDLES32GX6MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| TECHLITE INSULIN SYRINGEU-100/0.3ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TECHLITE INSULIN SYRINGEU-100/1ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TECHLITE PEN NEEDLES 29GX 12 MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TECHLITE PEN NEEDLES 31GX 5MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | TECHLITE PEN NEEDLES/31GX 8MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TECHLITE PEN NEEDLES/32GX 6MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 15/64" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TECHLITE PLUS PEN NEEDLES32G X 4MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/0.5ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/29G X 1/2"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/30G X 1/2"     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TECHLITE INSULIN SYRINGEU-100/1ML/31G X 15/64"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT INSULIN SYRINGE/1ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PEN NEEDLES31G X 5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PEN NEEDLES31G X 6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PEN NEEDLES32G X 4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO INSULINSYRINGE/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO INSULINSYRINGE/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO INSULINSYRINGE/0.5ML/32G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO INSULINSYRINGE/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| TRUE COMFORT PRO INSULINSYRINGE/1ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO PEN NEEDLES 33G X 4MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/0.5ML/30G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | TRUE COMFORT PRO PEN NEEDLES 33G X 5MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUE COMFORT PRO INSULINSYRINGE/U-100/1ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT PRO PEN NEEDLES 33G X 6MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUE COMFORT PRO PEN NEEDLES 31G X 5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/30G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 31G X 6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/0.5ML/31G X 5/16"      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 31G X 8MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/30G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/31G X 5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/1ML/32GX5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUE COMFORT PRO PEN NEEDLES 32G X 5MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUE COMFORT PRO PEN NEEDLES 32G X 6MM                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | TRUE COMFORT SAFETY INSULIN SYRINGE/U-100/1ML/30G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
|  |           |  | TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name                                 | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 31G X 6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29GX12.7MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS PEN NEEDLES 29GX12MM                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS PEN NEEDLES 31GX5MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS PEN NEEDLES 31GX6MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| TRUEPLUS PEN NEEDLES 31GX8MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| TRUEPLUS PEN NEEDLES 32GX4MM                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/1ML/30G X 5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE MICRO PEN NEEDLES 31G X 8MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTICARE MICRO PEN NEEDLES 32G X 4MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE MICRO PEN NEEDLES/31G X 1/4"                     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTICARE MICRO PEN NEEDLES/31G X 5/16"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE MICRO PEN NEEDLES/32G X 4MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE MICRO PEN NEEDLES/32G X 5/32"                    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| ULTICARE MINI PEN NEEDLES 31GX6MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE SHORT PEN NEEDLES ULTI-FINE IV                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE MINI PEN NEEDLES ULTI-FINE IV      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE SHORT PEN NEEDLES/31G X 8MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTICARE MINI PEN NEEDLES/31G X 6MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE SHORT SAFETY PEN NEEDLES 30G X 5/16"                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE MINI PEN NEEDLES/32G X 1/4"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 1" MISC         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE MINI PEN NEEDLES31GX6MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE MINI SAFETY PENNEEDLES 30G X 3/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE U-100 INSULIN SYRINGES/0.3ML/31G X 1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTICARE U-100 INSULIN SYRINGES/0.5ML/31G X 1/4"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE PEN NEEDLES 31GX 5MM/MINI          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTICARE U-100 INSULIN SYRINGES/1ML/31G X 1/4"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE PEN NEEDLES/29GX 12.7MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTIGUARD SAFEPACK INSULIN SYRINGE 0.3ML/30G X 1/2"/SHARPS C | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTICARE SHORT PEN NEEDLES 31GX8MM          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTIGUARD SAFEPACK INSULIN SYRINGE 1/2ML 30G X 1/2"/SHARPS C | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
|   |           |  | ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 30G X 1/2"/SHARPS CON | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| ULTIGUARD SAFEPACK INSULIN SYRINGE 1ML 31G X 5/16"/SHARPS CO | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 8MM/SHARPS CONTAIN | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK INSULIN SYRINGE/0.3ML/31G X 5/16"/SHARPS  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAIN | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK MINI PEN NEEDLE/31G X 3/16"/SHARPS CONTAI | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAIN | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTIGUARD SAFEPACK PEN NEEDLE/29G X 1/2"/SHARPS CONTAINER    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTILET PEN NEEDLE 32GX4MM/SHORT                            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4 MM                | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 4MM/SHARPS CONTAIN  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA FLO INSULIN PEN NEEDLE 31GX5MM                        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK/MICROPEN NEEDLE/32G X 5/32"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA FLO INSULIN PEN NEEDLE 32GX4MM                        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/31G X 6MM/SHARPS CONTAIN  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA FLO INSULIN PEN NEEDLE 33GX4MM                        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTIGUARD SAFEPACK/MINI PEN NEEDLE/32G X 1/4"/SHARPS CONTAIN | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTRA FLO INSULIN PEN NEEDLES                               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTIGUARD SAFEPACK/SHORTPEN NEEDLE/31G X 5/16"/SHARPS CONTA  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA FLO INSULIN PEN NEELE 31GX8MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| ULTRA FLO INSULIN SYRINGE 0.3ML/29G X 1/2"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTRA FLO INSULIN SYRINGE 0.3ML/30GX5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.3ML/31GX5/16"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 0.5ML/29GX1/2"           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 1/2"    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTRACARE INSULIN SYRINGE/U-100/1ML/30G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE INSULIN SYRINGE/U-100/1ML/31G X 5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA FLO INSULIN SYRINGE 1/2 UNIT/0.3ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE PEN NEEDLES/31G X 1/4"                  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA THIN PEN NEEDLES 32G X 4MM                   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE PEN NEEDLES/31G X 3/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE PEN NEEDLES/31G X 5/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRACARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRACARE PEN NEEDLES/32G X 1/14"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| ULTRACARE PEN NEEDLES/32G X 3/16"                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRACARE PEN NEEDLES/32G X 5/32"                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA-THIN II MINI PEN NEEDLES/31GX3/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRACARE PEN NEEDLES/33G X 5/32"                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | ULTRA-THIN II PEN NEEDLES 29GX1/2"               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PEN NEEDLE/32G X4MM                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS 29GX12MM                         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS 31G X 3/16"                      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS 31GX5MM                          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS 31GX6MM                          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| ULTRA-THIN II INSULIN SYRINGE/U-100/0.5ML/29GX1/2"        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS 31GX8MM                          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                       | Drug Tier | Requirements/Limits  | Drug Name                                   | Drug Tier | Requirements/Limits  |
|---------------------------------|-----------|--|---|-----------|--|
| UNIFINE PENTIPS 32GX4MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PENTIPS PLUS/30GX 3/16"             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS 32GX6MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | UNIFINE PENTIPS/30G X 3/16"                 | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS 33GX4MM         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 29GX12MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 8MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| UNIFINE PENTIPS PLUS 31GX5MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 31GX6MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 31GX8MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE SAFECONTROL PEN NEEDLE 31GX6MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 32GX4MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 33GX 5/32" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | UNIFINE SAFECONTROL PEN NEEDLE 32GX4MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE PENTIPS PLUS 33GX4MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | UNIFINE SAFECONTROL PEN NEEDLE/30G X 3/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                   | Drug Tier | Requirements/Limits  | Drug Name                                 | Drug Tier | Requirements/Limits  |
|---|-----------|--|---|-----------|--|
| UNIFINE SAFECONTROL PEN NEEDLE/30G X 5/16"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | VERIFINE INSULIN PEN NEEDLE 29G X 12MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX5MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN PEN NEEDLE 31G X 5MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX6MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN PEN NEEDLE 31G X 8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/31GX8MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN PEN NEEDLE 32G X 4MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| UNIFINE ULTRA PEN NEEDLE/32GX4MM            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN PEN NEEDLE 32G X 6MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| VALUMARK PEN NEEDLES 29GX12MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN SYRINGE/0.3ML/31G X 8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VALUMARK PEN NEEDLES 31GX 6MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN SYRINGE/0.5ML/29G X 12MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VALUMARK PEN NEEDLES 31GX 8MM               | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN SYRINGE/0.5ML/31G X 8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2"  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VERIFINE INSULIN SYRINGE/1ML/29G X 12MM   | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VANISHPOINT INSULIN SYRINGE/1ML/30G X 3/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         | VERIFINE INSULIN SYRINGE/1ML/31G X 8MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                                   | Drug Tier | Requirements/ Limits   | Drug Name  | Drug Tier | Requirements/ Limits   |
|---|-----------|--|--|-----------|--|
| VERIFINE INSULIN SYRINGE0.3ML/31G X 8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VIDA MIA UNIFINE PENTIPSMINI 31GX6MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE INSULIN SYRINGE0.5ML/29G X 12MM    | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE INSULIN SYRINGE0.5ML/31G X 8MM     | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | VIDA MIA UNIPFINE PENTIPSSHORT 31GX8MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE INSULIN SYRINGE1ML/29G X 12MM      | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | WEGMANS UNIFINE PENTIPS PLUS 32GX4MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE INSULIN SYRINGE1ML/31G X 8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM        | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM       | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM  | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ZEV RX INSULIN SYRINGE/0.5ML/30G X 1/2"          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail)         |
| VERIFINE PLUS PEN NEEDLE/32G X 4MM          | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ZEV RX INSULIN SYRINGE/0.5ML/30G X 5/16"         | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |
| VIDA MIA UNIFINE PENTIPS32GX4MM             | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | ZEV RX INSULIN SYRINGE/1ML/30G X 1/2"            | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC |

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| Drug Name                              | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| ZEV RX INSULIN SYRINGE/1ML/30G X 5/16" | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI                       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| ZEV RX PEN NEEDLES 31G X 5MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI               | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| ZEV RX PEN NEEDLES 31G X 6MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| ZEV RX PEN NEEDLES 31G X 8MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| ZEV RX PEN NEEDLES 32G X 4MM           | 1         | QL(200 ea per 30 day(s) retail; 200 ea per 30 days mail); RX/OTC | AEROCHAMBER PLUS FLOW-VU/MASK MISC                            | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| <b>Respiratory Therapy Supplies</b>    |           |  |   |           |  |
| ACE AEROSOL CLOUD ENHANCER MISC        | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     | AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI                     | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER HOLDING CHAMBER DEVI       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     | AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC                     | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER MINI AEROSOLCHAMBER DEVI   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     | AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER MV MISC                    | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     | AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC          | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC     | AEROCHAMBER PLUS FLOW-VU MISC                                 | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
|  |           |  | AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
|  |           |  | AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC                       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |

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|---|-----------|--|--|-----------|--|
| AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC                          | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | COMPACT SPACE CHAMBER/ANTI-STATIC DEVI             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROCHAMBER/FLOWSIGNAL MISC                                       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EASIVENT/MASK-LARGE MISC                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| AEROTRACH PLUS MISC   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EASIVENT/MASK-MEDIUM MISC                          | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI                   | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EASIVENT/MASK-SMALL MISC                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| BREATHERITE VALVED MDI CHAMBER/RIGID DEVI                         | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EASIVENT MISC                                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI                 | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | EQ SPACE CHAMBER ANTI-STATIC DEVI                  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
|   |           |  | FLEXICHAMBER ADULT MASK/SMALL                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |

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|---|-----------|--|---|-----------|--|
| FLEXICHAMBER CHILD MASK/LARGE                 | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PRO COMFORT INHALER SPACER CHAMBER CHILD MISC     | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| FLEXICHAMBER CHILD MASK/SMALL                 | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI    | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| FLEXICHAMBER DEVI                             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PROCARE SPACER CHAMBER W/ADULT MASK DEVI          | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| MICROCHAMBER DEVI                             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PROCARE SPACER CHAMBER W/CHILD MASK DEVI          | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| MICROCHAMBER MISC                             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PROCHAMBER VALVED HOLDINGCHAMBER DEVI             | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| MICROSPACER MISC                              | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI    | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC     | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| OPTICHAMBER DIAMOND/SMALLFACE MASK MISC       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC  | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| OPTICHAMBER DIAMOND MISC                      | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | RITFLO DEVI                                       | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| POCKET CHAMBER DEVI                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI     | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |
| PRO COMFORT INHALER SPACER CHAMBER ADULT MISC | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC | VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC |

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|--|-----------|---|---|-----------|---|
| VORTEX VALVED HOLDING CHAMBER DEVI                           | 1         | QL(1 ea per 30 day(s) retail; 1 ea per 30 days mail); RX/OTC                        | NURTEC  | 1         | QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA   |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |   |   |           |   |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |   |   |           |   |
| AIMOVIG 140 MG/ML  | 1         | AL(At least 18 yrs old); PA   | QULIPTA   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 18 yrs old); PA |
| AIMOVIG 70 MG/ML   | 1         | QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(At least 18 yrs old); PA   | UBRELVY   | 1         | QL(16 ea per 30 day(s) retail; 16 ea per 30 days mail); AL(At least 18 yrs old); PA |
| AJOVY SOAJ   | 1         | QL(1.5 ml per 30 day(s) retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA | VYEPTI  | 1         | AL(At least 18 yrs old); PA   |
| AJOVY SOSY   | 1         | QL(1.5 ml per 30 day(s) retail; 2 ml per 30 days mail); AL(At least 18 yrs old); PA | ZAVZPRET  | 1         | QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA   |
|  |           |   | <b>Migraine Combinations</b>                      |           |   |
|  |           |   | <i>ergotamine w/ caffeine SUPP</i>                | 1         | QL(25 ea per 30 day(s) retail; 25 ea per 30 days mail)                              |
|  |           |   | <i>sumatriptan-naproxen sodium</i>                | 3         | QL(9 ea per 30 day(s) retail; 9 ea per 30 days mail)                                |
|  |           |   | <i>TREXIMET (sumatriptan-naproxen sodium)</i>     | 9         | QL(9 ea per 30 day(s) retail; 9 ea per 30 days mail)                                |
|  |           |   | <b>Migraine Products</b>                          |           |   |
|  |           |   | <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1         | QL(8 ml per 30 day(s) retail; 8 ml per 30 days mail); PA                            |
|  |           |   | <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i> | 1         | QL(24 ml per 28 day(s) retail; 24 ml per 28 days mail); PA                          |

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|--|-----------|--|--|-----------|---|
| MIGRANAL SOLN NA<br>( <i>dihydroergotamine mesylate</i> )        | 1         | QL(8 ml per 30 day(s) retail; 8 ml per 30 days mail); PA               | MAXALT-MLT TBDP 10 MG<br>( <i>rizatriptan benzoate</i> ) | 9         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                            |
| Migraine Products - NSAIDs                                       |           |  | MAXALT TABS 10 MG<br>( <i>rizatriptan benzoate</i> )     | 9         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                            |
| CAMBIA ( <i>diclofenac potassium (migraine)</i> )                | 9         |  | MAXALT TABS 10 MG<br>( <i>rizatriptan benzoate</i> )     | 1         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                            |
| <i>diclofenac potassium (migraine)</i>                           | 1         | PA   | <i>naratriptan hcl 1 MG</i>                              | 1         | QL(54 ea per 30 day(s) retail; 54 ea per 30 days mail); ST                        |
| ELYXYB   | 1         | AL(At least 18 yrs old); PA  | <i>naratriptan hcl 2.5 MG</i>                            | 1         | ST  |
| Serotonin Agonists   |           |  | REL PAX ( <i>eletriptan hydrobromide</i> )               | 9         | QL(2 ea daily)  |
| <i>almotriptan malate 12.5 MG</i>                                | 3         | QL(2 ea daily); ST   | REL PAX ( <i>eletriptan hydrobromide</i> )               | 1         | QL(2 ea daily)  |
| <i>almotriptan malate 6.25 MG</i>                                | 3         | QL(2 ea daily)   | REYVOW   | 1         | QL(8 ea per 30 day(s) retail; 8 ea per 30 days mail); AL(At least 18 yrs old); PA |
| <i>eletriptan hydrobromide</i>                                   | 1         | QL(2 ea daily)   | <i>rizatriptan benzoate TABS</i>                         | 1         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                            |
| FROVA ( <i>frovatriptan succinate</i> )                          | 2         | QL(3 ea daily); ST   | <i>rizatriptan benzoate TBDP</i>                         | 1         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                            |
| <i>frovatriptan succinate</i>                                    | 2         | QL(3 ea daily); ST   | <i>sumatriptan</i>                                       | 1         | 2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA            |
| IMITREX 5 MG/ACT<br>( <i>sumatriptan</i> )                       | 1         | 2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail; PA | <i>sumatriptan succinate SOAJ</i>                        | 1         | QL(2 ml daily); PA  |
| IMITREX 20 MG/ACT<br>( <i>sumatriptan</i> )                      | 9         | 2 package(s) per 12 day(s) retail; 2 package(s) per 12 day(s) mail     | <i>sumatriptan succinate SOCT</i>                        | 1         | QL(2 ml daily); PA  |
| IMITREX STATDOSE REFILL SOCT<br>( <i>sumatriptan succinate</i> ) | 1         | QL(2 ml daily); PA   |  |           |   |
| IMITREX STATDOSE SYSTEM SOAJ<br>( <i>sumatriptan succinate</i> ) | 1         | QL(2 ml daily); PA   |  |           |   |
| IMITREX TABS<br>( <i>sumatriptan succinate</i> )                 | 1         | QL(2 ea daily)   |  |           |   |
| MAXALT-MLT TBDP 10 MG<br>( <i>rizatriptan benzoate</i> )         | 1         | QL(18 ea per 30 day(s) retail; 18 ea per 30 days mail)                 |  |           |   |

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|--|-----------|--|---|-----------|---------------------|
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>     | 1         | QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); PA | <b>Calcium</b>  |           |                     |
| <i>sumatriptan succinate TABS</i>                | 1         | QL(2 ea daily)   | <i>calcium carbonate-cholecalciferol TABS</i>   | 2         |                     |
| TOSYMRA  | 1         | QL(3 ea daily); PA                                       | <i>calcium carbonate-vitamin d TABS 250 MG-125 UNIT</i>                                       | 2         |                     |
| ZEMBRACE SYMTOUCH SOAJ                           | 1         | QL(4 ml per 30 day(s) retail; 4 ml per 30 days mail); PA | <i>calcium chloride (dihydrate) SOLN</i>  | 1         |                     |
| <i>zolmitriptan SOLN</i>                         | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); PA | <i>calcium citrate-vitamin d TABS 200 UNIT-315 MG, 250 UNIT-200 MG, 250 UNIT-315 MG</i>       | 2         |                     |
| <i>zolmitriptan TABS</i>                         | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); ST | CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN ( <i>calcium gluconate-sodium chloride</i> )            | 9         |                     |
| <i>zolmitriptan TBDP</i>                         | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); ST | CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN ( <i>calcium gluconate-sodium chloride</i> )            | 1         |                     |
| ZOMIG SOLN ( <i>zolmitriptan</i> )               | 1         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); PA | CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.675 % | 1         |                     |
| ZOMIG SOLN 2.5 MG ( <i>zolmitriptan</i> )        | 9         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail)     | <i>calcium gluconate-sodium chloride SOLN</i>   | 1         |                     |
| ZOMIG TABS 2.5 MG, 5 MG ( <i>zolmitriptan</i> )  | 9         | QL(6 ea per 30 day(s) retail; 6 ea per 30 days mail); ST | <i>calcium gluconate SOLN</i>   | 1         |                     |
| <b>MINERALS &amp; ELECTROLYTES</b>               |           |  | CALCIUM GLUCONATE SOLN ( <i>calcium gluconate</i> )   | 1         |                     |
| <b>Bicarbonates</b>                              |           |  | CALCIUM GLUCONATE SOLN ( <i>calcium gluconate</i> )   | 9         |                     |
| <i>sodium acetate SOLN</i>                       | 1         |  | CITRACAL + D3 MAXIMUM TABS ( <i>calcium citrate-vitamin d</i> )                               | 9         |                     |
| SODIUM ACETATE SOLN ( <i>sodium acetate</i> )    | 9         |  | CITRACAL PETITES/VITAMIND TABS ( <i>calcium citrate-vitamin d</i> )                           | 9         |                     |
| <i>sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %</i> | 1         |  | OYSTER SHELL CALCIUM/D TABS   | 2         |                     |
| THAM   | 1         |  |   |           |                     |

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|---|-----------|---------------------|---|-----------|---------------------|
| Electrolyte Mixtures  |           |                     | KCL 0.3%/D5W/NACL 0.9% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )  | 1         |                     |
| DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX   | 1         |                     | <i>lactated ringers</i>   | 1         |                     |
| DEXTROSE 10%/SODIUM CHLORIDE 0.2%   | 1         |                     | NORMOSOL -R   | 1         |                     |
| DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% ( <i>dextrose w/ sodium chloride</i> )  | 1         |                     | NORMOSOL-M/D5W  | 1         |                     |
| DEXTROSE 5%/SODIUM CHLORIDE 0.3% ( <i>dextrose w/ sodium chloride</i> )   | 1         |                     | NORMOSOL-R  | 1         |                     |
| <i>dextrose in lactated ringers</i>   | 1         |                     | PLASMA-LYTE A ( <i>electrolyte-a</i> )  | 1         |                     |
| <i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i> | 1         |                     | PLASMA-LYTE-148 ( <i>electrolyte-148</i> )  | 9         |                     |
| DEXTROSE/SODIUM CHLORIDE ( <i>dextrose w/ sodium chloride</i> )   | 1         |                     | <i>potassium chloride in dextrose 5 %-10 MEQ/L, 5 %-20 MEQ/L</i>  | 1         |                     |
| <i>electrolyte-148</i>  | 1         |                     | <i>potassium chloride in dextrose &amp; sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-30 MEQ/L-0.9 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i> | 1         |                     |
| <i>electrolyte-a</i>  | 1         |                     | <i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>   | 1         |                     |
| IONOSOL-MB/DEXTROSE 5%  | 1         |                     | POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS  | 1         |                     |
| ISOLYTE-P/DEXTROSE 5%   | 1         |                     | POTASSIUM CHLORIDE/SODIUM CHLORIDE ( <i>potassium chloride in nacl</i> )  | 1         |                     |
| ISOLYTE-S   | 1         |                     | <i>ringer's</i>   | 1         |                     |
| ISOLYTE-S PH 7.4  | 1         |                     | TPN ELECTROLYTES CONC   | 1         |                     |
| KCL 0.15%/D5W/NACL 0.225% ( <i>potassium chloride in dextrose &amp; sodium chloride</i> )   | 1         |                     |   |           |                     |
| KCL 0.3%/D5W/NACL 0.9%  | 1         |                     |   |           |                     |
|   |           |                     | Fluoride  |           |                     |

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|--|-----------|-----------------------------|---|-----------|--|
| <i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG</i>  | 1         | QL(1 ea daily)              | POTASSIUM PHOSPHATE/SODIUM CHLORIDE 0.9 %-1180 MG/250ML-1120 MG/250ML                               | 1         |  |
| <i>sodium fluoride SOLN 0.5 MG/ML</i>  | 1         | AL(Up to 6 yrs old); RX/OTC | <i>potassium phosphates 236 MG/ML-224 MG/ML</i>   | 1         |  |
| SOLUVITA SOLN  | 1         | AL(Up to 6 yrs old); RX/OTC | POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML, 71 MEQ/15ML-45 MMOLE/15ML ( <i>potassium phosphates</i> ) | 9         |  |
| Magnesium  |           |                             | <i>sodium phosphates (sodium phosphate dibasic &amp; monobasic) 142 MG/ML-276 MG/ML</i>             | 1         | AL(Up to 20 yrs old); PA                                   |
| MAG-G TABS   | 1         | AL(Up to 20 yrs old); PA    | Potassium   |           |  |
| <i>magnesium chloride SOLN</i>   | 1         |                             | K-TAB TBCR 20 MEQ ( <i>potassium chloride</i> )   | 1         |  |
| <i>magnesium sulfate IV</i>  | 1         |                             | K-TAB TBCR 10 MEQ ( <i>potassium chloride</i> )   | 9         |  |
| MAGNESIUM SULFATE IV ( <i>magnesium sulfate</i> )  | 9         |                             | POKONZA PACK OR   | 1         | AL(Up to 10 yrs old); PA                                   |
| MAGNESIUM SULFATE IV ( <i>magnesium sulfate</i> )  | 1         |                             | <i>potassium acetate SOLN 2 MEQ/ML</i>  | 1         |  |
| MAGNESIUM SULFATE IN D5W ( <i>magnesium sulfate in dextrose</i> )                          | 1         |                             | POTASSIUM ACETATE SOLN 2 MEQ/ML   | 1         |  |
| MAGNESIUM SULFATE IN D5W ( <i>magnesium sulfate in dextrose</i> )                          | 9         |                             | <i>potassium bicarbonate TBEF</i>   | 1         |  |
| <i>magnesium sulfate in dextrose</i>   | 1         |                             | <i>potassium chloride microencapsulated crystals er</i>   | 1         |  |
| MAGONATE LIQD  | 1         | AL(Up to 20 yrs old); PA    | <i>potassium chloride CPCR</i>  | 1         |  |
| Phosphate  |           |                             | <i>potassium chloride PACK OR 20 MEQ</i>  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| K-PHOS NEUTRAL ( <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> ) | 1         |                             | <i>potassium chloride SOLN OR 10 %, 20 %</i>  | 1         |  |
| K-PHOS TABS ( <i>potassium phosphate monobasic</i> )                                       | 1         |                             | POTASSIUM CHLORIDE SOLN IV ( <i>potassium chloride</i> )  | 1         |  |
| PHOS-NAK POWDER CONCENTRATE PACK ( <i>potassium &amp; sodium phosphates</i> )              | 1         | AL(Up to 20 yrs old); PA    | <i>potassium chloride TBCR</i>  | 1         |  |
| <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>                    | 1         |                             |   |           |  |

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|--|-----------|---|---|-----------|---|
| Sodium   |           |   | RYSTIGGO  | 1         | AL(At least 18 yrs old); PA   |
| SODIUM CHLORIDE GRAN                             | 1         | RX/OTC                                      | THALOMID 50 MG, 100 MG, 200 MG                              | 1         |   |
| <i>sodium chloride SOLN IJ 0.9 %, 2.5 MEQ/ML</i> | 1         |   | VYVGART   | 1         | AL(At least 18 yrs old); PA   |
| Zinc   |           |   | VYVGART HYTRULO   | 1         | AL(At least 18 yrs old); PA   |
| GALZIN   | 1         |   | Immunosuppressive Agents                                    |           |   |
| <i>zinc chloride SOLN</i>                        | 1         |   | ASTAGRAF XL CP24 0.5 MG                                     | 1         | QL(2.95 ea daily)   |
| ZINC CHLORIDE SOLN ( <i>zinc chloride</i> )      | 9         |   | ASTAGRAF XL CP24 1 MG, 5 MG                                 | 1         |   |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>         |           |   | ATGAM   | 1         |   |
| Chelating Agents                                 |           |   | AZATHIOPRINE  | 1         |   |
| CUPRIMINE CAPS ( <i>penicillamine</i> )          | 1         |   | AZATHIOPRINE POWD   | 1         |   |
| CUVRIOR  | 1         | AL(At least 18 yrs old); PA                 | <i>azathioprine TABS 50 MG</i>                              | 1         | QL(8.4 ea daily)  |
| DEPEN TITRATABS TABS ( <i>penicillamine</i> )    | 1         |   | <i>azathioprine TABS 100 MG</i>                             | 1         | QL(3 ea daily)  |
| <i>penicillamine CAPS</i>                        | 1         |   | <i>azathioprine TABS 75 MG</i>                              | 1         | QL(1 ea daily)  |
| <i>penicillamine TABS</i>                        | 1         |   | CELLCEPT INTRAVENOUS ( <i>mycophenolate mofetil hcl</i> )   | 1         |   |
| SYPRINE ( <i>trientine hcl</i> )                 | 1         |   | CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )              | 1         | QL(10 ea daily)   |
| <i>trientine hcl 250 MG</i>                      | 1         |   | CELLCEPT SUSR ( <i>mycophenolate mofetil</i> )              | 1         | QL(16 ml daily); 3 package(s) per 30 day(s) retail; 3 package(s) per 30 day(s) mail |
| <i>trientine hcl 500 MG</i>                      | 1         | QL(4 ea daily); PA                          | CELLCEPT TABS ( <i>mycophenolate mofetil</i> )              | 1         | QL(6 ea daily)  |
| Enzymes  |           |   | <i>cyclosporine modified (for microemulsion) CAPS 25 MG</i> | 1         | QL(6 ea daily)  |
| HYLENEX  | 1         |   | <i>cyclosporine modified (for microemulsion) CAPS 50 MG</i> | 1         | QL(8 ea daily)  |
| VITRASE SOLN                                     | 1         | QL(1.2 ml per fill retail)                  |   |           |   |
| XIAFLEX  | 1         | Medical Benefit Only                        |   |           |   |
| Immunomodulators                                 |           |   |   |           |   |
| JOENJA   | 1         | QL(2 ea daily); AL(At least 12 yrs old); PA |   |           |   |
| <i>lenalidomide</i>                              | 1         |   |   |           |   |
| REVLIMID   | 1         |   |   |           |   |
| REZUROCK   | 1         | QL(1 ea daily); AL(At least 12 yrs old); PA |   |           |   |

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|--|-----------|---|--|-----------|-------------------------------------|
| <i>cyclosporine modified (for microemulsion) CAPS 100 MG</i> | 1         | QL(5 ea daily)  | MYFORTIC<br>( <i>mycophenolate sodium</i> )                                | 1         |                                     |
| <i>cyclosporine modified (for microemulsion) SOLN</i>        | 1         | QL(6 ml daily)  | MYHIBBIN SUSP  | 1         | PA                                  |
| <i>cyclosporine CAPS 25 MG</i>                               | 1         | QL(5 ea daily)  | NEORAL CAPS 25 MG<br>( <i>cyclosporine modified (for microemulsion)</i> )  | 9         | QL(6 ea daily)                      |
| <i>cyclosporine CAPS 100 MG</i>                              | 1         | QL(3 ea daily)  | NEORAL CAPS 100 MG<br>( <i>cyclosporine modified (for microemulsion)</i> ) | 9         | QL(5 ea daily)                      |
| ENSPRYNG   | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); AL(At least 18 yrs old); PA   | NEORAL CAPS 100 MG<br>( <i>cyclosporine modified (for microemulsion)</i> ) | 1         | QL(5 ea daily)                      |
| ENVARUSUS XR TB24 1 MG                                       | 1         | QL(6 ea daily)  | NEORAL CAPS 25 MG<br>( <i>cyclosporine modified (for microemulsion)</i> )  | 1         | QL(6 ea daily)                      |
| ENVARUSUS XR TB24 0.75 MG                                    | 1         | QL(3 ea daily)  | NEORAL SOLN<br>( <i>cyclosporine modified (for microemulsion)</i> )        | 1         | QL(6 ml daily)                      |
| ENVARUSUS XR TB24 4 MG                                       | 1         | QL(2 ea daily)  | NULOJIX  | 1         |                                     |
| <i>everolimus (immunosuppressant)</i>                        | 1         | QL(2 ea daily)  | PROGRAF CAPS 1 MG<br>( <i>tacrolimus</i> )                                 | 1         | QL(24 ea daily)                     |
| GAMIFANT   | 1         | PA  | PROGRAF CAPS 5 MG<br>( <i>tacrolimus</i> )                                 | 1         | QL(12 ea daily)                     |
| IMURAN TABS<br>( <i>azathioprine</i> )                       | 1         | QL(8.4 ea daily)  | PROGRAF CAPS 0.5 MG<br>( <i>tacrolimus</i> )                               | 1         | QL(38 ea daily)                     |
| LUPKYNIS   | 1         | QL(6 ea daily); AL(At least 18 yrs old); PA   | PROGRAF PACK 0.2 MG  | 1         | AL(Up to 6 yrs old)                 |
| <i>mycophenolate mofetil hcl</i>                             | 1         |   | PROGRAF PACK 1 MG  | 1         | QL(6 ea daily); AL(Up to 6 yrs old) |
| <i>mycophenolate mofetil CAPS</i>                            | 1         | QL(10 ea daily)   | PROGRAF SOLN   | 1         |                                     |
| <i>mycophenolate mofetil SUSR</i>                            | 1         | QL(16 ml daily); 9 package(s) per 90 day(s) retail; 9 package(s) per 90 day(s) mail | RAPAMUNE SOLN<br>( <i>sirolimus</i> )                                      | 9         | QL(6 ml daily)                      |
| <i>mycophenolate mofetil SUSR</i>                            | 1         | QL(16 ml daily)   | RAPAMUNE SOLN<br>( <i>sirolimus</i> )                                      | 1         | QL(6 ml daily)                      |
| <i>mycophenolate mofetil TABS</i>                            | 1         | QL(6 ea daily)  | RAPAMUNE TABS 0.5 MG<br>( <i>sirolimus</i> )                               | 1         | QL(1 ea daily)                      |
|  |           |   | RAPAMUNE TABS 2 MG<br>( <i>sirolimus</i> )                                 | 1         | QL(2 ea daily)                      |
|  |           |   | RAPAMUNE TABS 1 MG<br>( <i>sirolimus</i> )                                 | 1         | QL(3 ea daily)                      |
|  |           |   | SANDIMMUNE CAPS 25 MG<br>( <i>cyclosporine</i> )                           | 9         | QL(5 ea daily)                      |

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|---|-----------|----------------------|--|-----------|--|
| SANDIMMUNE CAPS 100 MG ( <i>cyclosporine</i> )          | 1         | QL(3 ea daily)       | VIJOICE TBPK   | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); PA |
| SANDIMMUNE CAPS 25 MG ( <i>cyclosporine</i> )           | 1         | QL(5 ea daily)       | VIJOICE TBPK   | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| SANDIMMUNE CAPS 100 MG ( <i>cyclosporine</i> )          | 9         | QL(3 ea daily)       | <b>Potassium Removing Agents</b>                       |           |  |
| SANDIMMUNE SOLN OR 100 MG/ML                            | 1         | QL(2 ml daily)       | LOKELMA  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| SANDIMMUNE SOLN IV 50 MG/ML                             | 1         |                      | <i>sodium polystyrene sulfonate POWD</i>               | 1         |  |
| SIMULECT  | 1         |                      | <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | 1         |  |
| <i>sirolimus SOLN</i>                                   | 1         | QL(6 ml daily)       | VELTASSA 16.8 GM, 25.2 GM                              | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA |
| <i>sirolimus TABS 1 MG</i>                              | 1         | QL(3 ea daily)       | VELTASSA 8.4 GM  | 1         | QL(1 ea daily); PA   |
| <i>sirolimus TABS 0.5 MG</i>                            | 1         | QL(1 ea daily)       | <b>Progeria Treatment Agents</b>                       |           |  |
| <i>sirolimus TABS 2 MG</i>                              | 1         | QL(2 ea daily)       | ZOKINVY  | 1         | QL(4 ea daily); AL(At least 1 yrs old); PA                 |
| <i>tacrolimus CAPS 5 MG</i>                             | 1         | QL(12 ea daily)      | <b>Prostaglandins</b>                                  |           |  |
| <i>tacrolimus CAPS 0.5 MG</i>                           | 1         | QL(38 ea daily)      | PROSTIN VR PEDIATRIC                                   | 1         |  |
| <i>tacrolimus CAPS 1 MG</i>                             | 1         | QL(24 ea daily)      | <b>Systemic Lupus Erythematosus Agents</b>             |           |  |
| THYMOGLOBULIN   | 1         |                      | BENLYSTA SOAJ  | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA   |
| UPLIZNA   | 1         | PA                   | BENLYSTA SOLR  | 1         | Medical Benefit Only                                       |
| ZORTRESS ( <i>everolimus immunosuppressant</i> )        | 9         | QL(2 ea daily)       | BENLYSTA SOSY  | 1         | QL(4 ml per 28 day(s) retail; 4 ml per 28 days mail); PA   |
| ZORTRESS ( <i>everolimus immunosuppressant</i> )        | 1         | QL(2 ea daily)       | SAPHNELO   | 1         | AL(At least 18 yrs old); PA                                |
| <b>Irrigation Solutions</b>                             |           |                      | <b>Uremic Pruritus Agents</b>                          |           |  |
| <i>irrigation solutions, physiological</i>              | 1         |                      |  |           |  |
| <i>lactated ringer's (irrigation)</i>                   | 1         |                      |  |           |  |
| <i>ringer's irrigation</i>                              | 1         |                      |  |           |  |
| <i>water for irrigation, sterile</i>                    | 1         |                      |  |           |  |
| <b>Lymphatic Agents</b>                                 |           |                      |  |           |  |
| SYLVANT   | 1         | Medical Benefit Only |  |           |  |
| <b>PIK3CA-Related Overgrowth Spectrum (PROS) Agents</b> |           |                      |  |           |  |
| VIJOICE PACK  | 1         | PA                   |  |           |  |

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|--|-----------|--|
| KORSUVA  | 1         | Medical Benefit Only   |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>  |           |  |
| Anesthetics Topical Oral   |           |  |
| <i>lidocaine hcl (mouth-throat)</i>                                      | 1         |  |
| Anti-infectives - Throat   |           |  |
| AMPHOTERICIN B   | 1         |  |
| <i>clotrimazole</i>  | 1         |  |
| NYSTATIN ( <i>nystatin (mouth-throat)</i> )                              | 1         |  |
| <i>nystatin (mouth-throat)</i>   | 1         |  |
| Antiseptics - Mouth/Throat   |           |  |
| <i>chlorhexidine gluconate (mouth-throat)</i>                            | 1         | QL(500 ml per 14 day(s) retail; 500 ml per 14 days mail)           |
| PERIDEX ( <i>chlorhexidine gluconate (mouth-throat)</i> )                | 9         | QL(500 ml per 14 day(s) retail; 500 ml per 14 days mail)           |
| Dental Products  |           |  |
| DENTA 5000 PLUS SENSITIVE GEL  | 1         | AL(At least 6 yrs old); MP   |
| PREVIDENT 5000 BOOSTER PLUS PSTE DT ( <i>sodium fluoride (dental)</i> )  | 9         | MP   |
| PREVIDENT 5000 DRY MOUTH GEL ( <i>sodium fluoride (dental)</i> )         | 9         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail |
| PREVIDENT 5000 KIDS PSTE DT ( <i>sodium fluoride (dental)</i> )          | 9         | MP   |
| PREVIDENT 5000 ORTHO DEFENSE PSTE DT ( <i>sodium fluoride (dental)</i> ) | 9         | MP   |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| PREVIDENT 5000 PLUS CREA ( <i>sodium fluoride (dental)</i> ) | 9         | QL(51 gm per 30 day(s) retail; 51 gm per 30 days mail)                                     |
| PREVIDENT FLUORIDE GEL ( <i>sodium fluoride (dental)</i> )   | 9         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail                         |
| PREVIDENT RINSE SOLN ( <i>sodium fluoride (dental)</i> )     | 9         |  |
| <i>sodium fluoride (dental) CREA</i>                         | 1         | QL(51 gm per 30 day(s) retail; 51 gm per 30 days mail)                                     |
| <i>sodium fluoride (dental) GEL</i>                          | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(At least 6 yrs old) |
| <i>sodium fluoride (dental) GEL</i>                          | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail                         |
| <i>sodium fluoride (dental) PSTE DT</i>                      | 1         | AL(At least 6 yrs old); MP   |
| <i>sodium fluoride (dental) SOLN 0.2 %</i>                   | 1         |  |
| SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT GEL                  | 1         | AL(At least 6 yrs old); MP   |
| SODIUM FLUORIDE 5000 PPM SENSITIVE GEL                       | 1         | AL(At least 6 yrs old); MP   |
| SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL              | 1         | AL(At least 6 yrs old); MP   |
| Steroids - Mouth/Throat/Dental                               |           |  |
| <i>triamcinolone acetonide (mouth)</i>                       | 1         | QL(5 gm per 30 day(s) retail; 5 gm per 30 days mail)                                       |
| Throat Products - Misc.                                      |           |  |

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|---|-----------|--|
| <i>cevimeline hcl</i>                     | 1         | QL(4 ea daily)                                     |
| EVOXAC ( <i>cevimeline hcl</i> )          | 1         | QL(4 ea daily)                                     |
| <i>pilocarpine hcl (oral)</i>             | 1         |  |
| SALAGEN ( <i>pilocarpine hcl (oral)</i> ) | 9         |  |
| <b>MULTIVITAMINS</b>                      |           |  |
| Iron w/ Vitamins                          |           |  |
| <i>iron w/ vitamins TABS</i>              | 2         | AL(At least 10 yrs old - Up to 50 yrs old); RX/OTC |
| Multiple Vitamins w/ Minerals             |           |  |
| DEKAS PLUS CAPS                           | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| DEKAS PLUS CHEW                           | 1         | AL(Up to 20 yrs old); PA                           |
| MVW COMPLETE FORMULATION CAPS             | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| MVW COMPLETE FORMULATIOND3000 CAPS        | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| MVW COMPLETE FORMULATIOND500 CAPS         | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| MVW COMPLETE FORMULATIONMINIS CAPS        | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| PHLEXY-VITS POWD                          | 1         |  |
| Multivitamins                             |           |  |
| DEKAS ESSENTIAL CAPS                      | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA; RX/OTC   |
| DEKAS ESSENTIAL LIQD                      | 1         | AL(Up to 20 yrs old); PA                           |
| ZE-PLUS CAPS ( <i>multiple vitamin</i> )  | 9         | QL(2 ea daily); RX/OTC                             |

| Drug Name   | Drug Tier | Requirements/Limits                        |
|---|-----------|--|
| Ped Multiple Vitamins w/ Minerals   |           |  |
| DEKAS PLUS LIQD   | 1         | AL(Up to 20 yrs old); PA; RX/OTC           |
| MVW COMPLETE FORMULATION CHEW   | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA   |
| MVW COMPLETE FORMULATIOND3000 CHEW  | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA   |
| MVW COMPLETE FORMULATIOND5000 CHEW  | 1         | QL(2 ea daily); AL(Up to 20 yrs old); PA   |
| Prenatal Vitamins   |           |  |
| CITRANATAL 90 DHA 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| CITRANATAL ASSURE   | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG   | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG  | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| C-NATE DHA CAPS   | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| COMPLETE NATAL DHA  | 1         | AL(At least 10 yrs old - Up to 50 yrs old) |
| COMPLETENATE CHEW   | 1         | AL(At least 10 yrs old - Up to 50 yrs old) |
| ENBRACE HR  | 2         | AL(At least 10 yrs old - Up to 50 yrs old) |
| FOLIVANE-OB   | 1         | AL(At least 10 yrs old - Up to 50 yrs old) |

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| Drug Name                             | Drug Tier | Requirements/Limits                                   | Drug Name   | Drug Tier | Requirements/Limits                                   |
|---------------------------------------|-----------|---|---|-----------|---|
| M-NATAL PLUS TABS                     | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC | <i>prenatal vit w/ iron carbonyl-folic acid TABS</i><br>120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| NESTABS                               | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| NESTABS DHA                           | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG   | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC |
| NESTABS ONE                           | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATE   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| NIVA-PLUS TABS                        | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC | PRENATE AM  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| OB COMPLETE ONE                       | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| OB COMPLETE PETITE                    | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG           | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| OB COMPLETE PREMIER                   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATE ENHANCE   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| OB COMPLETE/DHA                       | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG                                   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| OB COMPLETE TABS                      | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| PNV-DHA+DOCUSATE                      | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |   |           |   |
| PNV-OMEGA                             | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |   |           |   |
| PRENAISSANCE PLUS CAPS                | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |   |           |   |
| PRENATAL PLUS VITAMIN ANDMINERAL TABS | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC |   |           |   |

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|--|-----------|---|--|-----------|---|
| PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | VITAFOL ULTRA  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| PRENATE PIXIE  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | VITAFOL-OB+DHA MISC  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| PRENATE RESTORE  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | VITAFOL-OB TABS  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| PRIMACARE  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | VITAFOL-ONE CAPS   | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| SELECT-OB+DHA MISC   | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | WESCAP-C DHA   | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| SELECT-OB CHEW   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | WESCAP-PN DHA  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| SE-NATAL 19 CHEW   | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | WESNATAL DHA COMPLETE  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| SE-NATAL 19 TABS   | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC | WESNATE DHA CAPS   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| TARON-C DHA  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | WESTAB PLUS TABS   | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC |
| TRICARE TABS   | 1         | AL(At least 10 yrs old - Up to 50 yrs old);<br>RX/OTC | WESTGEL DHA  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| TRINATAL RX 1 TABS   | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | ZATEAN-PN DHA  | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            |
| TRISTART DHA   | 2         | AL(At least 10 yrs old - Up to 50 yrs old)            | <b>MUSCULOSKELETAL THERAPY AGENTS -<br/>Drugs to Treat Spasms</b>              |           |   |
| VITAFOL FE+  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | Central Muscle Relaxants   |           |   |
| VITAFOL GUMMIES  | 1         | AL(At least 10 yrs old - Up to 50 yrs old)            | AMRIX CP24<br>(cyclobenzaprine hcl)  | 1         | QL(1 ea daily);<br>PA                                 |
|  |           |   | BACLOFEN POWD  | 1         |   |
|  |           |   | BACLOFEN POWD  | 1         | Medical Benefit Only                                  |
|  |           |   | <i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i> | 1         |   |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                                     | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| <i>baclofen SOLN OR 5 MG/5ML, 10 MG/5ML</i>      | 1         | AL(Up to 10 yrs old); PA                                   | LYVISPAH PACK 20 MG                           | 1         | QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); AL(Up to 10 yrs old); PA |
| BACLOFEN SOSY                                    | 1         |  |   |           |  |
| <i>baclofen SUSP</i>                             | 1         | AL(Up to 10 yrs old); PA                                   | LYVISPAH PACK 5 MG, 10 MG                     | 1         | QL(90 ea per 30 day(s) retail; 90 ea per 30 days mail); AL(Up to 10 yrs old); PA   |
| <i>baclofen TABS 10 MG, 20 MG</i>                | 1         |  | <i>metaxalone</i>                             | 2         | ST   |
| <i>baclofen TABS 5 MG, 15 MG</i>                 | 1         | PA   | <i>methocarbamol SOLN</i>                     | 1         |  |
| <i>carisoprodol TABS 350 MG</i>                  | 1         | QL(4 ea daily); 90 day(s) max supply per 365 day(s) retail | <i>methocarbamol TABS 500 MG, 750 MG</i>      | 1         |  |
| <i>carisoprodol TABS 250 MG</i>                  | 1         | QL(4 ea daily); PA   | <i>orphenadrine citrate SOLN 30 MG/ML</i>     | 1         |  |
| <i>chlorzoxazone TABS 500 MG</i>                 | 1         |  | <i>orphenadrine citrate TB12</i>              | 1         |  |
| <i>chlorzoxazone TABS 375 MG, 750 MG</i>         | 1         | QL(4 ea daily); PA   | OZOBAX DS SOLN OR ( <i>baclofen</i> )         | 9         |  |
| <i>chlorzoxazone TABS 250 MG</i>                 | 1         | PA   | OZOBAX SOLN OR ( <i>baclofen</i> )            | 9         |  |
| <i>cyclobenzaprine hcl CP24</i>                  | 1         | QL(1 ea daily); PA   | ROBAXIN SOLN ( <i>methocarbamol</i> )         | 9         |  |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>      | 1         |  | ROBAXIN SOLN ( <i>methocarbamol</i> )         | 1         |  |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i>           | 1         | QL(3 ea daily); PA   | SOMA TABS 350 MG ( <i>carisoprodol</i> )      | 1         | QL(4 ea daily); 90 day(s) max supply per 365 day(s) retail                         |
| FLEQSUVY SUSP ( <i>baclofen</i> )                | 1         | AL(Up to 10 yrs old); PA                                   | SOMA TABS 250 MG ( <i>carisoprodol</i> )      | 1         | QL(4 ea daily); PA   |
| GABLOFEN SOLN IT ( <i>baclofen</i> )             | 1         |  | <i>tizanidine hcl CAPS</i>                    | 1         | PA   |
| GABLOFEN SOLN IT                                 | 1         |  | <i>tizanidine hcl TABS</i>                    | 1         |  |
| GABLOFEN SOSY                                    | 1         |  | ZANAFLEX CAPS ( <i>tizanidine hcl</i> )       | 1         | PA   |
| LIORESAL INTRATHECAL SOLN IT                     | 1         |  | ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )  | 1         |  |
| LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> ) | 9         |  | <b>Direct Muscle Relaxants</b>                |           |  |
| LIORESAL INTRATHECAL SOLN IT ( <i>baclofen</i> ) | 1         |  | DANTRIUM IV SOLR ( <i>dantrolene sodium</i> ) | 9         |  |

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| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| DANTRIUM CAPS 25 MG<br>( <i>dantrolene sodium</i> )                               | 1         |  |
| <i>dantrolene sodium CAPS</i>   | 1         |  |
| <i>dantrolene sodium SOLR</i>   | 1         |  |
| RYANODEX SUSR   | 1         |  |
| Fibrodysplasia Ossificans Progressiva (FOP)<br>Agents                             |           |  |
| SOHONOS 10 MG   | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 8 yrs old); PA   |
| SOHONOS 1 MG, 1.5 MG, 5 MG  | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 8 yrs old); PA |
| SOHONOS 2.5 MG  | 1         | QL(140 ea per 28 day(s) retail; 140 ea per 28 days mail); AL(At least 8 yrs old); PA |
| Muscle Relaxant Combinations  |           |  |
| NORGESIC FORTE<br>( <i>orphenadrine w/ aspirin &amp; caff</i> )                   | 1         | AL(At least 12 yrs old); PA  |
| <i>orphenadrine w/ aspirin &amp; caff</i>   | 1         | AL(At least 12 yrs old); PA  |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b> |           |  |
| Nasal Agent Combinations  |           |  |
| <i>azelastine hcl-fluticasone propionate SUSP</i>                                 | 3         | QL(23 gm per 30 day(s) retail; 23 gm per 30 days mail)                               |
| DYMISTA SUSP<br>( <i>azelastine hcl-fluticasone propionate</i> )                  | 3         | QL(23 gm per 30 day(s) retail; 23 gm per 30 days mail)                               |

| Drug Name                                   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| RYALTRIS                                    | 3         | QL(29 gm per 30 day(s) retail; 29 gm per 30 days mail); AL(At least 12 yrs old) |
| Nasal Anesthetics                           |           |   |
| COCAINE HYDROCHLORIDE                       | 1         | Medical Benefit Only  |
| GOPRELTO                                    | 1         | Medical Benefit Only  |
| NUMBRINO                                    | 1         | Medical Benefit Only  |
| NUMBRINO                                    | 1         | Medical Benefit Only  |
| Nasal Antiallergy                           |           |   |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>  | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)                          |
| <i>azelastine hcl 0.15 %</i>                | 2         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); RX/OTC                  |
| <i>olopatadine hcl (nasal)</i>              | 2         | QL(30.5 gm per 30 day(s) retail; 30 gm per 30 days mail)                        |
| PATANASE ( <i>olopatadine hcl (nasal)</i> ) | 9         | QL(30.5 gm per 30 day(s) retail; 30 gm per 30 days mail)                        |
| Nasal Anticholinergics                      |           |   |
| <i>ipratropium bromide (nasal)</i>          | 1         | QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail)                          |
| Nasal Steroids                              |           |   |
| BECONASE AQ                                 | 1         | QL(50 gm per 30 day(s) retail; 50 gm per 30 days mail)                          |

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| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| FLONASE ALLERGY RELIEF CHILDRENS SUSP ( <i>fluticasone propionate (nasal)</i> ) | 9         | QL(16 ml per 30 day(s) retail; 16 ml per 30 days mail); RX/OTC                                    |
| FLONASE ALLERGY RELIEF SUSP ( <i>fluticasone propionate (nasal)</i> )           | 9         | QL(16 ml per 30 day(s) retail; 16 ml per 30 days mail); RX/OTC                                    |
| <i>flunisolide (nasal) 0.025 %</i>  | 3         | QL(75 ml per 30 day(s) retail; 75 ml per 30 days mail)  |
| <i>fluticasone propionate (nasal) SUSP</i>                                      | 1         | QL(16 gm per 30 day(s) retail; 16 gm per 30 days mail); RX/OTC                                    |
| <i>mometasone furoate (nasal) SUSP</i>  | 2         | QL(17 gm per 30 day(s) retail; 17 gm per 30 days mail); RX/OTC                                    |
| NASONEX 24HR SUSP ( <i>mometasone furoate (nasal)</i> )                         | 9         | QL(17 ml per 30 day(s) retail; 17 ml per 30 days mail); RX/OTC                                    |
| OMNARIS SUSP  | 1         | QL(12.5 gm per 30 day(s) retail; 12 gm per 30 days mail)  |
| QNASL   | 3         | QL(10.6 gm per 30 day(s) retail; 11 gm per 30 days mail)  |
| QNASL CHILDRENS   | 3         | QL(6.8 gm per 30 day(s) retail; 7 gm per 30 days mail); AL(At least 4 yrs old - Up to 11 yrs old) |
| SINUVA IMPL   | 1         | Medical Benefit Only  |
| XHANCE EXHU   | 1         | PA  |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| ZETONNA AERS  | 1         | QL(6.1 gm per 30 day(s) retail; 6 gm per 30 days mail)       |
| Sympathomimetic Decongestants                                 |           |  |
| <i>pseudoephedrine hcl TB12</i>                               | 1         | AL(Up to 20 yrs old); PA                                     |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b> |           |  |
| ALS Agents  |           |  |
| <i>edaravone SOLN</i>   | 1         | PA   |
| EXSERVAN FILM   | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA   |
| QALSODY   | 1         | AL(At least 18 yrs old); PA                                  |
| RADICAVA ORS STARTER KIT SUSP                                 | 1         | PA   |
| RADICAVA ORS SUSP   | 1         | PA   |
| RADICAVA SOLN ( <i>edaravone</i> )                            | 9         |  |
| RADICAVA SOLN ( <i>edaravone</i> )                            | 1         | PA   |
| RILUTEK TABS ( <i>riluzole</i> )                              | 1         | PA   |
| <i>riluzole TABS</i>  | 1         | PA   |
| TIGLUTIK SUSP   | 1         | QL(600 ml per 30 day(s) retail; 600 ml per 30 days mail); PA |
| Depolarizing Muscle Relaxants                                 |           |  |
| ANECTINE SOLN   | 1         | Medical Benefit Only   |
| QUELICIN SOLN ( <i>succinylcholine chloride</i> )             | 1         | Medical Benefit Only   |
| QUELICIN SOLN ( <i>succinylcholine chloride</i> )             | 9         |  |
| <i>succinylcholine chloride SOLN</i>                          | 1         | Medical Benefit Only   |
| SUCCINYLMCHOLINE CHLORIDE SOSY IJ 100 MG/5ML                  | 1         | Medical Benefit Only   |

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| Drug Name                 | Drug Tier | Requirements/Limits  | Drug Name             | Drug Tier | Requirements/Limits  |
|---------------------------|-----------|--|-----------------------|-----------|--|
| Friedrich's Ataxia Agents |           |  | ELEVIDYS 17.5-18.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| SKYCLARYS                 | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA                            | ELEVIDYS 18.5-19.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| Muscular Dystrophy Agents |           |  | ELEVIDYS 19.5-20.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| AMONDYS 45                | 1         | PA   | ELEVIDYS 20.5-21.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| DUVYZAT                   | 1         | AL(At least 6 yrs old); PA   | ELEVIDYS 21.5-22.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 10.0-10.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 22.5-23.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 10.5-11.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 23.5-24.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 11.5-12.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 24.5-25.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 12.5-13.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 25.5-26.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 13.5-14.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 26.5-27.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 14.5-15.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |                       |           |  |
| ELEVIDYS 15.5-16.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |                       |           |  |
| ELEVIDYS 16.5-17.4 KG     | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |                       |           |  |

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|-----------------------|-----------|--|-----------------------|-----------|--|
| ELEVIDYS 27.5-28.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 37.5-38.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 28.5-29.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 38.5-39.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 29.5-30.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 39.5-40.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 30.5-31.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 40.5-41.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 31.5-32.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 41.5-42.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 32.5-33.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 42.5-43.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 33.5-34.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 43.5-44.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 34.5-35.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 44.5-45.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 35.5-36.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 45.5-46.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 36.5-37.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 46.5-47.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |

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| Drug Name             | Drug Tier | Requirements/ Limits   | Drug Name             | Drug Tier | Requirements/ Limits   |
|-----------------------|-----------|--|-----------------------|-----------|--|
| ELEVIDYS 47.5-48.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 57.5-58.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 48.5-49.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 58.5-59.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 49.5-50.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 59.5-60.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 50.5-51.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 60.5-61.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 51.5-52.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 61.5-62.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 52.5-53.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 62.5-63.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 53.5-54.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 63.5-64.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 54.5-55.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 64.5-65.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 55.5-56.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 65.5-66.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |
| ELEVIDYS 56.5-57.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | ELEVIDYS 66.5-67.4 KG | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA |

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|---|-----------|--|---|-----------|--|
| ELEVIDYS 67.5-68.4 KG                             | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | DAYBUE                                      | 1         | QL(3600 ml per 30 day(s) retail; 3600 ml per 30 days mail); AL(At least 2 yrs old); PA |
| ELEVIDYS 68.5-69.4 KG                             | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | <b>Spinal Muscular Atrophy Agents (SMA)</b> |           |  |
| ELEVIDYS 69.5 KG PLUS                             | 1         | QL(1 ea per fill retail); AL(At least 4 yrs old - Up to 5 yrs old); PA | EVRYSDI                                     | 1         | QL(240 ml per 35 day(s) retail; 240 ml per 35 days mail); PA                           |
| EXONDYS 51  | 1         | PA   | SPINRAZA                                    | 1         | PA   |
| VILTEPSO  | 1         | PA   | ZOLGENSMA 10.1-10.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| VYONDYS 53  | 1         | PA   | ZOLGENSMA 10.6-11.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b> |           |  | ZOLGENSMA 11.1-11.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| BOTOX IJ  | 1         | Medical Benefit Only   | ZOLGENSMA 11.6-12.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| DYSPOORT  | 1         | Medical Benefit Only   | ZOLGENSMA 12.1-12.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| MYOBLOC   | 1         | Medical Benefit Only   | ZOLGENSMA 12.6-13.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| XEOMIN  | 1         | Medical Benefit Only   | ZOLGENSMA 13.1-13.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <b>Nondepolarizing Muscle Relaxants</b>           |           |  | ZOLGENSMA 13.6-14.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i> | 1         |  | ZOLGENSMA 14.1-14.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <i>cisatracurium besylate SOLN</i>                | 1         |  | ZOLGENSMA 14.6-15.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| NIMBEX SOLN ( <i>cisatracurium besylate</i> )     | 9         |  | ZOLGENSMA 15.1-15.5 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <i>rocuronium bromide SOLN</i>                    | 1         |  | ZOLGENSMA 15.6-16.0 KG                      | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA                                      |
| <i>vecuronium bromide SOLR</i>                    | 1         |  | <b>Rett Syndrome Agents</b>                 |           |  |

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|------------------------|-----------|---|---|-----------|---|
| ZOLGENSMA 16.1-16.5 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 5.6-6.0 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 16.6-17.0 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 6.1-6.5 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 17.1-17.5 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 6.6-7.0 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 17.6-18.0 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 7.1-7.5 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 18.1-18.5 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 7.6-8.0 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 18.6-19.0 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 8.1-8.5 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 19.1-19.5 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 8.6-9.0 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 19.6-20.0 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 9.1-9.5 KG                                  | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 2.6-3.0 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | ZOLGENSMA 9.6-10.0 KG                                 | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA |
| ZOLGENSMA 20.1-20.5 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | <b>NUTRIENTS</b>                                      |           |   |
| ZOLGENSMA 20.6-21.0 KG | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | Carbohydrates   |           |   |
| ZOLGENSMA 3.1-3.5 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | DEXTROSE 30% SOLN                                     | 1         |   |
| ZOLGENSMA 3.6-4.0 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | <i>dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML</i> | 1         |   |
| ZOLGENSMA 4.1-4.5 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | DEXTROSE SOLN   | 1         |   |
| ZOLGENSMA 4.6-5.0 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | Lipids  |           |   |
| ZOLGENSMA 5.1-5.5 KG   | 1         | QL(1 ea per fill retail); AL(Up to 1 yrs old); PA | DOJOLVI   | 1         | AL(Up to 21 yrs old); PA                          |
|                        |           |   | MCT OIL OIL   | 1         | AL(Up to 20 yrs old); PA                          |
|                        |           |   | OMEGAVEN  | 1         | Medical Benefit Only                              |
|                        |           |   | Proteins  |           |   |

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|--|-----------|----------------------|---|-----------|--|
| <i>amino acid infusion SOLN</i><br>1.04 GM/100ML-2.17<br>GM/100ML-592<br>MG/100ML-434<br>MG/100ML-39<br>MG/100ML-1.04<br>GM/100ML-749<br>MG/100ML-1.04<br>GM/100ML-894<br>MG/100ML-147.4 MEQ/L-<br>960 MG/100ML-749<br>MG/100ML-250<br>MG/100ML-749<br>MG/100ML-1.47<br>GM/100ML-894<br>MG/100ML-749<br>MG/100ML-1.18<br>GM/100ML, 1040<br>MG/100ML-2170<br>MG/100ML-592<br>MG/100ML-434<br>MG/100ML-1180<br>MG/100ML-39<br>MG/100ML-1040<br>MG/100ML-749<br>MG/100ML-1040<br>MG/100ML-894<br>MG/100ML-151 MEQ/L-<br>960 MG/100ML-749<br>MG/100ML-250<br>MG/100ML-749<br>MG/100ML-1470<br>MG/100ML-894<br>MG/100ML-749<br>MG/100ML | 1         | Medical Benefit Only | PHENYLADE PHEBLOC POWD OR                         | 1         |  |
|  |           |                      | PHENYLADE PHEBLOC TABS                            | 1         |  |
|  |           |                      | PHENYLADE40 DRINK MIX PACK                        | 1         |  |
|  |           |                      | PHENYLADE POWD OR                                 | 1         |  |
|  |           |                      | PKU GOLIKE 10G P.E. BAR                           | 1         |  |
|  |           |                      | PKU GOLIKE 10G PE BAR                             | 1         |  |
|  |           |                      | PKU GOLIKE PLUS 16+ PACK                          | 1         |  |
|  |           |                      | PKU GOLIKE PLUS 4-16 PACK                         | 1         |  |
|  |           |                      | PKU MAXAMUM POWD OR                               | 1         |  |
|  |           |                      | PROSOL SOLN                                       | 1         |  |
|  |           |                      | XPHE MAXAMUM PACK                                 | 1         |  |
|  |           |                      | <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b> |           |  |
|  |           |                      | Artificial Tears and Lubricants                   |           |  |
|  |           |                      | LACRISERT   | 1         |  |
|  |           |                      | Beta-blockers - Ophthalmic                        |           |  |
|  |           |                      | <i>betaxolol hcl (ophth) SOLN</i>                 | 2         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)                                 |
|  |           |                      | BETIMOL   | 1         | MP; PA   |
|  |           |                      | BETOPTIC-S SUSP                                   | 1         |  |
|  |           |                      | <i>brimonidine tartrate-timolol maleate</i>       | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP; PA |
|  |           |                      | <i>carteolol hcl (ophth)</i>                      | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP                             |
| <i>amino acids TABS</i>  | 1         |                      |   |           |  |
| ELCYS  | 1         |                      |   |           |  |
| PERIFLEX LQ PKU LIQD   | 1         |                      |   |           |  |
| PHENYLADE AMINO ACID BLEND PACK  | 1         |                      |   |           |  |
| PHENYLADE AMINO ACID BAR   | 1         |                      |   |           |  |
| PHENYLADE MTE AMINO ACIDBLEND PACK   | 1         |                      |   |           |  |
| PHENYLADE MTE POWD OR  | 1         |                      |   |           |  |

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|--|-----------|--|--|-----------|--|
| COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) | 1         | Brand Required; QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP | TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> ) | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA |
| COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )        | 9         | MP   | TIMOPTIC SOLN ( <i>timolol maleate (ophth)</i> )         | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP |
| COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )        | 1         | MP   | TIMOPTIC-XE SOLG ( <i>timolol maleate (ophth)</i> )      | 2         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)     |
| COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )     | 2         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)   | <b>Cholinergic Agonists</b>                              |           |  |
| COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )     | 9         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)   | TYRVAYA  | 1         | QL(8.4 ml per 30 day(s) retail; 8 ml per 30 days mail); PA |
| <i>dorzolamide hcl-timolol maleate</i>                   | 1         | MP   | <b>Cycloplegic Mydriatics</b>                            |           |  |
| <i>dorzolamide hcl-timolol maleate</i>                   | 2         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)   | <i>atropine sulfate (ophthalmic) OINT</i>                | 1         | QL(3.5 gm per fill retail)                                 |
| ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )          | 1         | MP; PA   | <i>atropine sulfate (ophthalmic) SOLN</i>                | 1         |  |
| <i>levobunolol hcl 0.5 %</i>                             | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP   | ATROPINE SULFATE SOLN 1 %                                | 1         |  |
| <i>timolol maleate (ophth) SOLG</i>                      | 2         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)   | CYCLOGYL ( <i>cyclopentolate hcl</i> )                   | 1         |  |
| <i>timolol maleate (ophth) SOLN 0.5 %</i>                | 1         | MP; PA   | CYCLOGYL   | 1         |  |
| <i>timolol maleate (ophth) SOLN</i>                      | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA   | CYCLOMYDRIL  | 1         |  |
| <i>timolol maleate (ophth) SOLN</i>                      | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP   | <i>cyclopentolate hcl 1 %</i>                            | 1         |  |
|  |           |  | MYDRIACYL SOLN ( <i>tropicamide</i> )                    | 1         |  |
|  |           |  | <i>phenylephrine hcl (mydriatic) SOLN</i>                | 1         |  |
|  |           |  | <i>tropicamide SOLN</i>                                  | 1         |  |
|  |           |  | <b>Miotics</b>   |           |  |
|  |           |  | MIOCHOL-E SOLR   | 1         |  |
|  |           |  | MIOSTAT IO   | 1         | QL(1.5 ml per fill retail)                                 |
|  |           |  | PHOSPHOLINE IODIDE                                       | 1         | QL(15 ml per 90 day(s) retail; 15 ml per 90 days mail); MP |

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|---|-----------|--|--|-----------|--|
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i> | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail) | ALPHAGAN P 0.15 %<br>( <i>brimonidine tartrate</i> ) | 1         | Brand Required; QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA |
| VUITY SOLN                                | 1         | PA   | <i>apraclonidine hcl</i>                             | 2         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail)   |
| Ophthalmic - Angiogenesis Inhibitors      |           |  | <i>brimonidine tartrate 0.2 %</i>                    | 1         | 1 package(s) per 30 day(s) retail; 3 package(s) per 90 day(s) mail; AL(At least 3 yrs old); MP     |
| BEOVU SOSY                                | 1         | Medical Benefit Only                                   | <i>brimonidine tartrate 0.1 %</i>                    | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP; PA             |
| BYOOVIZ                                   | 1         | Medical Benefit Only                                   | <i>brimonidine tartrate 0.15 %</i>                   | 1         | Brand Required; QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); AL(At least 3 yrs old); PA |
| CIMERLI                                   | 1         | Medical Benefit Only                                   | IOPIDINE   | 2         |  |
| EYLEA HD SOLN                             | 1         | Medical Benefit Only                                   | SIMBRINZA  | 1         | QL(24 ml per 90 day(s) retail; 24 ml per 90 days mail); MP   |
| EYLEA SOLN                                | 1         | Medical Benefit Only                                   | Ophthalmic Anti-infectives                           |           |  |
| EYLEA SOSY                                | 1         | Medical Benefit Only                                   | AZASITE  | 1         | QL(2.5 ml per fill retail)   |
| LUCENTIS SOSY 0.5 MG/0.05ML               | 1         | Medical Benefit Only; QL(0.5 ml per fill retail)       | BACIGUENT  | 1         | QL(3.5 gm per fill retail)   |
| LUCENTIS SOSY 0.3 MG/0.05ML               | 1         | Medical Benefit Only                                   | <i>bacitracin (ophthalmic)</i>                       | 1         | QL(3.5 gm per fill retail)   |
| PAVBLU SOLN                               | 1         | Medical Benefit Only                                   | <i>bacitracin-polymyxin b (ophth)</i>                | 1         | QL(3.5 gm per fill retail)   |
| PAVBLU SOSY                               | 1         | Medical Benefit Only                                   | Ophthalmic Adrenergic Agents                         |           |  |
| SUSVIMO SOLN                              | 1         | Medical Benefit Only                                   | ALPHAGAN P 0.1 %<br>( <i>brimonidine tartrate</i> )  | 1         | Brand Required; QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); AL(At least 3 yrs old); MP |
| VABYSMO SOLN                              | 1         | Medical Benefit Only                                   |  |           |  |
| VABYSMO SOSY                              | 1         | Medical Benefit Only                                   |  |           |  |

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|--|-----------|--|
| BESIVANCE                                | 1         |  |
| CILOXAN OINT                             | 1         | QL(3.5 gm per fill retail)   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>    | 1         | QL(2.5 ml per fill retail)   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>    | 1         | QL(5 ml per fill retail)   |
| <i>ciprofloxacin hcl (ophth) SOLN</i>    | 1         | QL(10 ml per fill retail)  |
| ERYTHROMYCIN                             | 1         | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail   |
| <i>erythromycin (ophth)</i>              | 1         | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail   |
| <i>gatifloxacin (ophth)</i>              | 1         | QL(2.5 ml per fill retail)   |
| <i>gentamicin sulfate (ophth) SOLN</i>   | 1         |  |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>  | 3         |  |
| NATACYN                                  | 1         |  |
| <i>neomycin-bacitracin zn-polymyxin</i>  | 1         | QL(3.5 gm per fill retail)   |
| <i>neomycin-polymyxin-gramicidin</i>     | 1         |  |
| OCUFLOX ( <i>ofloxacin (ophth)</i> )     | 1         |  |
| <i>ofloxacin (ophth)</i>                 | 1         |  |
| <i>polymyxin b-trimethoprim</i>          | 1         | 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail |
| <i>sulfacetamide sodium (ophth) OINT</i> | 1         | QL(3.5 gm per fill retail)   |
| <i>sulfacetamide sodium (ophth) SOLN</i> | 1         |  |
| <i>tobramycin (ophth) SOLN</i>           | 1         |  |
| TOBREX OINT                              | 1         | QL(3.5 gm per fill retail)   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>trifluridine</i>                                 | 1         | QL(7.5 ml per fill retail)  |
| VIGAMOX SOLN OP ( <i>moxifloxacin hcl (ophth)</i> ) | 3         |   |
| XDEMVY  | 1         | QL(10 ml per 42 day(s) retail; 10 ml per 42 days mail); AL(At least 18 yrs old); PA |
| ZIRGAN GEL  | 1         |   |
| ZYMAXID ( <i>gatifloxacin (ophth)</i> )             | 9         | QL(2.5 ml per fill retail)  |
| Ophthalmic Complement Inhibitors                    |           |   |
| IZERVAY   | 1         | Medical Benefit Only  |
| SYFOVRE   | 1         | Medical Benefit Only  |
| Ophthalmic Gene Therapy                             |           |   |
| LUXTURNA  | 1         | QL(0.5 ml per fill retail); AL(At least 4 yrs old); PA                              |
| Ophthalmic Immunomodulators                         |           |   |
| CEQUA SOLN  | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); PA                          |
| <i>cyclosporine (ophth) EMUL</i>                    | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)                              |
| RESTASIS MULTIDOSE EMUL                             | 1         | QL(5.5 ml per 30 day(s) retail; 6 ml per 30 days mail); PA                          |
| RESTASIS EMUL ( <i>cyclosporine (ophth)</i> )       | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)                              |
| VERKAZIA EMUL                                       | 1         | QL(120 ea per 30 day(s) retail; 120 ea per 30 days mail); PA                        |
| VEVYE SOLN  | 1         | AL(At least 18 yrs old); PA   |

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| Drug Name                                   | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|---|---|-----------|--|
| Ophthalmic Integrin Antagonists             |           |   | <i>dexamethasone sodium phosphate (ophth)</i>         | 1         |  |
| XIIDRA                                      | 1         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail); AL(At least 17 yrs old); PA | DEXTENZA INST   | 1         | Medical Benefit Only   |
| Ophthalmic Kinase Inhibitors                |           |   | <i>difluprednate</i>                                  | 1         | Brand Required; PA   |
| RHOPRESSA                                   | 1         | QL(7.5 ml per 90 day(s) retail; 8 ml per 90 days mail); MP                          | DUREZOL ( <i>difluprednate</i> )                      | 1         | Brand Required   |
| ROCKLATAN                                   | 1         | QL(10 ml per 90 day(s) retail; 10 ml per 90 days mail); MP                          | DUREZOL ( <i>difluprednate</i> )                      | 9         | Brand Required   |
| Ophthalmic Local Anesthetics                |           |   | EYSUVIS SUSP  | 1         | QL(8.3 ml per 15 day(s) retail; 8 ml per 15 days mail); PA             |
| AKTEN                                       | 1         |   | FLAREX  | 1         |  |
| ALCAINE ( <i>proparacaine hcl</i> )         | 1         |   | <i>fluorometholone (ophth) SUSP</i>                   | 1         |  |
| IHEEZO                                      | 1         | Medical Benefit Only  | FML FORTE SUSP  | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA             |
| <i>proparacaine hcl</i>                     | 1         |   | FML LIQUIFILM SUSP ( <i>fluorometholone (ophth)</i> ) | 1         |  |
| <i>tetracaine hcl (ophth)</i>               | 1         |   | ILUVIEN   | 1         | Medical Benefit Only   |
| Ophthalmic Nerve Growth Factors             |           |   | INVELTYS SUSP   | 1         | QL(2.8 ml per 12 day(s) retail; 3 ml per 12 days mail); PA             |
| OXERVATE                                    | 1         | QL(14 ml per 12 day(s) retail; 14 ml per 12 days mail); PA                          | LOTEMAX SM GEL  | 1         | QL(5 gm per 12 day(s) retail; 5 gm per 12 days mail); PA               |
| Ophthalmic Photodynamic Therapy Agents      |           |   | LOTEMAX GEL ( <i>loteprednol etabonate</i> )          | 1         | Brand Required; QL(5 gm per 15 day(s) retail; 5 gm per 15 days mail)   |
| VISUDYNE                                    | 1         | Medical Benefit Only  | LOTEMAX OINT  | 1         | Brand Required; QL(3.5 gm per 15 day(s) retail; 4 gm per 15 days mail) |
| Ophthalmic Photoenhancers                   |           |   |   |           |  |
| PHOTREXA/PHOTREXA VISCOUS KIT               | 1         | Medical Benefit Only  |   |           |  |
| Ophthalmic Steroids                         |           |   |   |           |  |
| ALREX SUSP ( <i>loteprednol etabonate</i> ) | 3         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                              |   |           |  |
| <i>bacitracin-poly-neomycin-hc</i>          | 1         | QL(3.5 gm per fill retail)  |   |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| LOTEMAX SUSP<br>( <i>loteprednol etabonate</i> )      | 1         | Brand Required; 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail | PREDNISOLONE SODIUM PHOSPHATE                        | 1         |  |
|   |           |  | RETISERT   | 1         | Medical Benefit Only   |
|   |           |  | <i>sulfacetamide sod-prednisolone SOLN</i>           | 1         |  |
| <i>loteprednol etabonate GEL</i>                      | 1         | Brand Required; QL(5 gm per 15 day(s) retail; 5 gm per 15 days mail); PA           | TOBRADEX ST SUSP                                     | 1         | QL(20 ml per 30 day(s) retail; 20 ml per 30 days mail)                     |
| <i>loteprednol etabonate SUSP 0.2 %</i>               | 3         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                             | TOBRADEX OINT  | 1         | QL(3.5 gm per fill retail)   |
| <i>loteprednol etabonate SUSP 0.5 %</i>               | 1         | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA             | TOBRADEX SUSP<br>( <i>tobramycin-dexamethasone</i> ) | 1         | 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail         |
| MAXIDEX SUSP OP                                       | 1         |  | TOBRADEX SUSP<br>( <i>tobramycin-dexamethasone</i> ) | 9         | 1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail         |
| MAXITROL OINT<br>( <i>neomycin-polymyx-dexameth</i> ) | 1         | QL(3.5 gm per fill retail)   | TOBRADEX SUSP<br>( <i>tobramycin-dexamethasone</i> ) | 9         |  |
| MAXITROL SUSP<br>( <i>neomycin-polymyx-dexameth</i> ) | 1         | QL(5 ml per fill retail)   | <i>tobramycin-dexamethasone SUSP</i>                 | 1         | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail           |
| <i>neomycin-polymyx-dexameth OINT</i>                 | 1         | QL(3.5 gm per fill retail)   | <i>tobramycin-dexamethasone SUSP</i>                 | 1         | 1 package(s) per 15 day(s) retail; 1 package(s) per 15 day(s) mail         |
| <i>neomycin-polymyx-dexameth SUSP</i>                 | 1         | QL(5 ml per fill retail)   | <i>tobramycin-dexamethasone SUSP</i>                 | 1         | 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail         |
| <i>neomycin-polymyxin-hc (ophth)</i>                  | 1         | QL(7.5 ml per fill retail)   | TRIESENCE  | 1         | Medical Benefit Only; QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail) |
| OZURDEX IMPL  | 1         | Medical Benefit Only   |  |           |  |
| PRED FORTE<br>( <i>prednisolone acetate (ophth)</i> ) | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail); PA                         |  |           |  |
| PRED MILD   | 1         |  |  |           |  |
| <i>prednisolone acetate (ophth)</i>                   | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)                             |  |           |  |

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|---|-----------|--|--|-----------|--|
| XIPERE  | 1         | Medical Benefit Only; QL(10 ml per 7 day(s) retail; 10 ml per 7 days mail) | <i>brinzolamide</i>                          | 1         | Brand Required; QL(30 ml per fill retail); MP; PA                  |
| YUTIQ   | 1         | Medical Benefit Only   | <i>bromfenac sodium (ophth) 0.07 %</i>       | 1         | QL(3 ml per fill retail); ST; PA                                   |
| ZYLET   | 1         |  | <i>bromfenac sodium (ophth) 0.075 %</i>      | 1         | QL(5 ml per fill retail); ST; PA                                   |
| Ophthalmic Surgical Aids                            |           |  | <i>bromfenac sodium (ophth) 0.09 %</i>       | 1         | QL(1.7 ml per 5 day(s) retail; 2 ml per 5 days mail); ST; PA       |
| OMIDRIA   | 1         | Medical Benefit Only   | BROMSITE ( <i>bromfenac sodium (ophth)</i> ) | 1         | QL(5 ml per fill retail); ST; PA                                   |
| Ophthalmics - Misc.                                 |           |  | BSS PLUS SOLN                                | 1         |  |
| ACULAR ( <i>ketorolac tromethamine (ophth)</i> )    | 1         |  | BSS SOLN                                     | 1         |  |
| ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> ) | 1         | QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); ST; PA               | <i>cromolyn sodium (ophth)</i>               | 1         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)             |
| ACUVAIL   | 1         | QL(30 ea per 12 day(s) retail; 30 ea per 12 days mail); ST; PA             | CYSTADROPS                                   | 1         | QL(20 ml per 28 day(s) retail; 20 ml per 28 days mail); PA         |
| ALOMIDE   | 3         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                     | CYSTARAN                                     | 1         | QL(60 ml per 30 day(s) retail; 60 ml per 30 days mail); PA         |
| <i>azelastine hcl (ophth)</i>                       | 2         | QL(6 ml per 30 day(s) retail; 6 ml per 30 days mail)                       | <i>diclofenac sodium (ophth)</i>             | 1         | 1 package(s) per 10 day(s) retail; 1 package(s) per 10 day(s) mail |
| AZOPT ( <i>brinzolamide</i> )                       | 1         | Brand Required; QL(30 ml per fill retail); MP                              | <i>diclofenac sodium (ophth)</i>             | 1         | 1 package(s) per 5 day(s) retail; 1 package(s) per 5 day(s) mail   |
| AZOPT ( <i>brinzolamide</i> )                       | 1         | QL(30 ml per fill retail); MP  | <i>dorzolamide hcl</i>                       | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP         |
| <i>bepotastine besilate</i>                         | 3         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                     | <i>epinastine hcl (ophth)</i>                | 2         | QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail)               |
| BEPREVE ( <i>bepotastine besilate</i> )             | 3         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                     |  |           |  |

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|---|-----------|--|---|-----------|--|
| <i>fluorescein sodium injection IV 10 %</i>                 | 1         |  | <i>olopatadine hcl 0.2 %</i>                          | 3         | QL(2.5 ml per 25 day(s) retail; 2 ml per 25 days mail); RX/OTC                           |
| FLUORESCIN SODIUM/BENOXINATE HYDROCHLORIDE                  | 1         | Medical Benefit Only   | <i>olopatadine hcl 0.1 %</i>                          | 2         | 1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC               |
| FLUORESCITE IV 10 % ( <i>fluorescein sodium injection</i> ) | 1         |  | PATADAY 0.1 % ( <i>olopatadine hcl</i> )              | 2         | 1 package(s) per 25 day(s) retail; 1 package(s) per 25 day(s) mail; RX/OTC               |
| FLUOR-I-STRIPS A.T. STRP                                    | 1         |  | PATADAY 0.2 % ( <i>olopatadine hcl</i> )              | 3         | QL(2.5 ml per 25 day(s) retail; 2 ml per 25 days mail); RX/OTC                           |
| <i>flurbiprofen sodium</i>                                  | 1         | QL(2.5 ml per fill retail)   | PATADAY EXTRA STRENGTH                                | 2         | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail                       |
| GLOSTRIPS STRP 1 MG   | 1         |  | PROLENSA ( <i>bromfenac sodium (ophth)</i> )          | 1         | QL(3 ml per fill retail); ST; PA   |
| ILEVRO  | 1         | QL(3 ml per 12 day(s) retail; 3 ml per 12 days mail); ST; PA                             | TRUSOPT ( <i>dorzolamide hcl</i> )                    | 9         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP                               |
| <i>ketorolac tromethamine (ophth) 0.4 %</i>                 | 1         | QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); ST; PA                             | ZADITOR 0.035 % ( <i>ketotifen fumarate (ophth)</i> ) | 9         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail                       |
| <i>ketorolac tromethamine (ophth) 0.5 %</i>                 | 1         |  | ZADITOR 0.035 % ( <i>ketotifen fumarate (ophth)</i> ) | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old) |
| <i>ketotifen fumarate (ophth) 0.035 %</i>                   | 1         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail; AL(Up to 20 yrs old) | ZERVIAE   | 3         | QL(60 ea per 30 day(s) retail; 60 ea per 30 days mail)                                   |
| MIEBO   | 1         | QL(12 ml per 30 day(s) retail; 12 ml per 30 days mail); AL(At least 18 yrs old); PA      |   |           |  |
| MURO 128 SOLN ( <i>sodium chloride hypertonic</i> )         | 1         | AL(Up to 20 yrs old); PA   |   |           |  |
| NEVANAC   | 1         | QL(3 ml per 12 day(s) retail; 3 ml per 12 days mail); ST; PA                             |   |           |  |

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|---------------------------------------|-----------|--|---|-----------|--|
| Prostaglandins - Ophthalmic           |           |  | ZIOPTAN ( <i>tafluprost</i> )                   | 9         | Brand Required; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail) |
| <i>bimatoprost SOLN</i>               | 2         | 1 package(s) per 30 day(s) retail; 1 package(s) per 30 day(s) mail         | ZIOPTAN ( <i>tafluprost</i> )                   | 1         | Brand Required; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail) |
| DURYSTA IMPL                          | 1         | Medical Benefit Only   | <b>OTIC AGENTS - Drugs to Treat the Ear</b>     |           |  |
| IDOSE TR IMPL                         | 1         | Medical Benefit Only   | Otic Agents - Miscellaneous                     |           |  |
| IYUZEH SOLN                           | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA                 | <i>acetic acid (otic)</i>                       | 1         | QL(15 ml per 30 day(s) retail; 15 ml per 30 days mail)                 |
| <i>latanoprost SOLN</i>               | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP                 | Otic Anti-infectives                            |           |  |
| LUMIGAN SOLN 0.01 %                   | 1         | MP   | CETRAXAL ( <i>ciprofloxacin hcl (otic)</i> )    | 9         | QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail)                 |
| <i>tafluprost</i>                     | 1         | Brand Required; QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA | <i>ciprofloxacin hcl (otic)</i>                 | 2         | QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail)                 |
| TRAVATAN Z SOLN ( <i>travoprost</i> ) | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP     | <i>ofloxacin (otic)</i>                         | 1         | ST   |
| <i>travoprost SOLN</i>                | 1         | 6 package(s) per 90 day(s) retail; 6 package(s) per 90 day(s) mail; MP; PA | Otic Combinations                               |           |  |
| VYZULTA                               | 1         | QL(5 ml per 30 day(s) retail; 5 ml per 30 days mail); PA                   | CIPRO HC  | 1         |  |
| XALATAN SOLN ( <i>latanoprost</i> )   | 1         | QL(30 ml per 90 day(s) retail; 30 ml per 90 days mail); MP                 | CIPRODEX ( <i>ciprofloxacin-dexamethasone</i> ) | 9         | QL(7.5 ml per fill retail)   |
| XELPROS EMUL                          | 2         | QL(10 ml per 30 day(s) retail; 10 ml per 30 days mail)                     | <i>ciprofloxacin-dexamethasone</i>              | 2         | QL(7.5 ml per fill retail)   |
|                                       |           |  | <i>ciprofloxacin-fluocinolone acetone</i>       | 2         | QL(14 ea per 7 day(s) retail; 14 ea per 7 days mail)                   |
|                                       |           |  | CORTISPORIN-TC                                  | 1         | QL(10 ml per fill retail)  |
|                                       |           |  | <i>neomycin-polymyxin-hc (otic) SOLN</i>        | 2         | QL(10 ml per fill retail); ST  |
|                                       |           |  | <i>neomycin-polymyxin-hc (otic) SUSP</i>        | 2         | ST   |

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|--|-----------|--|---|-----------|---|
| OTOVEL ( <i>ciprofloxacin-fluocinolone acetonide</i> )                                     | 9         | QL(14 ea per 7 day(s) retail; 14 ea per 7 days mail) | ANTIVENIN LATRODECTUS MACTANS                           | 1         | Medical Benefit Only                                |
| Otic Steroids  |           |  | ANTIVENIN NORTH AMERICANCORAL SNAKE                     | 1         | Medical Benefit Only                                |
| DERMOTIC ( <i>fluocinolone acetonide (otic)</i> )  | 1         | QL(20 ml per fill retail)                            | Immune Serums   |           |   |
| <i>fluocinolone acetonide (otic)</i>   | 1         | QL(20 ml per fill retail)                            | ALYGLO  | 1         | AL(At least 18 yrs old)                             |
| <i>hydrocortisone w/acetic acid</i>  | 1         | PA   | ASCENIV   | 1         |   |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |           |  | BIVIGAM SOLN  | 1         |   |
| Abortifacients/Agents for Cervical Ripening  |           |  | CUTAQUIG  | 1         |   |
| <i>carboprost tromethamine SOLN</i>  | 1         | Medical Benefit Only                                 | CUVITRU SOLN  | 1         |   |
| CARBOPROST TROMETHAMINE SOSY   | 1         | Medical Benefit Only                                 | CYTOGAM SOLN  | 1         |   |
| CERVIDIL INST  | 1         |  | GAMASTAN  | 1         |   |
| HEMABATE SOLN ( <i>carboprost tromethamine</i> )   | 9         |  | GAMMAGARD LIQUID  | 1         |   |
| HEMABATE SOLN ( <i>carboprost tromethamine</i> )   | 1         | Medical Benefit Only                                 | GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR                | 1         |   |
| PREPIDIL GEL   | 1         |  | GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 1         |   |
| Oxytocics  |           |  | GAMMAPLEX SOLN  | 1         |   |
| <i>methylergonovine maleate SOLN</i>   | 1         |  | GAMUNEX-C   | 1         |   |
| <i>methylergonovine maleate TABS</i>   | 1         | QL(28 ea per fill retail)                            | HEPAGAM B SOLN IJ                                       | 1         | AL(At least 19 yrs old)                             |
| <i>oxytocin</i>  | 1         |  | HIZENTRA SOLN   | 1         |   |
| PITOCIN ( <i>oxytocin</i> )  | 1         |  | HIZENTRA SOSY   | 1         |   |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |  | HYPERHEP B SOLN IM                                      | 1         | AL(At least 19 yrs old)                             |
| Antitoxins-Antivenins  |           |  | HYPERHEP B SOSY 110 UNIT/0.5ML                          | 1         | QL(0.5 ml per fill retail); AL(At least 19 yrs old) |
|  |           |  | HYPERRAB SOLN   | 1         |   |
|  |           |  | HYPERRHO S/D MINI-DOSE SOSY IM                          | 1         |   |
|  |           |  | HYPERRHO S/D SOSY IM 1500 UNIT                          | 1         |   |
|  |           |  | HYPERTET SOSY   | 1         | AL(At least 19 yrs old)                             |
|  |           |  | KEDRAB SOLN   | 1         |   |

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|--|-----------|---|---|-----------|--|
| NABI-HB SOLN IM  | 1         | AL(At least 19 yrs old)   | <i>amoxicillin CAPS</i>   | 1         |  |
| OCTAGAM SOLN   | 1         |   | <i>amoxicillin CHEW 125 MG, 250 MG</i>                                      | 1         |  |
| PANZYGA  | 1         |   | <i>amoxicillin SUSR</i>   | 1         |  |
| PRIVIGEN SOLN  | 1         |   | AMOXICILLIN SUSR ( <i>amoxicillin</i> )                                     | 1         |  |
| RHOGAM ULTRA-FILTERED PLUS SOSY IM                       | 1         |   | <i>amoxicillin TABS</i>   | 1         |  |
| RHOPHYLAC SOSY IJ  | 1         |   | <i>ampicillin sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>                      | 1         |  |
| VARIZIG SOLN   | 1         |   | <i>ampicillin CAPS 500 MG</i>   | 1         |  |
| WINRHO SDF SOLN 5000 UNIT/4.4ML                          | 1         | QL(4.4 ml per fill retail)  | <b>Natural Penicillins</b>  |           |  |
| WINRHO SDF SOLN 15000 UNIT/13ML                          | 1         |   | BICILLIN L-A SUSY   | 1         |  |
| WINRHO SDF SOLN 2500 UNIT/2.2ML                          | 1         | QL(2.2 ml per fill retail)  | <i>penicillin g potassium</i>   | 1         |  |
| WINRHO SDF SOLN 1500 UNIT/1.3ML                          | 1         | QL(1.3 ml per fill retail)  | PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE 40000 UNIT/ML, 60000 UNIT/ML | 1         |  |
| XEMBIFY  | 1         |   | <i>penicillin g sodium</i>  | 1         |  |
| <b>Monoclonal Antibodies</b>                             |           |   | <i>penicillin v potassium SOLR</i>  | 1         |  |
| BEYFORTUS 50 MG/0.5ML                                    | 1         | QL(0.5 ml per fill retail); AL(Up to 1 yrs old)                               | <i>penicillin v potassium TABS</i>  | 1         |  |
| BEYFORTUS 100 MG/ML                                      | 1         | QL(2 ml per fill retail); AL(Up to 1 yrs old)                                 | <b>Penicillin Combinations</b>  |           |  |
| SYNAGIS SOLN 50 MG/0.5ML                                 | 1         | QL(0.5 ml per 30 day(s) retail); AL(Up to 2 yrs old); PA                      | <i>amoxicillin &amp; pot clavulanate CHEW</i>                               | 1         |  |
| SYNAGIS SOLN 100 MG/ML                                   | 1         | QL(1 ml per 30 day(s) retail; 1 ml per 30 days mail); AL(Up to 2 yrs old); PA | <i>amoxicillin &amp; pot clavulanate SUSR</i>                               | 1         |  |
| ZINPLAVA   | 1         | Medical Benefit Only  | <i>amoxicillin &amp; pot clavulanate TABS</i>                               | 1         |  |
| <b>Passive Immunizing Agents - Combinations</b>          |           |   | <i>amoxicillin &amp; pot clavulanate TB12</i>                               | 1         | QL(40 ea per 10 day(s) retail; 40 ea per 10 days mail); PA |
| HYQVIA   | 1         |   | <i>ampicillin &amp; sulbactam sodium IJ 1 GM-0.5 GM, 2 GM-1 GM</i>          | 1         |  |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b> |           |   | AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )          | 1         |  |
| <b>Aminopenicillins</b>                                  |           |   |   |           |  |

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|---|-----------|------------------------------|
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML  | 1         |                              |
| AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )     | 9         |                              |
| BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML   | 1         |                              |
| <i>piperacillin sodium-tazobactam sodium</i>                                  | 1         |                              |
| UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> ) | 9         |                              |
| UNASYN IJ 1 GM-0.5 GM, 2 GM-1 GM ( <i>ampicillin &amp; sulbactam sodium</i> ) | 1         |                              |
| UNASYN BULK PACK IV ( <i>ampicillin &amp; sulbactam sodium</i> )              | 1         |                              |
| ZOSYN   | 1         |                              |
| <b>Penicillinase-Resistant Penicillins</b>                                    |           |                              |
| <i>dicloxacillin sodium</i>   | 1         |                              |
| NAFCILLIN   | 1         |                              |
| <i>nafcillin sodium IJ 1 GM, 2 GM</i>   | 1         |                              |
| <i>oxacillin sodium IJ 1 GM, 2 GM</i>   | 1         |                              |
| OXACILLIN SODIUM 2 GM/50ML-300 MG/50ML  | 1         |                              |
| <b>PHARMACEUTICAL ADJUVANTS</b>   |           |                              |
| <b>Flavoring Agents</b>   |           |                              |
| CHERRY FLAVOR LIQD  | 1         | AL(Up to 20 yrs old); RX/OTC |
| <b>Internal Vehicle Ingredients/Agents</b>                                    |           |                              |
| THICK-IT #2 POWD  | 1         | AL(Up to 20 yrs old); PA     |
| <b>Liquid Vehicles</b>  |           |                              |
| <i>bacteriostatic sodium chloride</i>   | 1         |                              |

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| BACTERIOSTATIC WATER FORINJECTION/BENZYL ALCOHOL         | 1         |                              |
| CHERRY SYRUP   | 1         | AL(Up to 20 yrs old); RX/OTC |
| <i>glycine diluent</i>                                   | 1         |                              |
| IV STABILIZER FOR LUMOXITI                               | 1         | Medical Benefit Only         |
| ORA-BLEND SF SUSP  | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORA-BLEND SUSP   | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORAL SUSPEND LIQD  | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORAL SYRUP SF SYRP                                       | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORA-PLUS LIQD  | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORA-SWEET SF SYRP 10 %-9 %                               | 1         | AL(Up to 20 yrs old); RX/OTC |
| ORA-SWEET SYRP   | 1         | AL(Up to 20 yrs old); RX/OTC |
| SIMPLE SYRUP   | 1         | AL(Up to 20 yrs old); RX/OTC |
| STERILE DILUENT FOR REMODULIN ( <i>glycine diluent</i> ) | 1         |                              |
| SYRPALTA SYRP  | 1         | AL(Up to 20 yrs old); RX/OTC |
| SYRUP VEHICLE SYRP                                       | 1         | AL(Up to 20 yrs old); RX/OTC |
| <i>water for injection, sterile IJ</i>                   | 1         |                              |
| <b>Pharmaceutical Excipients</b>                         |           |                              |
| SODIUM BENZOATE  | 1         | RX/OTC                       |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>  |           |                              |
| <b>Progestins</b>  |           |                              |
| AYGESTIN TABS ( <i>norethindrone acetate</i> )           | 9         |                              |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>   | 1         |                              |

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|---|-----------|--|---|-----------|---|
| <i>megestrol acetate (appetite)</i>   | 1         |  | ADLARITY PTWK   | 1         | QL(4 ea per 28 day(s) retail; 4 ea per 28 days mail); AL(At least 51 yrs old); PA   |
| <i>norethindrone acetate TABS</i>   | 1         |  | ADUHELM   | 1         | PA  |
| <i>progesterone CAPS</i>  | 1         |  | ARICEPT TABS 10 MG ( <i>donepezil hydrochloride</i> ) | 1         | QL(3 ea daily); AL(At least 51 yrs old); MP   |
| <i>progesterone OIL</i>   | 1         |  | ARICEPT TABS 5 MG ( <i>donepezil hydrochloride</i> )  | 1         | QL(2 ea daily); AL(At least 51 yrs old); MP   |
| PROMETRIUM CAPS ( <i>progesterone</i> )   | 9         |  | ARICEPT TABS 23 MG ( <i>donepezil hydrochloride</i> ) | 1         | AL(At least 51 yrs old); PA   |
| PROMETRIUM CAPS ( <i>progesterone</i> )   | 1         |  | <i>donepezil hydrochloride TABS 5 MG</i>              | 1         | QL(2 ea daily); AL(At least 51 yrs old); MP   |
| PROVERA ( <i>medroxyprogesterone acetate</i> )  | 1         |  | <i>donepezil hydrochloride TABS 23 MG</i>             | 1         | AL(At least 51 yrs old); PA   |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |  | <i>donepezil hydrochloride TABS 10 MG</i>             | 1         | QL(3 ea daily); AL(At least 51 yrs old); MP   |
| Agents for Chemical Dependency  |           |  | <i>donepezil hydrochloride TABS 23 MG</i>             | 1         | AL(At least 51 yrs old); PA   |
| <i>acamprosate calcium</i>  | 1         |  | <i>donepezil hydrochloride TABS 10 MG</i>             | 1         | QL(3 ea daily); AL(At least 51 yrs old); MP   |
| <i>disulfiram</i>   | 1         |  | <i>donepezil hydrochloride TBDP</i>                   | 1         | AL(At least 51 yrs old); PA   |
| <i>lofexidine hcl</i>   | 1         | QL(168 ea per 14 day(s) retail; 168 ea per 14 days mail); PA                         | EXELON ( <i>rivastigmine</i> )                        | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA |
| LUCEMYRA ( <i>lofexidine hcl</i> )  | 1         | QL(168 ea per 14 day(s) retail; 168 ea per 14 days mail); PA                         | EXELON ( <i>rivastigmine</i> )                        | 9         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)                              |
| Anti-Cataplectic Agents   |           |  | <i>galantamine hydrobromide CP24</i>                  | 1         | AL(At least 51 yrs old); PA   |
| SODIUM OXYBATE SOLN   | 1         | Brand Required; PA   | <i>galantamine hydrobromide SOLN</i>                  | 1         | AL(At least 51 yrs old); PA   |
| XYREM SOLN  | 1         | Brand Required; PA   | <i>galantamine hydrobromide TABS 4 MG</i>             | 1         | QL(2 ea daily); AL(At least 51 yrs old); MP   |
| XYWAV   | 1         | QL(540 ml per 30 day(s) retail; 540 ml per 30 days mail); AL(At least 7 yrs old); PA | <i>galantamine hydrobromide TABS 8 MG, 12 MG</i>      | 1         | AL(At least 51 yrs old)   |
| Antidementia Agents   |           |  | KISUNLA   | 1         | PA  |
|   |           |  | LEQEMBI   | 1         | PA  |

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|--|-----------|---|---|-----------|--|
| <i>memantine hcl CP24</i>                                    | 1         | QL(1 ea daily); AL(At least 51 yrs old); PA   | <i>rivastigmine tartrate CAPS 3 MG</i>                  | 1         | QL(2 ea daily); AL(At least 51 yrs old); MP                            |
| <i>memantine hcl SOLN 2 MG/ML</i>                            | 1         | AL(At least 51 yrs old); PA   | <b>Cerebral Adrenoleukodystrophy (CALD) Agents</b>      |           |  |
| <i>memantine hcl TABS</i>                                    | 1         | AL(At least 51 yrs old); PA   | SKYSONA   | 1         | Medical Benefit Only; QL(1 ea per fill retail); AL(At least 4 yrs old) |
| <i>memantine hcl TABS 5 MG</i>                               | 1         | QL(4 ea daily); AL(At least 51 yrs old); MP   | <b>Combination Psychotherapeutics</b>                   |           |  |
| <i>memantine hcl TABS 10 MG</i>                              | 1         | QL(3 ea daily); AL(At least 51 yrs old); MP   | <i>chlordiazepoxide-amitriptyline</i>                   | 1         |  |
| NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> )          | 1         | AL(At least 51 yrs old); PA   | LYBALVI   | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA                            |
| NAMENDA XR CP24 7 MG, 14 MG, 28 MG ( <i>memantine hcl</i> )  | 9         | QL(1 ea daily)  | <i>olanzapine-fluoxetine hcl</i>                        | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA                             |
| NAMENDA XR CP24 14 MG, 21 MG, 28 MG ( <i>memantine hcl</i> ) | 1         | QL(1 ea daily); AL(At least 51 yrs old); PA   | <i>perphenazine-amitriptyline</i>                       | 1         |  |
| NAMENDA TABS 10 MG ( <i>memantine hcl</i> )                  | 9         | QL(3 ea daily); MP  | SYMBYAX 25 MG-6 MG ( <i>olanzapine-fluoxetine hcl</i> ) | 1         | QL(1 ea daily); AL(At least 5 yrs old); PA                             |
| NAMENDA TABS 5 MG ( <i>memantine hcl</i> )                   | 9         | QL(4 ea daily); MP  | SYMBYAX 25 MG-3 MG ( <i>olanzapine-fluoxetine hcl</i> ) | 9         | QL(1 ea daily)   |
| NAMZARIC C4PK  | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); AL(At least 51 yrs old); PA | <b>Fibromyalgia Agents</b>                              |           |  |
| NAMZARIC CP24  | 1         | QL(1 ea daily); AL(At least 51 yrs old); PA   | SAVELLA TITRATION PACK MISC                             | 1         | QL(55 ea per 28 day(s) retail; 55 ea per 28 days mail); ST; PA         |
| RAZADYNE ER CP24 ( <i>galantamine hydrobromide</i> )         | 9         |   | SAVELLA TABS  | 1         | QL(2 ea daily); ST; PA   |
| <i>rivastigmine</i>  | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); AL(At least 51 yrs old); PA | <b>Metachromatic Leukodystrophy (MLD) Agents</b>        |           |  |
| <i>rivastigmine tartrate CAPS 1.5 MG, 4.5 MG, 6 MG</i>       | 1         | AL(At least 51 yrs old)   | LENMELDY  | 1         | Medical Benefit Only   |
|  |           |   | <b>Movement Disorder Drug Therapy</b>                   |           |  |
|  |           |   | AUSTEDO XR PATIENT TITRATION KIT TEPK                   | 1         | PA   |
|  |           |   | AUSTEDO XR PATIENT TITRATION KIT TEPK                   | 1         | QL(42 ea per 28 day(s) retail; 42 ea per 28 days mail); PA             |

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|--|-----------|--|--|-----------|--|
| AUSTEDO XR TB24 18 MG, 30 MG, 36 MG, 42 MG, 48 MG    | 1         | PA   | COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> ) | 1         | QL(12 ml per 28 day(s) retail; 12 ml per 28 days mail); PA                 |
| AUSTEDO XR TB24 24 MG                                | 1         | QL(2 ea daily); PA   | COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> ) | 9         | QL(12 ml per 28 day(s) retail; 12 ml per 28 days mail)                     |
| AUSTEDO XR TB24 6 MG, 12 MG                          | 1         | QL(1 ea daily); PA   | <i>dalfampridine</i>                                 | 1         | QL(2 ea daily); PA   |
| AUSTEDO TABS   | 1         | QL(4 ea daily); PA   | <i>dimethyl fumarate CDPK</i>                        | 1         | QL(2 ea daily); PA   |
| INGREZZA CAPS  | 1         | QL(1 ea daily); PA   | <i>dimethyl fumarate CPDR 240 MG</i>                 | 1         | QL(2 ea daily); PA   |
| INGREZZA CPPK  | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA                 | <i>dimethyl fumarate CPDR 120 MG</i>                 | 1         | QL(14 ea per fill retail); PA  |
| INGREZZA CPSP  | 1         | PA   | <i> fingolimod hcl</i>                               | 1         | QL(1 ea daily); PA   |
| <i>tetrabenazine</i>                                 | 1         | PA   | GILENYA ( <i>fingolimod hcl</i> )                    | 1         | QL(1 ea daily); PA   |
| XENAZINE ( <i>tetrabenazine</i> )                    | 1         | PA   | <i>glatiramer acetate SOSY 40 MG/ML</i>              | 1         | QL(12 ml per 28 day(s) retail; 12 ml per 28 days mail); PA                 |
| Multiple Sclerosis Agents                            |           |  | <i>glatiramer acetate SOSY 20 MG/ML</i>              | 1         | Brand Required; QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA |
| AMPYRA ( <i>dalfampridine</i> )                      | 1         | QL(2 ea daily); PA   | KESIMPTA   | 1         | QL(0.4 ml per 28 day(s) retail); AL(At least 18 yrs old); PA               |
| AUBAGIO ( <i>teriflunomide</i> )                     | 1         | QL(1 ea daily); PA   | LEMTRADA   | 1         | Medical Benefit Only   |
| AUBAGIO ( <i>teriflunomide</i> )                     | 9         | QL(1 ea daily)   | MAVENCLAD  | 1         | PA   |
| AVONEX PEN AJKT                                      | 1         | QL(1 ea per 28 day(s) retail; 1 ea per 28 days mail); PA                   | MAYZENT STARTER PACK TBPK                            | 1         | QL(49 ea per 28 day(s) retail; 49 ea per 28 days mail); PA                 |
| AVONEX PSKT  | 1         | QL(3 ea per 84 day(s) retail; 3 ea per 84 days mail); PA                   | MAYZENT STARTER PACK TBPK                            | 1         | QL(12 ea per fill retail); PA  |
| BAFIERTAM  | 1         | QL(4 ea daily); AL(At least 18 yrs old); PA                                | MAYZENT TABS 0.25 MG                                 | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); PA               |
| BETASERON KIT  | 1         | QL(0.5 ea daily); PA   |  |           |  |
| BRIUMVI  | 1         | PA   |  |           |  |
| COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> ) | 1         | Brand Required; QL(30 ml per 30 day(s) retail; 30 ml per 30 days mail); PA |  |           |  |

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|-----------------------------------|-----------|---|---|-----------|--|
| MAYZENT TABS 1 MG, 2 MG           | 1         | QL(1 ea daily); PA  | TECFIDERA STARTER PACK CDPK ( <i>dimethyl fumarate</i> )    | 1         | QL(2 ea daily); PA   |
| OCREVUS                           | 1         | PA  | TECFIDERA CPDR 240 MG ( <i>dimethyl fumarate</i> )          | 1         | QL(2 ea daily); PA   |
| OCREVUS ZUNOVO                    | 1         | PA  | TECFIDERA CPDR 120 MG ( <i>dimethyl fumarate</i> )          | 1         | QL(14 ea per fill retail); PA                              |
| PLEGRIDY STARTER PACK SOAJ        | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                            | <i>teriflunomide</i>  | 1         | QL(1 ea daily); PA   |
| PLEGRIDY STARTER PACK SOSY SC     | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                            | TYSABRI   | 1         | PA   |
| PLEGRIDY SOAJ                     | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                            | VUMERITY  | 1         | QL(4 ea daily); PA   |
| PLEGRIDY SOSY IM                  | 1         | QL(1 ml per 28 day(s) retail; 1 ml per 28 days mail); PA                            | ZEPOSIA 7-DAY STARTER PACK CPPK                             | 1         | QL(7 ea per fill retail); PA                               |
| PONVORY 14-DAY STARTER PACK TBPk  | 1         | QL(14 ea per 14 day(s) retail; 14 ea per 14 days mail); AL(At least 18 yrs old); PA | ZEPOSIA STARTER KIT CPPK                                    | 1         | QL(28 ea per 28 day(s) retail; 28 ea per 28 days mail); PA |
| PONVORY TABS                      | 1         | QL(1 ea daily); AL(At least 18 yrs old); PA   | ZEPOSIA STARTER KIT CPPK                                    | 1         | QL(37 ea per 37 day(s) retail; 37 ea per 37 days mail); PA |
| REBIF REBIDOSE TITRATIONPACK SOAJ | 1         | QL(4.2 ml per 30 day(s) retail; 4 ml per 30 days mail); PA                          | ZEPOSIA CAPS  | 1         | QL(1 ea daily); PA   |
| REBIF REBIDOSE SOAJ               | 1         | QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA                            | <b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b> |           |  |
| REBIF TITRATION PACK SOSY         | 1         | QL(4.2 ml per 30 day(s) retail; 4 ml per 30 days mail); PA                          | <i>gabapentin (once-daily) TABS 600 MG</i>                  | 1         | QL(2 ea daily); PA   |
| REBIF SOSY                        | 1         | QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA                            | <i>gabapentin (once-daily) TABS 300 MG</i>                  | 1         | QL(1 ea daily); PA   |
| TASCENSO ODT                      | 1         | QL(1 ea daily); AL(At least 10 yrs old); PA   | GRALISE TABS ( <i>gabapentin (once-daily)</i> )             | 1         | QL(2 ea daily); PA   |
|                                   |           |   | GRALISE TABS 300 MG, 450 MG                                 | 1         | QL(1 ea daily); PA   |
|                                   |           |   | GRALISE TABS ( <i>gabapentin (once-daily)</i> )             | 1         | QL(1 ea daily); PA   |
|                                   |           |   | GRALISE TABS 600 MG, 750 MG, 900 MG                         | 1         | QL(2 ea daily); PA   |
|                                   |           |   | LYRICA CR ( <i>pregabalin (once-daily)</i> )                | 1         | QL(1 ea daily); PA   |
|                                   |           |   | LYRICA CR 330 MG ( <i>pregabalin (once-daily)</i> )         | 9         | QL(1 ea daily)   |
|                                   |           |   | <i>pregabalin (once-daily)</i>                              | 1         | QL(1 ea daily); PA   |

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|--|-----------|--|
| <b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>     |           |  |
| <i>fluoxetine hcl (pmdd) TABS</i>                        | 1         | QL(45 ea per 30 day(s) retail; 45 ea per 30 days mail); PA |
| <b>Pseudobulbar Affect (PBA) Agents</b>                  |           |  |
| NUDEXTA  | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA                |
| <b>Psychotherapeutic and Neurological Agents - Misc.</b> |           |  |
| AQNEURSA   | 1         | PA   |
| <i>ergoloid mesylates TABS</i>                           | 1         |  |
| MIPLYFFA   | 1         | AL(At least 2 yrs old); PA                                 |
| <i>pimozide</i>  | 1         |  |
| <b>Restless Leg Syndrome (RLS) Agents</b>                |           |  |
| HORIZANT   | 1         | QL(1 ea daily); PA   |
| <b>Smoking Deterrents</b>                                |           |  |
| <i>bupropion hcl (smoking deterrent)</i>                 | 1         | QL(100 ea per 50 day(s) retail; 200 ea per 100 days mail)  |
| NICODERM CQ PT24 TD ( <i>nicotine</i> )                  | 9         | QL(1 ea daily); MP   |
| NICORETTE MINI LOZG ( <i>nicotine polacrilex</i> )       | 9         |  |
| NICORETTE STARTER KIT GUM ( <i>nicotine polacrilex</i> ) | 9         |  |
| NICORETTE GUM ( <i>nicotine polacrilex</i> )             | 9         |  |
| NICORETTE LOZG ( <i>nicotine polacrilex</i> )            | 9         |  |
| <i>nicotine polacrilex GUM</i>                           | 1         |  |
| <i>nicotine polacrilex LOZG</i>                          | 1         |  |
| NICOTINE TRANSDERMAL SYSTEM KIT                          | 1         | QL(1 ea daily); MP   |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>          | 1         | QL(1 ea daily); MP  |
| NICOTROL INHALER INHA  | 1         |   |
| NICOTROL NS SOLN   | 1         |   |
| <i>varenicline tartrate TABS</i>                                   | 1         | QL(2 ea daily); AL(At least 17 yrs old)   |
| <i>varenicline tartrate TBPK</i>                                   | 1         | QL(53 ea per 28 day(s) retail; 53 ea per 28 days mail); AL(At least 17 yrs old) |
| <b>Transthyretin Amyloidosis Agents</b>                            |           |   |
| AMVUTTRA   | 1         | QL(0.5 ml per 90 day(s) retail); PA   |
| ONPATTRO   | 1         | Medical Benefit Only  |
| TEGSEDI  | 1         | QL(6 ml per 28 day(s) retail; 6 ml per 28 days mail); PA                        |
| WAINUA   | 1         | PA  |
| <b>Vasomotor Symptom Agents</b>                                    |           |   |
| <i>paroxetine mesylate (vasomotor)</i>                             | 1         | QL(1 ea daily); PA  |
| <b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b> |           |   |
| <b>Alpha-Proteinase Inhibitor (Human)</b>                          |           |   |
| ARALAST NP SOLR 500 MG, 1000 MG                                    | 1         | AL(At least 18 yrs old); PA   |
| GLASSIA SOLN   | 1         | AL(At least 18 yrs old); PA   |
| PROLASTIN-C SOLN   | 1         | PA  |
| ZEMAIRA SOLR   | 1         | AL(At least 18 yrs old); PA   |
| <b>Cystic Fibrosis Agents</b>                                      |           |   |
| BRONCHITOL   | 1         | AL(At least 18 yrs old); PA   |

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|---|-----------|--|--|-----------|---|
| BRONCHITOL TOLERANCE TEST                 | 1         | AL(At least 18 yrs old); PA  | SYMDEKO 75 MG-50 MG                        | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 6 yrs old - Up to 11 yrs old); PA |
| KALYDECO PACK 25 MG, 50 MG, 75 MG         | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(Up to 5 yrs old); PA                      | SYMDEKO 150 MG-100 MG                      | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 6 yrs old); PA                    |
| KALYDECO PACK 5.8 MG, 13.4 MG             | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(Up to 1 yrs old); PA                      | TRIKAFTA TBPK 100 MG-50 MG                 | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 6 yrs old); PA                    |
| KALYDECO TABS                             | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 2 yrs old); PA                   | TRIKAFTA TBPK 50 MG-25 MG                  | 1         | QL(84 ea per 28 day(s) retail; 84 ea per 28 days mail); AL(At least 2 yrs old - Up to 11 yrs old); PA |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 6 yrs old); PA | TRIKAFTA THPK                              | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 2 yrs old - Up to 5 yrs old); PA  |
| ORKAMBI PACK 94 MG-75 MG                  | 1         | QL(56 ea per 28 day(s) retail; 56 ea per 28 days mail); AL(At least 1 yrs old - Up to 2 yrs old); PA | <b>Pulmonary Fibrosis Agents</b>           |           |   |
| ORKAMBI TABS                              | 1         | QL(112 ea per 28 day(s) retail; 112 ea per 28 days mail); AL(At least 6 yrs old); PA                 | ESBRIET CAPS ( <i>pirfenidone</i> )        | 1         | QL(270 ea per 30 day(s) retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA                 |
| PULMOZYME                                 | 1         | QL(150 ml per 30 day(s) retail; 150 ml per 30 days mail)   | ESBRIET TABS 801 MG ( <i>pirfenidone</i> ) | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA   |
|   |           |  | ESBRIET TABS 267 MG ( <i>pirfenidone</i> ) | 1         | QL(9 ea daily); AL(At least 18 yrs old); PA   |
|   |           |  | OFEV                                       | 1         | QL(2 ea daily); AL(At least 18 yrs old); PA   |

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|--|-----------|---|---|-----------|-----------------------------|
| <i>pirfenidone CAPS</i>                                    | 1         | QL(270 ea per 30 day(s) retail; 270 ea per 30 days mail); AL(At least 18 yrs old); PA | DORYX MPC TBEC 60 MG  | 1         | PA                          |
| <i>pirfenidone TABS 267 MG</i>                             | 1         | QL(9 ea daily); AL(At least 18 yrs old); PA   | DORYX TBEC 50 MG, 200 MG ( <i>doxycycline hyclate</i> )             | 9         |                             |
| <i>pirfenidone TABS 534 MG, 801 MG</i>                     | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA   | DORYX TBEC 80 MG ( <i>doxycycline hyclate</i> )                     | 1         | PA                          |
| Respiratory Agents - Misc.                                 |           |   | <i>doxycycline (monohydrate) CAPS 75 MG, 150 MG</i>                 | 1         | PA                          |
| CUROSURF TR 120 MG/1.5ML, 240 MG/3ML                       | 1         |   | <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>                 | 1         |                             |
| <b>SULFONAMIDES - Drugs to Treat Bacterial Infections</b>  |           |   | <i>doxycycline (monohydrate) SUSR</i>                               | 1         |                             |
| Sulfonamides   |           |   | <i>doxycycline (monohydrate) TABS 50 MG, 75 MG, 100 MG</i>          | 1         |                             |
| <i>sulfadiazine TABS</i>                                   | 1         |   | <i>doxycycline (monohydrate) TABS 150 MG</i>                        | 1         | PA                          |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b> |           |   | <i>doxycycline hyclate CAPS</i>                                     | 1         |                             |
| Aminomethylcyclines  |           |   | <i>doxycycline hyclate SOLR</i>                                     | 1         |                             |
| NUZYRA SOLR  | 1         | AL(At least 18 yrs old); PA   | <i>doxycycline hyclate TABS 20 MG, 100 MG</i>                       | 1         |                             |
| NUZYRA TABS  | 1         | AL(At least 18 yrs old); PA   | <i>doxycycline hyclate TABS 50 MG, 75 MG, 150 MG</i>                | 1         | PA                          |
| Fluorocyclines   |           |   | <i>doxycycline hyclate TBEC</i>                                     | 1         | PA                          |
| XERAVA   | 1         | Medical Benefit Only  | MINOCIN SOLR  | 1         |                             |
| Glycylcyclines   |           |   | <i>minocycline hcl CAPS</i>   | 1         |                             |
| <i>tigecycline</i>   | 1         |   | <i>minocycline hcl TABS</i>   | 1         | QL(2 ea daily); PA          |
| TIGECYCLINE  | 1         |   | <i>minocycline hcl TB24</i>   | 1         | PA                          |
| TYGACIL ( <i>tigecycline</i> )                             | 9         |   | MINOLIRA TB24   | 1         | AL(At least 12 yrs old); PA |
| TYGACIL ( <i>tigecycline</i> )                             | 1         |   | SOLODYN TB24 115 MG ( <i>minocycline hcl</i> )                      | 9         |                             |
| Tetracyclines  |           |   | SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG ( <i>minocycline hcl</i> ) | 1         | PA                          |
| ACTICLATE TABS ( <i>doxycycline hyclate</i> )              | 9         |   | <i>tetracycline hcl CAPS</i>  | 1         |                             |
| <i>demeclocycline hcl TABS</i>                             | 1         |   | TETRACYCLINE HYDROCHLORIDE TABS                                     | 1         | PA                          |

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|--|-----------|----------------------|
| TETRACYCLINE HYDROCHLORID TABS                             | 1         | PA                   |
| VIBRAMYCIN CAPS<br>(doxycycline hyclate)                   | 1         |                      |
| VIBRAMYCIN SUSR<br>(doxycycline monohydrate)               | 9         |                      |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b> |           |                      |
| Antithyroid Agents   |           |                      |
| METHIMAZOLE POWD   | 1         |                      |
| <i>methimazole TABS</i>                                    | 1         |                      |
| <i>propylthiouracil</i>                                    | 1         |                      |
| Thyroid Hormones   |           |                      |
| ADTHYZA TABS   | 1         | MP                   |
| ARMOUR THYROID TABS  | 1         | MP                   |
| CYTOMEL TABS<br>(liothyronine sodium)                      | 1         | MP                   |
| ERMEZA SOLN OR   | 1         | PA                   |
| <i>levothyroxine sodium CAPS</i>                           | 1         | PA                   |
| LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML      | 1         |                      |
| LEVOTHYROXINE SODIUM SOLN IV 100 MCG/5ML, 200 MCG/5ML      | 1         |                      |
| LEVOTHYROXINE SODIUM SOLN IV 100 MCG/ML, 500 MCG/5ML       | 1         | Medical Benefit Only |
| <i>levothyroxine sodium SOLR IV</i>                        | 1         |                      |
| LEVOTHYROXINE SODIUM SOLR IV<br>(levothyroxine sodium)     | 1         |                      |
| <i>levothyroxine sodium TABS</i>                           | 1         | MP                   |
| <i>liothyronine sodium SOLN</i>                            | 1         |                      |
| <i>liothyronine sodium TABS</i>                            | 1         | MP                   |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| NIVA THYROID TABS   | 1         | MP   |
| SYNTHROID TABS<br>(levothyroxine sodium)                                    | 1         | MP   |
| THYQUIDITY SOLN OR  | 1         | QL(300 ml per 30 day(s) retail; 300 ml per 30 days mail); PA |
| TIROSINT CAPS<br>(levothyroxine sodium)                                     | 9         |  |
| TRIOSTAT SOLN<br>(liothyronine sodium)                                      | 9         |  |
| <b>TOXOIDS</b>  |           |  |
| Toxoid Combinations   |           |  |
| ADACEL SUSP   | 1         | AL(At least 19 yrs old)                                      |
| BOOSTRIX SUSP   | 1         | AL(At least 19 yrs old)                                      |
| BOOSTRIX SUSY   | 1         | AL(At least 19 yrs old)                                      |
| DAPTACEL  | 1         | AL(At least 19 yrs old)                                      |
| INFANRIX  | 1         | AL(At least 19 yrs old)                                      |
| KINRIX SUSY   | 1         | AL(At least 19 yrs old)                                      |
| PEDIARIX SUSY   | 1         | AL(At least 19 yrs old)                                      |
| QUADRACEL SUSP  | 1         | AL(At least 19 yrs old)                                      |
| QUADRACEL SUSY  | 1         | AL(At least 19 yrs old)                                      |
| TDVAX SUSP  | 1         | AL(At least 19 yrs old)                                      |
| TENIVAC INJ   | 1         | AL(At least 19 yrs old)                                      |
| TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP                              | 1         | AL(At least 19 yrs old)                                      |
| VAXELIS SUSP  | 1         | AL(Up to 4 yrs old)  |
| VAXELIS SUSY  | 1         | AL(Up to 4 yrs old)  |
| <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |  |
| Antispasmodics  |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits                               | Drug Name   | Drug Tier | Requirements/Limits           |
|--|-----------|---|---|-----------|-------------------------------|
| ANASPAZ TBDP<br>(hyoscyamine sulfate)                                | 9         |   | hyoscyamine sulfate<br>SUBL 0.125 MG                    | 1         |                               |
| atropine sulfate SOLN IV<br>0.4 MG/ML, 1 MG/ML                       | 1         |   | hyoscyamine sulfate<br>TABS 0.125 MG                    | 1         |                               |
| ATROPINE SULFATE<br>SOLN IV 0.4 MG/ML, 1<br>MG/ML (atropine sulfate) | 1         |   | hyoscyamine sulfate TB12<br>0.375 MG                    | 1         |                               |
| ATROPINE SULFATE<br>SOLN IV 0.4 MG/ML, 1<br>MG/ML (atropine sulfate) | 9         |   | hyoscyamine sulfate<br>TBDP 0.125 MG                    | 1         |                               |
| atropine sulfate SOSY IJ<br>0.5 MG/5ML, 1 MG/10ML                    | 1         |   | LEVBIID TB12<br>(hyoscyamine sulfate)                   | 9         |                               |
| ATROPINE SULFATE<br>SOSY IJ 0.25 MG/5ML,<br>0.5 MG/5ML, 1 MG/10ML    | 1         |   | LEVSIN/SL SUBL<br>(hyoscyamine sulfate)                 | 1         |                               |
| ATROPINE SULFATE<br>SOSY IJ (atropine sulfate)                       | 9         |   | LEVSIN TABS<br>(hyoscyamine sulfate)                    | 1         |                               |
| ATROPINE SULFATE<br>SOSY IJ (atropine sulfate)                       | 1         |   | methscopolamine bromide                                 | 1         |                               |
| BELLADONNA/OPIUM   | 1         |   | ROBINUL FORTE TABS<br>(glycopyrrolate)                  | 1         |                               |
| BENTYL SOLN IM<br>(dicyclomine hcl)                                  | 1         |   | ROBINUL TABS<br>(glycopyrrolate)                        | 1         |                               |
| CUVPOSA SOLN OR<br>(glycopyrrolate)                                  | 1         |   | <b>H-2 Antagonists</b>                                  |           |                               |
| DARTISLA ODT TBDP  | 1         | QL(3 ea daily);<br>AL(At least 18<br>yrs old); PA | cimetidine hcl OR 300<br>MG/5ML                         | 1         | QL(15 ml<br>daily); MP        |
| dicyclomine hcl CAPS   | 1         |   | cimetidine TABS 200 MG,<br>300 MG, 400 MG               | 1         | QL(2 ea daily);<br>PA; RX/OTC |
| dicyclomine hcl SOLN IM  | 1         |   | cimetidine TABS 800 MG                                  | 1         | QL(1 ea daily);<br>MP; PA     |
| dicyclomine hcl TABS   | 1         |   | famotidine in nacl SOLN                                 | 1         |                               |
| GLYCATE TABS   | 1         | AL(At least 12<br>yrs old); PA                    | famotidine SOLN 20<br>MG/2ML, 40 MG/4ML,<br>200 MG/20ML | 1         |                               |
| glycopyrrolate SOLN IJ   | 1         |   | famotidine SUSR   | 1         | AL(Up to 6 yrs<br>old); MP    |
| glycopyrrolate SOSY IJ   | 1         |   | famotidine TABS 40 MG                                   | 1         | QL(2 ea daily);<br>MP         |
| GLYCOPYRROLATE<br>SOSY IJ 0.6 MG/3ML                                 | 1         |   | famotidine TABS 20 MG                                   | 1         | QL(4 ea daily);<br>MP; RX/OTC |
| glycopyrrolate TABS 1<br>MG, 2 MG                                    | 1         |   | nizatidine CAPS 300 MG                                  | 1         | QL(1 ea daily);<br>PA         |
| GLYRX-PF SOLN IJ   | 1         |   | nizatidine CAPS 150 MG                                  | 1         | QL(3 ea daily);<br>MP; PA     |
| GLYRX-PF SOSY IJ 1<br>MG/5ML   | 1         |   | PEPCID AC MAXIMUM<br>STRENGTH TABS<br>(famotidine)      | 9         | QL(4 ea daily);<br>MP; RX/OTC |
| hyoscyamine sulfate ELIX   | 1         | AL(Up to 20 yrs<br>old); PA                       |   |           |                               |

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|--------------------------------------|-----------|---|--|-----------|---|
| PEPCID AC TABS 20 MG<br>(famotidine) | 9         | QL(4 ea daily);<br>MP; RX/OTC   | NEXIUM 24HR CLEAR<br>MINIS CPDR<br>(esomeprazole<br>magnesium)                       | 9         | QL(2 ea daily);<br>MP; RX/OTC   |
| PEPCID TABS 20 MG<br>(famotidine)    | 1         | QL(4 ea daily);<br>MP; RX/OTC   | NEXIUM 24HR CPDR<br>(esomeprazole<br>magnesium)                                      | 9         | QL(2 ea daily);<br>MP; RX/OTC   |
| PEPCID TABS 40 MG<br>(famotidine)    | 1         | QL(2 ea daily);<br>MP   | NEXIUM I.V. 40 MG<br>(esomeprazole sodium)   | 1         | ST; PA  |
| TAGAMET HB 200 TABS<br>(cimetidine)  | 9         | QL(2 ea daily);<br>RX/OTC   | NEXIUM CPDR<br>(esomeprazole<br>magnesium)   | 1         | QL(2 ea daily);<br>MP; RX/OTC   |
| TAGAMET HB TABS<br>(cimetidine)      | 9         | QL(2 ea daily);<br>RX/OTC   | NEXIUM PACK  | 1         | Brand<br>Required;<br>QL(30 ea per<br>30 day(s) retail;<br>30 ea per 30<br>days mail) |
| Misc. Anti-Ulcer                     |           |   | NEXIUM PACK<br>(esomeprazole<br>magnesium)   | 1         | Brand<br>Required;<br>QL(30 ea per<br>30 day(s) retail;<br>30 ea per 30<br>days mail) |
| CARAFATE SUSP<br>(sucralfate)        | 1         |   | omeprazole CPDR 20 MG  | 1         | QL(4 ea daily);<br>MP   |
| CARAFATE TABS<br>(sucralfate)        | 1         |   | omeprazole CPDR 10 MG  | 1         | QL(3 ea daily);<br>MP   |
| SUCRALFATE POWD                      | 1         |   | omeprazole CPDR 40 MG  | 1         | QL(2 ea daily);<br>MP   |
| sucralfate SUSP                      | 1         |   | PANTOPRAZOLE<br>SODIUM/SODIUM<br>CHLORIDE 0.9 %-40<br>MG/50ML                        | 3         | PA  |
| sucralfate TABS                      | 1         |   | PANTOPRAZOLE<br>SODIUM/SODIUM<br>CHLORIDE 0.9 %-40<br>MG/100ML, 0.9 %-80<br>MG/100ML | 3         |   |
| Proton Pump Inhibitors               |           |   | pantoprazole sodium<br>PACK  | 3         | QL(30 ea per<br>30 day(s) retail;<br>30 ea per 30<br>days mail); ST                   |
| ACIPHEX TBEC<br>(rabeprazole sodium) | 9         | QL(2 ea daily);<br>MP   | pantoprazole sodium<br>SOLR  | 2         | QL(10 ea per<br>10 day(s) retail;<br>10 ea per 10<br>days mail); ST                   |
| ACIPHEX TBEC<br>(rabeprazole sodium) | 1         | QL(2 ea daily);<br>MP   |  |           |   |
| DEXILANT<br>(dexlansoprazole)        | 1         | QL(1 ea daily)  |  |           |   |
| dexlansoprazole                      | 1         | QL(1 ea daily)  |  |           |   |
| esomeprazole magnesium<br>CPDR       | 1         | QL(2 ea daily);<br>MP; RX/OTC   |  |           |   |
| esomeprazole magnesium<br>PACK       | 1         | Brand<br>Required;<br>QL(30 ea per<br>30 day(s) retail;<br>30 ea per 30<br>days mail); PA |  |           |   |
| esomeprazole sodium 40<br>MG         | 1         | ST; PA  |  |           |   |
| lansoprazole CPDR                    | 1         | QL(2 ea daily);<br>MP   |  |           |   |
| lansoprazole TBDD                    | 1         | Brand<br>Required; QL(1<br>ea daily); PA;<br>RX/OTC                                       |  |           |   |

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|---|-----------|--|---|-----------|---|
| <i>pantoprazole sodium TBEC</i>                     | 1         | QL(4 ea daily); MP   | <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>                      | 1         | QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail); PA                          |
| PREVACID 24HR CPDR ( <i>lansoprazole</i> )          | 9         | QL(2 ea daily); MP; RX/OTC                                     | <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>              | 1         | PA  |
| PREVACID SOLUTAB TBDD 15 MG ( <i>lansoprazole</i> ) | 9         | Brand Required; QL(1 ea daily); RX/OTC                         | KONVOMEPEP SUSR   | 1         | AL(At least 18 yrs old); PA   |
| PREVACID SOLUTAB TBDD ( <i>lansoprazole</i> )       | 1         | Brand Required; QL(1 ea daily); RX/OTC                         | <i>omeprazole-sodium bicarbonate CAPS</i>                                   | 1         | QL(1 ea daily); PA; RX/OTC  |
| PREVACID CPDR 30 MG ( <i>lansoprazole</i> )         | 1         | QL(2 ea daily); MP   | <i>omeprazole-sodium bicarbonate PACK</i>                                   | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA                            |
| PRILOSEC PACK                                       | 3         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST; PA | PYLERA ( <i>bismuth subcitrate potassium-metronidazole-tetracycline</i> )   | 1         | PA  |
| PROTONIX PACK ( <i>pantoprazole sodium</i> )        | 9         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST     | TALICIA   | 1         | QL(168 ea per 14 day(s) retail; 168 ea per 14 days mail); PA                          |
| PROTONIX PACK ( <i>pantoprazole sodium</i> )        | 3         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); ST     | VOQUEZNA DUAL PAK   | 1         | QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail); AL(At least 18 yrs old); PA |
| PROTONIX SOLR ( <i>pantoprazole sodium</i> )        | 2         | QL(10 ea per 10 day(s) retail; 10 ea per 10 days mail); ST     | VOQUEZNA TRIPLE PAK   | 1         | QL(112 ea per 14 day(s) retail; 112 ea per 14 days mail); AL(At least 18 yrs old); PA |
| PROTONIX SOLR ( <i>pantoprazole sodium</i> )        | 9         | QL(10 ea per 10 day(s) retail; 10 ea per 10 days mail); ST     | ZEGERID CAPS ( <i>omeprazole-sodium bicarbonate</i> )                       | 1         | QL(1 ea daily); PA  |
| PROTONIX TBEC ( <i>pantoprazole sodium</i> )        | 1         | QL(4 ea daily); MP   | ZEGERID PACK ( <i>omeprazole-sodium bicarbonate</i> )                       | 1         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail); PA                            |
| <i>rabeprazole sodium TBEC</i>                      | 1         | QL(2 ea daily); MP   | ZEGERID PACK 1680 MG-40 MG ( <i>omeprazole-sodium bicarbonate</i> )         | 9         | QL(30 ea per 30 day(s) retail; 30 ea per 30 days mail)                                |
| VOQUEZNA  | 1         | AL(At least 18 yrs old); PA                                    | <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |           |   |
| Ulcer Drugs - Prostaglandins                        |           |  |   |           |   |
| CYTOTEC ( <i>misoprostol</i> )                      | 1         |  |   |           |   |
| <i>misoprostol</i>                                  | 1         |  |   |           |   |
| Ulcer Therapy Combinations                          |           |  |   |           |   |

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| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|--|---|-----------|--|
| Urinary Antispasmodic - Antimuscarinics<br>(Anticholinergic) |           |  |   |           |  |
| <i>darifenacin hydrobromide</i>                              | 1         | QL(1 ea daily);<br>ST; PA  | <i>tolterodine tartrate TABS</i>                        | 1         | ST; PA   |
| DETROL LA CP24<br>( <i>tolterodine tartrate</i> )            | 9         | QL(1 ea daily);<br>ST  | TOVIAZ 4 MG<br>( <i>fesoterodine fumarate</i> )         | 1         | Brand<br>Required; QL(2<br>ea daily); MP   |
| DETROL LA CP24<br>( <i>tolterodine tartrate</i> )            | 1         | QL(1 ea daily);<br>ST; PA  | TOVIAZ 8 MG<br>( <i>fesoterodine fumarate</i> )         | 1         | Brand<br>Required; QL(1<br>ea daily); MP   |
| DETROL TABS<br>( <i>tolterodine tartrate</i> )               | 1         | ST; PA   | <i>tropium chloride CP24</i>                            | 1         | ST; PA   |
| DITROPAN XL TB24 5<br>MG ( <i>oxybutynin chloride</i> )      | 9         | QL(6 ea daily);<br>MP  | <i>tropium chloride TABS</i>                            | 1         | QL(2 ea daily);<br>MP  |
| DITROPAN XL TB24 10<br>MG ( <i>oxybutynin chloride</i> )     | 9         | QL(3 ea daily);<br>MP  | VESICARE LS SUSP  | 1         | QL(300 ml per<br>30 day(s) retail;<br>300 ml per 30<br>days mail);<br>AL(At least 2<br>yrs old - Up to<br>10 yrs old)            |
| <i>fesoterodine fumarate 8<br/>MG</i>                        | 1         | Brand<br>Required; QL(1<br>ea daily); MP;<br>PA                              | VESICARE TABS 5 MG<br>( <i>solifenacin succinate</i> )  | 1         | QL(2 ea daily);<br>MP  |
| <i>fesoterodine fumarate 4<br/>MG</i>                        | 1         | Brand<br>Required; QL(2<br>ea daily); MP;<br>PA                              | VESICARE TABS 10 MG<br>( <i>solifenacin succinate</i> ) | 1         | QL(1 ea daily);<br>MP  |
| <i>oxybutynin chloride SOLN</i>                              | 1         |  | Urinary Antispasmodics - Beta-3 Adrenergic<br>Agonists  |           |  |
| <i>oxybutynin chloride TABS<br/>5 MG</i>                     | 1         | QL(4 ea daily);<br>MP  | GEMTESA   | 1         | QL(1 ea daily);<br>PA  |
| <i>oxybutynin chloride TABS<br/>2.5 MG</i>                   | 1         | QL(4 ea daily);<br>PA  | <i>mirabegron TB24</i>                                  | 1         | QL(1 ea daily);<br>ST; PA  |
| <i>oxybutynin chloride TB24<br/>5 MG</i>                     | 1         | QL(6 ea daily);<br>MP  | MYRBETRIQ SRER  | 1         | QL(300 ml per<br>30 day(s) retail;<br>300 ml per 30<br>days mail);<br>AL(At least 3<br>yrs old - Up to<br>10 yrs old); ST;<br>PA |
| <i>oxybutynin chloride TB24<br/>10 MG</i>                    | 1         | QL(3 ea daily);<br>MP  | MYRBETRIQ TB24<br>( <i>mirabegron</i> )                 | 1         | QL(1 ea daily);<br>ST; PA  |
| <i>oxybutynin chloride TB24<br/>15 MG</i>                    | 1         | QL(2 ea daily);<br>MP  | Urinary Antispasmodics - Cholinergic Agonists           |           |  |
| OXYTROL PTTW   | 1         | QL(8 ea per 30<br>day(s) retail; 8<br>ea per 30 days<br>mail); PA;<br>RX/OTC | <i>bethanechol chloride 10<br/>MG, 50 MG</i>            | 1         | QL(4 ea daily)   |
| <i>solifenacin succinate<br/>TABS 5 MG</i>                   | 1         | QL(2 ea daily);<br>MP  | <i>bethanechol chloride 5<br/>MG</i>                    | 1         |  |
| <i>solifenacin succinate<br/>TABS 10 MG</i>                  | 1         | QL(1 ea daily);<br>MP  | <i>bethanechol chloride 25<br/>MG</i>                   | 1         | QL(8 ea daily)   |
| <i>tolterodine tartrate CP24</i>                             | 1         | QL(1 ea daily);<br>ST; PA  |   |           |  |

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| Drug Name  | Drug Tier | Requirements/Limits                       |
|--|-----------|---|
| Urinary Antispasmodics - Direct Muscle Relaxants |           |   |
| <i>flavoxate hcl</i>                             | 1         |   |
| <b>VACCINES</b>                                  |           |   |
| Bacterial Vaccines                               |           |   |
| ACTHIB SOLR IM                                   | 1         | AL(At least 19 yrs old)                   |
| BCG VACCINE                                      | 1         | AL(At least 19 yrs old)                   |
| BEXSERO  | 1         | AL(At least 19 yrs old)                   |
| BIOTHRAX   | 1         | AL(At least 19 yrs old)                   |
| CAPVAXIVE  | 1         | AL(At least 19 yrs old)                   |
| HIBERIX SOLR IJ                                  | 1         | AL(At least 19 yrs old)                   |
| MENACTRA   | 1         | AL(At least 19 yrs old)                   |
| MENQUADFI  | 1         | AL(At least 19 yrs old)                   |
| MENQUADFI  | 1         | AL(At least 19 yrs old)                   |
| MENVEO SOLN                                      | 1         | AL(At least 19 yrs old)                   |
| MENVEO SOLR                                      | 1         | AL(At least 19 yrs old)                   |
| PEDVAX HIB SUSP                                  | 1         | AL(At least 19 yrs old)                   |
| PENBRAYA   | 1         | AL(At least 19 yrs old)                   |
| PNEUMOVAX 23/1 DOSE SOLN                         | 1         | AL(At least 2 yrs old - Up to 18 yrs old) |
| PNEUMOVAX 23/1 DOSE SOLN                         | 1         | AL(At least 19 yrs old)                   |
| PNEUMOVAX 23 SOSY                                | 1         | AL(At least 19 yrs old)                   |
| PNEUMOVAX 23 SOSY                                | 1         | AL(At least 2 yrs old - Up to 18 yrs old) |
| PREVNAR 13                                       | 1         | AL(At least 19 yrs old)                   |
| PREVNAR 20                                       | 1         | AL(At least 19 yrs old)                   |
| TRUMENBA   | 1         | AL(At least 19 yrs old)                   |

| Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|
| TYPHIM VI SOLN                      | 1         | AL(At least 19 yrs old)                                      |
| TYPHIM VI SOSY                      | 1         | AL(At least 19 yrs old)                                      |
| VAXCHORA                            | 1         | AL(At least 19 yrs old)                                      |
| VAXNEUVANCE                         | 1         | AL(At least 19 yrs old)                                      |
| VIVOTIF                             | 1         | AL(At least 19 yrs old)                                      |
| Viral Vaccines                      |           |  |
| ABRYSVO                             | 1         | AL(At least 19 yrs old)                                      |
| ABRYSVO                             | 1         | AL(At least 19 yrs old)                                      |
| ABRYSVO                             | 1         | AL(At least 10 yrs old - Up to 18 yrs old)                   |
| AFLURIA 2024-2025 SUSP              | 1         | AL(At least 19 yrs old)                                      |
| AFLURIA 2024-2025 SUSP              | 1         | AL(Up to 18 yrs old)   |
| AFLURIA 2024-2025 SUSY              | 1         | AL(At least 19 yrs old)                                      |
| AFLURIA 2024-2025 SUSY              | 1         | AL(At least 3 yrs old - Up to 18 yrs old)                    |
| AFLURIA QUADRIVALENT 2022-2023 SUSP | 1         | AL(At least 19 yrs old)                                      |
| AFLURIA QUADRIVALENT 2022-2023 SUSY | 1         | AL(At least 19 yrs old)                                      |
| AFLURIA QUADRIVALENT 2023-2024 SUSP | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AFLURIA QUADRIVALENT 2023-2024 SUSY | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AREXVY                              | 1         | AL(At least 19 yrs old)                                      |
| COMIRNATY 2023-24 SUSP              | 1         | AL(At least 19 yrs old)                                      |

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| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                             | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|---------------------------------------|-----------|--|
| COMIRNATY 2023-24 SUSY              | 1         | AL(At least 19 yrs old)                                      | FLUBLOK QUADRIVALENT 2023-2024        | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| COMIRNATY 2024-25 SUSY              | 1         | AL(At least 12 yrs old)                                      | FLUCELVAX 2024-2025 SUSP              | 1         | AL(Up to 18 yrs old)   |
| COMIRNATY 2024-25 SUSY              | 1         | AL(At least 12 yrs old - Up to 18 yrs old)                   | FLUCELVAX 2024-2025 SUSP              | 1         | AL(At least 19 yrs old)                                      |
| COMIRNATY SUSP                      | 1         | AL(At least 19 yrs old)                                      | FLUCELVAX 2024-2025 SUSY              | 1         | AL(At least 19 yrs old)                                      |
| DENGVAXIA                           | 1         | AL(At least 19 yrs old)                                      | FLUCELVAX 2024-2025 SUSY              | 1         | AL(Up to 18 yrs old)   |
| ENGERIX-B SUSP 20 MCG/ML            | 1         | AL(At least 19 yrs old)                                      | FLUCELVAX QUADRIVALENT 2022-2023 SUSP | 1         | AL(At least 19 yrs old)                                      |
| ENGERIX-B SUSY                      | 1         | AL(At least 19 yrs old)                                      | FLUCELVAX QUADRIVALENT 2022-2023 SUSY | 1         | AL(At least 19 yrs old)                                      |
| FLUAD 2024-2025                     | 1         | AL(At least 65 yrs old)                                      | FLUCELVAX QUADRIVALENT 2023-2024 SUSP | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUAD QUADRIVALENT 2022-2023        | 1         | AL(At least 19 yrs old)                                      | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUAD QUADRIVALENT 2023-2024        | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUCELVAX QUADRIVALENT 2023-2024 SUSY | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUAD QUADRIVALENT 2023-2024        | 1         | AL(At least 19 yrs old)                                      | FLULAVAL 2024-2025 SUSY               | 1         | AL(Up to 18 yrs old)   |
| FLUARIX 2024-2025 SUSY              | 1         | AL(At least 19 yrs old)                                      | FLULAVAL 2024-2025 SUSY               | 1         | AL(At least 19 yrs old)                                      |
| FLUARIX 2024-2025 SUSY              | 1         | AL(Up to 18 yrs old)   | FLULAVAL QUADRIVALENT 2022-2023 SUSY  | 1         | AL(At least 19 yrs old)                                      |
| FLUARIX QUADRIVALENT 2022-2023 SUSY | 1         | AL(At least 19 yrs old)                                      | FLULAVAL QUADRIVALENT 2023-2024 SUSY  | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUARIX QUADRIVALENT 2023-2024 SUSY | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUMIST NASAL VACCINE 2024-2025       | 1         | AL(At least 2 yrs old - Up to 18 yrs old)                    |
| FLUBLOK 2024-2025 SOSY              | 1         | AL(At least 18 yrs old - Up to 18 yrs old)                   | FLUMIST NASAL VACCINE 2024-2025       | 1         | AL(At least 19 yrs old - Up to 49 yrs old)                   |
| FLUBLOK 2024-2025 SOSY              | 1         | AL(At least 19 yrs old)                                      |                                       |           |  |
| FLUBLOK QUADRIVALENT 2022-2023      | 1         | AL(At least 19 yrs old)                                      |                                       |           |  |

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| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                                     | Drug Tier | Requirements/Limits   |
|-------------------------------------|-----------|--|---|-----------|---|
| FLUMIST QUADRIVALENT                | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | GARDASIL 9 SUSP                               | 1         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old) |
| FLUMIST QUADRIVALENT                | 1         | AL(At least 19 yrs old)                                      | GARDASIL 9 SUSY                               | 1         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old) |
| FLUZONE 2024-2025 SUSP              | 1         | AL(At least 19 yrs old)                                      | HAVRIX  | 1         | AL(At least 19 yrs old)   |
| FLUZONE 2024-2025 SUSP              | 1         | AL(Up to 18 yrs old)   | HEPLISAV-B SOSY                               | 1         | AL(At least 19 yrs old)   |
| FLUZONE 2024-2025 SUSY              | 1         | AL(At least 19 yrs old)                                      | IMOVAX RABIES (H.D.C.V.) SUSR                 | 1         | AL(At least 19 yrs old)   |
| FLUZONE 2024-2025 SUSY              | 1         | AL(Up to 18 yrs old)   | IPOL INACTIVATED IPV                          | 1         | AL(At least 19 yrs old)   |
| FLUZONE HIGH-DOSE 2024-2025 SUSY    | 1         | AL(At least 65 yrs old)                                      | IXCHIQ  | 1         | AL(At least 19 yrs old)   |
| FLUZONE HIGH-DOSE PF 2022-2023      | 1         | AL(At least 19 yrs old)                                      | IXIARO  | 1         | AL(At least 19 yrs old)   |
| FLUZONE HIGH-DOSE PF 2023-2024      | 1         | AL(At least 19 yrs old)                                      | JANSSEN COVID-19 VACCINE                      | 1         | AL(At least 19 yrs old)   |
| FLUZONE HIGH-DOSE PF 2023-2024      | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | JYNNEOS                                       | 1         | AL(At least 19 yrs old)   |
| FLUZONE QUADRIVALENT 2022-2023 SUSP | 1         | AL(At least 19 yrs old)                                      | M-M-R II SOLR                                 | 1         | AL(At least 19 yrs old)   |
| FLUZONE QUADRIVALENT 2022-2023 SUSY | 1         | AL(At least 19 yrs old)                                      | MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP | 1         | AL(At least 19 yrs old)   |
| FLUZONE QUADRIVALENT 2023-2024 SUSP | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY | 1         | AL(Up to 11 yrs old)  |
| FLUZONE QUADRIVALENT 2023-2024 SUSY | 1         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y     | 1         | AL(At least 19 yrs old)   |
|                                     |           |  | MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5  | 1         | AL(At least 19 yrs old)   |
|                                     |           |  | MODERNA COVID-19 VACCINE6MO-5Y SUSP           | 1         | AL(At least 19 yrs old)   |
|                                     |           |  | MODERNA COVID-19 VACCINE SUSP                 | 1         | AL(At least 19 yrs old)   |

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| Drug Name   | Drug Tier | Requirements/Limits                       | Drug Name                              | Drug Tier | Requirements/Limits  |
|---|-----------|---|--|-----------|--|
| MRESVIA   | 1         | AL(At least 60 yrs old)                   | PREHEVBRIO                             | 1         | AL(At least 19 yrs old)                                      |
| NOVAVAX COVID-19 VACCINE/2023-24 SUSP               | 1         | AL(At least 19 yrs old)                   | PRIORIX SUSR                           | 1         | AL(At least 19 yrs old)                                      |
| NOVAVAX COVID-19 VACCINE/2024-25 SUSY               | 1         |   | PROQUAD SUSR                           | 1         | AL(At least 19 yrs old)                                      |
| NOVAVAX COVID-19 VACCINE SUSP                       | 1         | AL(At least 19 yrs old)                   | RABAVERT                               | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP  | 1         | AL(At least 19 yrs old)                   | RECOMBIVAX HB SUSP                     | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP  | 1         | AL(At least 5 yrs old - Up to 11 yrs old) | RECOMBIVAX HB SUSY                     | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP          | 1         | AL(At least 19 yrs old)                   | ROTARIX SUSP                           | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP | 1         | AL(At least 19 yrs old)                   | ROTARIX SUSR                           | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP | 1         | AL(Up to 4 yrs old)                       | ROTATEQ SOLN                           | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP         | 1         | AL(At least 19 yrs old)                   | SHINGRIX                               | 1         | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP      | 1         | AL(At least 19 yrs old)                   | SPIKEVAX COVID-19 VACCINE/2023-24 SUSP | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y      | 1         | AL(At least 19 yrs old)                   | SPIKEVAX COVID-19 VACCINE/2023-24 SUSY | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y     | 1         | AL(At least 19 yrs old)                   | SPIKEVAX COVID-19 VACCINE/2024-25 SUSY | 1         | AL(At least 12 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5 | 1         | AL(At least 19 yrs old)                   | SPIKEVAX COVID-19 VACCINE SUSP         | 1         | AL(At least 19 yrs old)                                      |
| PFIZER-BIONTECH COVID-19VACCINE SUSP                | 1         | AL(At least 19 yrs old)                   | STAMARIL SUSR                          | 1         | AL(At least 19 yrs old)                                      |
|   |           |   | TICOVAC                                | 1         | AL(At least 19 yrs old)                                      |
|   |           |   | TWINRIX SUSY                           | 1         | AL(At least 19 yrs old)                                      |
|   |           |   | VAQTA                                  | 1         | AL(At least 19 yrs old)                                      |
|   |           |   | VARIVAX SUSR                           | 1         | AL(At least 1 yrs old - Up to 18 yrs old)                    |
|   |           |   | VARIVAX SUSR                           | 1         | AL(At least 19 yrs old)                                      |
|   |           |   | YF-VAX INJ                             | 1         | AL(At least 19 yrs old)                                      |
| <b>VAGINAL AND RELATED PRODUCTS</b>                 |           |   |  |           |  |

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| Drug Name   | Drug Tier | Requirements/Limits                                      |
|---|-----------|--|
| <b>Spermicides</b>  |           |  |
| VCF VAGINAL CONTRACEPTIVE FILM FILM                       | 1         |  |
| <b>Vaginal Anti-infectives</b>                            |           |  |
| CLEOCIN CREA<br>( <i>clindamycin phosphate vaginal</i> )  | 1         |  |
| CLEOCIN SUPP<br><i>clindamycin phosphate vaginal CREA</i> | 1         |  |
| CLINDESSE   | 1         |  |
| GYNAZOLE-1<br><i>metronidazole vaginal</i>                | 1         | QL(70 gm per fill retail)                                |
| <i>miconazole nitrate vaginal SUPP 200 MG</i>             | 1         |  |
| NUVESSA<br><i>terconazole vaginal CREA</i>                | 1         | QL(5 gm per fill retail); PA                             |
| <i>terconazole vaginal SUPP</i>                           | 1         |  |
| VANDAZOLE   | 1         | QL(70 gm per fill retail)                                |
| XACIATO GEL   | 1         | QL(8 gm per fill retail); PA                             |
| <b>Vaginal Contraceptive - pH Modulators</b>              |           |  |
| PHEXXI  | 1         | PA   |
| <b>Vaginal Estrogens</b>                                  |           |  |
| ESTRACE CREA<br>( <i>estradiol vaginal</i> )              | 1         | QL(42.5 gm per 28 day(s) retail; 42 gm per 28 days mail) |
| <i>estradiol vaginal CREA</i>                             | 1         | QL(42.5 gm per 28 day(s) retail; 42 gm per 28 days mail) |
| <i>estradiol vaginal TABS</i>                             | 1         |  |
| ESTRING RING  | 1         |  |
| FEMRING   | 1         |  |

| Drug Name   | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|
| PREMARIN  | 1         | QL(30 gm per 28 day(s) retail; 30 gm per 28 days mail) |
| VAGIFEM TABS<br>( <i>estradiol vaginal</i> )                                  | 1         |  |
| <b>Vaginal Progestins</b>   |           |  |
| CRINONE GEL 8 %   | 1         | AL(At least 12 yrs old - Up to 55 yrs old); PA         |
| ENDOMETRIN INST   | 1         | AL(At least 12 yrs old - Up to 55 yrs old); PA         |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>         |           |  |
| <b>Anaphylaxis Therapy Agents</b>   |           |  |
| ADRENALIN SOLN IJ 1 MG/ML, 30 MG/30ML<br>( <i>epinephrine (anaphylaxis)</i> ) | 1         |  |
| AUVI-Q SOAJ<br><i>epinephrine (anaphylaxis) SOAJ</i>                          | 1         |  |
| <i>epinephrine (anaphylaxis) SOLN IJ 30 MG/30ML</i>                           | 1         |  |
| EPIPEN 2-PAK SOAJ<br>( <i>epinephrine (anaphylaxis)</i> )                     | 1         |  |
| EPIPEN 2-PAK SOAJ<br>( <i>epinephrine (anaphylaxis)</i> )                     | 9         |  |
| EPIPEN-JR 2-PAK SOAJ<br>( <i>epinephrine (anaphylaxis)</i> )                  | 1         |  |
| <b>Neurogenic Orthostatic Hypotension (NOH) - Agents</b>                      |           |  |
| <i>droxidopa 100 MG, 200 MG</i>   | 1         | QL(3 ea daily); AL(At least 18 yrs old); PA            |
| <i>droxidopa 300 MG</i>   | 1         | QL(6 ea daily); AL(At least 18 yrs old); PA            |

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| Drug Name  | Drug Tier | Requirements/Limits                               | Drug Name  | Drug Tier | Requirements/Limits                              |
|--|-----------|---|--|-----------|--|
| NORTHERA 300 MG<br>( <i>droxidopa</i> )                              | 1         | QL(6 ea daily);<br>AL(At least 18<br>yrs old); PA | NOREPINEPHRINE<br>BITARTRATE/DEXTROSE<br>SOLN 5 %-16<br>MG/250ML, 5 %-4<br>MG/250ML, 5 %-8<br>MG/250ML               | 1         |  |
| NORTHERA 100 MG, 200<br>MG ( <i>droxidopa</i> )                      | 1         | QL(3 ea daily);<br>AL(At least 18<br>yrs old); PA | NOREPINEPHRINE<br>BITARTRATE/SODIUM<br>CHLORIDE SOLN 0.9 %-<br>16 MG/250ML, 0.9 %-4<br>MG/250ML, 0.9 %-8<br>MG/250ML | 1         |  |
| <b>Vasopressors</b>  |           |   | NOREPINEPHRINE/SODIUM<br>CHLORIDE SOLN 0.9<br>%-16 MG/250ML, 0.9 %-4<br>MG/250ML, 0.9 %-8<br>MG/250ML                | 1         |  |
| AKOVAZ SOLN IV<br>( <i>ephedrine sulfate</i><br>( <i>pressors</i> )) | 1         |   | <i>phenylephrine hcl</i><br>( <i>pressors</i> ) SOLN IV  | 1         | Medical Benefit<br>Only; AL(Up to<br>20 yrs old) |
| AKOVAZ SOLN IV<br>( <i>ephedrine sulfate</i><br>( <i>pressors</i> )) | 9         |   | PHENYLEPHRINE<br>HYDROCHLORIDE SOLN<br>IV ( <i>phenylephrine hcl</i><br>( <i>pressors</i> ))                         | 9         |  |
| AKOVAZ SOSY IV   | 1         | Medical Benefit<br>Only                           | VAZCULEP SOLN IV<br>( <i>phenylephrine hcl</i><br>( <i>pressors</i> ))   | 9         |  |
| BIORPHEN SOLN IV   | 1         | Medical Benefit<br>Only                           | <b>VITAMINS</b>  |           |  |
| EMERPHED SOLN IV   | 1         | Medical Benefit<br>Only                           | Oil Soluble Vitamins   |           |  |
| EMERPHED SOSY IV   | 1         | Medical Benefit<br>Only                           | <i>cholecalciferol CHEW</i><br>1000 UNIT   | 1         | AL(Up to 20 yrs<br>old); PA                      |
| <i>ephedrine sulfate</i><br>( <i>pressors</i> ) SOLN IV              | 1         |   | <i>cholecalciferol LIQD OR</i><br>10 MCG/ML, 400<br>UNIT/ML  | 1         | AL(Up to 20 yrs<br>old); PA                      |
| EPHEDRINE SULFATE<br>SOLN IV 5 MG/ML                                 | 1         | Medical Benefit<br>Only                           | DRISDOL CAPS<br>( <i>ergocalciferol</i> )  | 9         |  |
| EPHEDRINE SULFATE<br>SOLN IV 50 MG/ML                                | 1         |   | D-VI-SOL LIQD OR<br>( <i>cholecalciferol</i> )   | 9         |  |
| EPINEPHRINE SOLN IJ 1<br>MG/ML                                       | 1         |   | <i>ergocalciferol CAPS</i>   | 1         |  |
| EPINEPHRINE SOSY IV 1<br>MG/10ML                                     | 1         |   | <i>ergocalciferol SOLN OR</i><br>8000 UNIT/ML  | 1         | AL(Up to 20 yrs<br>old); PA                      |
| IMMPHENTIV SOLN IV   | 1         | Medical Benefit<br>Only                           | MEPHYTON TABS<br>( <i>phytonadione</i> )   | 9         |  |
| LEVOPHED IV<br>( <i>norepinephrine bitartrate</i> )                  | 1         |   |  |           |  |
| LEVOPHED IV<br>( <i>norepinephrine bitartrate</i> )                  | 9         |   |  |           |  |
| <i>midodrine hcl</i>   | 1         |   |  |           |  |
| <i>norepinephrine bitartrate</i><br>IV                               | 1         |   |  |           |  |

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| Drug Name                           | Drug Tier | Requirements/ Limits            |
|-------------------------------------|-----------|---------------------------------|
| <i>phytonadione SOLN 1 MG/0.5ML</i> | 1         | QL(0.5 ml per fill retail)      |
| <i>phytonadione SOLN 10 MG/ML</i>   | 1         |                                 |
| <i>phytonadione TABS 5 MG</i>       | 1         |                                 |
| VITAMIN D3 LIQD OR 5000 UNIT/ML     | 1         | AL(Up to 20 yrs old); PA        |
| <i>vitamin e SOLN 15 MG/0.67ML</i>  | 1         | AL(Up to 20 yrs old); PA        |
| Water Soluble Vitamins              |           |                                 |
| THIAMINE HCL POWD                   | 1         | AL(Up to 2 yrs old); PA; RX/OTC |

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PDL formulary drugs requiring prior authorization review without documented clinical drug criteria must be used for an FDA approved indication.

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| MG/100ML-1.04 GM/100ML-749       | amlodipine besylate TABS 5 MG ..90                      | amphetamine sulfate TABS ..... 1                            |
| MG/100ML-1.04 GM/100ML-894       | amlodipine besylate-atorvastatin                        | amphetamine-dextroamphetamine                               |
| MG/100ML-147.4 MEQ/L-960         | calcium ..... 92  | CP24 1.25 MG-1.25 MG-1.25 MG-                               |
| MG/100ML-749 MG/100ML-250        | amlodipine besylate-benazepril hcl                      | 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5                           |
| MG/100ML-749 MG/100ML-1.47       | 10 MG-2.5 MG ..... 60                                   | MG, 3.75 MG-3.75 MG-3.75 MG-3.75                            |
| GM/100ML-894 MG/100ML-749        | amlodipine besylate-benazepril hcl                      | MG, 5 MG-5 MG-5 MG-5 MG, 6.25                               |
| MG/100ML-1.18 GM/100ML, 1040     | 10 MG-5 MG, 20 MG-10 MG, 20 MG-                         | MG-6.25 MG-6.25 MG-6.25 MG, 7.5                             |
| MG/100ML-2170 MG/100ML-592       | 5 MG ..... 60   | MG-7.5 MG-7.5 MG-7.5 MG ..... 1                             |
| MG/100ML-434 MG/100ML-1180       | amlodipine besylate-benazepril hcl                      | amphetamine-dextroamphetamine                               |
| MG/100ML-39 MG/100ML-1040        | 40 MG-10 MG, 40 MG-5 MG ..... 60                        | CP24 12.5 MG-12.5 MG-12.5 MG-                               |
| MG/100ML-749 MG/100ML-1040       | amlodipine besylate-olmesartan                          | 12.5 MG, 3.125 MG-3.125 MG-3.125                            |
| MG/100ML-894 MG/100ML-151        | medoxomil ..... 60                                      | MG-3.125 MG, 6.25 MG-6.25 MG-                               |
| MEQ/L-960 MG/100ML-749           | amlodipine besylate-valsartan .... 60                   | 6.25 MG-6.25 MG, 9.375 MG-9.375                             |
| MG/100ML-250 MG/100ML-749        | amlodipine-valsartan-                                   | MG-9.375 MG-9.375 MG ..... 1                                |
| MG/100ML-1470 MG/100ML-894       | hydrochlorothiazide ..... 60                            | amphetamine-dextroamphetamine                               |
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| aminocaproic acid TABS ..... 137 | 247   | 1.25 MG, 1.875 MG-1.875 MG-1.875                            |
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| amiodarone hcl TABS ..... 24     | 247   | MG-3.75 MG-3.75 MG, 5 MG-5 MG-5                             |
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| CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" .....        | 167 | CARETOUCH INSULIN SYRINGE/0.3ML/31GX5/16" .....            | 168 | carglumic acid .....   | 121 |
| CAREONE INSULIN SYRINGES/1ML/30G X 1/2" .....           | 167 | CARETOUCH INSULIN SYRINGE/0.5ML/31GX5/16" .....            | 168 | carisoprodol TABS 250 MG .....                                   | 229 |
| CAREONE INSULIN SYRINGES/1ML/31GX5/16" .....            | 167 | CARETOUCH INSULIN SYRINGE/1ML/30GX5/16" .....              | 168 | carisoprodol TABS 350 MG .....                                   | 229 |
| CAREONE LANCET SUPER THIN/30G .....                     | 144 | CARETOUCH INSULIN SYRINGE/1ML/31GX5/16" .....              | 168 | carmustine .....   | 66  |
| CAREONE LANCET THIN .....                               | 144 | CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16" .....      | 168 | CARMUSTINE 300 MG .....  | 66  |
| CAREONE UNIFINE PENTIPS 29GX12MM .....                  | 167 | CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16" .....      | 168 | CARNITOR SF SOLN OR (levocarnitine (metabolic modifiers))        | 121 |
| CAREONE UNIFINE PENTIPS 31GX5MM .....                   | 168 | CARETOUCH INSULIN SYRINGE0.5ML/30GX5/16" .....             | 168 | CARNITOR SOLN OR 1 GM/10ML (levocarnitine (metabolic modifiers)) | 121 |
| CAREONE UNIFINE PENTIPS 31GX6MM .....                   | 168 | CARETOUCH PEN NEEDLE 29GX1/2" .....                        | 168 | CARNITOR TABS (levocarnitine (metabolic modifiers)) .....        | 121 |
| CAREONE UNIFINE PENTIPS 31GX8MM .....                   | 168 | CARETOUCH PEN NEEDLES 31G X 6 MM .....                     | 168 | CAROSPIR SUSP (spironolactone)                                   | 118 |
| CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM .....       | 168 | CARETOUCH PEN NEEDLES 31GX 5MM .....                       | 169 | carteolol hcl (ophth) .....                                      | 237 |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM ..... | 168 | CARETOUCH PEN NEEDLES 31GX 8MM .....                       | 169 | carvedilol 12.5 MG, 25 MG .....                                  | 88  |
| CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM .....  | 168 | CARETOUCH PEN NEEDLES 32GX                                 |     | carvedilol 3.125 MG, 6.25 MG .....                               | 88  |
|   |     |  |     | carvedilol phosphate .....                                       | 88  |

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| CARVYKTI .....  | 69  | cefdinir CAPS .....   | 95 | CELEXA TABS 10 MG, 20 MG<br>(citalopram hydrobromide) ..... | 40  |
| CASGEVY .....   | 134 | cefdinir SUSR .....   | 95 | CELEXA TABS 40 MG (citalopram<br>hydrobromide) .....        | 40  |
| CASODEX (bicalutamide) .....                                      | 70  | cefepime hcl SOLR IJ 1 GM .....   | 96 | CELLCEPT CAPS (mycophenolate<br>mofetil) .....              | 222 |
| casopfungin acetate .....   | 53  | CEFEPIME SOLN .....   | 96 | CELLCEPT INTRAVENOUS<br>(mycophenolate mofetil hcl) .....   | 222 |
| CASPOFUNGIN ACETATE .....   | 53  | CEFEPIME/DEXTROSE .....   | 96 | CELLCEPT SUSR (mycophenolate<br>mofetil) .....              | 222 |
| CATAPRES-TTS-1 PTWK (clonidine)<br>.....                          | 59  | cefixime CAPS .....   | 95 | CELLCEPT TABS (mycophenolate<br>mofetil) .....              | 222 |
| CATAPRES-TTS-2 PTWK (clonidine)<br>.....                          | 59  | cefixime SUSR .....   | 95 | CELONTIN (methsuximide) .....                               | 39  |
| CATAPRES-TTS-3 PTWK (clonidine)<br>.....                          | 59  | CEFOTAN IJ (cefotetan disodium) 95  |    | CENTANY AT KIT .....  | 102 |
| CATHFLO ACTIVASE IJ .....   | 134 | cefotetan disodium IJ 1 GM, 2 GM 95   |    | CENTANY OINT .....  | 102 |
| CAYA DPRH .....   | 142 | CEFOXITIN SODIUM .....  | 95 | cephalexin CAPS 250 MG, 500 MG<br>95                        |     |
| CAYSTON .....   | 64  | cefoxitin sodium IV .....   | 95 | cephalexin CAPS 750 MG .....                                | 95  |
| cefaclor CAPS .....   | 95  | cefoxitin sodium proxetil SUSR .....  | 95 | cephalexin SUSR .....                                       | 95  |
| CEFACTOR ER TB12 .....  | 95  | cefoxitin sodium proxetil TABS .....  | 95 | cephalexin TABS .....                                       | 95  |
| cefaclor SUSR 125 MG/5ML, 375<br>MG/5ML .....                     | 95  | cefprozil SUSR .....  | 95 | CEPROTIN .....  | 132 |
| cefadroxil CAPS .....   | 95  | cefprozil TABS .....  | 95 | CEQUA SOLN .....  | 240 |
| cefadroxil SUSR .....   | 95  | ceftazidime IJ 1 GM, 6 GM .....   | 96 | CERDELGA .....  | 134 |
| cefadroxil TABS .....   | 95  | ceftriaxone sodium IJ 1 GM, 2 GM,<br>250 MG, 500 MG .....                   | 96 | CEREBYX (fosphenytoin sodium) 39                            |     |
| CEFAZOLIN SODIUM SOLN 4 %-1<br>GM/50ML .....                      | 95  | ceftriaxone sodium in dextrose ...  | 96 | CEREZYME 400 UNIT .....                                     | 134 |
| cefazolin sodium SOLR IJ 1 GM, 2<br>GM, 3 GM, 10 GM, 500 MG ..... | 95  | CEFTRIAZONE/DEXTROSE .....  | 96 | CERVIDIL INST .....   | 246 |
| CEFAZOLIN SODIUM SOLR IV 2<br>GM, 3 GM .....                      | 95  | cefuroxime axetil TABS .....  | 95 | cetirizine hcl SOLN OR .....                                | 55  |
| CEFAZOLIN SODIUM/DEXTROSE<br>SOLR .....                           | 95  | cefuroxime sodium IJ 750 MG ....  | 95 | cetirizine hcl TABS .....                                   | 55  |
| CEFAZOLIN SOLN .....  | 95  | CELEBREX (celecoxib) .....  | 11 | CETRAXAL (ciprofloxacin hcl (otic)) .<br>245                |     |
| CEFAZOLIN SOLR IV .....   | 95  | CELEBREX 400 MG (celecoxib) ...   | 11 | cevimeline hcl .....  | 226 |
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|   |     | celecoxib 400 MG .....  | 11 | CHENODAL .....  | 126 |
|   |     | celecoxib 50 MG, 100 MG, 200 MG<br>11                                       |    |   |     |
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| CHERRY FLAVOR LIQD .....                                | 248 | cholestyramine PACK .....                        | 56  | CIMZIA STARTER KIT PSKT ....                                   | 127 |
| CHERRY SYRUP .....                                      | 248 | cholestyramine POWD .....                        | 56  | cinacalcet hcl .....   | 121 |
| CHILDRENS ADVIL SUSP 100<br>MG/5ML (ibuprofen) .....    | 11  | CHOLESTYRAMINE RESIN .....                       | 96  | CINQAIR .....  | 24  |
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| chloramphenicol sodium succinate<br>63                  |     | choline fenofibrate 45 MG .....                  | 56  | CINVANTI EMUL .....  | 53  |
| chlordiazepoxide hcl CAPS .....                         | 23  | CHORIONIC GONADOTROPIN IM<br>120                 |     | CIPRO HC .....   | 245 |
| chlordiazepoxide-amitriptyline ...                      | 250 | CHOSEN LANCETS 30G .....                         | 145 | CIPRO SUSR .....   | 125 |
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| chlorprocaine hcl IJ .....                              | 141 | CHOSEN SAFETY LANCETS 28G<br>145                 |     | CIPRODEX (ciprofloxacin-<br>dexamethasone) .....               | 245 |
| chloroquine phosphate TABS .....                        | 65  | CIALIS 2.5 MG, 10 MG, 20 MG<br>(tadalafil) ..... | 93  | ciprofloxacin hcl (ophth) SOLN ...                             | 240 |
| chlorothiazide sodium .....                             | 118 | CIALIS 5 MG (tadalafil) .....                    | 93  | ciprofloxacin hcl (otic) .....                                 | 245 |
| CHLORPROMAZINE HCL .....                                | 96  | CIBINQO .....                                    | 110 | ciprofloxacin hcl TABS 250 MG, 500<br>MG, 750 MG .....         | 125 |
| chlorpromazine hcl CONC .....                           | 82  | ciclopirox GEL .....                             | 102 | ciprofloxacin in d5w .....                                     | 125 |
| chlorpromazine hcl SOLN .....                           | 82  | ciclopirox olamine CREA .....                    | 102 | ciprofloxacin SUSR 5 GM/100ML,<br>500 MG/5ML .....             | 125 |
| chlorpromazine hcl TABS .....                           | 82  | ciclopirox olamine SUSP .....                    | 102 | ciprofloxacin-dexamethasone ...                                | 245 |
| chlorthalidone 25 MG, 50 MG ....                        | 118 | ciclopirox SHAM .....                            | 103 | ciprofloxacin-fluocinolone acetonide .                         | 245 |
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| chlorzoxazone TABS 375 MG, 750<br>MG .....              | 229 | cidofovir .....                                  | 86  | cisplatin SOLN 50 MG/50ML, 100<br>MG/100ML, 200 MG/200ML ..... | 66  |
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| cholecalciferol CHEW 1000 UNIT<br>266                   |     | CIMDUO .....                                     | 84  | citalopram hydrobromide SOLN ...                               | 40  |
| cholecalciferol LIQD OR 10 MCG/ML,<br>400 UNIT/ML ..... | 266 | CIMERLI .....                                    | 239 | citalopram hydrobromide TABS 10<br>MG, 20 MG .....             | 41  |
| CHOLESTYRAMINE .....                                    | 96  | cimetidine hcl OR 300 MG/5ML ..                  | 257 | citalopram hydrobromide TABS 40<br>MG .....                    | 41  |
| cholestyramine light PACK .....                         | 56  | cimetidine TABS 200 MG, 300 MG,<br>400 MG .....  | 257 | CITRACAL + D3 MAXIMUM TABS                                     |     |
| cholestyramine light POWD .....                         | 56  | cimetidine TABS 800 MG .....                     | 257 |  |     |
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| CITRANATAL HARMONY 25 MG-1<br>MG-400 UNIT-50 MG-104 MG-27<br>MG-30 UNIT-260 MG . . . . .   | 226 | CLEOCIN-T LOTN (clindamycin<br>phosphate (topical)) . . . . .                    | 102 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/0.5ML/29G X<br>1/2" . . . . .  | 169 |
| cladribine 10 MG/10ML . . . . .  | 67  | CLEVER CHEK LANCETS<br>ULTRATHIN . . . . .                                       | 145 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/0.5ML/30G X<br>1/2" . . . . .  | 169 |
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| clarithromycin SUSR . . . . .  | 141 | CLEVER CHOICE ANTI-<br>STATICVALVED HOLDING<br>CHAMBER/ADULT LARGE DEVI          | 215 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/1.0ML/30G X<br>1/2" . . . . .  | 169 |
| clarithromycin TABS . . . . .  | 141 | CLEVER CHOICE ANTI-<br>STATICVALVED HOLDING<br>CHAMBER/MEDIUM/3 YEA DEVI         | 215 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/1ML/28G X<br>1/2" . . . . .    | 169 |
| clarithromycin TB24 . . . . .  | 141 | CLEVER CHOICE ANTI-<br>STATICVALVED HOLDING<br>CHAMBER/SMALL INFANT DEVI         | 215 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/1ML/29G X<br>1/2" . . . . .    | 169 |
| CLARITIN ALLERGY CHILDRENS<br>SOLN (loratadine) . . . . .  | 55  | CLEVER CHOICE COMFORT<br>EZINSULIN PEN NEEDLES<br>31GX8MM . . . . .              | 169 | CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/1ML/30G X<br>5/16" . . . . .   | 170 |
| CLARITIN REDITABS JUNIORS<br>TBDP (loratadine) . . . . .   | 55  | CLEVER CHOICE COMFORT<br>EZINSULIN SYINGE/0.3ML/31G X<br>15/64" . . . . .        | 169 |   |     |
| CLARITIN REDITABS TBDP 10 MG<br>(loratadine) . . . . .   | 55  | CLEVER CHOICE COMFORT<br>EZINSULIN SYINGE/0.5ML/31G X<br>15/64" . . . . .        | 169 |   |     |
| CLARITIN SOLN (loratadine) . . . . .   | 55  |  |     |   |     |
| CLARITIN TABS (loratadine) . . . . .   | 55  |  |     |   |     |
| clemastine fumarate SYRP . . . . .   | 54  |  |     |   |     |
| clemastine fumarate TABS 2.68 MG .<br>54   |     |  |     |   |     |
| CLENPIQ SOLN 12 GM/175ML-3.5<br>GM/175ML-10 MG/175ML . . . . .   | 139 |  |     |   |     |
| CLEOCIN (clindamycin hcl) . . . . .  | 63  |  |     |   |     |
| CLEOCIN CREA (clindamycin  |     |  |     |   |     |

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| CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/1ML/31G X<br>15/64" .....     | 170 | UNIVERSAL/31GX1/4" .....                                 | 170 | clindamycin phosphate in d5w .....   | 64  |
| CLEVER CHOICE COMFORT<br>EZINSULIN SYRINGE/U-<br>100/1ML/31GX5/16" ..... | 170 | CLICKFINE PEN NEEDLE<br>UNIVERSAL/31GX5/16" .....        | 170 | CLINDAMYCIN PHOSPHATE<br>POWD .....  | 96  |
| CLEVER CHOICE COMFORT<br>EZLANCETS 23G .....                             | 145 | CLICKFINE PEN NEEDLES 31G X<br>1/4" .....                | 170 | clindamycin phosphate SOLN IJ 300<br>MG/2ML, 600 MG/4ML, 900<br>MG/6ML, 9000 MG/60ML ..... | 64  |
| CLEVER CHOICE COMFORT<br>EZLANCETS 28G .....                             | 145 | CLICKFINE PEN NEEDLES 31G X<br>3/16" .....               | 170 | clindamycin phosphate vaginal CREA<br>.....  | 265 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 29GX12MM ..                       | 170 | CLICKFINE PEN NEEDLES 31G X<br>5/16" .....               | 170 | CLINDAMYCIN/SODIUM CHLORIDE<br>.....   | 64  |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 31GX5MM ...                       | 170 | CLICKFINE PEN NEEDLES 31G X<br>8MM .....                 | 170 | CLINDESSE .....  | 265 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 31GX6MM ...                       | 170 | CLICKFINE PEN NEEDLES 32G X<br>5/32" .....               | 171 | clobazam SUSP .....  | 34  |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 31GX8MM ...                       | 170 | CLICKFINE PEN<br>NEEDLES/31GX1/4" .....                  | 171 | clobazam TABS .....  | 34  |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 32GX4MM ...                       | 170 | CLICKFINE UNIVERSAL PEN<br>NEEDLES 31GX5/16" .....       | 171 | clobetasol propionate CREA 0.05 %<br>107   |     |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 32GX5MM ...                       | 170 | CLIMARA PRO .....  | 124 | clobetasol propionate emollient base<br>0.05 % .....                                       | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 32GX6MM ...                       | 170 | CLIMARA PTWK (estradiol) .....                           | 124 | clobetasol propionate emulsion ..  | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 32GX8MM ...                       | 170 | CLINDACIN ETZ .....                                      | 102 | clobetasol propionate FOAM .....   | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX4MM ...                       | 170 | CLINDAGEL GEL (clindamycin<br>phosphate (topical)) ..... | 102 | clobetasol propionate GEL 0.05 %<br>107  |     |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX5MM ...                       | 170 | clindamycin hcl .....                                    | 63  | clobetasol propionate LIQD .....   | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX6MM ...                       | 170 | clindamycin palmitate hydrochloride<br>64                |     | clobetasol propionate LOTN .....   | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX8MM ...                       | 170 | clindamycin phosphate (topical)<br>FOAM .....            | 102 | clobetasol propionate OINT 0.05 %<br>107   |     |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX8MM ...                       | 170 | clindamycin phosphate (topical) GEL<br>102               |     | clobetasol propionate SHAM .....   | 107 |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX8MM ...                       | 170 | clindamycin phosphate (topical)<br>LOTN .....            | 102 | clobetasol propionate SOLN 0.05 %<br>107   |     |
| CLEVER CHOICE COMFORT<br>EZPEN NEEDLES 33GX8MM ...                       | 170 | clindamycin phosphate (topical)<br>SOLN .....            | 102 | CLOBEX LIQD (clobetasol<br>propionate) .....   | 107 |
| CLEVIPREX 25 MG/50ML, 50<br>MG/100ML .....                               | 90  | clindamycin phosphate (topical)<br>SWAB .....            | 102 | CLOBEX LOTN 0.05 % (clobetasol<br>propionate) .....  | 107 |
| CLICKFINE PEN NEEDLE   |     |  |     | CLOBEX SHAM (clobetasol<br>propionate) .....   | 108 |

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| clorcortolone pivalate                             | 108 | CLOZARIL TABS 25 MG, 100 MG<br>(clozapine) | 82  | colestipol hcl TABS                                   | 56  |
| CLODAN KIT   | 108 | CLOZARIL TABS 50 MG, 200 MG<br>(clozapine) | 82  | colistimethate sodium                                 | 64  |
| CLODERM (clorcortolone pivalate)<br>108            |     | C-NATE DHA CAPS                            | 226 | COLUMVI   | 68  |
| clofarabine  | 67  | COAGADDEX                                  | 131 | COLY-MYCIN M (colistimethate<br>sodium)               | 64  |
| CLOLAR (clofarabine)                               | 67  | COAGUCHEK LANCETS                          | 145 | COMBIGAN (brimonidine tartrate-<br>timolol maleate)   | 238 |
| clomipramine hcl                                   | 42  | COARTEM                                    | 65  | COMBIPATCH PTTW                                       | 124 |
| clonazepam TABS 0.5 MG, 1 MG                       | 34  | COBENFY CAPS                               | 82  | COMBIVENT RESPIMAT AERS                               | 29  |
| clonazepam TABS 2 MG                               | 34  | COBENFY STARTER PACK CPPK<br>82            |     | COMBIVIR (lamivudine-zidovudine)                      | 84  |
| clonazepam TBDP 0.125 MG, 0.25<br>MG, 0.5 MG, 1 MG | 34  | COCAINE HYDROCHLORIDE                      | 230 | COMBOGESIC SOLN                                       | 11  |
| clonazepam TBDP 2 MG                               | 34  | CODEINE PHOSPHATE POWD                     | 14  | COMETRIQ KIT  | 73  |
| clonidine hcl (adhd) TB12                          | 3   | codeine sulfate TABS 30 MG                 | 14  | COMFORT ASSURED LANCETS<br>MICRO THIN 33G             | 145 |
| clonidine hcl (analgesia) EP                       | 13  | CODEINE SULFATE TABS                       | 14  | COMFORT ASSURED LANCETS<br>SUPER THIN 28G             | 145 |
| CLONIDINE HCL POWD                                 | 59  | COLAZAL CAPS (balsalazide<br>disodium)     | 127 | COMFORT EZ INSULIN<br>SYRINGE/U-100/0.5ML/31G X 5/16" | 171 |
| clonidine hcl TABS                                 | 59  | colchicine CAPS                            | 130 | COMFORT EZ INSULIN<br>SYRINGE/U-100/1ML/31G X 5/16"   | 171 |
| clonidine PTWK 0.1 MG/24HR                         | 59  | colchicine TABS                            | 130 | COMFORT EZ PRO SAFETY PEN<br>NEEDLES 30G X 8MM        | 171 |
| clonidine PTWK 0.2 MG/24HR, 0.3<br>MG/24HR         | 59  | colchicine w/ probenecid                   | 130 | COMFORT EZ PRO SAFETY PEN<br>NEEDLES 31G X 4MM        | 171 |
| clonidine TB24                                     | 59  | COLCRYS TABS (colchicine)                  | 131 | COMFORT EZ PRO SAFETY PEN<br>NEEDLES 31G X 5MM        | 171 |
| clopidogrel bisulfate                              | 133 | colesevelam hcl PACK                       | 56  | COMFORT EZ SHORT/31G X 8MM                            | 171 |
| clorazepate dipotassium TABS                       | 23  | colesevelam hcl TABS                       | 56  | COMFORT EZ/31G X 5MM                                  | 171 |
| CLOTOTEKAL IT                                      | 141 | COLESTID FLAVORED GRAN<br>(colestipol hcl) | 56  | COMFORT EZ/31G X 6MM                                  | 171 |
| clotrimazole (topical) CREA                        | 103 | COLESTID FLAVORED PACK<br>(colestipol hcl) | 56  |   |     |
| clotrimazole (topical) SOLN                        | 103 | COLESTID GRAN (colestipol hcl)             | 56  |   |     |
| clotrimazole                                       | 225 | COLESTID PACK (colestipol hcl)             | 56  |   |     |
| clotrimazole w/ betamethasone<br>CREA              | 103 | COLESTID TABS (colestipol hcl)             | 56  |   |     |
| clotrimazole w/ betamethasone<br>LOTN              | 103 | colestipol hcl GRAN                        | 56  |   |     |
| clozapine TABS                                     | 82  | colestipol hcl PACK                        | 56  |   |     |
| clozapine TBDP                                     | 82  |  |     |   |     |

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| COMFORT LANCETS .....  | 145 | CHAMBER/ANTI-STATIC/LARGE<br>MASK DEVI .....                     | 215 | CORGARD TABS 40 MG, 80 MG<br>(nadolol) .....          | 89  |
| COMFORT TOUCH LANCETS<br>ULTRA THIN 31G .....                        | 145 | COMPACT SPACE<br>CHAMBER/ANTI-STATIC/MEDIUM<br>MASK DEVI .....   | 215 | CORIFACT .....  | 131 |
| COMFORT TOUCH PEN<br>NEEDLES/31G X 4MM .....                         | 171 | COMPACT SPACE<br>CHAMBER/ANTI-STATIC/SMALL<br>MASK DEVI .....    | 215 | CORLANOR SOLN .....                                   | 94  |
| COMFORT TOUCH PEN<br>NEEDLES/31G X 5MM .....                         | 171 | COMPLERA .....   | 84  | CORLANOR TABS (ivabradine hcl)<br>94                  |     |
| COMFORT TOUCH PEN<br>NEEDLES/31G X 6 MM .....                        | 171 | COMPLETE NATAL DHA .....   | 226 | CORTEF TABS (hydrocortisone) ..                       | 99  |
| COMFORT TOUCH PEN<br>NEEDLES/31G X 8 MM .....                        | 171 | COMPLETENATE CHEW .....  | 226 | CORTENEMA (hydrocortisone<br>(intrarectal)) .....     | 21  |
| COMFORT TOUCH PEN<br>NEEDLES/32G X 4MM .....                         | 171 | COMTAN (entacapone) .....  | 78  | CORTIFOAM EX 10 % .....                               | 21  |
| COMFORT TOUCH PEN<br>NEEDLES/32G X 5MM .....                         | 171 | CONCERTA TBCR 18 MG, 27 MG,<br>54 MG (methylphenidate hcl) ..... | 3   | CORTISONE ACETATE TABS ....                           | 99  |
| COMFORT TOUCH PEN<br>NEEDLES/32G X 6MM .....                         | 171 | CONCERTA TBCR 36 MG<br>(methylphenidate hcl) .....               | 3   | CORTISPORIN-TC .....                                  | 245 |
| COMFORT TOUCH PEN<br>NEEDLES/32G X 8MM .....                         | 171 | CONDYLOX GEL (podofilox) .....                                   | 111 | CORTROPHIN GEL .....                                  | 120 |
| COMFORT TOUCH PEN<br>NEEDLES/33G X 5/32" .....                       | 172 | CONJUPRI (levamlodipine maleate)<br>90                           |     | CORTROSYN SOLR (cosyntropin)<br>113                   |     |
| COMFORT TOUCH PEN<br>NEEDLES/33GX 3/16" .....                        | 172 | CONTOUR NEXT BLOOD<br>GLUCOSE TEST STRP .....                    | 114 | CORVERT (ibutilide fumarate) ....                     | 24  |
| COMFORT TOUCH PLUS SAFETY<br>LANCETS PRESSURE ACTIVATED<br>30G ..... | 145 | CONZIP CP24 (tramadol hcl) .....                                 | 14  | COSELA .....  | 77  |
| COMIRNATY 2023-24 SUSP ....  | 261 | COPAXONE SOSY 20 MG/ML<br>(glatiramer acetate) .....             | 251 | COSENTYX SENSOREADY PEN<br>SOAJ .....                 | 105 |
| COMIRNATY 2023-24 SUSY ....  | 262 | COPAXONE SOSY 40 MG/ML<br>(glatiramer acetate) .....             | 251 | COSENTYX SOLN .....                                   | 105 |
| COMIRNATY 2024-25 SUSY ....  | 262 | COPIKTRA .....   | 73  | COSENTYX SOSY 150 MG/ML ..                            | 105 |
| COMIRNATY SUSP .....   | 262 | COREG 12.5 MG, 25 MG (carvedilol)<br>.....                       | 88  | COSENTYX SOSY 75 MG/0.5ML<br>105                      |     |
| COMPACT SPACE<br>CHAMBER/ANTI-STATIC DEVI ..                         | 215 | COREG 3.125 MG, 6.25 MG<br>(carvedilol) .....                    | 88  | COSENTYX UNOREADY SOAJ .                              | 105 |
| COMPACT SPACE  |     | COREG CR (carvedilol phosphate)<br>88                            |     | COSMEGEN (dactinomycin) .....                         | 71  |
|  |     | CORGARD TABS 20 MG (nadolol)<br>89                               |     | COSOPT (dorzolamide hcl-timolol<br>maleate) .....     | 238 |
|  |     |  |     | COSOPT PF (dorzolamide hcl-<br>timolol maleate) ..... | 238 |
|  |     |  |     | cosyntropin SOLR .....                                | 113 |
|  |     |  |     | COTELLIC .....  | 73  |
|  |     |  |     | COTEMPLA XR-ODT TBED .....                            | 3   |
|  |     |  |     | COZAAR 25 MG (losartan                                |     |

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| potassium) .....                                   | 59  | CVS LANCING DEVICE MISC ...                                      | 146 | cyclosporine modified (for<br>microemulsion) SOLN .....           | 223 |
| COZAAR 50 MG, 100 MG (losartan<br>potassium) ..... | 59  | CVS ULTRA THIN LANCETS ...                                       | 146 | CYKLOKAPRON SOLN (tranexamic<br>acid) .....                       | 137 |
| CREON CPEP .....                                   | 117 | cyanocobalamin SOLN IJ 1000<br>MCG/ML .....                      | 134 | CYLTEZO AJKT .....  | 8   |
| CRESEMBA CAPS 186 MG .....                         | 54  | cyclobenzaprine hcl CP24 .....                                   | 229 | CYLTEZO PSKT 10 MG/0.2ML, 20<br>MG/0.4ML .....                    | 9   |
| CRESEMBA CAPS 74.5 MG .....                        | 54  | cyclobenzaprine hcl TABS 5 MG, 10<br>MG .....                    | 229 | CYLTEZO PSKT 40 MG/0.4ML .....                                    | 8   |
| CRESEMBA SOLR .....                                | 54  | cyclobenzaprine hcl TABS 7.5 MG<br>229                           |     | CYLTEZO PSKT 40 MG/0.8ML .....                                    | 9   |
| CRESTOR TABS (rosuvastatin<br>calcium) .....       | 57  | CYCLOGYL (cyclopentolate hcl) 238                                |     | CYLTEZO STARTER PACKAGE<br>FOR CROHNS DISEASE/UC/HS<br>AJKT ..... | 8   |
| CREXONT CPCR .....                                 | 78  | CYCLOGYL .....   | 238 | CYLTEZO STARTER PACKAGE<br>FOR PSORIASIS AJKT .....               | 8   |
| CRINONE GEL 8 % .....                              | 265 | CYCLOMYDRIL .....  | 238 | CYLTEZO STARTER PACKAGE<br>FOR PSORIASIS/UVEITIS AJKT ...         | 8   |
| cromolyn sodium (mastocytosis) 126                 |     | cyclopentolate hcl 1 % .....                                     | 238 | CYMBALTA CPEP (duloxetine hcl)<br>42                              |     |
| cromolyn sodium (ophth) .....                      | 243 | cyclophosphamide CAPS .....                                      | 66  | cyproheptadine hcl SYRP .....                                     | 55  |
| cromolyn sodium NEBU .....                         | 25  | CYCLOPHOSPHAMIDE<br>MONOHYDRATE SOLN<br>(cyclophosphamide) ..... | 66  | cyproheptadine hcl TABS .....                                     | 55  |
| crotamiton LOTN .....                              | 113 | CYCLOPHOSPHAMIDE SOLN<br>(cyclophosphamide) .....                | 66  | CYRAMZA .....   | 68  |
| CRYSVITA .....                                     | 121 | CYCLOPHOSPHAMIDE SOLN<br>(cyclophosphamide) .....                | 66  | CYSTADANE (betaine) .....   | 121 |
| CUBICIN RF (daptomycin) .....                      | 63  | CYCLOPHOSPHAMIDE SOLN ...  | 66  | CYSTADROPS .....  | 243 |
| CUPRIMINE CAPS (penicillamine)<br>222              |     | cyclophosphamide SOLR IJ .....                                   | 66  | CYSTAGON CAPS .....   | 129 |
| CUROSURF TR 120 MG/1.5ML, 240<br>MG/3ML .....      | 255 | CYCLOPHOSPHAMIDE TABS ...  | 66  | CYSTARAN .....  | 243 |
| CUTAQUIG .....                                     | 246 | cycloserine .....  | 66  | cytarabine SOLN .....   | 67  |
| CUVITRU SOLN .....                                 | 246 | CYCLOSET .....   | 45  | CYTOGAM SOLN .....  | 246 |
| CUVPOSA SOLN OR<br>(glycopyrrolate) .....          | 257 | cyclosporine (ophth) EMUL .....                                  | 240 | CYTOMEL TABS (liothyronine<br>sodium) .....                       | 256 |
| CUVRIOR .....                                      | 222 | cyclosporine CAPS 100 MG .....                                   | 223 | CYTOTEC (misoprostol) .....                                       | 259 |
| CVS LANCETS 21G .....                              | 145 | cyclosporine CAPS 25 MG .....                                    | 223 | dabigatran etexilate mesylate CAPS<br>110 MG .....                | 33  |
| CVS LANCETS MICRO THIN 33G<br>146                  |     | cyclosporine modified (for<br>microemulsion) CAPS 100 MG ...     | 223 | dabigatran etexilate mesylate CAPS .<br>33                        |     |
| CVS LANCETS THIN 26G .....                         | 146 | cyclosporine modified (for<br>microemulsion) CAPS 25 MG ...      | 222 |   |     |
| CVS LANCETS ULTRA THIN 30G<br>146                  |     | cyclosporine modified (for<br>microemulsion) CAPS 50 MG ...      | 222 |   |     |

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| dacarbazine SOLR 200 MG                                  | 76  | darunavir TABS 800 MG   | 84  | deferiprone TABS                                    | 51  |
| dactinomycin   | 71  | DARZALEX  | 68  | deferoxamine mesylate                               | 51  |
| dalfampridine  | 251 | DARZALEX FASPRO   | 72  | DEFINITY RT   | 114 |
| DALIRESP 250 MCG (roflumilast)                           | 26  | dasatinib 20 MG, 50 MG  | 73  | DEFITELIO   | 134 |
| DALIRESP 500 MCG (roflumilast)                           | 26  | dasatinib 70 MG, 80 MG, 100 MG,<br>140 MG                             | 73  | deflazacort SUSP                                    | 100 |
| DALVANCE   | 63  | daunorubicin hcl SOLN   | 71  | deflazacort TABS                                    | 100 |
| danazol CAPS   | 20  | DAUNORUBICIN<br>HYDROCHLORIDE SOLN<br>(daunorubicin hcl)              | 71  | DEKAS ESSENTIAL CAPS                                | 226 |
| DANTRIUM CAPS 25 MG<br>(dantrolene sodium)               | 230 | DAUNORUBICIN<br>HYDROCHLORIDE SOLN 20<br>MG/4ML (daunorubicin hcl)    | 71  | DEKAS ESSENTIAL LIQD                                | 226 |
| DANTRIUM IV SOLR (dantrolene<br>sodium)                  | 229 | DAURISMO  | 70  | DEKAS PLUS CAPS                                     | 226 |
| dantrolene sodium CAPS                                   | 230 | DAXXIFY   | 111 | DEKAS PLUS CHEW                                     | 226 |
| dantrolene sodium SOLR                                   | 230 | DAYBUE  | 235 | DEKAS PLUS LIQD                                     | 226 |
| DANYELZA   | 68  | DAYPRO TABS (oxaprozin)   | 11  | DELESTROGEN (estradiol valerate)<br>124             |     |
| dapagliflozin propanediol                                | 50  | DAYTRANA PTCH<br>(methylphenidate)                                    | 3   | DELSTRIGO   | 84  |
| dapagliflozin propanediol-metformin<br>hcl 1000 MG-10 MG | 43  | DAYTRANA PTCH 10 MG/9HR, 15<br>MG/9HR, 20 MG/9HR<br>(methylphenidate) | 3   | DELZICOL CPDR (mesalamine)                          | 127 |
| dapagliflozin propanediol-metformin<br>hcl 1000 MG-5 MG  | 43  | DAYVIGO   | 139 | demeclocycline hcl TABS                             | 255 |
| dapsone (topical) 5 %                                    | 102 | DDAVP SOLN IJ 4 MCG/ML<br>(desmopressin acetate)                      | 123 | DEMEROL SOLN IJ (meperidine hcl)                    | 14  |
| dapsone (topical) 7.5 %                                  | 102 | DDAVP TABS 0.1 MG<br>(desmopressin acetate)                           | 123 | DEMEROL SOLN IJ                                     | 14  |
| dapsone  | 63  | DDAVP TABS 0.2 MG<br>(desmopressin acetate)                           | 123 | DEM SER (metyrosine)                                | 58  |
| DAPTACEL   | 256 | decitabine  | 67  | DENAVIR (penciclovir)                               | 106 |
| DAPTOMYCIN (daptomycin)                                  | 63  | DEFENCATH   | 33  | DENGVAXIA   | 262 |
| daptomycin   | 63  | deferasirox PACK  | 51  | DENTA 5000 PLUS SENSITIVE GEL                       | 225 |
| DAPTOMYCIN   | 63  | deferasirox TABS  | 51  | DEPAKOTE ER TB24 250 MG<br>(divalproex sodium)      | 39  |
| DAPTOMYCIN/SODIUM CHLORIDE                               | 63  | deferasirox TBSO  | 51  | DEPAKOTE ER TB24 500 MG<br>(divalproex sodium)      | 39  |
| DARAPRIM (pyrimethamine)                                 | 65  |   |     | DEPAKOTE SPRINKLES CSDR<br>(divalproex sodium)      | 39  |
| darifenacin hydrobromide                                 | 260 |   |     | DEPAKOTE TBEC 125 MG, 250 MG<br>(divalproex sodium) | 39  |
| DARTISLA ODT TBDP  | 257 |   |     |   |     |
| darunavir TABS 600 MG                                    | 84  |   |     |   |     |

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| DEPAKOTE TBEC 500 MG<br>(divalproex sodium) .....   | 39  | desmopressin acetate spray .....                   | 123 | CONC .....   | 100 |
| DEPEN TITRATABS TABS<br>(penicillamine) .....   | 222 | desmopressin acetate spray<br>refrigerated .....   | 123 | dexamethasone sodium phosphate<br>(ophth) .....  | 241 |
| DEPLIN 7.5 .....  | 115 | desmopressin acetate TABS 0.1 MG<br>123            |     | DEXAMETHASONE SODIUM<br>PHOSPHATE .....  | 96  |
| DEPO-ESTRADIOL .....  | 124 | desmopressin acetate TABS 0.2 MG<br>123            |     | dexamethasone sodium phosphate<br>SOLN IJ .....  | 100 |
| DEPO-MEDROL SUSP<br>(methylprednisolone acetate) .....  | 100 | desogestrel & ethinyl estradiol ....               | 98  | dexamethasone sodium phosphate<br>SOSY IJ .....  | 100 |
| DEPO-MEDROL SUSP 80 MG/ML<br>(methylprednisolone acetate) .....                                 | 100 | desogestrel-ethinyl estradiol<br>(biphasic) .....  | 98  | dexamethasone SOLN .....   | 100 |
| DEPO-MEDROL SUSP .....  | 100 | desogestrel-ethinyl estradiol<br>(triphasic) ..... | 98  | dexamethasone TABS .....   | 100 |
| DEPO-PROVERA<br>CONTRACEPTIVE SUSP IM<br>(medroxyprogesterone acetate<br>(contraceptive)) ..... | 99  | desonide CREA .....                                | 108 | dexamethasone TBPK .....   | 100 |
| DEPO-PROVERA<br>CONTRACEPTIVE SUSY IM<br>(medroxyprogesterone acetate<br>(contraceptive)) ..... | 99  | desonide LOTN .....                                | 108 | DEXCOM G6 RECEIVER .....   | 146 |
| DEPO-SUBQ PROVERA 104 SUSY<br>SC .....  | 99  | desonide OINT .....                                | 108 | DEXCOM G6 SENSOR .....   | 146 |
| DERMA-SMOOTH/FS BODY OIL<br>(fluocinolone acetonide) .....                                      | 108 | DESOWEN CREA (desonide) ....                       | 108 | DEXCOM G6 TRANSMITTER ...  | 146 |
| DERMA-SMOOTH/FS SCALP OIL<br>(fluocinolone acetonide) .....                                     | 108 | desoximetasone CREA 0.05 % ...                     | 108 | DEXCOM G7 RECEIVER .....   | 146 |
| DERMOTIC (fluocinolone acetonide<br>(otic)) .....   | 246 | desoximetasone CREA 0.25 % ...                     | 108 | DEXCOM G7 SENSOR .....   | 146 |
| DESCOVY .....   | 84  | desoximetasone GEL .....                           | 108 | DEXEDRINE CP24 10 MG<br>(dextroamphetamine sulfate) .....  | 1   |
| DEFERAL 500 MG (deferoxamine<br>mesylate) .....   | 51  | desoximetasone LIQD .....                          | 108 | DEXEDRINE CP24 15 MG<br>(dextroamphetamine sulfate) .....  | 1   |
| desflurane .....  | 129 | desoximetasone OINT 0.05 % ...                     | 108 | DEXILANT (dexlansoprazole) ...   | 258 |
| desipramine hcl TABS .....  | 42  | desoximetasone OINT 0.25 % ...                     | 108 | dexlansoprazole .....  | 258 |
| desloratadine TABS .....  | 55  | DESOXYN (methamphetamine hcl) .<br>1               |     | dexmedetomidine hcl in sodium<br>chloride SOLN 0.9 %-200<br>MCG/50ML, 0.9 %-400 MCG/100ML .<br>138 |     |
| desloratadine TBDP .....  | 55  | DESVENLAFAXINE ER .....                            | 42  | dexmedetomidine hcl in sodium<br>chloride SOLN 0.9 %-80 MCG/20ML .<br>138                          |     |
| desmopressin acetate SOLN IJ ..   | 123 | desvenlafaxine succinate .....                     | 42  | DEXMEDETOMIDINE HCL SOLN<br>(dexmedetomidine hcl) .....  | 138 |
|   |     | DETROL LA CP24 (tolterodine<br>tartrate) .....     | 260 | dexmedetomidine hcl SOLN .....   | 138 |
|   |     | DETROL TABS (tolterodine tartrate) .<br>260        |     | DEXMEDETOMIDINE  |     |
|   |     | DEXAMETHASONE .....                                | 96  |  |     |
|   |     | dexamethasone ELIX .....                           | 100 |  |     |
|   |     | DEXAMETHASONE INTENSOL                             |     |  |     |



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| HYDROCHLORIDE/DEXTROSE MONOHYDRATE .....                                       | 138 | dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 % ..... | 220 | diclofenac potassium TABS 50 MG                  | 11          |
| dexmethylphenidate hcl CP24 .....  | 3   | DEXTROSE/SODIUM CHLORIDE (dextrose w/ sodium chloride) .....   | 220 | diclofenac sodium (actinic keratoses) EX .....   | 104         |
| dexmethylphenidate hcl TABS .....  | 3   | DHIVY TABS .....   | 78  | diclofenac sodium (ophth) .....                  | 243         |
| dexrazoxane hcl .....  | 77  | DIACOMIT CAPS .....  | 35  | diclofenac sodium (topical) GEL EX               | 104         |
| DEXTENZA INST .....  | 241 | DIACOMIT PACK .....  | 35  | diclofenac sodium (topical) SOLN EX              | 1.5 % ..... |
| dextran 40 in d5w .....  | 132 | DIASCREEN 1K STRP .....  | 146 | diclofenac sodium (topical) SOLN EX              | 2 % .....   |
| dextran 40 in saline .....   | 132 | DIASTAT ACUDIAL GEL (diazepam (anticonvulsant)) .....  | 34  | diclofenac sodium TB24 .....                     | 11          |
| dextroamphetamine sulfate CP24 15 MG .....                                     | 1   | DIASTAT PEDIATRIC GEL (diazepam (anticonvulsant)) .....  | 34  | diclofenac sodium TBEC 25 MG ...                 | 11          |
| dextroamphetamine sulfate CP24 5 MG, 10 MG .....                               | 1   | diatrizoate meglumine & sodium OR  | 115 | diclofenac sodium TBEC 50 MG, 75 MG .....        | 11          |
| dextroamphetamine sulfate SOLN ..  | 1   | diazepam (anticonvulsant) GEL ...  | 34  | diclofenac w/ misoprostol TBEC ...               | 11          |
| dextroamphetamine sulfate TABS 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG ..... | 1   | DIAZEPAM .....   | 96  | dicloxacillin sodium .....                       | 248         |
| dextroamphetamine sulfate TABS 30 MG .....                                     | 2   | diazepam CONC .....  | 23  | dicyclomine hcl CAPS .....                       | 257         |
| dextroamphetamine sulfate TABS 5 MG, 10 MG .....                               | 2   | diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML .....  | 23  | dicyclomine hcl SOLN IM .....                    | 257         |
| DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX .....                                      | 220 | diazepam SOLN OR 5 MG/5ML ...  | 23  | dicyclomine hcl TABS .....                       | 257         |
| DEXTROSE 10%/SODIUM CHLORIDE 0.2% .....  | 220 | diazepam TABS .....  | 23  | DIFICID SUSR .....                               | 142         |
| DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% (dextrose w/ sodium chloride) .....        | 220 | diazoxide .....  | 44  | DIFICID TABS .....                               | 142         |
| DEXTROSE 30% SOLN .....  | 236 | DIBENZYLINE (phenoxybenzamine hcl) .....   | 58  | diflorasone diacetate CREA .....                 | 108         |
| DEXTROSE 5%/SODIUM CHLORIDE 0.3% (dextrose w/ sodium chloride) .....           | 220 | dichlorphenamide .....   | 117 | diflorasone diacetate OINT .....                 | 108         |
| dextrose in lactated ringers .....   | 220 | DICLEGIS TBEC (doxylamine-pyridoxine) .....  | 53  | DIFLUCAN SUSR 10 MG/ML (fluconazole) .....       | 54          |
| dextrose SOLN 5 %, 10 %, 50 %, 70 %, 250 MG/ML .....                           | 236 | diclofenac epolamine PTCH EX ..  | 104 | DIFLUCAN SUSR 40 MG/ML (fluconazole) .....       | 54          |
| DEXTROSE SOLN .....  | 236 | diclofenac potassium (migraine) ..   | 218 | DIFLUCAN TABS 100 MG, 200 MG (fluconazole) ..... | 54          |
|  |     | diclofenac potassium CAPS .....  | 11  | DIFLUCAN TABS 150 MG (fluconazole) .....         | 54          |
|  |     | diclofenac potassium TABS 25 MG  | 11  | diflunisal TABS .....                            | 14          |

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| difluprednate .....  | 241 | diltiazem hcl CP12 .....   | 91  | DIPRIVAN EMUL .....   | 129 |
| digoxin SOLN IJ 0.25 MG/ML .....   | 92  | diltiazem hcl CP24 120 MG .....                                      | 91  | DIPROLENE OINT (betamethasone<br>dipropionate augmented) .....            | 108 |
| digoxin SOLN OR 0.05 MG/ML .....   | 92  | diltiazem hcl CP24 180 MG .....                                      | 91  | dipyridamole (diagnostic) .....   | 113 |
| digoxin TABS 0.0625 MG, 62.5 MCG<br>92                                       |     | diltiazem hcl CP24 240 MG .....                                      | 91  | dipyridamole .....  | 133 |
| digoxin TABS 0.125 MG, 125 MCG<br>92   |     | diltiazem hcl extended release beads<br>120 MG .....                 | 90  | disopyramide phosphate CAPS ...   | 24  |
| digoxin TABS 250 MCG .....   | 92  | diltiazem hcl extended release beads<br>180 MG .....                 | 91  | disulfiram .....  | 249 |
| dihydroergotamine mesylate SOLN IJ<br>1 MG/ML .....                          | 217 | diltiazem hcl extended release beads<br>240 MG .....                 | 90  | DITROPAN XL TB24 10 MG<br>(oxybutynin chloride) .....                     | 260 |
| dihydroergotamine mesylate SOLN<br>NA 4 MG/ML .....                          | 217 | diltiazem hcl extended release beads<br>300 MG, 360 MG, 420 MG ..... | 90  | DITROPAN XL TB24 5 MG<br>(oxybutynin chloride) .....                      | 260 |
| DILANTIN (phenytoin sodium<br>extended) .....                                | 39  | diltiazem hcl SOLN .....   | 91  | DIURIL SUSP .....   | 118 |
| DILANTIN 30 MG .....   | 39  | DILTIAZEM HCL SOLR .....   | 91  | divalproex sodium CSDR .....  | 39  |
| DILANTIN INFATABS CHEW<br>(phenytoin) .....                                  | 39  | diltiazem hcl TABS 120 MG .....                                      | 91  | divalproex sodium TB24 250 MG ..  | 39  |
| DILANTIN-125 SUSP (phenytoin) .  | 39  | diltiazem hcl TABS 30 MG, 60 MG                                      | 91  | divalproex sodium TB24 500 MG ..  | 39  |
| DILAUDID LIQD (hydromorphone<br>hcl) .....                                   | 14  | diltiazem hcl TABS 90 MG .....                                       | 91  | divalproex sodium TBEC 125 MG,<br>250 MG .....                            | 39  |
| DILAUDID SOLN IJ 0.2 MG/ML, 1<br>MG/ML, 2 MG/ML (hydromorphone<br>hcl) ..... | 14  | diltiazem hcl TABS 90 MG .....                                       | 91  | divalproex sodium TBEC 500 MG .   | 39  |
| DILAUDID TABS (hydromorphone<br>hcl) .....                                   | 14  | diltiazem hcl TB24 .....   | 91  | DIVIGEL GEL 0.25 MG/0.25GM, 0.75<br>MG/0.75GM, 1 MG/GM (estradiol)<br>124 |     |
| diltiazem hcl coated beads CP24 120<br>MG .....                              | 90  | DIMENHYDRINATE SOLN .....  | 52  | DIVIGEL GEL 0.5 MG/0.5GM<br>(estradiol) .....                             | 124 |
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| KROGER INSULIN<br>SYRINGE/1ML/29G X 1/2" .....   | 187 | KUVAN PACK (sapropterin<br>dihydrochloride) .....            | 121 | LAMICTAL ODT TBDP 50 MG<br>(lamotrigine) .....   | 36  |
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| KROGER LANCETS THIN 26G .                        | 151 | labetalol hcl TABS 100 MG .....                              | 88  | LAMICTAL STARTER/TAKING<br>VALPROATE KIT (lamotrigine) .....                             | 36  |
| KROGER LANCETS<br>ULTRATHIN30G .....             | 151 | labetalol hcl TABS 200 MG .....                              | 88  | LAMICTAL TABS 100 MG<br>(lamotrigine) .....  | 36  |
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| lamivudine SOLN  | LANCETS SUPER THIN 28G          | LATUDA 80 MG (lurasidone hcl)                          | 84<br>151<br>80   |
| lamivudine TABS  | LANCETS THIN                    | LAZCLUZE   | 84<br>151<br>69   |
| lamivudine-zidovudine                                    | LANCETS ULTRA THIN              | LEADER ADVANCED LANCING<br>DEVICE MISC                 | 84<br>152<br>152  |
| lamotrigine CHEW 25 MG                                   | LANCETS ULTRA THIN 30G          | LEADER INSULIN<br>SYRINGE/0.3ML/29G X 1/2"             | 36<br>152<br>188  |
| lamotrigine CHEW 5 MG                                    | LANCING DEVICE MISC             | LEADER INSULIN<br>SYRINGE/0.3ML/30G X 5/16"            | 36<br>152<br>188  |
| lamotrigine KIT 25 MG                                    | LANOXIN PEDIATRIC SOLN IJ       | LEADER INSULIN<br>SYRINGE/0.3ML/31G X 5/16"            | 36<br>92<br>188   |
| lamotrigine TABS 100 MG                                  | LANOXIN SOLN IJ (digoxin)       | LEADER INSULIN<br>SYRINGE/0.5ML/28G X 1/2"             | 36<br>92<br>188   |
| lamotrigine TABS 150 MG                                  | LANOXIN TABS 125 MCG (digoxin)  | LEADER INSULIN<br>SYRINGE/0.5ML/29G X 1/2"             | 36<br>92<br>188   |
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| lamotrigine TABS 25 MG                                   | LANOXIN TABS 62.5 MCG (digoxin) | LEADER INSULIN<br>SYRINGE/1ML/30G X 5/16"              | 36<br>92<br>188   |
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| PKU EASY TABS .....                    | 116 | PLEGRIDY SOSY IM .....                                   | 252 | posaconazole SUSP .....  | 54  |
| PKU EXPLORE10 PACK .....               | 116 | PLEGRIDY STARTER PACK SOAJ .                             | 252 | posaconazole TBEC .....  | 54  |
| PKU EXPLORE5 PACK .....                | 116 | PLEGRIDY STARTER PACK SOSY<br>SC .....                   | 252 | POSFREA SOLN .....   | 52  |
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| PKU GEL PACK .....                     | 116 | PLUVICTO .....   | 76  | potassium acetate SOLN 2 MEQ/ML .  | 221 |
| PKU GOLIKE 10G P.E. BAR .....          | 237 | PNEUMOVAX 23 SOSY .....                                  | 261 | POTASSIUM ACETATE SOLN 2<br>MEQ/ML .....   | 221 |
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| PKU LOPHLEX LQ 20 LIQD OR .            | 116 | POCKET CHAMBER DEVI .....                                | 216 | potassium chloride in dextrose 5 %-<br>10 MEQ/L, 5 %-20 MEQ/L .....  | 220 |
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| PKU PERIFLEX EARLY YEARS<br>POWD ..... | 116 | podofilox GEL .....                                      | 111 |  |     |
| PKU PERIFLEX JUNIOR PLUS<br>POWD ..... | 117 | podofilox SOLN .....                                     | 111 |  |     |
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| PKU SPHERE 20 LIQD OR .....            | 117 | POLIVY .....   | 68  |  |     |

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| potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 % .....                 | 220 | PRADAXA PACK 20 MG, 150 MG                                   | 34  | PRECEDEX SOLN .....   | 138 |
| potassium chloride microencapsulated crystals er ...   | 221 | PRADAXA PACK 30 MG, 40 MG, 50 MG, 110 MG .....               | 34  | PRECISION XTRA .....  | 114 |
| potassium chloride PACK OR 20 MEQ .....  | 221 | pralatrexate .....   | 67  | PRECISION XTRA DEVI .....   | 154 |
| POTASSIUM CHLORIDE SOLN IV (potassium chloride) .....  | 221 | PRALUENT SOAJ .....  | 57  | PRED FORTE (prednisolone acetate (ophth)) .....                                     | 242 |
| potassium chloride SOLN OR 10 %, 20 % .....  | 221 | pramipexole dihydrochloride TABS 0.125 MG .....              | 78  | PRED MILD .....   | 242 |
| potassium chloride TBCR .....  | 221 | pramipexole dihydrochloride TABS 0.25 MG .....               | 79  | prednicarbate OINT .....  | 109 |
| POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS .....   | 220 | pramipexole dihydrochloride TABS 0.5 MG .....                | 78  | prednisolone acetate (ophth) ....   | 242 |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE (potassium chloride in nacl) .....                            | 220 | pramipexole dihydrochloride TABS 0.75 MG .....               | 79  | PREDNISOLONE SODIUM PHOSPHATE .....   | 242 |
| potassium citrate (alkalinizer) TBCR 15 MEQ, 540 MG, 1080 MG, 1620 MG .....                      | 129 | pramipexole dihydrochloride TABS 1 MG .....                  | 79  | PREDNISOLONE SODIUM PHOSPHATE POWD .....  | 101 |
| potassium citrate-citric acid SOLN 129   |     | pramipexole dihydrochloride TABS 1.5 MG .....                | 79  | prednisolone sodium phosphate SOLN 10 MG/5ML, 20 MG/5ML ..                          | 101 |
| POTASSIUM PHOSPHATE/SODIUM CHLORIDE 0.9 %-1180 MG/250ML-1120 MG/250ML .....                      | 221 | pramipexole dihydrochloride TABS 1.5 MG .....                | 79  | prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML, 25 MG/5ML ..... | 101 |
| POTASSIUM PHOSPHATES 236 MG/ML-224 MG/ML, 71 MEQ/15ML-45 MMOLE/15ML (potassium phosphates) ..... | 221 | pramipexole dihydrochloride TB24                             | 79  | prednisolone sodium phosphate TBDP .....  | 101 |
| potassium phosphates 236 MG/ML-224 MG/ML .....   | 221 | prasugrel hcl .....  | 133 | prednisolone SOLN .....   | 101 |
| POTELIGEO .....  | 68  | pravastatin sodium 10 MG .....                               | 57  | prednisolone TABS .....   | 101 |
| PRADAXA CAPS (dabigatran etexilate mesylate) .....   | 34  | pravastatin sodium 20 MG, 40 MG                              | 57  | PREDNISONE INTENSOL CONC 101  |     |
| PRADAXA CAPS 75 MG (dabigatran etexilate mesylate) .....   | 34  | pravastatin sodium 80 MG .....                               | 57  | PREDNISONE POWD .....   | 101 |
|  |     | PRAXBIND .....   | 51  | prednisone SOLN .....   | 101 |
|  |     | praziquantel .....   | 21  | prednisone TABS .....   | 101 |
|  |     | prazosin hcl CAPS 1 MG .....                                 | 60  | prednisone TBPK .....   | 101 |
|  |     | prazosin hcl CAPS 2 MG .....                                 | 60  | PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" .                             | 195 |
|  |     | prazosin hcl CAPS 5 MG .....                                 | 60  | PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" .....                        | 195 |
|  |     | PRECEDEX SOLN (dexmedetomidine hcl in sodium chloride) ..... | 138 | PREFERRED PLUS INSULIN  |     |

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| SYRINGE/U-100/0.5ML/28G X 1/2" .<br>195                               | MG, 100 MG, 150 MG, 200 MG, 300<br>MG ..... 37  | PRENATE ELITE 75 MG-21 MG-330<br>MCG-400 MCG-600 UNIT-13 MCG-<br>3.5 MG-21 MG-3 MG-155 MG-25<br>MG-15 MG-1.5 MG-2600 UNIT-150<br>MCG-40 UNIT-600 MCG-20 MG .227 |
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| PREFERRED PLUS INSULIN<br>SYRINGE/U-100/0.5ML/30G X 5/16"<br>.....195 | PREGNENOLONE MICRONIZED<br>97<br>PREGNYL IM .....120  | PRENATE ESSENTIAL 90 MG-26<br>MG-280 MCG-400 MCG-220 UNIT-<br>13 MCG-155 MG-50 MG-300 MG-<br>150 MCG-10 UNIT-40 MG-600 MCG-<br>18 MG .....227                   |
| PREFERRED PLUS INSULIN<br>SYRINGE/U-100/1ML/28G X 1/2"<br>195         | PREHEVBRIO .....264<br>PREMARIN .....265  | PRENATE MINI 60 MG-26 MG-280<br>MCG-400 MCG-1000 UNIT-13 MCG-<br>80 MG-25 MG-350 MG-18 MG-150<br>MCG-10 UNIT-600 MCG-25 MG .228                                 |
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| PREFERRED PLUS UNIFINE<br>PENTIPS 29G X 12MM .....195                 | prenatal vit w/ iron carbonyl-folic acid<br>TABS 120 MG-10 MG-1.25 MG-315<br>UNIT-15 MCG-3.4 MG-10 MG-1 MG-<br>2 MG-15 MG-10 MG-20 UNIT-2100<br>UNIT-50 MG .....227 | PREVACID SOLUTAB TBDD<br>(lansoprazole) .....259  |
| PREFERRED PLUS UNIFINE<br>PENTIPS 31G X 6MM ULTRA<br>SHORT .....195   | prenatal without a w/ fe fumarate-l<br>methylfolate-fa-dha .....227   | PREVACID SOLUTAB TBDD 15 MG<br>(lansoprazole) .....259  |
| PREFERRED PLUS UNIFINE<br>PENTIPS 31G X 8MM SHORT ..195               | PRENATE .....227  | PREVDUO .....51   |
| PREFERRED PLUS UNIFINE<br>PENTIPS 32GX4MM .....195                    | PRENATE AM .....227   | PREVENT DROPSAFE SAFETY<br>PEN NEEDLES 31GX1/4" .....196  |
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| pregabalin CAPS 225 MG .....37  |   | PREVIDENT 5000 DRY MOUTH<br>GEL (sodium fluoride (dental)) ...225   |
| pregabalin CAPS 25 MG, 50 MG, 75                                      |   | PREVIDENT 5000 KIDS PSTE DT   |

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| (sodium fluoride (dental))                          | 225 | PRIORIX SUSR                                   | 264 | PRO COMFORT SAFETY LANCETS                           |     |
| PREVIDENT 5000 ORTHO                                |     | PRISTIQ (desvenlafaxine succinate)             | 42  | 30G PRESSURE ACTIVATED                               | 155 |
| DEFENSE PSTE DT (sodium fluoride (dental))          | 225 | PRISTIQ 50 MG (desvenlafaxine succinate)       | 42  | PROAIR DIGIHALER                                     | 30  |
| PREVIDENT 5000 PLUS CREA (sodium fluoride (dental)) | 225 | PRIVIGEN SOLN                                  | 247 | PROAIR RESPICLICK AEPB                               | 30  |
| PREVIDENT FLUORIDE GEL (sodium fluoride (dental))   | 225 | PRO COMFORT INHALER SPACER CHAMBER ADULT MISC  | 216 | probenecid   | 131 |
| PREVIDENT RINSE SOLN (sodium fluoride (dental))     | 225 | PRO COMFORT INHALER SPACER CHAMBER CHILD MISC  | 216 | procainamide hcl SOLN 100 MG/ML                      | 24  |
| PREVNAR 13  | 261 | PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI | 216 | PROCARDIA XL TB24 (nifedipine)                       | 91  |
| PREVNAR 20  | 261 | PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"  | 196 | PROCARE SPACER CHAMBER W/ADULT MASK DEVI             | 216 |
| PREVYMIS SOLN 240 MG/12ML                           | 86  | PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16" | 196 | PROCARE SPACER CHAMBER W/CHILD MASK DEVI             | 216 |
| PREVYMIS SOLN 480 MG/24ML                           | 86  | PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16" | 196 | PROCHAMBER VALVED HOLDINGCHAMBER DEVI                | 216 |
| PREVYMIS TABS                                       | 86  | PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"    | 196 | prochlorperazine                                     | 82  |
| PREZCOBIX   | 85  | PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"   | 196 | prochlorperazine edisylate 10 MG/2ML                 | 82  |
| PREZISTA SUSP                                       | 85  | PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"   | 196 | PROCHLORPERAZINE MALEATE POWD                        | 83  |
| PREZISTA TABS 600 MG (darunavir)                    | 85  | PRO COMFORT LANCETS 30G 155                    |     | prochlorperazine maleate TABS                        | 83  |
| PREZISTA TABS 75 MG, 150 MG                         | 85  | PRO COMFORT LANCETS 31G 155                    |     | PROCRIT  | 136 |
| PREZISTA TABS 800 MG (darunavir)                    | 85  | PRO COMFORT PEN NEEDLES/31G X 8MM              | 196 | PROCTOFOAM HC FOAM EX                                | 21  |
| PRIFTIN   | 66  | PRO COMFORT PEN NEEDLES/32G X 4MM              | 196 | PROCYSBI CPDR  | 129 |
| PRILOSEC PACK                                       | 259 | PRO COMFORT PEN NEEDLES/32G X 5MM              | 196 | PROCYSBI PACK  | 129 |
| PRIMACARE   | 228 | PRO COMFORT PEN NEEDLES/32G X 6MM              | 196 | PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT | 155 |
| PRIMAQUINE PHOSPHATE TABS (primaquine phosphate)    | 65  |  |     | PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"      | 196 |
| primaquine phosphate TABS                           | 65  |  |     | PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16"            | 196 |
| PRIMAXIN IV IV 500 MG-500 MG (imipenem-cilastatin)  | 62  |  |     | PRODIGY INSULIN SYRINGE/1ML/28G X 1/2"               | 196 |
| primidone 125 MG                                    | 37  |  |     |  |     |
| primidone 250 MG                                    | 37  |  |     |  |     |
| primidone 50 MG                                     | 37  |  |     |  |     |

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| PRODIGY LANCING DEVICE MISC .<br>155                     | PROGRAF PACK 0.2 MG .....223                                      | propranolol hcl TABS 60 MG, 80 MG<br>90                   |
| PRODIGY NO CODING BLOOD<br>GLUCOSE TEST STRIPS STRP .114 | PROGRAF PACK 1 MG .....223  | propylthiouracil .....256                                 |
| PRODIGY PRESSURE ACTIVATED<br>SAFETY LANCETS .....155    | PROGRAF SOLN .....223   | PROQUAD SUSR .....264                                     |
| PRODIGY TWIST TOP LANCETS<br>155                         | PROLASTIN-C SOLN .....253   | PROSCAR (finasteride) .....130                            |
| PROFILNINE .....131                                      | PROLATE SOLN .....18  | PROSOL SOLN .....237                                      |
| progesterone CAPS .....249                               | PROLATE TABS .....18  | PROSTIN VR PEDIATRIC .....224                             |
| PROGESTERONE MICRONIZED<br>(SOY) .....97                 | PROLENSA (bromfenac sodium<br>(ophth)) .....244                   | protamine sulfate .....133                                |
| PROGESTERONE MICRONIZED<br>(YAM) .....97                 | PROLIA SOSY .....119  | PROTONIX PACK (pantoprazole<br>sodium) .....259           |
| PROGESTERONE MICRONIZED<br>97                            | PROMACTA PACK .....136  | PROTONIX SOLR (pantoprazole<br>sodium) .....259           |
| PROGESTERONE MILLED POWD<br>97                           | PROMACTA TABS .....136  | PROTONIX TBEC (pantoprazole<br>sodium) .....259           |
| progesterone OIL .....249                                | PROMETHAZINE HCL POWD ....97                                      | protriptyline hcl .....42                                 |
| PROGESTERONE POWD .....97                                | promethazine hcl SOLN OR 6.25<br>MG/5ML .....55                   | PROVAYBLUE SOLN IV (methylene<br>blue (antidote)) .....51 |
| PROGESTERONE ULTRA<br>MICRONIZED .....97                 | promethazine hcl SUPP .....55                                     | PROVENGE .....69  |
| PROGESTERONE WETTABLE<br>(SOY) POWD .....97              | promethazine hcl TABS .....55                                     | PROVENTIL HFA AERS (albuterol<br>sulfate) .....30         |
| PROGESTERONE WETTABLE<br>(YAM) POWD .....97              | PROMETRIUM CAPS (progesterone)<br>.....249                        | PROVERA (medroxyprogesterone<br>acetate) .....249         |
| PROGESTERONE WETTABLE<br>POWD .....97                    | propafenone hcl CP12 .....24                                      | PROVIGIL (modafinil) .....4                               |
| PROGLYCEM (diazoxide) .....45                            | propafenone hcl TABS .....24                                      | PROZAC CAPS 10 MG (fluoxetine<br>hcl) .....41             |
| PROGRAF CAPS 0.5 MG<br>(tacrolimus) .....223             | proparacaine hcl .....241   | PROZAC CAPS 20 MG (fluoxetine<br>hcl) .....41             |
| PROGRAF CAPS 1 MG (tacrolimus) .<br>223                  | propofol EMUL 1000 MG/100ML .129                                  | PROZAC CAPS 40 MG (fluoxetine<br>hcl) .....41             |
| PROGRAF CAPS 5 MG (tacrolimus) .<br>223                  | propofol EMUL 200 MG/20ML, 500<br>MG/50ML, 1000 MG/100ML .....129 | PRUDOXIN (doxepin hcl<br>(antipruritic)) .....104         |
|  | propranolol hcl CP24 120 MG .....89                               | pseudoephedrine hcl TB12 .....231                         |
|  | propranolol hcl CP24 60 MG, 80 MG,<br>160 MG .....89              | PULMICORT FLEXHALER AEPB .27                              |
|  | propranolol hcl SOLN OR 20<br>MG/5ML, 40 MG/5ML .....90           | PULMICORT SUSP 0.25 MG/2ML,                               |
|  | propranolol hcl TABS 10 MG, 20 MG<br>90                           |   |
|  | propranolol hcl TABS 40 MG .....90                                |   |



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| 0.5 MG/2ML (budesonide<br>(inhalation)) .....              | 27  | PX MINI PEN NEEDLES 31GX5MM<br>197  | QELBREE 150 MG ..... | 3   |
| PULMICORT SUSP 1 MG/2ML<br>(budesonide (inhalation)) ..... | 27  | PX PEN NEEDLE 29GX12MM ..   | 197                  | QELBREE 200 MG .....  |
| PULMOZYME .....  | 254 | PX PEN NEEDLE 31GX8MM ....  | 197                  | QINLOCK .....   |
| PURE COMFORT INHALER<br>SPACER CHAMBER ADULT DEVI<br>216   |     | PYLARIFY .....  | 114                  | QNASL .....   |
| PURE COMFORT LANCETS 30G<br>155                            |     | PYLERA (bismuth subcitrate<br>potassium-metronidazole-<br>tetracycline) ..... | 259                  | QNASL CHILDRENS .....   |
| PURE COMFORT PEN NEEDLE<br>32G X6MM .....                  | 196 | pyrazinamide .....  | 66                   | QTERN .....   |
| PURE COMFORT PEN NEEDLE<br>32G X8MM .....                  | 196 | pyridostigmine bromide SOLN OR  | 65                   | QUADRACEL SUSP .....  |
| PURE COMFORT PEN<br>NEEDLE/32G X 5MM .....                 | 197 | pyridostigmine bromide TABS 30 MG<br>.....                                    | 66                   | QUADRACEL SUSY .....  |
| PURE COMFORT PEN<br>NEEDLE/32G X4MM .....                  | 197 | pyridostigmine bromide TABS 60 MG<br>.....                                    | 65                   | QUALAQUIN CAPS (quinine sulfate)<br>65  |
| PURE COMFORT SAFETY PEN<br>NEEDLE 31G X 5MM .....          | 197 | pyridostigmine bromide TBCR ....  | 66                   | QUARTETTE (levonorgestrel-ethinyl<br>estradiol (91-day)) .....                    |
| PURE COMFORT SAFETY PEN<br>NEEDLE 31G X 6MM .....          | 197 | pyrimethamine .....   | 65                   | quazepam .....  |
| PURE COMFORT SAFETY PEN<br>NEEDLE 32G X 4MM .....          | 197 | PYRUKYND TABS .....   | 134                  | QUDEXY XR CS24 150 MG, 200 MG<br>(topiramate) .....                               |
| PURIXAN SUSP .....   | 67  | PYRUKYND TAPER PACK TBPK<br>133   |                      | QUDEXY XR CS24 25 MG, 50 MG,<br>100 MG (topiramate) .....                         |
| PX ADVANCED LANCING DEVICE<br>MISC .....                   | 155 | PYRUKYND TAPER PACK TBPK<br>134   |                      | QUELICIN SOLN (succinylcholine<br>chloride) .....                                 |
| PX EXTRA SHORT PEN NEEDLES<br>31GX6MM .....                | 197 | QALSODY .....   | 231                  | QUESTRAN LIGHT POWD<br>(cholestyramine light) .....                               |
| PX INSULIN SYRINGE/U-<br>100/0.5ML/30G X 1/2" .....        | 197 | QBRELIS SOLN .....  | 58                   | QUESTRAN PACK (cholestyramine)<br>56  |
| PX LANCETS MICROTHIN 33G                                   | 155 | QC ADVANCED LANCING DEVICE<br>MISC .....                                      | 155                  | QUESTRAN POWD (cholestyramine)<br>.....   |
| PX LANCETS ULTRA THIN .....                                | 155 | QC LANCETS SUPER THIN ....  | 155                  | quetiapine fumarate TABS 150 MG<br>82   |
| PX LANCETS ULTRA THIN 28G<br>155                           |     | QC UNIFINE PENTIPS 32GX4MM<br>197   |                      | quetiapine fumarate TABS 25 MG, 50<br>MG, 100 MG, 200 MG, 300 MG, 400<br>MG ..... |
|  |     | QC UNILET LANCETS 28G/ULTRA<br>THIN .....                                     | 155                  | quetiapine fumarate TB24 150 MG,<br>200 MG .....                                  |
|  |     | QC UNILET LANCETS 33G/MICRO<br>THIN .....                                     | 155                  | quetiapine fumarate TB24 50 MG,<br>300 MG, 400 MG .....                           |
|  |     | QDOLO SOLN (tramadol hcl) .....   | 17                   |   |
|  |     | QELBREE 100 MG .....  | 3                    |   |

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| QUILLICHEW ER CHER .....            | 4   | rabeprazole sodium TBEC .....     | 259 | RASUVO SOAJ 22.5 MG/0.45ML ... | 7   |
| QUILLIVANT XR SRER .....            | 4   | RADICAVA ORS STARTER KIT          |     | RASUVO SOAJ 25 MG/0.5ML .....  | 7   |
| QUILLIVANT XR SRER .....            | 5   | SUSP .....                        | 231 | RASUVO SOAJ 30 MG/0.6ML .....  | 7   |
| quinapril hcl .....                 | 58  | RADICAVA ORS SUSP .....           | 231 | RASUVO SOAJ 7.5 MG/0.15ML ...  | 7   |
| quinapril-hydrochlorothiazide ..... | 61  | RADICAVA SOLN (edaravone) ..      | 231 | RAVICTI .....                  | 122 |
| quinidine gluconate TBCR .....      | 24  | RAGWITEK SUBL .....               | 5   | RAYA SURE PEN NEEDLE 29GX      |     |
| quinidine sulfate TABS .....        | 24  | raloxifene hcl .....              | 120 | 12MM .....                     | 197 |
| quinine sulfate CAPS 324 MG .....   | 65  | ramelteon .....                   | 139 | RAYA SURE PEN NEEDLE 31GX      |     |
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| SOMATULINE DEPOT 120<br>MG/0.5ML .....                  | 124 | SPIKEVAX COVID-19 VACCINE<br>SUSP .....                       | 264 | STALEVO 50 (carbidopa-levodopa-<br>entacapone) .....      | 79  |
| SOMATULINE DEPOT 60 MG/0.2ML<br>.....                   | 124 | SPIKEVAX COVID-19<br>VACCINE/2023-24 SUSP .....               | 264 | STALEVO 75 (carbidopa-levodopa-<br>entacapone) .....      | 79  |
| SOMATULINE DEPOT 90 MG/0.3ML<br>.....                   | 124 | SPIKEVAX COVID-19<br>VACCINE/2023-24 SUSY .....               | 264 | STAMARIL SUSR .....                                       | 264 |
| SOMAVERT .....  | 120 | SPIKEVAX COVID-19<br>VACCINE/2024-25 SUSY .....               | 264 | STEGLATRO .....   | 50  |
| sorafenib tosylate .....                                | 75  | spinosad .....  | 113 | STEGLUJAN .....   | 44  |
| SORBITOL 3 % .....                                      | 130 | SPINRAZA .....  | 235 | STELARA 130 MG/26ML .....                                 | 128 |
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| SORILUX FOAM .....                                      | 105 | SPIRIVA RESPIMAT AERS 1.25<br>MCG/ACT .....                   | 25  | STELARA SOSY 45 MG/0.5ML ..                               | 105 |
| sotalol hcl (afib/afI) 120 MG .....                     | 90  | SPIRIVA RESPIMAT AERS 2.5<br>MCG/ACT .....                    | 25  | STELARA SOSY 90 MG/ML .....                               | 105 |
| sotalol hcl (afib/afI) 160 MG .....                     | 90  | spironolactone & hydrochlorothiazide<br>.....                 | 117 | STERILANCE TL .....                                       | 158 |
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| sotalol hcl TABS 240 MG .....                           | 90  | SPORANOX CAPS (itraconazole) .                                | 54  | STIVARGA .....  | 75  |
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|   |     | SPRAVATO 56MG DOSE .....                                      | 40  |   |     |

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| STRATTERA 10 MG, 18 MG, 25 MG,<br>40 MG, 60 MG (atomoxetine hcl) ...                            | 3   | SUFLAVE .....  | 139 | sumatriptan succinate SOLN 6<br>MG/0.5ML .....  | 219 |
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| STRIBILD .....  | 85  | sulfacetamide sodium (ophth) SOLN .<br>240                             |     | SUNLENCA SOLN .....   | 85  |
| STRIVERDI RESPIMAT .....  | 30  | sulfacetamide sodium w/ sulfur<br>CREA 10 %-5 % .....                  | 102 | SUNLENCA TBPK .....   | 85  |
| STROMECTOL (ivermectin) .....   | 21  | sulfacetamide sodium w/ sulfur LIQD<br>10 %-2 %, 9 %-4 %, 9 %-4.5 % .. | 102 | SUNOSI .....  | 3   |
| STRONTIUM CHLORIDE SR-89 .  | 76  | sulfacetamide sodium w/ sulfur SUSP<br>8 %-4 % .....                   | 102 | SUPPRELIN LA .....  | 120 |
| SUBLOCADE SOSY 100 MG/0.5ML .<br>19   |     | sulfacetamide sod-prednisolone<br>SOLN .....                           | 242 | SUPRANE (desflurane) .....  | 129 |
| SUBLOCADE SOSY 300 MG/1.5ML .<br>19   |     | sulfadiazine TABS .....  | 255 | SUPREP BOWEL PREP KIT<br>(sodium sulfate-potassium sulfate-<br>magnesium sulfate) ..... | 139 |
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| SUBOXONE FILM SL 2 MG-8 MG<br>(buprenorphine hcl-naloxone hcl<br>dihydrate) .....               | 19  | sulfamethoxazole-trimethoprim SUSP<br>.....                            | 62  | SURE COMFORT AUTOKEEPER<br>SAFETY PEN NEEDLES 32GX5/32"<br>.....                        | 199 |
| SUBOXONE FILM SL 3 MG-12 MG<br>(buprenorphine hcl-naloxone hcl<br>dihydrate) .....              | 19  | sulfamethoxazole-trimethoprim TABS<br>.....                            | 62  | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/29G X 1/2" .<br>199                         |     |
| succinylcholine chloride SOLN ...   | 231 | SULFAMYLON CREA .....  | 107 | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/30G X 1/2" .<br>199                         |     |
| SUCCINYLCHOLINE CHLORIDE<br>SOSY IJ 100 MG/5ML .....  | 231 | SULFASALAZINE POWD .....   | 128 | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/30G X 5/16"<br>.....                        | 199 |
| SUCRAID .....   | 117 | sulfasalazine TABS .....   | 128 | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/31G X 5/16" .<br>199                        |     |
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| sucralfate TABS .....   | 258 | SUMADAN KIT .....  | 102 | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/31GX1/4"<br>.....                           | 200 |
| SUFENTANIL CITRATE SOLN IV<br>(sufentanil citrate) .....  | 17  | SUMADAN WASH LIQD<br>(sulfacetamide sodium w/ sulfur) .                | 102 | SURE COMFORT INSULIN<br>SYRINGE/U-100/0.3ML/31GX1/4"<br>200                             |     |
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|   |     | sumatriptan succinate SOAJ .....                                       | 218 |   |     |
|   |     | sumatriptan succinate SOCT .....                                       | 218 |   |     |

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| SURE COMFORT INSULIN<br>SYRINGE/U-100/0.5ML/28G X 1/2" .<br>200     | SURE COMFORT LANCETS 23G<br>158  | MCG/ACT (budesonide-formoterol<br>fumarate dihydrate) ..... 30            |
| SURE COMFORT INSULIN<br>SYRINGE/U-100/0.5ML/29G X 1/2" .<br>200     | SURE COMFORT LANCETS 28G<br>158  | SYMBYAX 25 MG-3 MG (olanzapine-<br>fluoxetine hcl) .....250               |
| SURE COMFORT INSULIN<br>SYRINGE/U-100/0.5ML/30G X 1/2" .<br>200     | SURE COMFORT LANCETS 30G<br>158  | SYMBYAX 25 MG-6 MG (olanzapine-<br>fluoxetine hcl) .....250               |
| SURE COMFORT INSULIN<br>SYRINGE/U-100/0.5ML/30G X 5/16"<br>.....200 | SURE COMFORT LANCING PEN<br>MISC .....158  | SYMDEKO 150 MG-100 MG .....254<br>SYMDEKO 75 MG-50 MG ..... 254           |
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| SURE COMFORT INSULIN<br>SYRINGE/U-100/0.5ML/31G X 5/16 .<br>200     | SURE COMFORT PEN<br>NEEDLES30GX5/16" SHORT ...200  | SYMFI LO (efavirenz-lamivudine-<br>tenofovir disoproxil fumarate) .....85 |
| SURE COMFORT INSULIN<br>SYRINGE/U-100/1ML/28G X 1/2"<br>200         | SURE COMFORT PEN<br>NEEDLES31GX3/16" (5MM) .... 200  | SYMLINPEN 120 SOPN .....43<br>SYMLINPEN 60 SOPN ..... 43                  |
| SURE COMFORT INSULIN<br>SYRINGE/U-100/1ML/29G X 1/2"<br>200         | SURE COMFORT PEN<br>NEEDLES31GX5/16" (8MM) .... 200  | SYMPAZAN FILM .....34   |
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| SURE COMFORT INSULIN<br>SYRINGE/U-100/1ML/30G X 5/16"<br>200        | SURE COMFORT PEN<br>NEEDLES32GX5/32" ..... 200   | SYNAGIS SOLN 100 MG/ML .... 247<br>SYNAGIS SOLN 50 MG/0.5ML .. 247        |
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| SURE COMFORT INSULIN<br>SYRINGES/0.5ML/31G X 6MM .200               | SUSTIVA CAPS (efavirenz) ..... 85  | SYNALAR CREAM KIT .....109  |
| SURE COMFORT INSULIN<br>SYRINGES/U-100/1ML/31GX6MM<br>200           | SUSTOL PRSY ..... 52   | SYNALAR OINT (fluocinolone<br>acetoneide) .....109                        |
| SURE COMFORT LANCETS 18G<br>158                                     | SUSVIMO SOLN ..... 239   | SYNALAR OINTMENT KIT ..... 109  |
| SURE COMFORT LANCETS 21G<br>158                                     | SUTAB..... 139   | SYNALAR SOLN (fluocinolone<br>acetoneide) .....109                        |
|   | SUTENT (sunitinib malate) .....75  | SYNALAR TS ..... 109  |
|   | SYFOVRE .....240   | SYNAREL .....120  |
|   | SYLVANT .....224   | SYNDROS SOLN .....53  |
|   | SYMBICORT (budesonide-<br>formoterol fumarate dihydrate) ....30                            | SYNJARDY TABS ..... 44  |
|   | SYMBICORT 160 MCG/ACT-4.5<br>MCG/ACT (budesonide-formoterol<br>fumarate dihydrate) .....30 | SYNJARDY XR TB24 1000 MG-10<br>MG, 1000 MG-12.5 MG, 1000 MG-5             |
|   | SYMBICORT 80 MCG/ACT-4.5   |   |

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|---|-----|--|-----|--|-----|
| MG .....  | 44  | TAKHZYRO SOSY 150 MG/ML ..                                 | 133 | TAVALISSE .....  | 132 |
| SYNJARDY XR TB24 1000 MG-25<br>MG .....                           | 44  | TAKHZYRO SOSY 300 MG/2ML ..                                | 133 | TAVNEOS .....  | 132 |
| SYNTHROID TABS (levothyroxine<br>sodium) .....                    | 256 | TALICIA .....  | 259 | TAYTULLA CAPS (norethin acet &<br>estradiol) .....         | 98  |
| SYPRINE (trientine hcl) .....                                     | 222 | TALTZ SOAJ .....   | 105 | tazarotene CREA 0.05 % .....                               | 105 |
| SYRPALTA SYRP .....   | 248 | TALTZ SOSY 20 MG/0.25ML, 40<br>MG/0.5ML .....              | 105 | tazarotene CREA 0.1 % .....                                | 105 |
| SYRUP VEHICLE SYRP .....  | 248 | TALTZ SOSY 80 MG/ML .....                                  | 105 | tazarotene GEL .....                                       | 105 |
| TABRECTA .....  | 75  | TALVEY .....   | 69  | tazarotene GEL .....                                       | 106 |
| TACHOSIL .....  | 137 | TALZENNA 0.1 MG, 0.35 MG, 0.5<br>MG, 0.75 MG, 1 MG .....   | 75  | TAZORAC CREA 0.05 %<br>(tazarotene) .....                  | 106 |
| TACLONEX OINT (calcipotriene-<br>betamethasone dipropionate) .... | 109 | TALZENNA 0.25 MG .....                                     | 75  | TAZORAC CREA 0.1 % (tazarotene)<br>106                     |     |
| TACLONEX SUSP (calcipotriene-<br>betamethasone dipropionate) .... | 110 | TAMIFLU CAPS 30 MG, 45 MG<br>(oseltamivir phosphate) ..... | 88  | TAZORAC GEL (tazarotene) .....                             | 106 |
| tacrolimus (topical) OINT 0.03 % ..                               | 111 | TAMIFLU CAPS 75 MG (oseltamivir<br>phosphate) .....        | 88  | TAZVERIK .....   | 75  |
| tacrolimus (topical) OINT 0.1 % ..                                | 111 | TAMIFLU SUSR (oseltamivir<br>phosphate) .....              | 88  | TDVAX SUSP .....   | 256 |
| tacrolimus CAPS 0.5 MG .....                                      | 224 | tamoxifen citrate TABS .....                               | 71  | TECARTUS .....   | 69  |
| tacrolimus CAPS 1 MG .....  | 224 | tamsulosin hcl .....                                       | 130 | TECELRA .....  | 69  |
| tacrolimus CAPS 5 MG .....  | 224 | TARCEVA 100 MG (erlotinib hcl) ..                          | 69  | TECENTRIQ .....  | 69  |
| tadalafil (pulmonary hypertension)<br>TABS .....                  | 94  | TARCEVA 150 MG (erlotinib hcl) ..                          | 70  | TECENTRIQ HYBREZA .....                                    | 72  |
| tadalafil 5 MG .....  | 93  | TARGRETIN (bexarotene (topical))<br>104                    |     | TECFIDERA CPDR 120 MG<br>(dimethyl fumarate) .....         | 252 |
| TADLIQ SUSP .....   | 94  | TARGRETIN (bexarotene) .....                               | 76  | TECFIDERA CPDR 240 MG<br>(dimethyl fumarate) .....         | 252 |
| TAFINLAR CAPS .....   | 75  | TARON-C DHA .....  | 228 | TECFIDERA STARTER PACK CDPK<br>(dimethyl fumarate) .....   | 252 |
| TAFINLAR TBSO .....   | 75  | TARPEYO CPDR .....   | 101 | TECHLITE INSULIN SYRINGEU-<br>100/0.3ML/30G X 5/16" .....  | 201 |
| tafluprost .....  | 245 | TASCENSO ODT .....   | 252 | TECHLITE INSULIN SYRINGEU-<br>100/0.3ML/31G X 15/64" ..... | 201 |
| TAGAMET HB 200 TABS<br>(cimetidine) .....                         | 258 | TASIGNA .....  | 75  | TECHLITE INSULIN SYRINGEU-<br>100/0.3ML/31G X 5/16" .....  | 201 |
| TAGAMET HB TABS (cimetidine)<br>258                               |     | tasimelteon CAPS .....                                     | 139 | TECHLITE INSULIN SYRINGEU-<br>100/0.5ML/30G X 1/2" .....   | 201 |
| TAGRISSE .....  | 69  | TASMAR (tolcapone) .....                                   | 78  |  |     |
| TAKHZYRO SOLN .....   | 132 | TAUVID .....   | 114 |  |     |
|   |     | tavaborole .....   | 103 |  |     |

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| TECHLITE INSULIN SYRINGEU-<br>100/0.5ML/30G X 5/16" .....  | 201 | TEGSEDI .....                                      | 253 | terazosin hcl 10 MG .....                                       | 60  |
| TECHLITE INSULIN SYRINGEU-<br>100/0.5ML/31G X 15/64" ..... | 201 | TEKTURNA (aliskiren fumarate) ..                   | 61  | terazosin hcl 2 MG .....  | 60  |
| TECHLITE INSULIN SYRINGEU-<br>100/0.5ML/31G X 5/16" .....  | 201 | TEKTURNA HCT 12.5 MG-300 MG,<br>25 MG-300 MG ..... | 61  | terazosin hcl 5 MG .....  | 60  |
| TECHLITE INSULIN SYRINGEU-<br>100/1ML/29G X 1/2" .....     | 201 | telmisartan 20 MG .....                            | 59  | terbinafine hcl (topical) CREA ....                             | 103 |
| TECHLITE INSULIN SYRINGEU-<br>100/1ML/30G X 1/2" .....     | 201 | telmisartan 40 MG .....                            | 59  | terbinafine hcl TABS .....                                      | 53  |
| TECHLITE INSULIN SYRINGEU-<br>100/1ML/31G X 15/64" .....   | 201 | telmisartan 80 MG .....                            | 59  | terbutaline sulfate SOLN .....                                  | 30  |
| TECHLITE INSULIN SYRINGEU-<br>100/1ML/31G X 5/16" .....    | 201 | telmisartan-amlodipine .....                       | 61  | terbutaline sulfate TABS .....                                  | 30  |
| TECHLITE LANCETS .....                                     | 158 | telmisartan-hydrochlorothiazide ..                 | 61  | terconazole vaginal CREA .....                                  | 265 |
| TECHLITE PEN NEEDLES 29GX 12<br>MM .....                   | 201 | temazepam 15 MG, 30 MG .....                       | 138 | terconazole vaginal SUPP .....                                  | 265 |
| TECHLITE PEN NEEDLES 31GX<br>5MM .....                     | 201 | temazepam 7.5 MG, 22.5 MG ....                     | 138 | teriflunomide .....   | 252 |
| TECHLITE PEN NEEDLES/31GX<br>8MM .....                     | 201 | TEMODAR CAPS 250 MG<br>(temozolomide) .....        | 67  | teriparatide SOPN .....   | 119 |
| TECHLITE PEN NEEDLES/32GX<br>6MM .....                     | 201 | TEMODAR SOLR .....                                 | 67  | TERIPARATIDE SOPN .....   | 119 |
| TECHLITE PLUS PEN<br>NEEDLES32G X 4MM .....                | 201 | temozolomide CAPS .....                            | 67  | TESTIM GEL TD (testosterone) ...                                | 20  |
| TECVAYLI .....   | 69  | temsirolimus .....                                 | 75  | TESTOPEL PLLT .....   | 20  |
| TEFLARO .....  | 96  | TENIVAC INJ .....                                  | 256 | testosterone cypionate SOLN IM ..                               | 20  |
| TEGRETOL SUSP (carbamazepine) .<br>37                      |     | tenofovir disoproxil fumarate TABS<br>85           |     | testosterone enanthate SOLN IM ..                               | 20  |
| TEGRETOL TABS (carbamazepine) .<br>37                      |     | TENORETIC 100 (atenolol &<br>chlorthalidone) ..... | 61  | testosterone GEL TD 1 %, 50<br>MG/5GM .....                     | 20  |
| TEGRETOL-XR TB12 100 MG, 200<br>MG (carbamazepine) .....   | 38  | TENORETIC 50 (atenolol &<br>chlorthalidone) .....  | 61  | testosterone GEL TD 1.62 %, 25<br>MG/2.5GM, 40.5 MG/2.5GM ..... | 20  |
| TEGRETOL-XR TB12 400 MG<br>(carbamazepine) .....           | 38  | TENORMIN TABS 100 MG (atenolol)<br>.....           | 89  | testosterone GEL TD 10 MG/ACT .                                 | 20  |
|  |     | TENORMIN TABS 25 MG (atenolol) .<br>89             |     | testosterone GEL TD 20.25<br>MG/1.25GM .....                    | 20  |
|  |     | TENORMIN TABS 50 MG (atenolol) .<br>89             |     | TESTOSTERONE MICRONIZED<br>(SOY) POWD .....                     | 97  |
|  |     | TEPADINA (thiotepa) .....                          | 67  | TESTOSTERONE MICRONIZED<br>POWD .....                           | 97  |
|  |     | TEPEZZA .....                                      | 120 | TESTOSTERONE MICRONIZED<br>SOY POWD .....                       | 97  |
|  |     | TEPMETKO .....                                     | 75  | TESTOSTERONE MICRONIZED<br>YAM CRYST .....                      | 97  |
|  |     | terazosin hcl 1 MG .....                           | 60  | TESTOSTERONE POWD .....   | 97  |

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| TESTOSTERONE PROPIONATE                            | 97  | thiothixene  | 83  | 238  |     |
| testosterone SOLN                                  | 20  | THROMBATE III  | 133 | timolol maleate (ophth) SOLN                       | 238 |
| TETANUS/DIPHTHERIA TOXOIDS-<br>ADSORBED ADULT SUSP | 256 | THROMBIN-JMI DILUENT SOLR<br>137   |     | timolol maleate TABS                               | 90  |
| tetrabenazine                                      | 251 | THROMBIN-JMI EPISTAXIS KIT   | 137 | TIMOPTIC OCUDOSE SOLN (timolol<br>maleate (ophth)) | 238 |
| tetracaine hcl (ophth)                             | 241 | THROMBIN-JMI SYRINGE SPRAY<br>KIT KIT                                      | 137 | TIMOPTIC SOLN (timolol maleate<br>(ophth))         | 238 |
| TETRACYCLINE HCL                                   | 102 | THROMBIN-JMI W/DIL<br>SPRAYPUMP ACTUATOR KIT                               | 137 | TIMOPTIC-XE SOLG (timolol<br>maleate (ophth))      | 238 |
| tetracycline hcl CAPS                              | 255 | THYMOGLOBULIN  | 224 | TINACTIN CREA (tolnaftate)                         | 104 |
| TETRACYCLINE HYDROCHLORID<br>TABS                  | 256 | THYQUIDITY SOLN OR   | 256 | tinidazole   | 62  |
| TETRACYCLINE HYDROCHLORIDE<br>TABS                 | 255 | THYROGEN 0.9 MG  | 114 | tiopronin TABS                                     | 130 |
| TEVIMBRA   | 69  | tiagabine hcl  | 39  | tiopronin TBEC                                     | 130 |
| TEXACORT SOLN 2.5 %                                | 110 | TIAZAC 120 MG (diltiazem hcl<br>extended release beads)                    | 91  | tiotropium bromide monohydrate<br>CAPS             | 25  |
| TEZSPIRE SOAJ                                      | 25  | TIAZAC 180 MG (diltiazem hcl<br>extended release beads)                    | 91  | tirofiban hcl in sodium chloride                   | 133 |
| TEZSPIRE SOSY                                      | 25  | TIAZAC 240 MG (diltiazem hcl<br>extended release beads)                    | 91  | TIROSINT CAPS (levothyroxine<br>sodium)            | 256 |
| THALITONE  | 118 | TIAZAC 300 MG, 360 MG, 420 MG<br>(diltiazem hcl extended release<br>beads) | 91  | TISSEEL KIT  | 137 |
| THALOMID 50 MG, 100 MG, 200 MG<br>.....            | 222 | TIBSOVO  | 75  | TISSEEL SOLN                                       | 137 |
| THAM   | 219 | TICE BCG   | 76  | TIVDAK   | 69  |
| THEO-24 CP24                                       | 31  | TICOVAC  | 264 | TIVICAY PD TBSO                                    | 85  |
| theophylline ELIX                                  | 31  | TIGAN SOLN   | 52  | TIVICAY TABS                                       | 85  |
| theophylline SOLN                                  | 31  | tigecycline  | 255 | tizanidine hcl CAPS                                | 229 |
| theophylline TB12                                  | 31  | TIGECYCLINE  | 255 | tizanidine hcl TABS                                | 229 |
| theophylline TB24                                  | 31  | TIGLUTIK SUSP  | 231 | TLANDO CAPS  | 20  |
| THIAMINE HCL POWD                                  | 267 | TIKOSYN (dofetilide)   | 24  | TNKASE   | 134 |
| THICK-IT #2 POWD                                   | 248 | TIKOSYN 500 MCG (dofetilide)   | 24  | TOBI NEBU (tobramycin)                             | 6   |
| THIOLA EC TBEC (tiopronin)                         | 130 | timolol maleate (ophth) SOLG   | 238 | TOBI PODHALER CAPS                                 | 6   |
| THIOLA TABS (tiopronin)                            | 130 | timolol maleate (ophth) SOLN 0.5 %   |     | TOBRADEX OINT                                      | 242 |
| thioridazine hcl                                   | 83  |  |     | TOBRADEX ST SUSP                                   | 242 |
| thiotepa   | 67  |  |     | TOBRADEX SUSP (tobramycin-                         |     |

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| dexamethasone) .....                                   | 242 | TOPAMAX TABS 200 MG<br>(topiramate) .....                                 | 38  | (desoximetasone) .....  | 110 |
| tobramycin (ophth) SOLN .....                          | 240 | TOPAMAX TABS 25 MG, 50 MG,<br>100 MG (topiramate) .....                   | 38  | TOPICORT CREA 0.25 %<br>(desoximetasone) .....                | 110 |
| tobramycin NEBU .....                                  | 6   | TOPCARE CLICKFINE UNIVERSAL<br>PEN EEDLES 31GX1/4" .....                  | 201 | TOPICORT GEL (desoximetasone)<br>110                          |     |
| TOBRAMYCIN SULFATE POWD ..                             | 6   | TOPCARE CLICKFINE UNIVERSAL<br>PEN EEDLES 31GX5/16" .....                 | 202 | TOPICORT LIQD (desoximetasone) .<br>110                       |     |
| tobramycin sulfate SOLN IJ .....                       | 6   | TOPCARE LANCETS MICRO-THIN<br>33G .....                                   | 158 | TOPICORT OINT (desoximetasone) .<br>110                       |     |
| tobramycin sulfate SOLR .....                          | 6   | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/0.3ML/30G X<br>5/16" .....       | 202 | TOPIRAMATE .....  | 97  |
| tobramycin-dexamethasone SUSP<br>242                   |     | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/0.3ML/31G X<br>5/16" .....       | 202 | topiramate CP24 200 MG .....                                  | 38  |
| TOBREX OINT .....                                      | 240 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/0.5ML/30G X<br>5/16" .....       | 202 | topiramate CP24 25 MG, 50 MG, 100<br>MG .....                 | 38  |
| TODAYS HEALTH ADVANCED<br>LANCING DEVICE MISC .....    | 158 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/30G X 5/16"<br>.....         | 202 | topiramate CPSP .....   | 38  |
| TODAYS HEALTH MINI PEN<br>NEEDLES 31G X 1/4" .....     | 201 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/30G X 5/16"<br>.....         | 202 | topiramate CS24 150 MG, 200 MG<br>38                          |     |
| TODAYS HEALTH ORIGINAL PEN<br>NEEDLES 29G X 1/2" ..... | 201 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X<br>5/16" .....         | 202 | topiramate CS24 25 MG, 50 MG, 100<br>MG .....                 | 38  |
| TODAYS HEALTH SHORT PEN<br>NEEDLES 31G X 5/16" .....   | 201 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X<br>5/16" .....         | 202 | topiramate TABS 200 MG .....                                  | 38  |
| TODAYS HEALTH SUPER<br>THINLANCETS 30G .....           | 158 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X 5/16"<br>.....         | 202 | topiramate TABS 25 MG, 50 MG, 100<br>MG .....                 | 38  |
| TODAYS HEALTH ULTRA<br>THINLANCETS 28G .....           | 158 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X 5/16"<br>.....         | 202 | TOPOTECAN HCL SOLN (topotecan<br>hcl) .....                   | 77  |
| TOFIDENCE .....  | 11  | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X 5/16"<br>.....         | 202 | topotecan hcl SOLN .....                                      | 77  |
| tolcapone .....  | 78  | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/1ML/31G X 5/16"<br>.....         | 202 | topotecan hcl SOLR .....                                      | 77  |
| TOLECTIN 600 TABS .....                                | 12  | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/U-<br>100/0.3ML/29G X 1/2" ..... | 202 | TOPROL XL TB24 100 MG, 200 MG<br>(metoprolol succinate) ..... | 89  |
| tolmetin sodium CAPS .....                             | 12  | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/U-<br>100/0.5ML/29G X 1/2" ..... | 202 | TOPROL XL TB24 25 MG, 50 MG<br>(metoprolol succinate) .....   | 89  |
| tolmetin sodium TABS 600 MG ....                       | 12  | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/U-<br>100/0.5ML/29G X 1/2" ..... | 202 | toremifene citrate .....                                      | 71  |
| tolnaftate CREA .....                                  | 104 | TOPCARE ULTRA COMFORT<br>INSULIN SYRINGE/U-100/1ML/29G<br>X 1/2" .....    | 202 | TORISEL (temsirolimus) .....                                  | 75  |
| TOLSURA CAPS .....                                     | 54  | TOPICORT CREA 0.05 %  |     | torsemide TABS 100 MG .....                                   | 118 |
| tolterodine tartrate CP24 .....                        | 260 |   |     | torsemide TABS 5 MG, 10 MG, 20<br>MG .....                    | 118 |
| tolterodine tartrate TABS .....                        | 260 |   |     |   |     |
| tolvaptan TABS .....                                   | 124 |   |     |   |     |
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| TOUJEO MAX SOLOSTAR SOPN<br>49  |     | tranylcyromine sulfate .....                              | 40  | TRIAMCINOLONE .....  | 97  |
| TOUJEO SOLOSTAR SOPN .....  | 49  | TRAVATAN Z SOLN (travoprost) .....                        | 245 | triamcinolone acetonide (mouth) .....  | 225 |
| TOVIAZ 4 MG (fesoterodine<br>fumarate) .....                                  | 260 | TRAVEL LANCETS 30G .....                                  | 158 | triamcinolone acetonide (topical)<br>AERS .....                              | 110 |
| TOVIAZ 8 MG (fesoterodine<br>fumarate) .....                                  | 260 | travoprost SOLN .....                                     | 245 | triamcinolone acetonide (topical)<br>CREA .....                              | 110 |
| TPN ELECTROLYTES CONC ...   | 220 | TRAZIMERA .....   | 69  | triamcinolone acetonide (topical)<br>LOTN .....                              | 110 |
| TRACLEER TABS (bosentan) .....  | 94  | trazodone hcl TABS 300 MG .....                           | 42  | triamcinolone acetonide (topical)<br>OINT 0.025 %, 0.1 %, 0.5 % .....        | 110 |
| TRACLEER TBSO .....   | 94  | trazodone hcl TABS 50 MG, 100 MG,<br>150 MG .....         | 42  | triamcinolone acetonide (topical)<br>OINT 0.05 % .....                       | 110 |
| TRADJENTA .....   | 45  | TREANDA SOLR (bendamustine hcl)<br>.....                  | 67  | TRIAMCINOLONE ACETONIDE<br>POWD .....  | 110 |
| tramadol hcl CP24 100 MG, 200 MG,<br>300 MG .....                             | 17  | TRECATOR .....  | 66  | triamcinolone acetonide SUSP 40<br>MG/ML, 400 MG/10ML .....                  | 101 |
| tramadol hcl SOLN .....   | 17  | TRELEGY ELLIPTA .....                                     | 30  | TRIAMCINOLONE<br>ACETONIDEUSP, MICRONIZED<br>POWD .....                      | 110 |
| tramadol hcl TABS 25 MG, 100 MG<br>17   |     | TRELSTAR MIXJECT .....                                    | 71  | TRIAMCINOLONEUSP,<br>MICRONIZED .....  | 97  |
| tramadol hcl TABS 50 MG .....   | 17  | TREMFYA SOAJ 100 MG/ML ...                                | 106 | triamterene & hydrochlorothiazide<br>CAPS 25 MG-37.5 MG .....                | 117 |
| tramadol hcl TB24 .....   | 17  | TREMFYA SOAJ 200 MG/2ML ...                               | 106 | triamterene & hydrochlorothiazide<br>TABS .....                              | 117 |
| TRAMADOL HYDROCHLORIDE<br>SOLN (tramadol hcl) .....                           | 17  | TREMFYA SOLN .....  | 106 | triamterene CAPS .....   | 118 |
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| tranexamic acid TABS .....  | 137 | TRESIBA FLEXTOUCH SOPN 200<br>UNIT/ML .....               | 49  | TRICOR TABS (fenofibrate) .....  | 56  |
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| tranexamic acid-sodium chloride   | 137 | tretinoin (chemotherapy) .....                            | 76  |  |     |
| TRANSDERM-SCOP (scopolamine)<br>52  |     | tretinoin CREA 0.025 %, 0.05 % ..                         | 102 |  |     |
|   |     | TRETTEN .....   | 131 |  |     |
|   |     | TREXALL TABS 5 MG, 7.5 MG, 10<br>MG, 15 MG .....          | 67  |  |     |
|   |     | TREXIMET (sumatriptan-naproxen                            |     |  |     |



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| trihexyphenidyl hcl TABS .....                                | 78  | TROGARZO .....  | 85  | TRUE COMFORT PRO<br>INSULINSYRINGE/0.5ML/32G X<br>5/16" .....      | 202 |
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| TRIKAFTA TBPK 50 MG-25 MG .                                   | 254 | TROJAN ULTRA<br>THIN/SPERMICIDAL LUBRICANT<br>MISC .....    | 142 | TRUE COMFORT PRO<br>INSULINSYRINGE/1ML/31G X 5/16"<br>.....        | 203 |
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| TRILEPTAL TABS 600 MG<br>(oxcarbazepine) .....                | 38  | TROKENDI XR CP24 25 MG, 50<br>MG, 100 MG (topiramate) ..... | 38  | TRUE COMFORT PRO PEN<br>NEEDLES 31G X 6MM .....                    | 203 |
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| ULTICARE INSULIN              |     | 100/0.5ML/31G X 5/16" .....  | 207                           |
| SYRINGE/1ML/30G X 5/16" ..... | 205 | ULTICARE INSULIN             | ULTICARE SHORT PEN NEEDLES    |
| ULTICARE INSULIN              |     | SYRINGE/ULTRAFINE U-         | ULTI-FINE IV .....            |
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| SYRINGE/SHORT/0.3ML/31G X     |     | ULTICARE MICRO PEN NEEDLES   | ULTICARE SHORT SAFETY PEN     |
| 5/16" .....                   | 206 | 32G X 4MM .....              | NEEDLES 30G X 5/16" .....     |
| ULTICARE INSULIN              |     | ULTICARE MICRO PEN           | ULTICARE TUBERCULIN SAFETY    |
| SYRINGE/SHORT/0.5ML/30G X     |     | NEEDLES/31G X 1/4" .....     | SYRINGE/1ML/25G X 1" MISC ..  |
| 5/16" .....                   | 206 | ULTICARE MICRO PEN           | 207                           |
| ULTICARE INSULIN              |     | NEEDLES/31G X 5/16" .....    | ULTICARE U-100 INSULIN        |
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| 5/16" .....                   | 206 | NEEDLES/32G X 4MM .....      | 207                           |
| ULTICARE INSULIN              |     | ULTICARE MICRO PEN           | ULTICARE U-100 INSULIN        |
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| ULTICARE INSULIN SYRINGE/U-   |     | ULTICARE MINI PEN            | 1/2"/SHARPS C .....           |
| 100/0.3ML/31G X 5/16" .....   | 206 | NEEDLES/32G X 1/4" .....     | 207                           |
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