



# 2025 Large Group Premium 2-Tier Drug Formulary (IA/MN/WI)

**QuartzBenefits.com**

This formulary applies to large group (50 employees or more) commercial plans sold in the states of Iowa, Minnesota, or Wisconsin. People with Quartz drug coverage based in another state should see the Illinois formulary documents found at <https://quartzbenefits.com/members/pharmacy-program/covered-drugs/>

This formulary does not apply to Quartz State and Local Government members or Quartz BadgerCare Plus members. State and Local Government members should call **Navitus** at **(866) 333-2757** or visit [www.navitus.com](http://www.navitus.com) for information about your prescription drug benefits.

BadgerCare Plus and/or Medicaid SSI members must call the **Wisconsin Department of Health and Family Services** at **(800) 362-3002** or visit [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov) for information about your prescription drug benefits.



April 1, 2025

# **2025 Quartz Large Group Premium 2-Tier Drug Formulary (IA/MN/WI) Information**

This Formulary serves members with a Quartz Large Group Commercial (50 employees or more) employer-sponsored health plan based in the states of Iowa, Minnesota, or Wisconsin whose prescription drug benefit plan has two cost shares. Some of these benefits may include an additional value tier cost share.

**This document does not apply to State of Wisconsin employees whose drug benefit is administered by Navitus or BadgerCare and/or Medicaid SSI members whose drug benefit is administered by ForwardHealth.**

This document is to be used as a tool to help you understand how specific drugs are covered under the Prescription Drug Formulary and is not a guarantee of coverage. The most recent version is available at [www.QuartzBenefits.com](http://www.QuartzBenefits.com), or can be requested in hard copy format by calling (800) 362-3310. For a detailed explanation of the pharmacy benefit, refer to the [Pharmacy Frequently Asked Questions](#) page available on the website or your Schedule of Benefits.

The formulary is the list of medications covered by Quartz through the prescription drug benefit. Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured Iowa, Minnesota, and Wisconsin large group commercial policies. Certain drugs on the formulary may not be covered by your specific plan.

The differences are based on what type of plan you have and / or:

- what state your employer is based in
- if your benefit plan meets the requirements of the Affordable Care Act

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Prescription Drug Benefit Rider or contact Member Services at (800) 496-7509 to verify your coverage.

For information about drug coverage on the medical benefit, please go to the [Medication Prior Authorization – clinically administered prior authorization list](#) page on the Quartz website.

## **Using the Formulary Document**

To search the document press "CTRL-F" to open the "Find" box at the top of the document and enter the drug name. The name may be listed multiple times in the document. Press "Enter" to tab through each entry.

Each page of the formulary has three columns: **Drug Name, Drug Tier, and Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all

capital letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Hadlima, etc.), are also listed in capitalized text.

The **Drug Tier** column identifies which plan cost share applies to the drug and **Notes** contains indicators that may limit coverage of specific drugs or other coverage information.

**Large Group Premium 2-Tier Formulary Tier Key:** how formulary tiers match up to plan cost shares.\*

| Tier Abbreviation | Tier Description   |
|-------------------|--|
| \$0               | Zero-dollar cost share – covered at \$0  |
| T1/Value          | Preferred Generic drugs – covered at the Value tier cost share if your benefit plan includes this benefit.** Covered at the tier 1 cost share for benefits without the value tier. |
| T1                | Preferred Generic drugs – covered at the tier 1 cost share   |
| T2                | All other formulary drugs – covered at the tier 2 cost share   |

\*Persons with deductible plans and plans with coinsurance cost shares pay based on the full cost of the drug regardless of formulary tier until plan deductible and/or maximum out-of-pocket values are met (except for drugs covered at \$0).

\*\* Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

Note: Some plans may have separate cost share for preferred diabetes drugs and preferred diabetes supplies. Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

## General Drug Coverage Concepts

**90-Day Supplies:** Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for 90-day supplies.

**Exclusions:** Some drug classes are not covered by your Quartz prescription benefit plan. Examples of these include hair loss drugs, sexual enhancement drugs, infertility drugs, most over-the-counter drugs, cosmetic treatments, and nutritional supplements / medical foods. Refer to your Prescription Drug Rider or the Certificate of Coverage to view your specific exclusions. Excluded drugs are generally not listed on the formulary.

**Generic Substitution Policy:** Quartz encourages the use of generic medications and biosimilars when they are available to help lower health care costs. When a generic or biosimilar is available for a drug, the brand product or reference biologic is Nonformulary and not covered. Requests for coverage of a brand-name product (including Reference Biologics) follow the Exceptions Process and coverage determinations are based on Medical Necessity. If your healthcare practitioner feels it is medically necessary to receive the brand-name product, a formulary exception request must be submitted for review.

**Oral Oncology Drug cost share:** For drugs taken at home to treat cancer, the state of Wisconsin has stated that the maximum cost share that can be applied to these medications is \$100 per 30-day fill after any benefit deductible has been met. The cost share may be less than \$100 depending on your benefit structure. The states of Iowa and Minnesota have laws that affect oncology drug cost share as well. The maximum cost share that can be applied to these medications is \$0 per 30-day fill after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

**Preventative Medication Coverage:** Some laws, such as the Affordable Care Act (ACA), require that certain drugs need to be covered at a \$0 cost share for members. Quartz covers these drugs within the guidelines recommended by the United States Preventative Services Task Force (USPSTF). Restrictions, including age limits, quantity limits, prior authorization, and days' supply may apply to some drugs. In some cases, the pharmacy must indicate that the drug is being used for a specific diagnosis when filling the prescription for the \$0 cost share to apply. A list of covered preventative drugs and the qualifications for coverage is included at the end of this formulary. Some drugs may have coverage indicators in the **Notes** column that will describe what uses are included.

## Formulary Notes – Coverage Indicators

Specific requirements for coverage of some drugs are noted in the formulary listing in the Notes column. An explanation of each type of requirement or parameter is listed below.

**Quantity Limits (QL):** Drugs with a QL are limited to a specific quantity (number of pills, grams, etc.) when filled at the pharmacy. For medications with a quantity limit, if a member requires a higher quantity per month, prior authorization is required.

**Restricted Medications (PA):** Drugs with a PA are restricted and require an approved prior authorization for coverage. Quartz requires the submission and approval of a Medication Coverage Request form before coverage is granted for restricted drugs. The Medication *Prior Authorization* request form can be obtained through Member Services or via the Quartz website at [www.QuartzBenefits.com](http://www.QuartzBenefits.com). Please note: *The Medication Prior Authorization* request form can also be used to submit an exceptions request for nonformulary (or not covered) drugs.

Requests can be submitted via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health record (EHR) they use. The information will be reviewed, and both the requesting physician and the member will be notified regarding the coverage decision. If you would like to discuss the specifics of a medication request decision with a pharmacist, or have general questions about the prior authorization criteria, please call Member Services at (800) 496-7509.

**Specialty Pharmaceuticals Program (SP-QTZ or SP-ORX):** Specialty pharmaceuticals encompass a growing number of drugs that are usually high-cost, may involve complex treatment regimens, have special handling, storage, or delivery needs, may require injectable or infusible administration, are for rare diseases or therapeutic categories such as oncology, autoimmune, or inflammatory diseases with long-term, severe symptoms, and may have limited product availability.

Specialty drugs listed with an SP-QTZ or SP-ORX in the formulary **Notes** column are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage. The UW Health specialty pharmacies, Gundersen Health System pharmacies, and Aurora specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the [Specialty Pharmaceuticals Program](#) section on the Quartz website. Drugs marked with SP-ORX must be filled at the Optum specialty pharmacy. For additional information on Optum's specialty pharmacy visit the [Optum website](#).

Most of the drugs included in Quartz Specialty Pharmacy network have pharmacist-run management programs to maximize patient knowledge and outcomes from these medications. This may include additional follow-up from the pharmacist or partial dispensing protocols.

**The Quartz Specialty Pharmacy program DOES NOT apply to medications administered in your physician's office, a hospital, or other health care facility. Coverage for medications administered in a health care facility falls under your medical benefit and may be subject to other requirements.**

**Step Therapy (ST):** Drugs with a ST require step therapy, where a person must first try a prerequisite medication(s) before receiving coverage for the listed ST products. If step therapy criteria are not met through previous drug claim fills for the first line agents, then ST drugs require prior authorization. Members without a claims history or who have not filled the step drugs for an extended time will need to submit a Medication Prior Authorization request form for consideration of coverage.

**Value Tier (Value):** Some drugs have been shown to improve the overall health of people with health problems like high blood pressure, high blood sugars (diabetes mellitus), and breathing difficulties (asthma) when taken daily. For members whose plan includes the Value Tier/RX Outcomes benefit, the preferred brand drugs noted as Value in the **Notes** section will process with the value tier copay. This only applies to plans with the value tier benefit. Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

**Zero Dollar Cost Share Before Deductible (HDHP):** Drugs with a HDHP listing are covered at a \$0 cost share before a plan deductible has been met for some Internal Revenue Service (IRS) qualified high-deductible health plans (HDHP) with a health savings account (HSA). Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

## Where to find additional information when you have questions:

| Topic  | Where Available  |
|--|--|
| To check how a drug is covered by Quartz or print a copy of the drug formulary | <a href="http://QuartzBenefits.com">QuartzBenefits.com</a>   |
| For criteria for coverage of a drug  | Optum Member Services: <b>(800) 496-7509</b> or<br><a href="http://QuartzBenefits.com">QuartzBenefits.com</a>  |
| To speak with a pharmacist regarding a prior authorization denial              | Optum Member Services: <b>(800) 496-7509</b>   |
| To appeal a prior authorization denial   | Quartz Customer Success: <b>(800) 362-3310</b>   |
| To enroll in the Quartz Specialty Pharmaceuticals program                      | UW Health Pharmacy: <b>(866) 894-3784</b><br>UW Health Northern Illinois: <b>(888) 861-0854</b><br>Gundersen Health System Pharmacy: <b>(877) 208-1096</b><br>Aurora Specialty Pharmacy: <b>(844) 820-5600</b> |

## Large Group Premium 2-Tier Formulary

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| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| <b>Analgesics - Drugs for Pain</b>                                |           |                            |
| acetaminophen intravenous solution                                | T1        |                            |
| acetaminophen-codeine oral solution                               | T1        | QL (136 ML per 1 day)      |
| acetaminophen-codeine oral tablet 300-15 mg                       | T1        | QL (13 EA per 1 day)       |
| acetaminophen-codeine oral tablet 300-30 mg                       | T1        | QL (10 EA per 1 day)       |
| acetaminophen-codeine oral tablet 300-60 mg                       | T1        | QL (5 EA per 1 day)        |
| ALLZITAL  | T2        | PA                         |
| apap-caff-dihydrocodeine  | T1        | QL (12 EA per 1 day)       |
| ascomp-codeine  | T1        |                            |
| bac oral tablet 50-325-40 mg                                      | T1        |                            |
| BELBUCA   | T2        | PA; QL (2 EA per 1 day)    |
| buprenorphine   | T1        | PA; QL (0.15 EA per 1 day) |
| buprenorphine hcl injection                                       | T1        |                            |
| butalbital-acetaminophen oral capsule                             | T1        | PA                         |
| butalbital-acetaminophen oral tablet 50-300 mg                    | T1        | PA                         |
| butalbital-acetaminophen oral tablet 50-325 mg                    | T1        |                            |
| butalbital-apap-caff-cod  | T1        |                            |
| butalbital-apap-caffeine oral capsule 50-300-40 mg                | T1        |                            |
| butalbital-apap-caffeine oral capsule 50-325-40 mg                | T1        | PA                         |
| butalbital-apap-caffeine oral tablet                              | T1        |                            |
| butalbital-asa-caff-codeine                                       | T1        |                            |
| butalbital-aspirin-caffeine                                       | T1        |                            |
| butorphanol tartrate injection                                    | T1        |                            |
| butorphanol tartrate nasal  | T1        | QL (2.5 ML per 1 fill)     |
| codeine sulfate oral tablet 15 mg                                 | T1        | QL (21 EA per 1 day)       |
| codeine sulfate oral tablet 30 mg                                 | T1        | QL (10 EA per 1 day)       |
| codeine sulfate oral tablet 60 mg                                 | T1        | QL (5 EA per 1 day)        |
| DEMEROL   | T2        |                            |
| DILAUDID INJECTION  | T2        |                            |
| DURAMORPH   | T2        |                            |
| endocet oral tablet 10-325 mg                                     | T1        | QL (3 EA per 1 day)        |
| endocet oral tablet 2.5-325 mg                                    | T1        | QL (12 EA per 1 day)       |
| endocet oral tablet 5-325 mg                                      | T1        | QL (6 EA per 1 day)        |
| endocet oral tablet 7.5-325 mg                                    | T1        | QL (4 EA per 1 day)        |
| ESGIC   | T2        | PA                         |
| FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML | T2        |                            |

| Drug Name  | Drug Tier | Notes                     |
|--|-----------|---------------------------|
| fentanyl citrate solution prefilled syringe 100 mcg/2ml injection  | T1        |                           |
| FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION  | T2        |                           |
| FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%   | T2        |                           |
| FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-% | T2        |                           |
| FENTANYL CITRATE-NACL SOLUTION 1-0.9 MG/100ML-% INTRAVENOUS  | T2        |                           |
| FENTANYL CITRATE-NACL SOLUTION 2.5-0.9 MG/250ML-% INTRAVENOUS  | T2        |                           |
| FENTANYL CITRATE-NACL SOLUTION 2-0.9 MG/100ML-% INTRAVENOUS  | T2        |                           |
| FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 1000-0.9 MCG/50ML-% INTRAVENOUS   | T2        |                           |
| FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-% INTRAVENOUS  | T2        |                           |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr   | T1        | PA; QL (1 EA per 1 day)   |
| fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr                          | T1        | PA; QL (0.5 EA per 1 day) |
| hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg                                  | T1        | PA; QL (2 EA per 1 day)   |
| hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg  | T1        | PA; QL (4 EA per 1 day)   |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant   | T1        | PA; QL (1 EA per 1 day)   |
| hydrocodone-acetaminophen oral solution 10-325 mg/15ml   | T1        | QL (73.5 ML per 1 day)    |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml   | T1        | QL (98 ML per 1 day)      |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg   | T1        | QL (4 EA per 1 day)       |
| hydrocodone-acetaminophen oral tablet 2.5-325 mg   | T1        | QL (12 EA per 1 day)      |
| hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg   | T1        | QL (9 EA per 1 day)       |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg | T1        | QL (6 EA per 1 day)     |
| hydrocodone-ibuprofen oral tablet 10-200 mg                  | T1        | QL (4 EA per 1 day)     |
| hydrocodone-ibuprofen oral tablet 5-200 mg                   | T1        | QL (9 EA per 1 day)     |
| hydrocodone-ibuprofen oral tablet 7.5-200 mg                 | T1        | QL (6 EA per 1 day)     |
| hydromorphone hcl er   | T1        | PA; QL (2 EA per 1 day) |
| hydromorphone hcl injection solution 0.25 mg/0.5ml, 4 mg/ml  | T1        |                         |
| HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML               | T2        |                         |
| HYDROMORPHONE HCL INTRAVENOUS                                | T2        |                         |
| hydromorphone hcl oral liquid                                | T1        | QL (10 ML per 1 day)    |
| hydromorphone hcl oral tablet 2 mg                           | T1        | QL (5 EA per 1 day)     |
| hydromorphone hcl oral tablet 4 mg                           | T1        | QL (2 EA per 1 day)     |
| hydromorphone hcl oral tablet 8 mg                           | T1        | QL (1 EA per 1 day)     |
| hydromorphone hcl pf   | T1        |                         |
| hydromorphone hcl solution 0.2 mg/ml injection               | T1        |                         |
| HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION               | T2        |                         |
| HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION                 | T2        |                         |
| hydromorphone hcl solution 1 mg/ml injection                 | T1        |                         |
| hydromorphone hcl solution 2 mg/ml injection                 | T1        |                         |
| HYDROMORPHONE HCL-NACL INTRAVENOUS                           | T2        |                         |
| HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INJECTION  | T2        |                         |
| HYSINGLA ER  | T2        | PA; QL (1 EA per 1 day) |
| INFUMORPH 200  | T2        |                         |
| INFUMORPH 500  | T2        |                         |
| JOURNAVX   | T2        | QL (2.5 EA per 1 day)   |
| levorphanol tartrate oral tablet 2 mg                        | T1        | PA; QL (2 EA per 1 day) |
| levorphanol tartrate oral tablet 3 mg                        | T1        | PA; QL (1 EA per 1 day) |
| meperidine hcl injection                                     | T1        |                         |
| meperidine hcl oral solution                                 | T1        | QL (49 ML per 1 day)    |
| meperidine hcl tablet 50 mg oral                             | T1        | QL (9 EA per 1 day)     |
| meperidine hcl tablet 50 mg oral                             | T1        | PA; QL (9 EA per 1 day) |
| methadone hcl injection                                      | T1        |                         |
| methadone hcl intensol                                       | T1        |                         |
| methadone hcl oral concentrate                               | T1        |                         |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <i>methadone hcl oral solution</i>   | T1        |                         |
| <i>methadone hcl oral tablet</i>   | T1        | PA                      |
| <i>methadone hcl oral tablet soluble</i>   | T1        |                         |
| METHADONE HCL-SODIUM CHLORIDE<br>INTRAVENOUS SOLUTION PREFILLED<br>SYRINGE 1-0.9 MG/ML-%                         | T2        |                         |
| METHADOSE ORAL CONCENTRATE 10<br>MG/ML   | T2        |                         |
| <i>methadose oral tablet soluble</i>   | T1        |                         |
| METHADOSE SUGAR-FREE   | T2        |                         |
| <i>mitigo</i>  | T1        |                         |
| <i>morphine sulfate (concentrate) oral solution 100<br/>mg/5ml</i>   | T1        | QL (2.4 ML per 1 day)   |
| <i>morphine sulfate (pf)</i>   | T1        |                         |
| <i>morphine sulfate er beads oral capsule<br/>extended release 24 hour 120 mg</i>                                | T1        | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er beads oral capsule<br/>extended release 24 hour 30 mg, 45 mg, 60 mg,<br/>75 mg, 90 mg</i> | T1        | PA; QL (1 EA per 1 day) |
| <i>morphine sulfate er oral capsule extended<br/>release 24 hour</i>   | T1        | PA; QL (2 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release</i>  | T1        | PA; QL (3 EA per 1 day) |
| MORPHINE SULFATE INJECTION SOLUTION<br>1 MG/ML   | T2        |                         |
| <i>morphine sulfate injection solution 2 mg/ml, 4<br/>mg/ml</i>  | T1        |                         |
| MORPHINE SULFATE INTRAVENOUS<br>SOLUTION 0.5 MG/ML, 1 MG/ML  | T2        |                         |
| <i>morphine sulfate intravenous solution 10 mg/ml,<br/>4 mg/ml, 8 mg/ml</i>                                      | T1        |                         |
| <i>morphine sulfate oral solution 10 mg/5ml</i>  | T1        | QL (24.5 ML per 1 day)  |
| <i>morphine sulfate oral solution 20 mg/5ml</i>  | T1        | QL (12.25 ML per 1 day) |
| <i>morphine sulfate oral tablet 15 mg</i>  | T1        | QL (3 EA per 1 day)     |
| <i>morphine sulfate oral tablet 30 mg</i>  | T1        | QL (1 EA per 1 day)     |
| <i>morphine sulfate solution 50 mg/ml intravenous</i>  | T1        |                         |
| MORPHINE SULFATE-NACL INTRAVENOUS<br>SOLUTION 500-0.9 MG/100ML-%   | T2        |                         |
| MORPHINE SULFATE-NACL INTRAVENOUS<br>SOLUTION PREFILLED SYRINGE  | T2        |                         |
| MORPHINE SULFATE-NACL SOLUTION 1-0.9<br>MG/ML-% INTRAVENOUS  | T2        |                         |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| MORPHINE SULFATE-NACL SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS | T2        |                            |
| MORPHINE SULFATE-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS   | T2        |                            |
| <i>nalbuphine hcl injection</i>                               | T1        |                            |
| NALOCET   | T2        | PA; QL (13 EA per 1 day)   |
| <i>oxycodone hcl oral capsule</i>                             | T1        | QL (6 EA per 1 day)        |
| <i>oxycodone hcl oral concentrate</i>                         | T1        | QL (1.6 ML per 1 day)      |
| <i>oxycodone hcl oral solution</i>                            | T1        | QL (32.6 ML per 1 day)     |
| <i>oxycodone hcl oral tablet 10 mg</i>                        | T1        | QL (3 EA per 1 day)        |
| <i>oxycodone hcl oral tablet 15 mg</i>                        | T1        | QL (2 EA per 1 day)        |
| <i>oxycodone hcl oral tablet 20 mg, 30 mg</i>                 | T1        | QL (1 EA per 1 day)        |
| <i>oxycodone hcl oral tablet 5 mg</i>                         | T1        | QL (6 EA per 1 day)        |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML           | T2        | PA; QL (16.3 ML per 1 day) |
| OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML            | T2        | QL (32.6 ML per 1 day)     |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG                 | T2        | PA; QL (3 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i>          | T1        | QL (3 EA per 1 day)        |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG                | T2        | PA; QL (13 EA per 1 day)   |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>         | T1        | QL (12 EA per 1 day)       |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG                  | T2        | PA; QL (6 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i>           | T1        | QL (6 EA per 1 day)        |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG                | T2        | PA; QL (4 EA per 1 day)    |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>         | T1        | QL (4 EA per 1 day)        |
| OXYCONTIN   | T2        | PA; QL (4 EA per 1 day)    |
| <i>oxymorphone hcl er</i>                                     | T1        | PA; QL (4 EA per 1 day)    |
| <i>oxymorphone hcl oral tablet 10 mg</i>                      | T1        | QL (1 EA per 1 day)        |
| <i>oxymorphone hcl oral tablet 5 mg</i>                       | T1        | QL (3 EA per 1 day)        |
| <i>pentazocine-naloxone hcl</i>                               | T1        | QL (5 EA per 1 day)        |
| PROLATE ORAL SOLUTION   | T2        | PA; QL (16.3 ML per 1 day) |
| PROLATE ORAL TABLET 10-300 MG                                 | T2        | PA; QL (3 EA per 1 day)    |
| PROLATE ORAL TABLET 5-300 MG                                  | T2        | PA; QL (6 EA per 1 day)    |
| PROLATE ORAL TABLET 7.5-300 MG                                | T2        | PA; QL (4 EA per 1 day)    |

| Drug Name   | Drug Tier | Notes                   |
|---|-----------|-------------------------|
| remifentanil hcl  | T1        |                         |
| TENCON  | T2        |                         |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | T1        | PA; QL (1 EA per 1 day) |
| tramadol hcl er   | T1        | PA; QL (1 EA per 1 day) |
| tramadol hcl oral tablet 100 mg                                 | T1        | QL (2 EA per 1 day)     |
| tramadol hcl oral tablet 25 mg                                  | T1        | PA; QL (8 EA per 1 day) |
| tramadol hcl oral tablet 50 mg                                  | T1        | QL (5 EA per 1 day)     |
| tramadol hcl oral tablet 75 mg                                  | T1        | PA; QL (3 EA per 1 day) |
| tramadol-acetaminophen  | T1        | QL (6 EA per 1 day)     |
| TREZIX  | T2        | QL (12 EA per 1 day)    |
| ULTIVA  | T2        |                         |
| XTAMPZA ER  | T2        | PA; QL (4 EA per 1 day) |
| <b>Analgesics - Drugs for Pain and Inflammation</b>             |           |                         |
| ANAPROX DS  | T2        | PA                      |
| CALDOLOR  | T2        |                         |
| celecoxib oral  | T1        | QL (2 EA per 1 day)     |
| COMBOGESIC  | T2        |                         |
| DAYPRO  | T2        |                         |
| diclofenac potassium oral capsule                               | T1        | ST                      |
| diclofenac potassium oral tablet 25 mg                          | T1        | PA                      |
| diclofenac potassium oral tablet 50 mg                          | T1        |                         |
| diclofenac sodium er  | T1        |                         |
| diclofenac sodium oral  | T1        |                         |
| diclofenac-misoprostol  | T1        | PA                      |
| diflunisal oral   | T1        |                         |
| DOLOBID   | T2        | ST                      |
| EC-NAPROSYN   | T2        | PA                      |
| ec-naproxen   | T1        | PA                      |
| etodolac  | T1        |                         |
| etodolac er   | T1        |                         |
| fenoprofen calcium oral   | T1        | PA                      |
| flurbiprofen oral   | T1        |                         |
| ibuprofen lysine  | T1        |                         |
| ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml               | T1        |                         |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg                    | T1/Value  |                         |
| INDOCIN   | T2        | ST                      |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <i>indomethacin er</i>   | T1        |                         |
| <i>indomethacin oral capsule 25 mg</i>                         | T1/Value  |                         |
| <i>indomethacin oral capsule 50 mg</i>                         | T1        |                         |
| <i>indomethacin oral suspension</i>                            | T1        | ST                      |
| <i>indomethacin rectal suppository 50 mg</i>                   | T1        | ST                      |
| <i>indomethacin sodium</i>                                     | T1        |                         |
| <i>ketoprofen er</i>   | T1        | PA                      |
| <i>ketoprofen oral capsule 25 mg</i>                           | T1        | PA                      |
| <i>ketoprofen oral capsule 50 mg</i>                           | T1        |                         |
| <i>ketorolac tromethamine injection solution 15 mg/ml</i>      | T1        |                         |
| <i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i> | T1        |                         |
| <i>ketorolac tromethamine oral</i>                             | T1        | QL (20 EA per 1 fill)   |
| <i>ketorolac tromethamine solution 30 mg/ml injection</i>      | T1        |                         |
| KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION             | T2        |                         |
| KIPROFEN   | T2        | PA                      |
| LODINE   | T2        |                         |
| LOFENA   | T2        | ST                      |
| <i>meclofenamate sodium oral</i>                               | T1        | PA                      |
| <i>mefenamic acid oral</i>                                     | T1        | PA                      |
| <i>meloxicam oral capsule</i>                                  | T1        | PA                      |
| MELOXICAM ORAL SUSPENSION                                      | T2        | ST                      |
| <i>meloxicam oral tablet</i>                                   | T1/Value  |                         |
| <i>nabumetone oral</i>   | T1        |                         |
| NAPRELAN   | T2        | PA                      |
| NAPROSYN   | T2        | PA                      |
| <i>naproxen dr</i>   | T1        | PA                      |
| <i>naproxen oral suspension</i>                                | T1        | PA                      |
| <i>naproxen oral tablet 250 mg</i>                             | T1        |                         |
| <i>naproxen oral tablet 375 mg, 500 mg</i>                     | T1/Value  |                         |
| <i>naproxen oral tablet delayed release</i>                    | T1        | PA                      |
| <i>naproxen sodium er</i>                                      | T1        | PA                      |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>              | T1        |                         |
| <i>naproxen-esomeprazole mg</i>                                | T1        | PA; QL (2 EA per 1 day) |
| NEOPROFEN  | T2        |                         |
| <i>oxaprozin oral tablet</i>                                   | T1        |                         |

| Drug Name  | Drug Tier | Notes |
|--|-----------|-------|
| <i>piroxicam oral</i>  | T1        |       |
| <i>sulindac oral</i>   | T1        |       |
| <i>tolmetin sodium oral capsule</i>  | T1        | PA    |
| ZYNRELEF SOLUTION 400-12 MG/14ML INJECTION   | T2        |       |
| <b>Anesthetics</b>   |           |       |
| ARTICADENT DENTAL  | T2        |       |
| <i>bupivacaine hcl (pf)</i>  | T1        |       |
| <i>bupivacaine hcl (pf)</i>  | T1        |       |
| BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)                                | T2        |       |
| <i>bupivacaine hcl solution 0.25 % injection</i>   | T1        |       |
| BUPIVACAINE HCL SOLUTION 0.25 % INJECTION  | T2        |       |
| <i>bupivacaine hcl solution 0.5 % injection</i>  | T1        |       |
| BUPIVACAINE HCL SOLUTION 0.5 % INJECTION   | T2        |       |
| <i>bupivacaine-epinephrine</i>   | T1        |       |
| <i>bupivacaine-epinephrine (pf)</i>  | T1        |       |
| <i>chloroprocaine hcl (pf)</i>   | T1        |       |
| COCAINE HCL NASAL  | T2        |       |
| <i>ethyl chloride</i>  | T1        |       |
| EXPAREL  | T2        |       |
| GEBAUERS PAIN EASE   | T2        |       |
| GEBAUERS SPRAY AND STRETCH   | T2        |       |
| <i>glydo</i>   | T1        |       |
| L.E.T.   | T2        |       |
| L.E.T. (RACEPINEPHRINE)  | T2        |       |
| <i>lidocaine external patch 5 %</i>  | T1        |       |
| LIDOCAINE HCL (BUFFERED)   | T2        |       |
| LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML | T2        |       |
| <i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>                    | T1        |       |
| <i>lidocaine hcl (cardiac) pf</i>  | T1        |       |
| <i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>                   | T1        |       |
| LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS                          | T2        |       |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>lidocaine hcl (pf)</i>   | T1        |       |
| <i>lidocaine hcl external solution</i>                                | T1        |       |
| <i>lidocaine hcl injection solution 0.5 %</i>                         | T1        |       |
| LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE                    | T2        |       |
| LIDOCAINE HCL SOLUTION 1 % INJECTION                                  | T2        |       |
| <i>lidocaine hcl solution 1 % injection</i>                           | T1        |       |
| LIDOCAINE HCL SOLUTION 2 % INJECTION                                  | T2        |       |
| <i>lidocaine hcl solution 2 % injection</i>                           | T1        |       |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe</i>      | T1        |       |
| LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%                     | T2        |       |
| <i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i> | T1        |       |
| <i>lidocaine ointment 5 % external</i>                                | T1        |       |
| LIDOCAINE(BUFFERD)-EPINEPHRINE  | T2        |       |
| LIDOCAINE-EPINEPHRINE (3 ML)  | T2        |       |
| LIDOCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 1 %-1:100000            | T2        |       |
| <i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>   | T1        |       |
| <i>lidocaine-epinephrine (pf) solution 2 %-1:200000 injection</i>     | T1        |       |
| LIDOCAINE-EPINEPHRINE (PF) SOLUTION 2 %-1:200000 INJECTION            | T2        |       |
| <i>lidocaine-epinephrine injection</i>                                | T1        |       |
| <i>lidocaine-prilocaine external cream</i>                            | T1        |       |
| LIDOCAINE-SODIUM BICARBONATE  | T2        |       |
| LIDO-RACEPINEPHRINE-TETRACAIN   | T2        |       |
| MARCAINE  | T2        |       |
| MARCAINE PRESERVATIVE FREE  | T2        |       |
| MARCAINE/EPINEPHRINE  | T2        |       |
| MARCAINE/EPINEPHRINE PF   | T2        |       |
| MONOJECT BONE MARROW BIOPSY   | T2        |       |
| NAROPIN INJECTION SOLUTION 10 MG/ML                                   | T2        |       |
| NAROPIN SOLUTION 5 MG/ML INJECTION                                    | T2        |       |
| NAROPIN SOLUTION 7.5 MG/ML INJECTION                                  | T2        |       |
| NESACAIN  | T2        |       |
| NESACAIN-MPF  | T2        |       |

| Drug Name   | Drug Tier | Notes                |
|---|-----------|----------------------|
| ORABLOC   | T2        |                      |
| POLOCAINE   | T2        |                      |
| POLOCAINE-MPF   | T2        |                      |
| PREPIV SUPPLY   | T2        |                      |
| <i>ropivacaine hcl injection solution</i>                                   | T1        |                      |
| ROPIVACAIN HCL INJECTION SOLUTION<br>PREFILLED SYRINGE 0.5 %                | T2        |                      |
| ROPIVACAIN HCL-NACL INJECTION   | T2        |                      |
| SENSORCAINE   | T2        |                      |
| SENSORCAINE/EPINEPHRINE   | T2        |                      |
| SENSORCAINE-MPF   | T2        |                      |
| SENSORCAINE-MPF/EPINEPHRINE   | T2        |                      |
| STERILE TOPICAL L.E.T. GEL  | T2        |                      |
| TOPICAL L.E.T.  | T2        |                      |
| VENIPUNCTURE PX1 PHLEBOTOMY   | T2        |                      |
| XYLOCAINE   | T2        |                      |
| XYLOCAINE/EPINEPHRINE   | T2        |                      |
| XYLOCAINE-MPF   | T2        |                      |
| XYLOCAINE-MPF/EPINEPHRINE   | T2        |                      |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b>                    |           |                      |
| <i>acamprosate calcium</i>  | T1        |                      |
| BRIXADI   | T2        |                      |
| BRIXADI (WEEKLY)  | T2        |                      |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>                  | T1        | QL (12 EA per 1 day) |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>                  | T1        | QL (3 EA per 1 day)  |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>               | T1        | QL (2 EA per 1 day)  |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>              | T1        | QL (12 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>                | T1        | QL (6 EA per 1 day)  |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>                | T1        | QL (3 EA per 1 day)  |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | T1        | QL (12 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>   | T1        | QL (3 EA per 1 day)  |

| Drug Name   | Drug Tier | Notes   |
|---|-----------|---|
| bupropion hcl er (smoking det)                    | T1        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| disulfiram oral                                   | T1        |   |
| KLOXXADO  | T2        |   |
| lofexidine hcl                                    | T1        | QL (16 EA per 1 day)                                    |
| LUCEMYRA  | T2        | ST; QL (16 EA per 1 day)                                |
| NALMEFENE HCL                                     | T2        |   |
| naloxone hcl injection                            | T1        |   |
| naloxone hcl nasal                                | T1        |   |
| naltrexone hcl oral                               | T1        |   |
| NARCAN  | T2        |   |
| NICOTROL  | T2        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| NICOTROL NS                                       | T2        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| OPVEE   | T2        |   |
| REXTOVY   | T2        |   |
| SUBLOCADE   | T2        |   |
| varenicline tartrate                              | T1        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| varenicline tartrate (starter)                    | T1        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| varenicline tartrate(continue)                    | T1        | \$0 for 180 days/year; QL (180 day supply per 365 days) |
| VIVITROL  | T2        |   |
| ZIMHI   | T2        |   |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG | T2        | QL (3 EA per 1 day)                                     |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG             | T2        | QL (12 EA per 1 day)                                    |
| ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG             | T2        | QL (1 EA per 1 day)                                     |
| ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG             | T2        | QL (6 EA per 1 day)                                     |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG              | T2        | QL (2 EA per 1 day)                                     |
| <b>Antibacterials</b>                             |           |   |
| amikacin sulfate injection                        | T1        |   |
| amoxicillin                                       | T1/Value  |   |
| amoxicillin-potassium clavulanate                 | T1        |   |
| amoxicillin-potassium clavulanate er              | T1        |   |
| ampicillin  | T1        |   |
| ampicillin sodium                                 | T1        |   |
| ampicillin-sulbactam sodium                       | T1        |   |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| ARIKAYCE  | T2        | PA    |
| AUGMENTIN   | T2        |       |
| AUGMENTIN ES-600  | T2        |       |
| AUGMENTIN ORAL TABLET 500-125 MG  | T2        |       |
| AVIDOXY   | T2        | ST    |
| AVYCAZ  | T2        |       |
| AZACTAM   | T2        |       |
| <i>azithromycin intravenous</i>   | T1        |       |
| <i>azithromycin oral</i>  | T1/Value  |       |
| <i>aztreonam</i>  | T1        |       |
| BACTRIM   | T2        |       |
| BACTRIM DS  | T2        |       |
| BAXDELA   | T2        | PA    |
| <i>benzalkonium chloride external solution</i>  | T1        |       |
| BICILLIN C-R  | T2        |       |
| BICILLIN C-R 900/300  | T2        |       |
| BICILLIN L-A  | T2        |       |
| <i>cefaclor</i>   | T1        |       |
| <i>cefaclor er</i>  | T1        |       |
| <i>cefadroxil</i>   | T1        |       |
| CEFAZOLIN IN SODIUM CHLORIDE  | T2        |       |
| CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE   | T2        |       |
| <i>cefazolin sodium injection solution reconstituted</i>  | T1        |       |
| <i>cefazolin sodium intravenous solution reconstituted</i>  | T1        |       |
| CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 1 GM/10ML INTRAVENOUS                                   | T2        |       |
| CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 2 GM/20ML INTRAVENOUS                                   | T2        |       |
| <i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i> | T1        |       |
| CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%                                       | T2        |       |
| <i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>  | T1        |       |
| <i>cefdinir</i>   | T1        |       |
| <i>cefepime hcl injection</i>   | T1        |       |
| <i>cefepime hcl intravenous solution</i>  | T1        |       |

| Drug Name  | Drug Tier | Notes |
|--|-----------|-------|
| cefepime hcl intravenous solution reconstituted 2 gm | T1        |       |
| cefepime-dextrose                                    | T1        |       |
| cefixime   | T1        |       |
| CEFOTAXIME SODIUM                                    | T2        |       |
| cefotetan disodium                                   | T1        |       |
| cefoxitin sodium                                     | T1        |       |
| CEFOXITIN SODIUM-DEXTROSE                            | T2        |       |
| cefpodoxime proxetil                                 | T1        |       |
| cefprozil  | T1        |       |
| ceftazidime injection                                | T1        |       |
| ceftazidime intravenous                              | T1        |       |
| ceftriaxone sodium in dextrose                       | T1        |       |
| ceftriaxone sodium injection                         | T1        |       |
| ceftriaxone sodium intravenous                       | T1        |       |
| ceftriaxone sodium-dextrose                          | T1        |       |
| cefuroxime axetil                                    | T1        |       |
| cefuroxime sodium                                    | T1        |       |
| cephalexin oral capsule 250 mg, 500 mg               | T1/Value  |       |
| cephalexin oral capsule 750 mg                       | T1        | PA    |
| cephalexin oral suspension reconstituted             | T1        |       |
| cephalexin oral tablet                               | T1        |       |
| chloramphenicol sod succinate                        | T1        |       |
| CIPRO  | T2        |       |
| ciprofloxacin hcl oral tablet 250 mg, 500 mg         | T1/Value  |       |
| ciprofloxacin hcl oral tablet 750 mg                 | T1        |       |
| ciprofloxacin in d5w                                 | T1        |       |
| clarithromycin er                                    | T1        |       |
| clarithromycin oral                                  | T1        |       |
| CLEOCIN ORAL   | T2        |       |
| CLEOCIN PHOSPHATE                                    | T2        |       |
| clindamycin hcl oral                                 | T1        |       |
| clindamycin palmitate hcl                            | T1        |       |
| clindamycin phosphate in d5w                         | T1        |       |
| CLINDAMYCIN PHOSPHATE IN NACL                        | T2        |       |
| clindamycin phosphate injection solution 900 mg/6ml  | T1        |       |
| clindamycin phosphate vaginal                        | T1        |       |
| CLINDESSE  | T2        |       |

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| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>colistimethate sodium (cba)</i>  | T1        |       |
| COLY-MYCIN M  | T2        |       |
| DALVANCE  | T2        |       |
| <i>daptomycin</i>   | T1        |       |
| DAPTO MYCIN-SODIUM CHLORIDE   | T2        |       |
| <i>demeclocycline hcl</i>   | T1        |       |
| <i>dicloxacillin sodium</i>   | T1/Value  |       |
| DIFICID   | T2        |       |
| <i>doxy 100</i>   | T1        |       |
| <i>doxycycline hyclate intravenous</i>  | T1        |       |
| <i>doxycycline hyclate oral capsule</i>   | T1        |       |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>  | T1        |       |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                 | T1        | PA    |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | T1        | PA    |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                   | T1        |       |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                   | T1        | PA    |
| <i>doxycycline monohydrate oral suspension reconstituted</i>                                | T1        |       |
| <i>doxycycline monohydrate oral tablet</i>  | T1        |       |
| E.E.S. 400  | T2        |       |
| E.E.S. GRANULES   | T2        |       |
| <i>ertapenem sodium</i>   | T1        |       |
| ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML   | T2        |       |
| ERYPED 400  | T2        |       |
| ERY-TAB   | T2        |       |
| ERYTHROGIN LACTOBIONATE   | T2        |       |
| <i>erythromycin base oral</i>   | T1        |       |
| <i>erythromycin ethylsuccinate oral</i>   | T1        |       |
| <i>erythromycin lactobionate</i>  | T1        |       |
| <i>erythromycin oral</i>  | T1        |       |
| EXTENCILLINE  | T2        |       |
| FETROJA   | T2        |       |
| FIRVANQ   | T2        |       |
| FLAGYL ORAL CAPSULE 375 MG  | T2        | PA    |
| <i>fosfomycin tromethamine</i>  | T1        |       |

Effective 04/01/2025

| Drug Name                                       | Drug Tier | Notes                  |
|---|-----------|------------------------|
| <i>gentamicin in saline</i>                     | T1        |                        |
| <i>gentamicin sulfate external</i>              | T1        |                        |
| <i>gentamicin sulfate injection</i>             | T1        |                        |
| HIPREX  | T2        |                        |
| HUMATIN   | T2        |                        |
| <i>hydrogen peroxide</i>                        | T1        |                        |
| <i>imipenem-cilastatin</i>                      | T1        |                        |
| KIMYRSA   | T2        |                        |
| LENTOCILIN                                      | T2        |                        |
| <i>levofloxacin in d5w</i>                      | T1        |                        |
| <i>levofloxacin intravenous</i>                 | T1        |                        |
| <i>levofloxacin oral</i>                        | T1        |                        |
| LINCOCIN  | T2        |                        |
| <i>lincomycin hcl injection</i>                 | T1        |                        |
| <i>linezolid in sodium chloride</i>             | T1        |                        |
| <i>linezolid intravenous</i>                    | T1        |                        |
| <i>linezolid oral suspension reconstituted</i>  | T1        | QL (32.2 ML per 1 day) |
| <i>linezolid oral tablet</i>                    | T1        | QL (28 EA per 30 days) |
| LUGOLS STRONG IODINE                            | T2        |                        |
| MACROBID  | T2        |                        |
| MACRODANTIN                                     | T2        |                        |
| <i>mafénide acetate external</i>                | T1        |                        |
| <i>meropenem</i>                                | T1        |                        |
| MEROPENEM-SODIUM CHLORIDE                       | T2        |                        |
| <i>methenamine hippurate</i>                    | T1        |                        |
| <i>metronidazole intravenous</i>                | T1        |                        |
| <i>metronidazole oral capsule</i>               | T1        | PA                     |
| <i>metronidazole oral tablet 125 mg</i>         | T1        | PA                     |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | T1/Value  |                        |
| <i>metronidazole vaginal</i>                    | T1        |                        |
| MINOCIN   | T2        |                        |
| <i>minocycline hcl er</i>                       | T1        | PA                     |
| <i>minocycline hcl oral capsule</i>             | T1        |                        |
| <i>minocycline hcl oral tablet</i>              | T1        | PA                     |
| MONDOXYNE NL                                    | T2        | ST                     |
| <i>moxifloxacin hcl in nacl</i>                 | T1        |                        |
| MOXIFLOXACIN HCL INTRAVENOUS                    | T2        |                        |
| <i>moxifloxacin hcl oral</i>                    | T1        |                        |

| Drug Name   | Drug Tier | Notes                     |
|---|-----------|---------------------------|
| <i>mupirocin cream</i>                                      | T1        | PA                        |
| <i>mupirocin ointment</i>                                   | T1        |                           |
| <i>nafcillin sodium</i>                                     | T1        |                           |
| NAFCILLIN SODIUM IN DEXTROSE                                | T2        |                           |
| <i>neomycin sulfate oral</i>                                | T1/Value  |                           |
| <i>nitrofurantoin macrocrystal</i>                          | T1        |                           |
| <i>nitrofurantoin monohydrate macrocrystals</i>             | T1        |                           |
| <i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i> | T1        | PA                        |
| NUZYRA INTRAVENOUS  | T2        |                           |
| NUZYRA ORAL   | T2        | QL (30 EA per 14 days)    |
| <i>ofloxacin oral</i>                                       | T1        |                           |
| ORBACTIV  | T2        |                           |
| <i>oxacillin sodium</i>                                     | T1        |                           |
| OXACILLIN SODIUM IN DEXTROSE                                | T2        |                           |
| PENICILLIN G POT IN DEXTROSE                                | T2        |                           |
| <i>penicillin g potassium</i>                               | T1        |                           |
| <i>penicillin g sodium</i>                                  | T1        |                           |
| <i>penicillin v potassium</i>                               | T1/Value  |                           |
| PFIZERPEN   | T2        |                           |
| <i>piperacillin sod-tazobactam sod</i>                      | T1        |                           |
| <i>polymyxin b sulfate injection</i>                        | T1        |                           |
| PRIMAXIN IV   | T2        |                           |
| RECARBRIOS  | T2        |                           |
| SEYSARA   | T2        | ST                        |
| <i>silver sulfadiazine external</i>                         | T1        |                           |
| SIVEXTRO INTRAVENOUS  | T2        | QL (6 EA per 30 days)     |
| SIVEXTRO ORAL   | T2        | PA; QL (0.2 EA per 1 day) |
| SOLOSEC   | T2        | ST                        |
| <i>ssd</i>  | T1        |                           |
| <i>streptomycin sulfate intramuscular</i>                   | T1        |                           |
| <i>sulfadiazine oral</i>                                    | T1        |                           |
| <i>sulfamethoxazole-trimethoprim intravenous</i>            | T1        |                           |
| <i>sulfamethoxazole-trimethoprim oral</i>                   | T1/Value  |                           |
| SULFAMYLYON   | T2        | PA                        |
| <i>sulfatrim pediatric</i>                                  | T1/Value  |                           |
| <i>tazicef injection</i>                                    | T1        |                           |
| TAZICEF INTRAVENOUS SOLUTION                                | T2        |                           |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>tazicef intravenous solution reconstituted</i>   | T1        |       |
| TEFLARO   | T2        |       |
| <i>tetracycline hcl oral capsule</i>  | T1        |       |
| TETRACYCLINE HCL ORAL TABLET  | T2        | PA    |
| <i>tigecycline</i>  | T1        |       |
| <i>tinidazole oral</i>  | T1        |       |
| <i>tobramycin sulfate injection</i>   | T1        |       |
| <i>trimethoprim oral</i>  | T1/Value  |       |
| TYGACIL   | T2        |       |
| UNASYN  | T2        |       |
| VABOMERE  | T2        |       |
| VANCOCIN  | T2        | PA    |
| VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%  | T2        |       |
| <i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i> | T1        |       |
| <i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>  | T1        |       |
| VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS   | T2        |       |
| VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-%   | T2        |       |
| <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>                                     | T1        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 1.25-0.9 GM/250ML-% INTRAVENOUS   | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 1.5-0.9 GM/250ML-% INTRAVENOUS  | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 1.5-0.9 GM/500ML-% INTRAVENOUS  | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 1.75-0.9 GM/500ML-% INTRAVENOUS   | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 1-0.9 GM/250ML-% INTRAVENOUS  | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 2-0.9 GM/500ML-% INTRAVENOUS  | T2        |       |
| VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS  | T2        |       |

| Drug Name  | Drug Tier | Notes                      |
|--|-----------|----------------------------|
| <i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>  | T1        |                            |
| <i>vancomycin hcl intravenous</i>                                      | T1        |                            |
| <i>vancomycin hcl oral</i>   | T1        |                            |
| VANDAZOLE  | T2        | ST                         |
| VIBATIV  | T2        |                            |
| XACDURO  | T2        | PA                         |
| XACIATO  | T2        |                            |
| XERAVA   | T2        |                            |
| XIFAXAN ORAL TABLET 550 MG   | T2        | PA                         |
| ZEMDRI   | T2        |                            |
| ZERBAXA  | T2        |                            |
| ZITHROMAX  | T2        |                            |
| ZITHROMAX TRI-PAK  | T2        |                            |
| ZITHROMAX Z-PAK  | T2        |                            |
| ZOSYN  | T2        |                            |
| ZYVOX INTRAVENOUS  | T2        |                            |
| ZYVOX ORAL SUSPENSION RECONSTITUTED                                    | T2        | QL (32.2 ML per 1 day)     |
| ZYVOX ORAL TABLET  | T2        | PA; QL (28 EA per 30 days) |
| <b>Anticoagulants</b>  |           |                            |
| ACD FORMULA A  | T2        |                            |
| ACD-A NOCLOT-50  | T2        |                            |
| ANGIOMAX   | T2        |                            |
| ANTICOAGULANT SODIUM CITRATE   | T2        |                            |
| <i>argatroban solution 50 mg/50ml intravenous</i>                      | T1        |                            |
| ARIXTRA  | T2        |                            |
| <i>bivalirudin trifluoroacetate intravenous solution reconstituted</i> | T1        |                            |
| <i>dabigatran etexilate mesylate</i>                                   | T1        | QL (2 EA per 1 day)        |
| DEFENCATH  | T2        |                            |
| ELIQUIS DVT/PE STARTER PACK  | T2        | QL (148 EA per 365 days)   |
| ELIQUIS ORAL TABLET 2.5 MG   | T2        | QL (2 EA per 1 day)        |
| ELIQUIS ORAL TABLET 5 MG   | T2        | QL (3 EA per 1 day)        |
| <i>enoxaparin sodium</i>   | T1        |                            |
| <i>fondaparinux sodium</i>   | T1        |                            |
| FRAGMIN  | T2        |                            |
| <i>heparin (porcine) in nacl intravenous solution</i>                  | T1        |                            |

| Drug Name  | Drug Tier | Notes                    |
|--|-----------|--------------------------|
| HEPARIN (PORCINE) IN NACL<br>INTRAVENOUS SOLUTION 2500-0.9<br>UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9<br>UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9<br>UT/500ML-% | T2        |                          |
| <i>heparin sod (porcine) in d5w</i>  | T1        |                          |
| <i>heparin sodium (porcine)</i>  | T1        |                          |
| <i>heparin sodium (porcine) pf</i>   | T1        |                          |
| <i>jantoven</i>  | T1/Value  |                          |
| LOVENOX  | T2        |                          |
| PRADAXA ORAL CAPSULE   | T2        | QL (2 EA per 1 day)      |
| PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG  | T2        | QL (4 EA per 1 day)      |
| PRADAXA ORAL PACKET 150 MG, 20 MG  | T2        | QL (2 EA per 1 day)      |
| SAVAYSA  | T2        | QL (1 EA per 1 day)      |
| SODIUM CITRATE IN VITRO  | T2        |                          |
| SODIUM CITRATE LOCK FLUSH<br>INTRAVENOUS SOLUTION PREFILLED SYRINGE  | T2        |                          |
| SODIUM CITRATE-GENTAMICIN SULF<br>INTRAVENOUS SOLUTION   | T2        |                          |
| TNKASE   | T2        |                          |
| TRICITRASOL  | T2        |                          |
| <i>warfarin sodium oral</i>  | T1/Value  |                          |
| XARELTO ORAL SUSPENSION RECONSTITUTED  | T2        | QL (20 ML per 1 day)     |
| XARELTO ORAL TABLET 10 MG, 20 MG   | T2        | QL (1 EA per 1 day)      |
| XARELTO ORAL TABLET 15 MG, 2.5 MG  | T2        | QL (2 EA per 1 day)      |
| XARELTO STARTER PACK   | T2        | QL (102 EA per 365 days) |
| <b>Anticonvulsants - Drugs for Seizures</b>  |           |                          |
| APTIOM   | T2        |                          |
| BANZEL   | T2        | PA                       |
| BRIVIACT INTRAVENOUS   | T2        |                          |
| BRIVIACT ORAL  | T2        | ST                       |
| <i>carbamazepine er</i>  | T1        |                          |
| <i>carbamazepine oral suspension 100 mg/5ml</i>  | T1        |                          |
| <i>carbamazepine oral suspension 200 mg/10ml</i>   | T1        | PA                       |
| <i>carbamazepine oral tablet</i>   | T1/Value  |                          |
| <i>carbamazepine oral tablet chewable 100 mg</i>   | T1        |                          |
| <i>carbamazepine oral tablet chewable 200 mg</i>   | T1        | PA                       |

| Drug Name                                    | Drug Tier | Notes                  |
|--|-----------|------------------------|
| CELONTIN                                     | T2        | PA                     |
| CEREBYX                                      | T2        |                        |
| <i>clobazam</i>                              | T1        | PA                     |
| DIACOMIT                                     | T2        | PA                     |
| <i>diazepam rectal</i>                       | T1        | QL (2 EA per 1 fill)   |
| DILANTIN ORAL CAPSULE 30 MG                  | T2        |                        |
| <i>divalproex sodium er</i>                  | T1        |                        |
| <i>divalproex sodium oral</i>                | T1        |                        |
| EPIDIOLEX                                    | T2        | PA                     |
| <i>epitol</i>                                | T1/Value  |                        |
| <i>ethosuximide oral</i>                     | T1        |                        |
| <i>felbamate</i>                             | T1        |                        |
| FELBATOL                                     | T2        | PA                     |
| FINTEPLA                                     | T2        | PA                     |
| <i>fosphenytoin sodium</i>                   | T1        |                        |
| FYCOMPA                                      | T2        |                        |
| <i>gabapentin oral capsule</i>               | T1        |                        |
| <i>gabapentin oral solution</i>              | T1        |                        |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | T1        |                        |
| KEPPRA INTRAVENOUS                           | T2        |                        |
| <i>lacosamide</i>                            | T1        |                        |
| LAMICTAL XR ORAL KIT                         | T2        |                        |
| <i>lamotrigine er</i>                        | T1        |                        |
| <i>lamotrigine oral</i>                      | T1        |                        |
| <i>lamotrigine starter kit-blue</i>          | T1        |                        |
| <i>lamotrigine starter kit-green</i>         | T1        |                        |
| <i>lamotrigine starter kit-orange</i>        | T1        |                        |
| <i>levetiracetam er</i>                      | T1        |                        |
| <i>levetiracetam in nacl</i>                 | T1        |                        |
| <i>levetiracetam intravenous</i>             | T1        |                        |
| <i>levetiracetam oral solution</i>           | T1        |                        |
| <i>levetiracetam oral tablet</i>             | T1        |                        |
| LIBERVANT                                    | T2        | QL (0.34 EA per 1 day) |
| <i>methsuximide</i>                          | T1        |                        |
| MOTPOLY XR                                   | T2        | ST                     |
| MYSOLINE                                     | T2        | PA                     |
| NAYZILAM                                     | T2        | QL (0.34 EA per 1 day) |
| <i>oxcarbazepine</i>                         | T1        |                        |

| Drug Name   | Drug Tier | Notes                  |
|---|-----------|------------------------|
| oxcarbazepine er  | T1        | ST                     |
| pentobarbital sodium injection                                      | T1        |                        |
| phenobarbital oral  | T1        |                        |
| phenobarbital sodium injection                                      | T1        |                        |
| phenytek  | T1        |                        |
| phenytoin infatabs  | T1        |                        |
| phenytoin oral  | T1        |                        |
| phenytoin sodium extended   | T1        |                        |
| phenytoin sodium injection  | T1        |                        |
| primidone oral tablet 125 mg  | T1        | PA                     |
| primidone oral tablet 250 mg, 50 mg                                 | T1/Value  |                        |
| roweepra  | T1        |                        |
| rufinamide  | T1        | PA                     |
| SEZABY  | T2        |                        |
| SPRITAM   | T2        | PA                     |
| subvenite   | T1        |                        |
| subvenite starter kit-blue  | T1        |                        |
| subvenite starter kit-green   | T1        |                        |
| subvenite starter kit-orange  | T1        |                        |
| SYMPAZAN  | T2        | PA                     |
| tiagabine hcl   | T1        |                        |
| topiramate er oral capsule er 24 hour sprinkle                      | T1        |                        |
| topiramate er oral capsule extended release 24 hour                 | T1        | ST                     |
| topiramate oral   | T1        |                        |
| valproate sodium intravenous  | T1        |                        |
| valproic acid oral capsule  | T1/Value  |                        |
| valproic acid oral solution 500 mg/10ml                             | T1/Value  | PA                     |
| valproic acid solution 250 mg/5ml oral                              | T1/Value  |                        |
| valproic acid solution 250 mg/5ml oral                              | T1/Value  | PA                     |
| VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML                        | T2        | QL (0.34 EA per 1 day) |
| VALTOCO NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML, 2 X 7.5 MG/0.1ML | T2        | QL (0.67 EA per 1 day) |
| vigabatrin  | T2        | PA                     |
| VIGAFYDE  | T2        | PA                     |
| vigpoder  | T2        | PA                     |
| XCOPRI  | T2        | ST                     |
| ZARONTIN  | T2        |                        |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <i>zonisamide oral</i>   | T1        |                         |
| ZTALMY   | T2        | PA                      |
| <b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>  |           |                         |
| ARICEPT  | T2        | PA                      |
| <i>donepezil hcl</i>   | T1        |                         |
| EXELON   | T2        | PA                      |
| <i>galantamine hydrobromide</i>  | T1        |                         |
| <i>galantamine hydrobromide er</i>                                       | T1        |                         |
| <i>memantine hcl</i>   | T1        |                         |
| <i>memantine hcl er</i>  | T1        | QL (1 EA per 1 day)     |
| <i>memantine hcl-donepezil hcl</i>                                       | T1        | QL (1 EA per 1 day)     |
| NAMENDA TITRATION PAK  | T2        | PA                      |
| NAMZARIC   | T2        | QL (1 EA per 1 day)     |
| <i>rivastigmine</i>  | T1        | PA                      |
| <i>rivastigmine tartrate</i>   | T1        |                         |
| ZUNVEYL  | T2        |                         |
| <b>Antidepressants</b>   |           |                         |
| <i>amitriptyline hcl oral</i>  | T1/Value  |                         |
| <i>amoxapine</i>   | T1        |                         |
| ANAFRANIL  | T2        | PA                      |
| APLENZIN   | T2        | ST; QL (1 EA per 1 day) |
| <i>bupropion hcl er (sr)</i>   | T1        | QL (2 EA per 1 day)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | T1        | QL (3 EA per 1 day)     |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> | T1        | QL (1 EA per 1 day)     |
| <i>bupropion hcl oral</i>  | T1        |                         |
| <i>chlordiazepoxide-amitriptyline</i>                                    | T1        |                         |
| <i>citalopram hydrobromide oral solution</i>                             | T1        | \$0 HDHP                |
| <i>citalopram hydrobromide oral tablet</i>                               | T1/Value  | \$0 HDHP                |
| <i>clomipramine hcl oral</i>   | T1        |                         |
| <i>desipramine hcl oral</i>  | T1        |                         |
| DESVENLAFAKINE ER  | T2        | ST; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate er</i>                                       | T1        | QL (1 EA per 1 day)     |
| <i>doxepin hcl oral capsule</i>  | T1/Value  |                         |
| <i>doxepin hcl oral concentrate</i>                                      | T1/Value  |                         |

| Drug Name  | Drug Tier | Notes                            |
|--|-----------|----------------------------------|
| DRIZALMA SPRINKLE ORAL CAPSULE<br>DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG   | T2        | ST; QL (2 EA per 1 day)          |
| DRIZALMA SPRINKLE ORAL CAPSULE<br>DELAYED RELEASE SPRINKLE 30 MG                 | T2        | ST; QL (3 EA per 1 day)          |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i> | T1        | QL (2 EA per 1 day)              |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i>               | T1        | QL (3 EA per 1 day)              |
| EMSAM  | T2        | QL (1 EA per 1 day)              |
| <i>escitalopram oxalate oral</i>   | T1        | \$0 HDHP                         |
| FETZIMA  | T2        | ST; QL (1 EA per 1 day)          |
| FETZIMA TITRATION  | T2        | ST; QL (56 EA per 365 days)      |
| <i>fluoxetine hcl (pmdd)</i>   | T1        | PA                               |
| <i>fluoxetine hcl oral capsule</i>   | T1/Value  | \$0 HDHP                         |
| <i>fluoxetine hcl oral capsule delayed release</i>                               | T1        | \$0 HDHP; QL (0.15 EA per 1 day) |
| <i>fluoxetine hcl oral solution</i>  | T1        | \$0 HDHP                         |
| <i>fluoxetine hcl oral tablet 10 mg</i>  | T1/Value  | \$0 HDHP                         |
| <i>fluoxetine hcl oral tablet 20 mg</i>  | T1        | PA; \$0 HDHP                     |
| <i>fluoxetine hcl oral tablet 60 mg</i>  | T1        | \$0 HDHP                         |
| <i>fluvoxamine maleate</i>   | T1        |                                  |
| <i>fluvoxamine maleate er</i>  | T1        | QL (2 EA per 1 day)              |
| <i>imipramine hcl oral</i>   | T1        |                                  |
| <i>imipramine pamoate</i>  | T1        |                                  |
| MARPLAN  | T2        |                                  |
| <i>mirtazapine oral tablet</i>   | T1/Value  |                                  |
| <i>mirtazapine oral tablet dispersible 15 mg</i>                                 | T1/Value  |                                  |
| <i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>                          | T1        |                                  |
| NARDIL   | T2        |                                  |
| <i>nefazodone hcl</i>  | T1        |                                  |
| NORPRAMIN  | T2        |                                  |
| <i>nortriptyline hcl oral capsule</i>  | T1/Value  |                                  |
| <i>nortriptyline hcl oral solution</i>   | T1        |                                  |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>        | T1        | QL (1 EA per 1 day)              |
| <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>                   | T1        | QL (3 EA per 1 day)              |
| PAMELOR  | T2        | PA                               |
| PARNATE  | T2        | PA                               |
| <i>paroxetine hcl er</i>   | T1        |                                  |

| Drug Name  | Drug Tier | Notes                             |
|--|-----------|-----------------------------------|
| paroxetine hcl oral suspension   | T1        | \$0 HDHP                          |
| paroxetine hcl oral tablet   | T1/Value  | \$0 HDHP                          |
| paroxetine mesylate  | T1        | PA; QL (1 EA per 1 day)           |
| PAXIL ORAL SUSPENSION  | T2        | ST                                |
| perphenazine-amitriptyline   | T1        |                                   |
| phenelzine sulfate oral  | T1        |                                   |
| protriptyline hcl  | T1        |                                   |
| REMERON  | T2        |                                   |
| REMERON SOLTAB   | T2        |                                   |
| sertraline hcl oral concentrate  | T1        | \$0 HDHP                          |
| sertraline hcl oral tablet   | T1        | \$0 HDHP                          |
| SPRAVATO (56 MG DOSE)  | T2        | PA                                |
| SPRAVATO (84 MG DOSE)  | T2        | PA                                |
| SYMBYAX  | T2        | QL (3 EA per 1 day)               |
| tranylcypromine sulfate  | T1        |                                   |
| trazodone hcl oral tablet 100 mg, 150 mg, 50 mg                                | T1/Value  |                                   |
| trazodone hcl oral tablet 300 mg   | T1        |                                   |
| trimipramine maleate oral  | T1        |                                   |
| TRINTELLIX   | T2        | ST; QL (1 EA per 1 day)           |
| venlafaxine hcl  | T1        |                                   |
| venlafaxine hcl er oral capsule extended release 24 hour 150 mg                | T1        | QL (2 EA per 1 day)               |
| venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg               | T1        | QL (1 EA per 1 day)               |
| venlafaxine hcl er oral capsule extended release 24 hour 75 mg                 | T1        | QL (3 EA per 1 day)               |
| venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg | T1        | PA                                |
| venlafaxine hcl er oral tablet extended release 24 hour 225 mg                 | T1        |                                   |
| VIIBRYD  | T2        | ST; QL (1 EA per 1 day)           |
| vilazodone hcl   | T1        | QL (1 EA per 1 day)               |
| ZURZUVAE   | T2        | PA; QL (14 day supply per 1 fill) |
| <b>Antiemetics - Drugs for Nausea and Vomiting</b>                             |           |                                   |
| AKYNZEO (READY-TO-USE)   | T2        |                                   |
| AKYNZEO (TO-BE-DILUTED)  | T2        |                                   |
| AKYNZEO INTRAVENOUS  | T2        |                                   |
| AKYNZEO ORAL   | T2        | QL (0.07 EA per 1 day)            |
| ANTIVERT ORAL TABLET 50 MG   | T2        |                                   |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| ANTIVERT ORAL TABLET CHEWABLE 25 MG               | T2        |                            |
| ANZEMET   | T2        | QL (0.07 EA per 1 day)     |
| APONVIE   | T2        |                            |
| <i>aprepitant oral</i>                            | T1        | QL (6 EA per 30 days)      |
| <i>aprepitant oral capsule 125 mg</i>             | T1        | QL (2 EA per 30 days)      |
| <i>aprepitant oral capsule 40 mg</i>              | T1        | QL (1 EA per 30 days)      |
| <i>aprepitant pak 80 &amp; 125mg</i>              | T1        | QL (6 EA per 30 days)      |
| <i>aprepitant oral capsule 80 mg</i>              | T1        | QL (4 EA per 30 days)      |
| BARHEMSYS   | T2        |                            |
| BONJESTA  | T2        | PA; QL (2 EA per 1 day)    |
| CINVANTI  | T2        |                            |
| COMPRO  | T2        | PA                         |
| DICLEGIS  | T2        | PA; QL (4 EA per 1 day)    |
| <i>dimenhydrinate injection</i>                   | T1        |                            |
| <i>doxylamine-pyridoxine</i>                      | T1        | PA; QL (4 EA per 1 day)    |
| <i>dronabinol</i>                                 | T1        | PA; QL (2 EA per 1 day)    |
| <i>droperidol injection</i>                       | T1        |                            |
| EMEND INTRAVENOUS                                 | T2        |                            |
| EMEND ORAL CAPSULE 80 MG                          | T2        | QL (4 EA per 30 days)      |
| EMEND ORAL SUSPENSION<br>RECONSTITUTED            | T2        | QL (0.1 EA per 1 day)      |
| EMEND TRIPACK                                     | T2        | QL (6 EA per 30 days)      |
| FOCINVEZ  | T2        |                            |
| <i>fosaprepitant dimeglumine</i>                  | T1        |                            |
| <i>granisetron hcl intravenous</i>                | T1        |                            |
| <i>granisetron hcl oral</i>                       | T1        | QL (0.14 EA per 1 day)     |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG          | T2        | PA; QL (2 EA per 1 day)    |
| <i>meclizine hcl oral tablet 50 mg</i>            | T1        |                            |
| <i>meclizine hcl tablet 12.5 mg oral (rx)</i>     | T1/Value  |                            |
| <i>meclizine hcl tablet 25 mg oral (rx)</i>       | T1/Value  |                            |
| <i>metoclopramide hcl injection</i>               | T1        |                            |
| <i>metoclopramide hcl oral solution</i>           | T1/Value  |                            |
| <i>metoclopramide hcl oral tablet</i>             | T1/Value  |                            |
| <i>metoclopramide hcl oral tablet dispersible</i> | T1        |                            |
| <i>ondansetron hcl injection</i>                  | T1        |                            |
| <i>ondansetron hcl oral solution</i>              | T1        | QL (4 ML per 1 day)        |
| <i>ondansetron hcl oral tablet 24 mg</i>          | T1        | PA; QL (0.07 EA per 1 day) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>     | T1        |                            |

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| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <i>ondansetron odt</i>                                 | T1        |                         |
| <i>palonosetron hcl</i>                                | T1        |                         |
| <i>perphenazine oral</i>                               | T1        |                         |
| PHENERGAN  | T2        |                         |
| POSFREA  | T2        | PA                      |
| <i>prochlorperazine</i>                                | T1        |                         |
| <i>prochlorperazine edisylate injection</i>            | T1        |                         |
| <i>prochlorperazine maleate oral tablet 10 mg</i>      | T1/Value  |                         |
| <i>prochlorperazine maleate oral tablet 5 mg</i>       | T1        |                         |
| <i>promethazine hcl injection</i>                      | T1        |                         |
| <i>promethazine hcl oral solution</i>                  | T1/Value  |                         |
| <i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>     | T1        |                         |
| <i>promethazine hcl oral tablet 25 mg</i>              | T1/Value  |                         |
| <i>promethazine hcl rectal</i>                         | T1        |                         |
| PROMETHEGAN RECTAL SUPPOSITORY<br>12.5 MG, 25 MG       | T2        | PA                      |
| PROMETHEGAN RECTAL SUPPOSITORY 50<br>MG                | T2        |                         |
| REGLAN   | T2        |                         |
| <i>scopolamine</i>                                     | T1        |                         |
| SUSTOL   | T2        | QL (0.03 ML per 1 day)  |
| SYNDROS  | T2        | PA; QL (4 ML per 1 day) |
| TIGAN  | T2        |                         |
| TRANSDERM-SCOP TRANSDERMAL PATCH<br>72 HOUR 1 MG/3DAYS | T2        |                         |
| <i>trimethobenzamide hcl oral</i>                      | T1        |                         |
| VARUBI (180 MG DOSE)                                   | T2        | QL (0.15 EA per 1 day)  |
| <b>Antifungals</b>                                     |           |                         |
| ABELCET  | T2        |                         |
| AMBISOME   | T2        | PA                      |
| <i>amphotericin b intravenous</i>                      | T1        |                         |
| <i>amphotericin b liposome</i>                         | T1        |                         |
| ANCOBON  | T2        |                         |
| CANCIDAS   | T2        |                         |
| <i>caspofungin acetate</i>                             | T1        |                         |
| <i>ciclodan</i>  | T1        |                         |
| <i>ciclopirox external</i>                             | T1        |                         |
| <i>ciclopirox olamine external</i>                     | T1        |                         |
| <i>clotrimazole external</i>                           | T1/Value  |                         |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>clotrimazole mouth/throat</i>                              | T1        |       |
| <i>clotrimazole-betamethasone</i>                             | T1        |       |
| CRESEMPA INTRAVENOUS  | T2        |       |
| CRESEMPA ORAL   | T2        | PA    |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED                        | T2        |       |
| DIFLUCAN ORAL TABLET 100 MG, 200 MG                           | T2        | PA    |
| <i>econazole nitrate external</i>                             | T1        |       |
| ECOZA   | T2        | PA    |
| ERAXIS  | T2        |       |
| ERTACZO   | T2        | PA    |
| EXELDERM  | T2        | PA    |
| EXODERM   | T2        |       |
| <i>fluconazole in sodium chloride</i>                         | T1        |       |
| <i>fluconazole oral</i>                                       | T1/Value  |       |
| <i>flucytosine oral</i>                                       | T1        |       |
| <i>griseofulvin microsize oral</i>                            | T1        |       |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | T1        |       |
| <i>griseofulvin ultramicrosize oral tablet 165 mg</i>         | T1        | PA    |
| GYNIAZOLE-1   | T2        |       |
| <i>itraconazole oral</i>                                      | T1        | PA    |
| <i>ketoconazole external cream</i>                            | T1        |       |
| <i>ketoconazole external foam</i>                             | T1        | PA    |
| <i>ketoconazole external shampoo</i>                          | T1        |       |
| <i>ketoconazole oral</i>                                      | T1/Value  |       |
| <i>ketodan</i>  | T1        | PA    |
| <i>klayesta</i>   | T1        |       |
| LULICONAZOLE  | T2        | PA    |
| LUZU  | T2        | PA    |
| <i>micafungin sodium</i>                                      | T1        |       |
| MICAFUNGIN SODIUM-NACL  | T2        |       |
| <i>miconazole 3</i>   | T1        |       |
| MICONAZOLE-ZINC OXIDE-PETROLAT                                | T2        | PA    |
| MYCAMINE  | T2        |       |
| <i>naftifine hcl</i>  | T1        | PA    |
| NAFTIN  | T2        | PA    |
| NOXAFL INTRAVENOUS  | T2        |       |
| NOXAFL ORAL   | T2        | PA    |

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| Drug Name   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| nyamyc  | T1        |                                 |
| nystatin external cream                               | T1/Value  |                                 |
| nystatin external ointment                            | T1        |                                 |
| nystatin external powder                              | T1        |                                 |
| nystatin mouth/throat                                 | T1        |                                 |
| nystatin oral   | T1        |                                 |
| nystatin-triamcinolone                                | T1        |                                 |
| nystop  | T1        |                                 |
| ORAVIG  | T2        | PA                              |
| oxiconazole nitrate                                   | T1        | PA                              |
| OXISTAT   | T2        | PA                              |
| posaconazole intravenous                              | T1        |                                 |
| posaconazole oral                                     | T1        | PA                              |
| REZZAYO   | T2        | PA                              |
| SPORANOX  | T2        | PA                              |
| SULCONAZOLE NITRATE                                   | T2        | PA                              |
| tavaborole  | T1        | PA                              |
| terbinafine hcl oral                                  | T1/Value  | QL (84 day supply per 180 days) |
| terconazole   | T1        |                                 |
| VFEND   | T2        | PA                              |
| VFEND IV  | T2        |                                 |
| voriconazole intravenous                              | T1        |                                 |
| voriconazole oral                                     | T1        | PA                              |
| VUSION  | T2        | PA                              |
| <b>Antigout Agents</b>                                |           |                                 |
| allopurinol oral tablet 100 mg, 300 mg                | T1/Value  |                                 |
| allopurinol oral tablet 200 mg                        | T1        | PA                              |
| allopurinol sodium                                    | T1        |                                 |
| ALOPRIM   | T2        |                                 |
| colchicine oral                                       | T1        |                                 |
| colchicine-probenecid                                 | T1        |                                 |
| febuxostat  | T1        | ST                              |
| probenecid  | T1        |                                 |
| ULORIC  | T2        | ST                              |
| <b>Antimigraine Agents</b>                            |           |                                 |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | T2        | PA; QL (0.04 ML per 1 day)      |
| AIMOVIG   | T2        | PA; QL (0.07 ML per 1 day)      |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| AJOVY   | T2        | PA; QL (0.06 ML per 1 day) |
| <i>almotriptan malate</i>   | T1        | PA; QL (0.4 EA per 1 day)  |
| <i>diclofenac potassium(migraine)</i>                               | T1        | ST                         |
| <i>dihydroergotamine mesylate injection</i>                         | T1        | PA; QL (0.86 ML per 1 day) |
| <i>dihydroergotamine mesylate nasal</i>                             | T1        | PA; QL (0.27 ML per 1 day) |
| <i>eletriptan hydrobromide</i>                                      | T1        | QL (12 EA per 30 days)     |
| EMGALITY SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 100 MG/ML       | T2        | PA; QL (0.1 ML per 1 day)  |
| ERGOMAR   | T2        | PA; QL (0.72 EA per 1 day) |
| <i>ergotamine-caffeine</i>  | T1        | PA; QL (0.86 EA per 1 day) |
| FROVA   | T2        | PA; QL (0.4 EA per 1 day)  |
| <i>frovatriptan succinate</i>                                       | T1        | PA; QL (0.4 EA per 1 day)  |
| MIGERGOT  | T2        | PA; QL (0.72 EA per 1 day) |
| MIGRANAL NASAL SOLUTION 4 MG/ML                                     | T2        | PA; QL (0.27 ML per 1 day) |
| <i>naratriptan hcl</i>  | T1        | QL (0.3 EA per 1 day)      |
| NURTEC  | T2        | PA; QL (0.54 EA per 1 day) |
| QULIPTA   | T2        | PA; QL (1 EA per 1 day)    |
| <i>rizatriptan benzoate oral tablet 10 mg</i>                       | T1        | QL (0.4 EA per 1 day)      |
| <i>rizatriptan benzoate oral tablet 5 mg</i>                        | T1        | QL (0.6 EA per 1 day)      |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg</i>           | T1        | QL (0.4 EA per 1 day)      |
| <i>rizatriptan benzoate oral tablet dispersible 5 mg</i>            | T1        | QL (0.6 EA per 1 day)      |
| <i>sumatriptan nasal</i>  | T1        | QL (0.4 EA per 1 day)      |
| <i>sumatriptan succinate oral</i>                                   | T1        | QL (0.3 EA per 1 day)      |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i> | T1        | QL (0.17 ML per 1 day)     |
| <i>sumatriptan succinate subcutaneous</i>                           | T1        | QL (0.17 ML per 1 day)     |
| <i>sumatriptan-naproxen sodium</i>                                  | T1        | ST; QL (0.3 EA per 1 day)  |
| UBRELVY   | T2        | PA; QL (0.54 EA per 1 day) |
| VYEPTI  | T2        | PA; QL (3 ML per 81 days)  |
| ZAVZPRET  | T2        | PA; QL (0.2 EA per 1 day)  |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG                                  | T2        | ST; QL (0.4 EA per 1 day)  |
| <i>zolmitriptan nasal solution 5 mg</i>                             | T1        | QL (0.4 EA per 1 day)      |
| <i>zolmitriptan oral</i>  | T1        | QL (0.4 EA per 1 day)      |
| ZOMIG NASAL   | T2        | ST; QL (0.4 EA per 1 day)  |
| <b>Antimyasthenic Agents</b>  |           |                            |
| BLOXIVERZ   | T2        |                            |
| MESTINON  | T2        | PA                         |

| Drug Name  | Drug Tier | Notes |
|--|-----------|-------|
| <i>neostigmine methylsulfate intravenous solution<br/>10 mg/10ml, 5 mg/10ml</i>      | T1        |       |
| NEOSTIGMINE METHYLSULFATE<br>INTRAVENOUS SOLUTION 3 MG/3ML, 5<br>MG/5ML              | T2        |       |
| NEOSTIGMINE METHYLSULFATE<br>INTRAVENOUS SOLUTION PREFILLED<br>SYRINGE 2 MG/2ML      | T2        |       |
| <i>neostigmine methylsulfate rfid intravenous<br/>solution prefilled syringe</i>     | T1        |       |
| <i>neostigmine methylsulfate solution prefilled<br/>syringe 3 mg/3ml intravenous</i> | T1        |       |
| NEOSTIGMINE METHYLSULFATE SOLUTION<br>PREFILLED SYRINGE 3 MG/3ML<br>INTRAVENOUS      | T2        |       |
| NEOSTIGMINE METHYLSULFATE SOLUTION<br>PREFILLED SYRINGE 4 MG/4ML<br>INTRAVENOUS      | T2        |       |
| NEOSTIGMINE METHYLSULFATE SOLUTION<br>PREFILLED SYRINGE 5 MG/5ML<br>INTRAVENOUS      | T2        |       |
| <i>pyridostigmine bromide er</i>   | T1        |       |
| <i>pyridostigmine bromide oral</i>   | T1        |       |
| REGONOL  | T2        |       |
| <b>Antimycobacterials</b>  |           |       |
| <i>cycloserine oral</i>  | T1        |       |
| <i>dapsone oral</i>  | T1        |       |
| <i>ethambutol hcl oral</i>   | T1        |       |
| <i>isoniazid injection</i>   | T1        |       |
| <i>isoniazid oral syrup</i>  | T1        |       |
| <i>isoniazid oral tablet 100 mg</i>  | T1        |       |
| <i>isoniazid oral tablet 300 mg</i>  | T1/Value  |       |
| PRETOMANID   | T2        |       |
| PRIFTIN  | T2        |       |
| <i>pyrazinamide oral</i>   | T1        |       |
| <i>rifabutin</i>   | T1        |       |
| RIFADIN  | T2        |       |
| <i>rifampin intravenous</i>  | T1        |       |
| <i>rifampin oral</i>   | T1        |       |
| SIRTURO  | T2        |       |
| TRECATOR   | T2        |       |

| Drug Name  | Drug Tier | Notes                       |
|--|-----------|-----------------------------|
| <b>Antineoplastics - Drugs for Cancer</b>                  |           |                             |
| <i>abiraterone acetate</i>                                 | T2        | PA; SP-QTZ                  |
| ABRAXANE   | T2        |                             |
| ADCETRIS   | T2        | PA                          |
| <i>adriamycin</i>  | T2        |                             |
| ALECensa   | T2        | PA; SP-QTZ                  |
| ALIMTA   | T2        |                             |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG                         | T2        | PA; QL (1 EA per 1 day)     |
| ALUNBRIG ORAL TABLET 30 MG                                 | T2        | PA; QL (4 EA per 1 day)     |
| ALUNBRIG ORAL TABLET THERAPY PACK                          | T2        | PA; QL (30 EA per 365 days) |
| <i>anastrozole oral</i>                                    | T1        | \$0 for breast cancer PX    |
| AROMASIN   | T2        | PA                          |
| ARRANON  | T2        |                             |
| <i>arsenic trioxide intravenous</i>                        | T2        |                             |
| ARZERRA  | T2        | PA                          |
| ASPARLAS   | T2        |                             |
| AUGTYRO  | T2        | PA                          |
| AVASTIN  | T2        | PA                          |
| AYVAKIT  | T2        | PA; QL (1 EA per 1 day)     |
| <i>azacitidine</i>   | T2        |                             |
| BALVERSA   | T2        | PA                          |
| BAVENCIO   | T2        | PA                          |
| BELEODAQ   | T2        | PA                          |
| <i>bendamustine hcl intravenous solution reconstituted</i> | T2        | PA                          |
| BENDEKA  | T2        | PA                          |
| BESPONSA   | T2        | PA                          |
| BESREMI  | T2        | PA                          |
| <i>bexarotene</i>  | T2        | PA; SP-QTZ                  |
| <i>bicalutamide</i>  | T1        |                             |
| <i>bleomycin sulfate</i>                                   | T2        |                             |
| BLINCYTO   | T2        | PA                          |
| <i>bortezomib</i>  | T2        | PA                          |
| BORUZU   | T2        | PA                          |
| BOSULIF  | T2        | PA; SP-QTZ                  |
| BRAFTOVI   | T2        | PA                          |
| BRUKINSA   | T2        | PA                          |
| <i>busulfan</i>  | T2        |                             |

| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| BUSULFEX   | T2        |                                 |
| CABOMETYX ORAL TABLET 20 MG                                      | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG                               | T2        | PA; SP-QTZ                      |
| CALQUENCE  | T2        | PA                              |
| CAMCEVI  | T2        | PA; QL (0.006 EA per 1 day)     |
| CAMPTOSAR  | T2        |                                 |
| <i>capecitabine</i>  | T2        | SP-QTZ                          |
| CAPRELSA ORAL TABLET 100 MG                                      | T2        | PA; QL (2 EA per 1 day)         |
| CAPRELSA ORAL TABLET 300 MG                                      | T2        | PA                              |
| <i>carboplatin</i>   | T2        |                                 |
| <i>carmustine</i>  | T2        |                                 |
| CASODEX  | T2        |                                 |
| <i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i> | T2        |                                 |
| CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED                     | T2        |                                 |
| <i>cisplatin solution 50 mg/50ml intravenous</i>                 | T2        |                                 |
| CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS                        | T2        |                                 |
| <i>cladribine</i>  | T2        |                                 |
| <i>clofarabine</i>   | T2        |                                 |
| COLUMVI  | T2        | PA                              |
| COMETRIQ   | T2        | PA; SP-ORx                      |
| COPIKTRA   | T2        | PA; SP-ORx                      |
| COTELLIC   | T2        | PA; SP-QTZ                      |
| <i>cyclophosphamide injection</i>                                | T2        |                                 |
| CYCLOPHOSPHAMIDE INTRAVENOUS                                     | T2        |                                 |
| <i>cyclophosphamide oral capsule</i>                             | T1        |                                 |
| CYCLOPHOSPHAMIDE ORAL TABLET                                     | T2        |                                 |
| CYRAMZA  | T2        | PA                              |
| <i>cytarabine</i>  | T2        |                                 |
| <i>cytarabine (pf)</i>   | T2        |                                 |
| <i>dacarbazine</i>   | T2        |                                 |
| <i>dactinomycin</i>  | T2        |                                 |
| DANYELZA   | T2        | PA                              |
| DARZALEX   | T2        | PA                              |
| <i>dasatinib</i>   | T2        | PA; SP-QTZ                      |
| <i>daunorubicin hcl</i>  | T2        |                                 |
| DAURISMO   | T2        | PA; SP-ORx                      |

| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| decitabine   | T2        |                                 |
| dexrazoxane  | T2        |                                 |
| dexrazoxane hcl                                    | T2        |                                 |
| docetaxel  | T2        |                                 |
| DOCIVYX  | T2        |                                 |
| DOXIL  | T2        |                                 |
| doxorubicin hcl                                    | T2        |                                 |
| doxorubicin hcl liposomal                          | T2        |                                 |
| DROXIA   | T2        |                                 |
| ELITEK   | T2        |                                 |
| ELLENCE  | T2        |                                 |
| ELREXFIO   | T2        | PA                              |
| EMPLICITI  | T2        | PA                              |
| ENHERTU  | T2        | PA                              |
| EPKINLY  | T2        | PA                              |
| ERBITUX  | T2        | PA                              |
| eribulin mesylate                                  | T2        | PA                              |
| ERIVEDGE   | T2        | PA; SP-QTZ                      |
| ERLEADA  | T2        | PA                              |
| erlotinib hcl oral tablet 100 mg, 150 mg           | T2        | PA; SP-QTZ                      |
| erlotinib hcl oral tablet 25 mg                    | T2        | PA; SP-QTZ; QL (3 EA per 1 day) |
| ETOPOPHOS  | T2        |                                 |
| etoposide intravenous                              | T2        |                                 |
| etoposide oral                                     | T2        |                                 |
| EULEXIN  | T2        |                                 |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| everolimus oral tablet soluble                     | T2        | PA; SP-QTZ                      |
| EVOMELA  | T2        |                                 |
| exemestane   | T1        | \$0 for breast cancer PX        |
| FARESTON   | T2        | PA                              |
| FASLODEX   | T2        |                                 |
| FEMARA   | T2        | PA                              |
| flouxuridine                                       | T2        |                                 |
| fludarabine phosphate                              | T2        |                                 |
| fluorouracil intravenous                           | T2        |                                 |
| FOLOTYN  | T2        | PA                              |
| FRINDOVYX  | T2        |                                 |

| Drug Name                        | Drug Tier | Notes                           |
|----------------------------------|-----------|---------------------------------|
| FRUZAQLA                         | T2        | PA                              |
| <i>fulvestrant</i>               | T2        |                                 |
| FYARRO                           | T2        | PA                              |
| GAVRETO                          | T2        | PA; SP-ORx                      |
| GAZYVA                           | T2        | PA                              |
| <i>gefitinib</i>                 | T2        | PA; SP-QTZ                      |
| <i>gemcitabine hcl</i>           | T2        |                                 |
| GILOTRIF                         | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| GLEOSTINE                        | T2        |                                 |
| HALAVEN                          | T2        | PA                              |
| HERCEPTIN                        | T2        | PA                              |
| HERCEPTIN HYLECTA                | T2        | PA                              |
| HYCAMTIN INTRAVENOUS             | T2        |                                 |
| HYCAMTIN ORAL                    | T2        | SP-QTZ                          |
| HYDREA                           | T2        |                                 |
| <i>hydroxyurea oral</i>          | T1        |                                 |
| IBRANCE                          | T2        | PA; SP-QTZ                      |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | T2        | PA; QL (1 EA per 1 day)         |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | T2        | PA                              |
| IDAMYCIN PFS                     | T2        |                                 |
| <i>idarubicin hcl</i>            | T2        |                                 |
| IDHIFA                           | T2        | PA; QL (1 EA per 1 day)         |
| IFEX                             | T2        |                                 |
| <i>ifosfamide</i>                | T2        |                                 |
| <i>imatinib mesylate</i>         | T2        | PA; SP-QTZ                      |
| IMBRUVICA ORAL CAPSULE 140 MG    | T2        | PA; SP-QTZ; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG     | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION        | T2        | PA; SP-QTZ                      |
| IMBRUVICA ORAL TABLET 420 MG     | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| IMDELLTRA                        | T2        | PA                              |
| IMFINZI                          | T2        | PA                              |
| IMJUDO                           | T2        | PA                              |
| INLYTA                           | T2        | PA; SP-QTZ                      |
| INREBIC                          | T2        | PA; SP-QTZ                      |
| IRESSA                           | T2        | PA; SP-QTZ                      |
| <i>irinotecan hcl</i>            | T2        |                                 |
| ISTODAX                          | T2        | PA                              |
| IXEMPRA KIT                      | T2        |                                 |

| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| JAKAFI ORAL TABLET 10 MG, 5 MG   | T2        | PA; SP-QTZ; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG   | T2        | PA; SP-QTZ                      |
| JAYPIRCA ORAL TABLET 100 MG  | T2        | PA; SP-ORx                      |
| JAYPIRCA ORAL TABLET 50 MG   | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| JEMPERLI   | T2        | PA                              |
| JEVTANA  | T2        | PA                              |
| KADCYLA  | T2        | PA                              |
| KANJINTI   | T2        | PA                              |
| KEYTRUDA   | T2        | PA                              |
| KHAPZORY   | T2        | ST                              |
| KIMMTRAK   | T2        | PA                              |
| KISQALI (200 MG DOSE)  | T2        | PA; SP-QTZ                      |
| KISQALI (400 MG DOSE)  | T2        | PA; SP-QTZ                      |
| KISQALI (600 MG DOSE)  | T2        | PA; SP-QTZ                      |
| KOSELUGO   | T2        | PA; SP-QTZ                      |
| KRAZATI  | T2        | PA                              |
| KYPROLIS   | T2        | PA                              |
| <i>lapatinib ditosylate</i>  | T2        | PA; SP-QTZ                      |
| LAZCLUZE ORAL TABLET 240 MG  | T2        | PA                              |
| LAZCLUZE ORAL TABLET 80 MG   | T2        | PA; QL (2 EA per 1 day)         |
| <i>lenalidomide</i>  | T2        | PA; SP-QTZ                      |
| LENVIMA ORAL CAPSULE THERAPY PACK<br>10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | T2        | PA; SP-ORx                      |
| <i>letrozole oral</i>  | T1        | \$0 for breast cancer PX        |
| <i>leucovorin calcium injection</i>  | T1        |                                 |
| <i>leucovorin calcium oral</i>   | T1        |                                 |
| LEUKERAN   | T2        |                                 |
| <i>levoleucovorin calcium</i>  | T2        |                                 |
| <i>levoleucovorin calcium pf</i>   | T2        |                                 |
| LIBTAYO  | T2        | PA                              |
| LONSURF  | T2        | PA; SP-QTZ                      |
| LOQTORZI   | T2        | PA                              |
| LORBRENA   | T2        | PA; SP-ORx                      |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG  | T2        | PA; SP-ORx                      |
| LUMAKRAS ORAL TABLET 240 MG  | T2        | PA                              |
| LUNSUMIO   | T2        | PA                              |
| LYNPARZA   | T2        | PA; SP-QTZ                      |

| Drug Name                             | Drug Tier | Notes                           |
|---------------------------------------|-----------|---------------------------------|
| LYSODREN                              | T2        |                                 |
| LYTGOBI (12 MG DAILY DOSE)            | T2        | PA                              |
| LYTGOBI (16 MG DAILY DOSE)            | T2        | PA                              |
| LYTGOBI (20 MG DAILY DOSE)            | T2        | PA                              |
| MARGENZA                              | T2        | PA                              |
| MATULANE                              | T2        |                                 |
| MEKINIST                              | T2        | PA; SP-QTZ                      |
| MEKTOVI                               | T2        | PA                              |
| <i>melphalan hcl</i>                  | T2        |                                 |
| <i>mercaptopurine oral suspension</i> | T2        |                                 |
| <i>mercaptopurine oral tablet</i>     | T1        |                                 |
| <i>mesna</i>                          | T2        |                                 |
| MESNEX                                | T2        |                                 |
| <i>mitomycin intravenous</i>          | T2        |                                 |
| <i>mitoxantrone hcl</i>               | T2        | PA                              |
| MONJUVI                               | T2        | PA                              |
| MUTAMYCIN                             | T2        |                                 |
| MVASI                                 | T2        | PA                              |
| MYLERAN                               | T2        |                                 |
| MYLOTARG                              | T2        | PA                              |
| <i>nelarabine</i>                     | T2        |                                 |
| NERLYNX                               | T2        | PA; SP-ORx; QL (6 EA per 1 day) |
| NEXAVAR                               | T2        | PA; SP-QTZ                      |
| NILANDRON                             | T2        | SP-QTZ                          |
| <i>nilutamide</i>                     | T2        | SP-QTZ                          |
| NINLARO                               | T2        | PA; SP-QTZ                      |
| NIPENT                                | T2        |                                 |
| NUBEQA                                | T2        | PA; SP-QTZ                      |
| ODOMZO                                | T2        | PA; SP-QTZ                      |
| OGSIVEO                               | T2        | PA                              |
| OJEMDA                                | T2        | PA                              |
| ONCASPAR                              | T2        |                                 |
| ONIVYDE                               | T2        |                                 |
| ONUREG                                | T2        | PA; SP-QTZ                      |
| OPDIVO                                | T2        | PA                              |
| OPDUALAG                              | T2        | PA                              |
| ORGOVYX                               | T2        | PA                              |
| ORSERDU                               | T2        | PA                              |

| Drug Name   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| oxaliplatin   | T2        |                                 |
| paclitaxel  | T2        |                                 |
| paclitaxel protein-bound part                                 | T2        |                                 |
| PADCEV  | T2        | PA                              |
| PANRETIN  | T2        |                                 |
| PARAPLATIN  | T2        |                                 |
| pazopanib hcl   | T2        | PA; SP-QTZ                      |
| PEMETREXED  | T2        |                                 |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION                      | T2        |                                 |
| <i>pemetrexed disodium intravenous solution reconstituted</i> | T2        |                                 |
| PEMETREXED DITROMETHAMINE                                     | T2        |                                 |
| PEMFEXY   | T2        |                                 |
| PEMRYDI RTU   | T2        |                                 |
| PERJETA   | T2        | PA                              |
| PHESGO  | T2        | PA                              |
| PHOTOFRIN   | T2        |                                 |
| PIQRAY  | T2        | PA; SP-QTZ                      |
| POLIVY  | T2        | PA                              |
| POMALYST ORAL CAPSULE 1 MG, 2 MG                              | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| POMALYST ORAL CAPSULE 3 MG, 4 MG                              | T2        | PA; SP-QTZ                      |
| PORTRAZZA   | T2        | PA                              |
| POTELIGEO   | T2        | PA                              |
| PROLEUKIN   | T2        |                                 |
| PURIXAN   | T2        |                                 |
| QINLOCK   | T2        | PA                              |
| RETEVMO ORAL TABLET 120 MG, 160 MG                            | T2        | PA                              |
| RETEVMO ORAL TABLET 40 MG                                     | T2        | PA; QL (3 EA per 1 day)         |
| RETEVMO ORAL TABLET 80 MG                                     | T2        | PA; QL (2 EA per 1 day)         |
| REVLIMID  | T2        | PA; SP-QTZ                      |
| RITUXAN   | T2        | PA                              |
| RITUXAN HYCELA  | T2        | PA                              |
| <i>romidepsin</i>   | T2        | PA                              |
| ROMVIMZA  | T2        |                                 |
| ROZLYTREK   | T2        | PA; SP-QTZ                      |
| RUXIENCE  | T2        | PA                              |
| RYBREVANT   | T2        | PA                              |
| RYDAPT  | T2        | PA                              |

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| Drug Name                          | Drug Tier | Notes                           |
|------------------------------------|-----------|---------------------------------|
| RYTELO                             | T2        | PA                              |
| SARCLISA                           | T2        | PA                              |
| SCEMBLIX ORAL TABLET 100 MG, 40 MG | T2        | PA                              |
| SCEMBLIX ORAL TABLET 20 MG         | T2        | PA; QL (2 EA per 1 day)         |
| SIKLOS                             | T2        | PA                              |
| SOLTAMOX                           | T2        | \$0 for breast cancer PX        |
| <i>sorafenib tosylate</i>          | T2        | PA; SP-QTZ                      |
| SPRYCEL                            | T2        | PA; SP-QTZ                      |
| STIVARGA                           | T2        | PA; SP-QTZ                      |
| <i>sunitinib malate</i>            | T2        | PA; SP-QTZ                      |
| SYLVANT                            | T2        | PA                              |
| TABLOID                            | T2        |                                 |
| TABRECTA                           | T2        | PA; SP-QTZ                      |
| TAFINLAR                           | T2        | PA; SP-QTZ                      |
| TAGRISSO ORAL TABLET 40 MG         | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| TAGRISSO ORAL TABLET 80 MG         | T2        | PA; SP-QTZ                      |
| TALVEY                             | T2        | PA                              |
| <i>tamoxifen citrate oral</i>      | T1        | \$0 for breast cancer PX        |
| TARCEVA                            | T2        | PA; SP-QTZ                      |
| TARGETIN EXTERNAL                  | T2        | PA; SP-QTZ                      |
| TASIGNA                            | T2        | PA; SP-QTZ                      |
| TECENTRIQ                          | T2        | PA                              |
| TECENTRIQ HYBREZA                  | T2        | PA                              |
| TECVAYLI                           | T2        | PA                              |
| TEMODAR                            | T2        |                                 |
| <i>temozolomide</i>                | T2        | PA                              |
| TEPADINA                           | T2        |                                 |
| TEVIMBRA                           | T2        | PA                              |
| THALOMID                           | T2        | PA; SP-QTZ                      |
| <i>thiotepa injection</i>          | T2        |                                 |
| TIBSOVO                            | T2        | PA                              |
| TIVDAK                             | T2        | PA                              |
| <i>topotecan hcl</i>               | T2        |                                 |
| <i>toremifene citrate</i>          | T1        |                                 |
| <i>torpenz</i>                     | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| TRAZIMERA                          | T2        | PA                              |
| <i>tretinoin oral</i>              | T2        |                                 |
| TRISENOX                           | T2        |                                 |

| Drug Name                                      | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| TRODELVY                                       | T2        | PA                              |
| TRUQAP   | T2        | PA; SP-QTZ                      |
| TUKYSA   | T2        | PA; SP-QTZ                      |
| TURALIO  | T2        | PA                              |
| TYKERB   | T2        | PA; SP-QTZ                      |
| UNITUXIN                                       | T2        | PA                              |
| UVADEX   | T2        |                                 |
| VALCHLOR                                       | T2        | PA; SP-ORx                      |
| VANFLYTA                                       | T2        | PA                              |
| VECTIBIX                                       | T2        |                                 |
| VELCADE  | T2        | PA                              |
| VENCLEXTA                                      | T2        | PA; SP-QTZ                      |
| VENCLEXTA STARTING PACK                        | T2        | PA; SP-QTZ                      |
| VERZENIO                                       | T2        | PA; SP-QTZ                      |
| VIDAZA   | T2        |                                 |
| VIJOICE ORAL PACKET                            | T2        | PA; QL (1 EA per 1 day)         |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | T2        | PA; QL (1 EA per 1 day)         |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG   | T2        | PA; QL (2 EA per 1 day)         |
| <i>vinblastine sulfate</i>                     | T2        |                                 |
| <i>vincristine sulfate</i>                     | T2        |                                 |
| <i>vinorelbine tartrate</i>                    | T2        |                                 |
| VITRAKVI                                       | T2        | PA                              |
| VIZIMPRO ORAL TABLET 15 MG                     | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| VIZIMPRO ORAL TABLET 30 MG, 45 MG              | T2        | PA; SP-ORx                      |
| VONJO  | T2        | PA; SP-QTZ                      |
| VORANIGO ORAL TABLET 10 MG                     | T2        | PA; SP-QTZ; QL (2 EA per 1 day) |
| VORANIGO ORAL TABLET 40 MG                     | T2        | PA; SP-QTZ                      |
| VORAXAZE                                       | T2        |                                 |
| VOTRIENT                                       | T2        | PA; SP-QTZ                      |
| VYLOY  | T2        | PA                              |
| VYXEOS   | T2        | PA                              |
| WELIREG  | T2        | PA                              |
| XELODA   | T2        | PA; SP-QTZ                      |
| XOFIGO   | T2        |                                 |
| XOSPATA  | T2        | PA                              |
| XPOVIO (100 MG ONCE WEEKLY)                    | T2        | PA                              |

| Drug Name   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | T2        | PA                              |
| XPOVIO (40 MG TWICE WEEKLY)                               | T2        | PA                              |
| XPOVIO (60 MG ONCE WEEKLY)                                | T2        | PA                              |
| XPOVIO (60 MG TWICE WEEKLY)                               | T2        | PA                              |
| XPOVIO (80 MG ONCE WEEKLY)                                | T2        | PA                              |
| XPOVIO (80 MG TWICE WEEKLY)                               | T2        | PA                              |
| XROMI   | T2        |                                 |
| XTANDI  | T2        | PA; SP-QTZ                      |
| YEROVY  | T2        | PA                              |
| YONDELIS  | T2        |                                 |
| ZALTRAP   | T2        | PA                              |
| ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM           | T2        |                                 |
| ZEJULA ORAL TABLET 100 MG                                 | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| ZEJULA ORAL TABLET 200 MG, 300 MG                         | T2        | PA; SP-QTZ                      |
| ZELBORAF  | T2        | PA; SP-QTZ                      |
| ZEPZELCA  | T2        | PA                              |
| ZEVALIN Y-90  | T2        |                                 |
| ZIRABEV   | T2        | PA                              |
| ZOLINZA   | T2        | PA; SP-QTZ                      |
| ZYDELIG   | T2        | PA; SP-QTZ                      |
| ZYKADIA   | T2        | PA; SP-QTZ                      |
| ZYNLONTA  | T2        | PA                              |
| ZYNYZ   | T2        | PA                              |
| <b>Antiparasitics</b>                                     |           |                                 |
| <i>albendazole oral</i>                                   | T1        | PA                              |
| ARAKODA   | T2        |                                 |
| ARTESUNATE  | T2        |                                 |
| <i>atovaquone</i>   | T1        |                                 |
| <i>atovaquone-proguanil hcl</i>                           | T1        |                                 |
| BENZNIDAZOLE  | T2        |                                 |
| BILTRICIDE  | T2        |                                 |
| <i>chloroquine phosphate oral</i>                         | T1        |                                 |
| COARTEM   | T2        |                                 |
| CROTAN  | T2        |                                 |
| DARAPRIM  | T2        | PA                              |
| EGATEN  | T2        |                                 |
| ELIMITE   | T2        |                                 |

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| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| EMVERM   | T2        |                                 |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | T1        |                                 |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                 | T1/Value  |                                 |
| IMPAVIDO   | T2        |                                 |
| <i>ivermectin oral tablet 3 mg</i>                                   | T1        |                                 |
| KRINTAFEL  | T2        |                                 |
| LAMPIT   | T2        |                                 |
| MALARONE   | T2        |                                 |
| <i>malathion</i>   | T1        |                                 |
| <i>mefloquine hcl</i>  | T1        |                                 |
| MEPRON   | T2        |                                 |
| NEBUPENT   | T2        |                                 |
| <i>nitazoxanide oral</i>   | T1        |                                 |
| OVIDE  | T2        |                                 |
| PENTAM   | T2        |                                 |
| <i>pentamidine isethionate</i>                                       | T1        |                                 |
| <i>permethrin external</i>   | T1        |                                 |
| <i>praziquantel oral</i>   | T1        |                                 |
| <i>primaquine phosphate</i>  | T1        |                                 |
| <i>pyrimethamine oral</i>  | T2        | PA                              |
| PYRIMETHAMINE-LEUCOVORIN   | T2        |                                 |
| QUALAQUIN  | T2        | PA                              |
| <i>quinine sulfate</i>   | T1        | PA                              |
| <i>spinosad</i>  | T1        |                                 |
| STROMECTOL   | T2        |                                 |
| <i>sulfurated lime</i>   | T1        |                                 |
| <b>Antiparkinson Agents</b>  |           |                                 |
| <i>amantadine hcl oral</i>   | T1        |                                 |
| APOKYN   | T2        | PA; SP-ORx; QL (3 ML per 1 day) |
| <i>apomorphine hcl subcutaneous</i>                                  | T2        | PA; SP-ORx; QL (3 ML per 1 day) |
| AZILECT  | T2        | PA                              |
| <i>benztropine mesylate injection</i>                                | T1        |                                 |
| <i>benztropine mesylate oral</i>                                     | T1/Value  |                                 |
| <i>bromocriptine mesylate oral</i>                                   | T1        |                                 |
| <i>carbidopa oral</i>  | T1        |                                 |
| <i>carbidopa-levodopa</i>  | T1        |                                 |
| <i>carbidopa-levodopa er</i>   | T1        |                                 |

| Drug Name                                   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| <i>carbidopa-levodopa-entacapone</i>        | T1        |                                 |
| CREXONT                                     | T2        | ST                              |
| <i>entacapone</i>                           | T1        |                                 |
| INBRIJA                                     | T2        | PA                              |
| LODOSYN                                     | T2        | PA                              |
| NEUPRO                                      | T2        |                                 |
| NOURIANZ                                    | T2        | PA                              |
| ONAPGO                                      | T2        | PA; QL (3 ML per 1 day)         |
| ONGENTYS                                    | T2        | ST                              |
| PARLODEL                                    | T2        |                                 |
| <i>pramipexole dihydrochloride</i>          | T1        |                                 |
| <i>pramipexole dihydrochloride er</i>       | T1        | PA                              |
| <i>rasagiline mesylate oral</i>             | T1        |                                 |
| <i>ropinirole hcl</i>                       | T1        |                                 |
| <i>ropinirole hcl er</i>                    | T1        |                                 |
| RYTARY                                      | T2        | ST                              |
| <i>selegiline hcl oral</i>                  | T1        |                                 |
| SINEMET                                     | T2        |                                 |
| TASMAR                                      | T2        |                                 |
| <i>tolcapone</i>                            | T1        |                                 |
| <i>trihexyphenidyl hcl oral solution</i>    | T1        |                                 |
| <i>trihexyphenidyl hcl oral tablet 2 mg</i> | T1/Value  |                                 |
| <i>trihexyphenidyl hcl oral tablet 5 mg</i> | T1        |                                 |
| XADAGO                                      | T2        | ST; QL (1 EA per 1 day)         |
| ZELAPAR                                     | T2        | PA                              |
| <b>Antiplatelets</b>                        |           |                                 |
| AGGRASTAT                                   | T2        |                                 |
| <i>aspirin-dipyridamole er</i>              | T1        |                                 |
| BRILINTA                                    | T2        |                                 |
| CABLIVI                                     | T2        | PA; SP-QTZ; QL (1 EA per 1 day) |
| <i>cilostazol</i>                           | T1        |                                 |
| <i>clopidogrel bisulfate oral</i>           | T1        |                                 |
| <i>dipyridamole oral</i>                    | T1        |                                 |
| EFFIENT                                     | T2        | PA                              |
| <i>eptifibatide</i>                         | T1        |                                 |
| KENGREAL                                    | T2        |                                 |
| <i>prasugrel hcl</i>                        | T1        |                                 |
| <i>tirofiban hcl in nacl</i>                | T1        |                                 |

| Drug Name   | Drug Tier | Notes                       |
|---|-----------|-----------------------------|
| ZONTIVITY   | T2        |                             |
| <b>Antipsychotics - Drugs for Mood Disorders</b>        |           |                             |
| ABILIFY ASIMTUFII                                       | T2        |                             |
| ABILIFY MAINTENA  | T2        |                             |
| ABILIFY MYCITE MAINTENANCE KIT                          | T2        | PA; QL (1 EA per 1 day)     |
| ABILIFY MYCITE STARTER KIT                              | T2        | PA; QL (60 EA per 365 days) |
| ADASUVE   | T2        | PA                          |
| <i>ariPIPRAZOLE oral solution</i>                       | T1        | QL (25 ML per 1 day)        |
| <i>ariPIPRAZOLE oral tablet</i>                         | T1        | QL (1 EA per 1 day)         |
| <i>ariPIPRAZOLE oral tablet dispersible</i>             | T1        | QL (2 EA per 1 day)         |
| ARISTADA  | T2        |                             |
| ARISTADA INITIO   | T2        |                             |
| <i>asenapine maleate</i>                                | T1        | QL (2 EA per 1 day)         |
| CAPLYTA   | T2        | ST; QL (1 EA per 1 day)     |
| <i>chlorpromazine hcl injection</i>                     | T1        |                             |
| <i>chlorpromazine hcl oral</i>                          | T1        |                             |
| <i>clozapine oral tablet 100 mg, 25 mg</i>              | T1        | QL (9 EA per 1 day)         |
| <i>clozapine oral tablet 200 mg</i>                     | T1        | QL (4 EA per 1 day)         |
| <i>clozapine oral tablet 50 mg</i>                      | T1        | QL (6 EA per 1 day)         |
| <i>clozapine oral tablet dispersible 100 mg, 25 mg</i>  | T1        | QL (9 EA per 1 day)         |
| <i>clozapine oral tablet dispersible 12.5 mg</i>        | T1        | QL (3 EA per 1 day)         |
| <i>clozapine oral tablet dispersible 150 mg</i>         | T1        | QL (6 EA per 1 day)         |
| <i>clozapine oral tablet dispersible 200 mg</i>         | T1        | QL (4 EA per 1 day)         |
| CLOZARIL  | T2        | PA; QL (9 EA per 1 day)     |
| FANAPT  | T2        | ST; QL (2 EA per 1 day)     |
| FANAPT TITRATION PACK                                   | T2        | ST; QL (16 EA per 365 days) |
| <i>fluphenazine decanoate injection</i>                 | T1        |                             |
| <i>fluphenazine hcl</i>                                 | T1        |                             |
| GEODON INTRAMUSCULAR                                    | T2        |                             |
| GEODON ORAL   | T2        | PA; QL (2 EA per 1 day)     |
| HALDOL DECANOATE  | T2        |                             |
| <i>haloperidol decanoate intramuscular</i>              | T1        |                             |
| <i>haloperidol lactate injection</i>                    | T1        |                             |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>     | T1        |                             |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i> | T1/Value  |                             |
| <i>haloperidol oral tablet 10 mg, 20 mg</i>             | T1        |                             |
| INVEGA HAFYERA  | T2        | ST                          |

| Drug Name  | Drug Tier | Notes                |
|--|-----------|----------------------|
| INVEGA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 3 MG, 9 MG                      | T2        | QL (1 EA per 1 day)  |
| INVEGA ORAL TABLET EXTENDED RELEASE<br>24 HOUR 6 MG                            | T2        | QL (2 EA per 1 day)  |
| INVEGA SUSTENNA  | T2        |                      |
| INVEGA TRINZA  | T2        |                      |
| <i>loxapine succinate</i>  | T1        |                      |
| <i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>                  | T1        | QL (1 EA per 1 day)  |
| <i>lurasidone hcl oral tablet 80 mg</i>  | T1        | QL (2 EA per 1 day)  |
| <i>molindone hcl</i>   | T1        |                      |
| NUPLAZID   | T2        | PA                   |
| <i>olanzapine intramuscular</i>  | T1        |                      |
| <i>olanzapine oral</i>   | T1        | QL (1 EA per 1 day)  |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i> | T1        | QL (1 EA per 1 day)  |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i>               | T1        | QL (2 EA per 1 day)  |
| PERSERIS   | T2        |                      |
| <i>pimozide</i>  | T1        |                      |
| <i>quetiapine fumarate er</i>  | T1        | QL (2 EA per 1 day)  |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>    | T1        | QL (3 EA per 1 day)  |
| <i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>                          | T1        | QL (2 EA per 1 day)  |
| REXULTI  | T2        | QL (1 EA per 1 day)  |
| RISPERDAL CONSTA   | T2        | ST                   |
| <i>risperidone microspheres er</i>   | T1        |                      |
| <i>risperidone oral solution</i>   | T1        | QL (8 ML per 1 day)  |
| <i>risperidone oral tablet</i>   | T1        | QL (2 EA per 1 day)  |
| <i>risperidone oral tablet dispersible</i>                                     | T1        | QL (2 EA per 1 day)  |
| RYKINDO  | T2        |                      |
| <i>thioridazine hcl oral</i>   | T1        |                      |
| <i>thiothixene</i>   | T1        |                      |
| <i>trifluoperazine hcl</i>   | T1        |                      |
| UZEDY  | T2        |                      |
| VERSACLOZ  | T2        | QL (18 ML per 1 day) |
| VRAYLAR  | T2        | QL (1 EA per 1 day)  |
| <i>ziprasidone hcl</i>   | T1        | QL (2 EA per 1 day)  |
| <i>ziprasidone mesylate</i>  | T1        |                      |

| Drug Name   | Drug Tier | Notes                                     |
|---|-----------|---|
| <b>Antivirals</b>   |           |   |
| abacavir sulfate  | T1        | SP-QTZ                                    |
| abacavir sulfate-lamivudine                                   | T1        | SP-QTZ                                    |
| acyclovir external cream                                      | T1        | PA; QL (0.17 GM per 1 day)                |
| acyclovir external ointment                                   | T1        | QL (1 GM per 1 day)                       |
| acyclovir oral capsule  | T1/Value  |   |
| acyclovir oral suspension                                     | T1        |   |
| acyclovir oral tablet   | T1/Value  |   |
| acyclovir sodium  | T1        |   |
| adefovir dipivoxil  | T1        |   |
| APRETUDE  | T2        | \$0 copay for HIV PX                      |
| APTIVUS   | T2        | SP-QTZ                                    |
| atazanavir sulfate  | T1        | SP-QTZ                                    |
| BARACLUE ORAL SOLUTION  | T2        | QL (630 ML per 30 days)                   |
| BIKTARVY  | T2        | SP-QTZ                                    |
| cidofovir intravenous   | T1        |   |
| CIMDUO  | T2        | SP-QTZ                                    |
| COMPLERA  | T2        | SP-QTZ                                    |
| darunavir oral tablet 600 mg                                  | T1        | SP-QTZ                                    |
| darunavir oral tablet 800 mg                                  | T1        | SP-QTZ; \$0 copay for HIV PX for MN plans |
| DELSTRIGO   | T2        | SP-QTZ                                    |
| DENAVIR   | T2        | PA; QL (0.17 GM per 1 day)                |
| DESCOVY ORAL TABLET 120-15 MG                                 | T2        | SP-QTZ                                    |
| DESCOVY ORAL TABLET 200-25 MG                                 | T2        | PA; SP-QTZ; \$0 copay for HIV PX          |
| DOVATO  | T2        | SP-QTZ                                    |
| EDURANT   | T2        | SP-QTZ                                    |
| efavirenz   | T1        | SP-QTZ                                    |
| efavirenz-emtricitab-tenofo df                                | T1        | SP-QTZ                                    |
| efavirenz-lamivudine-tenofovir                                | T1        | SP-QTZ                                    |
| emtricitabine   | T1        | SP-QTZ                                    |
| emtricitabine-tenofovir df oral tablet 100-150 mg             | T1        | SP-QTZ; \$0 copay for HIV PX for MN plans |
| emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg | T1        | SP-QTZ                                    |
| emtricitabine-tenofovir df oral tablet 200-300 mg             | T1        | SP-QTZ; \$0 copay for HIV PX              |
| EMTRIVA ORAL CAPSULE  | T2        | SP-QTZ                                    |
| EMTRIVA ORAL SOLUTION   | T2        | SP-QTZ                                    |

| Drug Name                             | Drug Tier | Notes                                     |
|---------------------------------------|-----------|---|
| entecavir                             | T1        | QL (1 EA per 1 day)                       |
| EPCLUSA ORAL PACKET 150-37.5 MG       | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| EPCLUSA ORAL PACKET 200-50 MG         | T2        | PA; SP-QTZ; QL (2 EA per 1 day)           |
| EPCLUSA ORAL TABLET                   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| EPIVIR                                | T2        | SP-QTZ                                    |
| etravirine                            | T1        | SP-QTZ                                    |
| EVOTAZ                                | T2        | SP-QTZ                                    |
| famciclovir oral                      | T1        |   |
| fosamprenavir calcium                 | T1        | SP-QTZ                                    |
| foscarnet sodium                      | T1        |   |
| FOSCAVIR                              | T2        |   |
| FUZEON                                | T2        | SP-QTZ                                    |
| GANCICLOVIR                           | T2        |   |
| ganciclovir sodium                    | T1        |   |
| GENVOYA                               | T2        | SP-QTZ                                    |
| HARVONI ORAL PACKET 33.75-150 MG      | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| HARVONI ORAL PACKET 45-200 MG         | T2        | PA; SP-QTZ; QL (2 EA per 1 day)           |
| HARVONI ORAL TABLET 45-200 MG         | T2        | PA; SP-QTZ; QL (2 EA per 1 day)           |
| HARVONI ORAL TABLET 90-400 MG         | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| INTELENCE ORAL TABLET 100 MG, 200 MG  | T2        | SP-QTZ                                    |
| INTELENCE ORAL TABLET 25 MG           | T2        | SP-QTZ                                    |
| ISENTRESS                             | T2        | SP-QTZ; \$0 copay for HIV PX for MN plans |
| ISENTRESS HD                          | T2        | SP-QTZ                                    |
| JULUCA                                | T2        | SP-QTZ                                    |
| KALETRA                               | T2        | SP-QTZ                                    |
| LAGEVRIO                              | T2        | QL (8 EA per 1 day)                       |
| lamivudine oral solution              | T1        | SP-QTZ                                    |
| lamivudine oral tablet 100 mg         | T1        |   |
| lamivudine oral tablet 150 mg, 300 mg | T1        | SP-QTZ                                    |
| lamivudine-zidovudine                 | T1        | SP-QTZ                                    |
| LIVTENCITY                            | T2        | PA  |
| lopinavir-ritonavir                   | T1        | SP-QTZ                                    |
| maraviroc                             | T1        | PA; SP-QTZ                                |
| MAVYRET ORAL PACKET                   | T2        | PA; SP-QTZ; QL (5 EA per 1 day)           |
| MAVYRET ORAL TABLET                   | T2        | PA; SP-QTZ; QL (3 EA per 1 day)           |
| nevirapine                            | T1        | SP-QTZ                                    |
| nevirapine er                         | T1        | SP-QTZ                                    |

| Drug Name  | Drug Tier | Notes   |
|--|-----------|---|
| NORVIR ORAL PACKET   | T2        | SP-QTZ  |
| NORVIR ORAL TABLET   | T2        | SP-QTZ; \$0 copay for HIV PX for MN plans     |
| ODEFSEY  | T2        | SP-QTZ  |
| <i>oseltamivir phosphate oral capsule 30 mg</i>            | T1        | QL (40 EA per 365 days)                       |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>     | T1        | QL (20 EA per 365 days)                       |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | T1        | QL (360 ML per 365 days)                      |
| PAXLOVID (150/100)   | T2        | QL (4 EA per 1 day)                           |
| PAXLOVID (300/100)   | T2        | QL (6 EA per 1 day)                           |
| PEGASYS  | T2        | PA; SP-QTZ                                    |
| <i>penciclovir</i>   | T1        | PA; QL (0.17 GM per 1 day)                    |
| PIFELTRO   | T2        | SP-QTZ  |
| PREVYMIS INTRAVENOUS                                       | T2        |   |
| PREVYMIS ORAL TABLET                                       | T2        |   |
| PREZCOBIX  | T2        | SP-QTZ  |
| PREZISTA ORAL SUSPENSION                                   | T2        | SP-QTZ  |
| PREZISTA ORAL TABLET 150 MG, 75 MG                         | T2        | SP-QTZ  |
| PREZISTA ORAL TABLET 600 MG                                | T2        | PA; SP-QTZ                                    |
| PREZISTA ORAL TABLET 800 MG                                | T2        | PA; SP-QTZ; \$0 copay for HIV PX for MN plans |
| RAPIVAB  | T2        |   |
| RELENZA DISKHALER  | T2        | QL (40 EA per 365 days)                       |
| RETROVIR INTRAVENOUS                                       | T2        |   |
| RETROVIR ORAL  | T2        | SP-QTZ  |
| REYATAZ ORAL CAPSULE                                       | T2        | SP-QTZ  |
| REYATAZ ORAL PACKET  | T2        | SP-QTZ  |
| <i>ribavirin inhalation</i>                                | T1        |   |
| <i>ribavirin oral</i>                                      | T2        |   |
| <i>rimantadine hcl</i>                                     | T1        |   |
| <i>ritonavir</i>   | T1        | SP-QTZ; \$0 copay for HIV PX for MN plans     |
| RUKOBIA  | T2        | SP-QTZ  |
| SELZENTRY ORAL SOLUTION                                    | T2        | PA; SP-QTZ                                    |
| SELZENTRY ORAL TABLET                                      | T2        | PA; SP-QTZ                                    |
| SITAVIG  | T2        | PA; QL (0.07 EA per 1 day)                    |
| SOVALDI ORAL PACKET 150 MG                                 | T2        | PA; SP-QTZ; QL (1 EA per 1 day)               |
| SOVALDI ORAL PACKET 200 MG                                 | T2        | PA; SP-QTZ; QL (2 EA per 1 day)               |

| Drug Name                                    | Drug Tier | Notes                                     |
|--|-----------|---|
| SOVALDI ORAL TABLET 200 MG                   | T2        | PA; SP-QTZ; QL (2 EA per 1 day)           |
| SOVALDI ORAL TABLET 400 MG                   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| STRIBILD                                     | T2        | SP-QTZ                                    |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | T2        | PA; SP-QTZ; QL (8 EA per 365 days)        |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | T2        | PA; SP-QTZ; QL (10 EA per 365 days)       |
| SUNLENCA SUBCUTANEOUS                        | T2        | PA; QL (9 ML per 365 days)                |
| SYMFY  | T2        | SP-QTZ                                    |
| SYMFY LO                                     | T2        | SP-QTZ                                    |
| SYMTUZA                                      | T2        | SP-QTZ                                    |
| TEMBEXA                                      | T2        |   |
| <i>tenofovir disoproxil fumarate</i>         | T1        | SP-QTZ; \$0 copay for HIV PX              |
| TIVICAY                                      | T2        | SP-QTZ                                    |
| TIVICAY PD                                   | T2        | SP-QTZ; \$0 copay for HIV PX for MN plans |
| TPOXX  | T2        |   |
| TRIUMEQ                                      | T2        | SP-QTZ                                    |
| TRIUMEQ PD                                   | T2        | SP-QTZ                                    |
| TROGARZO                                     | T2        |   |
| TYBOST                                       | T2        | SP-QTZ                                    |
| <i>valacyclovir hcl oral</i>                 | T1        | QL (4 EA per 1 day)                       |
| VALCYTE                                      | T2        | PA  |
| <i>valganciclovir hcl</i>                    | T1        |   |
| VEKLURY                                      | T2        | QL (2 EA per 1 day)                       |
| VIRACEPT                                     | T2        | SP-QTZ                                    |
| VIRAZOLE                                     | T2        |   |
| VIREAD ORAL POWDER                           | T2        | SP-QTZ                                    |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG    | T2        | SP-QTZ                                    |
| VIREAD ORAL TABLET 300 MG                    | T2        | PA; SP-QTZ                                |
| VOSEVI                                       | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| XERESE                                       | T2        | PA  |
| XOFLUZA (40 MG DOSE)                         | T2        | QL (2 EA per 365 days)                    |
| XOFLUZA (80 MG DOSE)                         | T2        | QL (2 EA per 365 days)                    |
| ZEPATIER                                     | T2        | PA; SP-QTZ; QL (1 EA per 1 day)           |
| ZIAGEN                                       | T2        | SP-QTZ                                    |
| <i>zidovudine</i>                            | T1        | SP-QTZ                                    |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <b>Anxiolytics - Drugs for Anxiety</b>                             |           |                         |
| alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg    | T1        | QL (1 EA per 1 day)     |
| alprazolam er oral tablet extended release 24 hour 2 mg            | T1        | QL (5 EA per 1 day)     |
| alprazolam er oral tablet extended release 24 hour 3 mg            | T1        | QL (3 EA per 1 day)     |
| alprazolam intensol  | T1        | QL (10 ML per 1 day)    |
| alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg                       | T1        | QL (4 EA per 1 day)     |
| alprazolam oral tablet 2 mg  | T1        | QL (5 EA per 1 day)     |
| alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg           | T1        | PA; QL (4 EA per 1 day) |
| alprazolam oral tablet dispersible 2 mg                            | T1        | PA; QL (5 EA per 1 day) |
| alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg    | T1        | QL (1 EA per 1 day)     |
| alprazolam xr oral tablet extended release 24 hour 2 mg            | T1        | QL (5 EA per 1 day)     |
| alprazolam xr oral tablet extended release 24 hour 3 mg            | T1        | QL (3 EA per 1 day)     |
| ATIVAN INJECTION   | T2        |                         |
| buspirone hcl oral tablet 10 mg, 5 mg                              | T1/Value  |                         |
| buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg                     | T1        |                         |
| chlordiazepoxide hcl oral capsule 10 mg                            | T1        | QL (30 EA per 1 day)    |
| chlordiazepoxide hcl oral capsule 25 mg                            | T1        | QL (12 EA per 1 day)    |
| chlordiazepoxide hcl oral capsule 5 mg                             | T1        | QL (4 EA per 1 day)     |
| clonazepam oral tablet 0.5 mg, 1 mg                                | T1        | QL (3 EA per 1 day)     |
| clonazepam oral tablet 2 mg  | T1        | QL (10 EA per 1 day)    |
| clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg | T1        | QL (3 EA per 1 day)     |
| clonazepam oral tablet dispersible 2 mg                            | T1        | QL (10 EA per 1 day)    |
| clorazepate dipotassium oral tablet 15 mg                          | T1        | QL (6 EA per 1 day)     |
| clorazepate dipotassium oral tablet 3.75 mg                        | T1        | QL (24 EA per 1 day)    |
| clorazepate dipotassium oral tablet 7.5 mg                         | T1        | QL (12 EA per 1 day)    |
| diazepam injection solution 10 mg/2ml                              | T1        |                         |
| diazepam intensol  | T1        |                         |
| diazepam oral  | T1        |                         |
| diazepam solution 5 mg/ml injection                                | T1        |                         |
| DIAZEPAM SOLUTION 5 MG/ML INJECTION                                | T2        |                         |
| estazolam  | T1        | QL (1 EA per 1 day)     |
| HALCION  | T2        | QL (2 EA per 1 day)     |

| Drug Name   | Drug Tier | Notes               |
|---|-----------|---------------------|
| <i>hydroxyzine hcl intramuscular</i>                            | T1        |                     |
| <i>hydroxyzine hcl oral tablet</i>                              | T1/Value  |                     |
| <i>hydroxyzine hcl syrup 10 mg/5ml oral</i>                     | T1/Value  |                     |
| <i>hydroxyzine hcl syrup 10 mg/5ml oral</i>                     | T1/Value  | PA                  |
| <i>hydroxyzine pamoate oral</i>                                 | T1/Value  |                     |
| <i>lorazepam injection</i>                                      | T1        |                     |
| <i>lorazepam intensol</i>                                       | T1        | QL (5 ML per 1 day) |
| <i>lorazepam oral concentrate 2 mg/ml</i>                       | T1        | QL (5 ML per 1 day) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i>                       | T1        | QL (3 EA per 1 day) |
| <i>lorazepam oral tablet 2 mg</i>                               | T1        | QL (5 EA per 1 day) |
| <i>meprobamate</i>  | T1        |                     |
| <i>oxazepam</i>   | T1        | QL (4 EA per 1 day) |
| <i>quazepam</i>   | T1        | QL (1 EA per 1 day) |
| <i>triazolam</i>  | T1        | QL (2 EA per 1 day) |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                |           |                     |
| EQUETRO   | T2        |                     |
| <i>lithium</i>  | T1        |                     |
| <i>lithium carbonate er</i>                                     | T1/Value  |                     |
| <i>lithium carbonate oral</i>                                   | T1/Value  |                     |
| LITHOBID  | T2        | PA                  |
| <b>Blood Products and Modifiers - Drugs for Blood Disorders</b> |           |                     |
| ADVATE  | T2        |                     |
| ADYNOVATE   | T2        |                     |
| AFSTYLA   | T2        |                     |
| AGRYLIN   | T2        | PA                  |
| ALPHANATE   | T2        |                     |
| ALPHANINE SD  | T2        |                     |
| ALPROLIX  | T2        |                     |
| ALTUVIPIO   | T2        |                     |
| ALVAIZ  | T2        | PA; SP-QTZ          |
| <i>aminocaproic acid intravenous</i>                            | T1        |                     |
| <i>aminocaproic acid oral</i>                                   | T1        |                     |
| <i>anagrelide hcl</i>   | T1        |                     |
| APHEXDA   | T2        |                     |
| ARANESP (ALBUMIN FREE)  | T2        | PA                  |
| ASTRINGYN   | T2        |                     |
| BALFAXAR  | T2        |                     |

| Drug Name              | Drug Tier | Notes                   |
|------------------------|-----------|-------------------------|
| BENEFIX                | T2        |                         |
| BKEMV                  | T2        |                         |
| COAGADEX               | T2        |                         |
| CORIFACT               | T2        |                         |
| CYKLOKAPRON            | T2        |                         |
| DOPTELET               | T2        | PA; SP-ORx              |
| ELOCTATE               | T2        |                         |
| EMPAVELI               | T2        | PA                      |
| ENJAYMO                | T2        | PA                      |
| ESPEROCT               | T2        |                         |
| FABHALTA               | T2        | PA; QL (2 EA per 1 day) |
| FEIBA                  | T2        |                         |
| FIBRYGA                | T2        |                         |
| HEMLIBRA               | T2        | SP-QTZ                  |
| HEMOFIL M              | T2        |                         |
| <i>hetastarch-nacl</i> | T1        |                         |
| HEXTEND                | T2        |                         |
| HUMATE-P               | T2        |                         |
| IDELVION               | T2        |                         |
| IXINITY                | T2        |                         |
| JIVI                   | T2        |                         |
| KCENTRA                | T2        |                         |
| KOATE                  | T2        |                         |
| KOATE-DVI              | T2        |                         |
| KOGENATE FS            | T2        |                         |
| KOVALTRY               | T2        |                         |
| LEUKINE                | T2        | PA                      |
| LMD IN D5W             | T2        |                         |
| LMD IN NACL            | T2        |                         |
| MIRCERA                | T2        | PA                      |
| MOZOBIL                | T2        |                         |
| MULPLETA               | T2        | PA                      |
| NEULASTA               | T2        | PA                      |
| NEULASTA ONPRO         | T2        | PA                      |
| NIVESTYM               | T2        | PA                      |
| NOVOEIGHT              | T2        |                         |
| NOVOSEVEN RT           | T2        |                         |
| NPLATE                 | T2        | PA                      |

| Drug Name                            | Drug Tier | Notes                   |
|--------------------------------------|-----------|-------------------------|
| NUWIQ                                | T2        |                         |
| OBIZUR                               | T2        |                         |
| plerixafor                           | T2        |                         |
| PROCRT                               | T2        | PA                      |
| PROFILNINE                           | T2        |                         |
| PROMACTA                             | T2        | PA; SP-QTZ              |
| <i>protamine sulfate intravenous</i> | T1        |                         |
| PYRUKYND                             | T2        | PA; QL (2 EA per 1 day) |
| PYRUKYND TAPER PACK                  | T2        | PA; QL (1 EA per 1 day) |
| REBINYN                              | T2        |                         |
| REBLOZYL                             | T2        | PA                      |
| RECOMBINATE                          | T2        |                         |
| RECOTHROM                            | T2        |                         |
| RECOTHROM SPRAY KIT                  | T2        |                         |
| RETACRIT                             | T2        | PA                      |
| RIASTAP                              | T2        |                         |
| RIXUBIS                              | T2        |                         |
| SOLIRIS                              | T2        | PA                      |
| TAVALISSE                            | T2        | PA; SP-ORx              |
| THROMBIN-JMI                         | T2        |                         |
| THROMBIN-JMI EPISTAXIS               | T2        |                         |
| THROMBOGEN                           | T2        |                         |
| <i>tranexamic acid intravenous</i>   | T1        |                         |
| <i>tranexamic acid oral</i>          | T1        |                         |
| <i>tranexamic acid-nacl</i>          | T1        |                         |
| TRETEN                               | T2        |                         |
| UDENYCA                              | T2        | PA                      |
| UDENYCA ONBODY                       | T2        | PA                      |
| ULTOMIRIS                            | T2        | PA                      |
| VONVENDI                             | T2        |                         |
| VOYDEYA                              | T2        | PA; QL (6 EA per 1 day) |
| WILATE                               | T2        |                         |
| XOLREMDI                             | T2        | PA; QL (4 EA per 1 day) |
| XYNTHA                               | T2        |                         |
| XYNTHA SOLOFUSE                      | T2        |                         |
| ZARXIO                               | T2        | PA                      |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |                            |
| ACCUPRIL  | T2        |                            |
| ACCURETIC   | T2        |                            |
| acebutolol hcl oral   | T1        | \$0 HDHP                   |
| acetazolamide sodium  | T1        |                            |
| adenosine intravenous solution 12 mg/4ml, 6 mg/2ml                        | T1        |                            |
| AKOVAZ  | T2        |                            |
| ALDACTONE   | T2        |                            |
| aliskiren fumarate  | T1        |                            |
| ALTOPREV  | T2        | ST                         |
| amiloride hcl oral  | T1        |                            |
| amiloride-hydrochlorothiazide   | T1/Value  |                            |
| amiodarone hcl  | T1        |                            |
| amlodipine besylate oral  | T1/Value  |                            |
| amlodipine besylate-benazepril hcl  | T1        |                            |
| amlodipine besylate-valsartan   | T1        |                            |
| amlodipine-atorvastatin   | T1        |                            |
| amlodipine-olmesartan   | T1        |                            |
| amlodipine-valsartan-hctz   | T1        |                            |
| ASCLERA   | T2        |                            |
| ATACAND HCT   | T2        | PA                         |
| atenolol oral   | T1/Value  | \$0 HDHP                   |
| atenolol-chlorthalidone   | T1/Value  | \$0 HDHP                   |
| atorvastatin calcium oral tablet 10 mg, 20 mg                             | T1/Value  | \$0 HDHP; \$0 if age 40-75 |
| atorvastatin calcium oral tablet 40 mg, 80 mg                             | T1/Value  | \$0 HDHP                   |
| AVALIDE   | T2        | PA                         |
| benazepril hcl oral   | T1/Value  | \$0 HDHP                   |
| benazepril-hydrochlorothiazide  | T1        | \$0 HDHP                   |
| BETAPACE  | T2        | PA                         |
| BETAPACE AF   | T2        | PA                         |
| betaxolol hcl oral  | T1        | \$0 HDHP                   |
| BIDIL   | T2        |                            |
| BIORPHEN  | T2        |                            |
| bisoprolol fumarate oral  | T1/Value  | \$0 HDHP                   |
| bisoprolol-hydrochlorothiazide  | T1/Value  | \$0 HDHP                   |
| BREVIBLOC   | T2        |                            |
| BREVIBLOC IN NACL   | T2        |                            |

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| Drug Name                                       | Drug Tier | Notes                    |
|---|-----------|--------------------------|
| BREVIBLOC PREMIXED                              | T2        |                          |
| BREVIBLOC PREMIXED DS                           | T2        |                          |
| <i>bumetanide</i>                               | T1        |                          |
| BUMEX   | T2        |                          |
| CADUET  | T2        | PA                       |
| <i>candesartan cilexetil</i>                    | T1        |                          |
| <i>candesartan cilexetil-hctz</i>               | T1        | PA                       |
| <i>captopril oral</i>                           | T1        | \$0 HDHP                 |
| <i>captopril-hydrochlorothiazide</i>            | T1        | \$0 HDHP                 |
| CARDENE IV                                      | T2        |                          |
| CARDIZEM  | T2        | PA                       |
| CARDIZEM CD                                     | T2        | PA                       |
| CARDURA   | T2        | PA                       |
| CAROSPIR  | T2        | PA                       |
| <i>cartia xt</i>                                | T1        |                          |
| <i>carvedilol</i>                               | T1/Value  | \$0 HDHP                 |
| <i>carvedilol phosphate er</i>                  | T1        | PA                       |
| <i>chlorothiazide sodium</i>                    | T1        |                          |
| <i>chlorthalidone</i>                           | T1/Value  |                          |
| <i>cholestyramine light</i>                     | T1        |                          |
| <i>cholestyramine oral</i>                      | T1        |                          |
| CLEVIPREX                                       | T2        |                          |
| <i>clonidine</i>                                | T1        | PA                       |
| CLONIDINE ER                                    | T2        | PA                       |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i> | T1/Value  |                          |
| <i>clonidine hcl oral tablet 0.3 mg</i>         | T1        |                          |
| <i>colesevelam hcl oral packet</i>              | T1        | PA                       |
| <i>colesevelam hcl oral tablet</i>              | T1        |                          |
| <i>colestipol hcl</i>                           | T1        |                          |
| CORLANOR ORAL SOLUTION                          | T2        | QL (15 ML per 1 day)     |
| CORLANOR ORAL TABLET                            | T2        | QL (2 EA per 1 day)      |
| CORVERT   | T2        |                          |
| DEMSER  | T2        | PA; QL (16 EA per 1 day) |
| DIBENZYLINE                                     | T2        | PA                       |
| <i>digoxin injection</i>                        | T1        |                          |
| <i>digoxin oral solution</i>                    | T1        |                          |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>     | T1/Value  |                          |
| <i>digoxin oral tablet 62.5 mcg</i>             | T1        |                          |

| Drug Name  | Drug Tier | Notes        |
|--|-----------|--------------|
| diltiazem hcl er beads   | T1        |              |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg | T1        |              |
| diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg                         | T1        | PA           |
| diltiazem hcl er oral capsule extended release 12 hour 120 mg                                      | T1        | PA           |
| diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg                                | T1        |              |
| diltiazem hcl er oral capsule extended release 24 hour   | T1        |              |
| diltiazem hcl er oral tablet extended release 24 hour  | T1        | PA           |
| diltiazem hcl intravenous  | T1        |              |
| diltiazem hcl oral   | T1        |              |
| DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS                                       | T2        |              |
| DILTIAZEM HCL-SODIUM CHLORIDE  | T2        |              |
| dilt-xr  | T1        |              |
| disopyramide phosphate   | T1        |              |
| DIURIL   | T2        |              |
| dobutamine hcl   | T1        |              |
| dobutamine-dextrose  | T1        |              |
| dofetilide   | T1        |              |
| dopamine hcl intravenous   | T1        |              |
| dopamine-dextrose  | T1        |              |
| doxazosin mesylate oral  | T1/Value  |              |
| droxidopa  | T2        | PA           |
| DYRENIUM   | T2        |              |
| EDARBI   | T2        | ST           |
| EDARBYCLOR   | T2        | ST           |
| EDECIN   | T2        |              |
| EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML  | T2        |              |
| enalapril maleate oral solution  | T1        | PA; \$0 HDHP |
| enalapril maleate oral tablet  | T1/Value  | \$0 HDHP     |
| enalaprilat  | T1        |              |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg   | T1        | \$0 HDHP     |

| Drug Name   | Drug Tier | Notes               |
|---|-----------|---------------------|
| enalapril-hydrochlorothiazide oral tablet 5-12.5 mg   | T1/Value  | \$0 HDHP            |
| ENTRESTO ORAL CAPSULE SPRINKLE  | T2        | QL (8 EA per 1 day) |
| ENTRESTO ORAL TABLET  | T2        | QL (2 EA per 1 day) |
| EPANED  | T2        | PA                  |
| ephedrine sulfate (pressors) intravenous solution 50 mg/ml                                      | T1        |                     |
| ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous                   | T1        |                     |
| EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS                   | T2        |                     |
| EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 50 MG/10ML INJECTION                    | T2        |                     |
| EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 50 MG/5ML INJECTION                     | T2        |                     |
| EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-% | T2        |                     |
| EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 25-0.9 MG/5ML-% INTRAVENOUS                   | T2        |                     |
| EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-% INTRAVENOUS                  | T2        |                     |
| EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-% INTRAVENOUS                   | T2        |                     |
| EPINEPHRINE HCL-DEXTROSE  | T2        |                     |
| EPINEPHRINE HCL-NACL  | T2        |                     |
| epinephrine injection solution  | T1        |                     |
| EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML  | T2        |                     |
| EPINEPHRINE INTRAVENOUS SOLUTION  | T2        |                     |
| EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML                                  | T2        |                     |
| epinephrine intravenous solution prefilled syringe 1 mg/10ml                                    | T1        |                     |
| epinephrine pf  | T1        |                     |
| EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%  | T2        |                     |

| Drug Name   | Drug Tier | Notes                          |
|---|-----------|--------------------------------|
| EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE             | T2        |                                |
| EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%                  | T2        |                                |
| EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE                 | T2        |                                |
| <i>eplerenone</i>   | T1        |                                |
| <i>esmolol hcl intravenous solution 100 mg/10ml</i>                     | T1        |                                |
| ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML           | T2        |                                |
| <i>esmolol hcl-sodium chloride</i>                                      | T1        |                                |
| <i>ethacrynat sodium</i>  | T1        |                                |
| <i>ethacrynic acid</i>  | T1        |                                |
| ETHAMOLIN   | T2        |                                |
| EVKEEZA   | T2        | PA                             |
| EZALLOR SPRINKLE  | T2        | ST                             |
| <i>ezetimibe</i>  | T1        |                                |
| <i>ezetimibe-simvastatin</i>  | T1        |                                |
| <i>felodipine er</i>  | T1        |                                |
| <i>fenofibrate micronized oral capsule 130 mg</i>                       | T1        | PA                             |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | T1        |                                |
| <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>                   | T1        |                                |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>                           | T1        | PA                             |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>                            | T1        | PA                             |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>             | T1        |                                |
| <i>fenofibric acid oral capsule delayed release</i>                     | T1        |                                |
| <i>fenofibric acid oral tablet</i>                                      | T1        | PA                             |
| <i>flecainide acetate</i>   | T1        |                                |
| FLOLIPID  | T2        | ST; \$0 if age 40-75           |
| <i>fluvastatin sodium</i>   | T1        | PA; \$0 HDHP; \$0 if age 40-75 |
| <i>fluvastatin sodium er</i>  | T1        | PA; \$0 HDHP; \$0 if age 40-75 |
| <i>fosinopril sodium</i>  | T1/Value  | \$0 HDHP                       |
| <i>fosinopril sodium-hctz</i>   | T1        | \$0 HDHP                       |
| FUROSEMIDE IN SODIUM CHLORIDE   | T2        |                                |
| <i>furosemide injection</i>   | T1        |                                |
| <i>furosemide oral solution 10 mg/ml</i>                                | T1/Value  |                                |
| <i>furosemide oral solution 8 mg/ml</i>                                 | T1        |                                |
| <i>furosemide oral tablet</i>   | T1/Value  |                                |

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| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| <i>gemfibrozil oral</i>  | T1/Value  |                         |
| <i>guanfacine hcl</i>  | T1/Value  |                         |
| <b>HEMANGEOL</b>   | T2        | PA                      |
| <i>hydralazine hcl injection</i>   | T1        |                         |
| <i>hydralazine hcl oral</i>  | T1/Value  |                         |
| <i>hydrochlorothiazide oral</i>  | T1/Value  |                         |
| <i>ibutilide fumarate</i>  | T1        |                         |
| <i>icosapent ethyl</i>   | T1        | PA                      |
| <b>IMMPHENIV</b>   | T2        |                         |
| <i>indapamide</i>  | T1/Value  |                         |
| <b>INSPRA</b>  | T2        | PA                      |
| <i>irbesartan</i>  | T1        |                         |
| <i>irbesartan-hydrochlorothiazide</i>  | T1        |                         |
| <b>ISORDIL TITRADOSE</b>   | T2        |                         |
| <i>isosorb dinitrate-hydralazine</i>   | T1        |                         |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                  | T1        |                         |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                                      | T1        | PA                      |
| <i>isosorbide mononitrate</i>  | T1        |                         |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>       | T1        |                         |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i> | T1/Value  |                         |
| <i>isradipine</i>  | T1        |                         |
| <i>ivabradine hcl</i>  | T1        | QL (2 EA per 1 day)     |
| <b>JUXTAPID ORAL CAPSULE 10 MG, 5 MG</b>   | T2        | PA; QL (1 EA per 1 day) |
| <b>JUXTAPID ORAL CAPSULE 20 MG, 30 MG</b>  | T2        | PA; QL (2 EA per 1 day) |
| <b>LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE</b>                        | T2        |                         |
| <i>labetalol hcl oral</i>  | T1        | \$0 HDHP                |
| <i>labetalol hcl solution 5 mg/ml intravenous</i>                                  | T1        |                         |
| <b>LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS</b>                                  | T2        |                         |
| <b>LANOXIN INJECTION</b>   | T2        |                         |
| <b>LANOXIN ORAL</b>  | T2        | PA                      |
| <b>LANOXIN PEDIATRIC</b>   | T2        |                         |
| <b>LEVOPHED</b>  | T2        |                         |
| <b>LIPOFEN</b>   | T2        | PA                      |
| <i>lisinopril oral</i>   | T1/Value  | \$0 HDHP                |

| Drug Name  | Drug Tier | Notes                      |
|--|-----------|----------------------------|
| <i>lisinopril-hydrochlorothiazide</i>                          | T1/Value  | \$0 HDHP                   |
| LOPID  | T2        |                            |
| LOPRESSOR  | T2        |                            |
| <i>losartan potassium oral</i>                                 | T1/Value  |                            |
| <i>losartan potassium-hctz</i>                                 | T1/Value  |                            |
| LOTENSIN   | T2        |                            |
| LOTENSIN HCT   | T2        |                            |
| <i>lovastatin oral</i>   | T1        | \$0 HDHP; \$0 if age 40-75 |
| <i>mannitol intravenous</i>                                    | T1        |                            |
| <i>matzim la</i>   | T1        | PA                         |
| <i>methyldopa</i>  | T1/Value  |                            |
| <i>metolazone</i>  | T1        |                            |
| <i>metoprolol succinate er</i>                                 | T1        | \$0 HDHP                   |
| <i>metoprolol tartrate intravenous</i>                         | T1        |                            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>    | T1/Value  | \$0 HDHP                   |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>          | T1        | \$0 HDHP                   |
| <i>metoprolol-hydrochlorothiazide</i>                          | T1        | \$0 HDHP                   |
| <i>metyrosine</i>  | T1        | PA; QL (16 EA per 1 day)   |
| <i>mexiletine hcl oral</i>                                     | T1        |                            |
| <i>midodrine hcl</i>   | T1        |                            |
| <i>milrinone lactate</i>                                       | T1        |                            |
| <i>milrinone lactate in dextrose</i>                           | T1        |                            |
| <i>minoxidil oral</i>  | T1        |                            |
| <i>moexipril hcl</i>   | T1        | \$0 HDHP                   |
| MULTAQ   | T2        |                            |
| <i>nadolol oral</i>  | T1        | \$0 HDHP                   |
| <i>nebivolol hcl</i>   | T1        | \$0 HDHP                   |
| NEXICLON XR  | T2        | PA                         |
| NEXLETOL   | T2        | PA; QL (1 EA per 1 day)    |
| NEXLIZET   | T2        | PA; QL (1 EA per 1 day)    |
| NEXTERONE  | T2        |                            |
| <i>niacin (antihyperlipidemic)</i>                             | T1        | PA                         |
| <i>niacin er (antihyperlipidemic)</i>                          | T1        |                            |
| <i>niacor</i>  | T1        | PA                         |
| <i>nicardipine hcl in nacl intravenous solution</i>            | T1        |                            |
| NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | T2        |                            |
| <i>nicardipine hcl intravenous</i>                             | T1        |                            |

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| Drug Name   | Drug Tier | Notes    |
|---|-----------|----------|
| <i>nicardipine hcl oral</i>   | T1        | PA       |
| <i>nifedipine er</i>  | T1        |          |
| <i>nifedipine er osmotic release</i>                                  | T1        |          |
| <i>nifedipine oral</i>  | T1        |          |
| <i>nimodipine oral capsule</i>  | T1        |          |
| NIMODIPINE ORAL SOLUTION  | T2        |          |
| <i>nisoldipine er</i>   | T1        | PA       |
| NITRO-BID   | T2        |          |
| NITRO-DUR   | T2        | PA       |
| <i>nitroglycerin</i>  | T1        |          |
| <i>nitroglycerin in d5w</i>   | T1        |          |
| NITROLINGUAL  | T2        |          |
| <i>nitroprusside sodium</i>   | T1        |          |
| <i>norepinephrine bitartrate solution 1 mg/ml intravenous</i>         | T1        |          |
| NOREPINEPHRINE-DEXTROSE   | T2        |          |
| NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 16-0.9 MG/250ML-% INTRAVENOUS | T2        |          |
| NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS  | T2        |          |
| NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS  | T2        |          |
| NORLIQVA  | T2        | PA       |
| NORPACE   | T2        |          |
| NORPACE CR  | T2        |          |
| NORTHERA  | T2        | PA       |
| NYMALIZE  | T2        |          |
| <i>olmesartan medoxomil oral</i>                                      | T1        |          |
| <i>olmesartan medoxomil-hctz</i>                                      | T1        |          |
| <i>olmesartan-amlodipine-hctz</i>                                     | T1        |          |
| <i>omega-3-acid ethyl esters</i>                                      | T1        |          |
| OSMITROL  | T2        |          |
| PACERONE  | T2        |          |
| <i>pentoxifylline er</i>  | T1        |          |
| <i>perindopril erbumine</i>   | T1        | \$0 HDHP |
| <i>phenoxybenzamine hcl oral</i>                                      | T1        | PA       |
| <i>phentolamine mesylate injection</i>                                | T1        |          |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| PHENYLEPHRINE HCL (PRESSORS)<br>INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML   | T2        |                            |
| PHENYLEPHRINE HCL (PRESSORS)<br>INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML  | T2        |                            |
| <i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>   | T1        |                            |
| PHENYLEPHRINE HCL (PRESSORS)<br>SOLUTION PREFILLED SYRINGE 1 MG/10ML<br>INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL INTRAVENOUS<br>SOLUTION 80-0.9 MG/250ML-%  | T2        |                            |
| PHENYLEPHRINE HCL-NACL INTRAVENOUS<br>SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-% | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION 25-0.9 MG/250ML-% INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS   | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION<br>PREFILLED SYRINGE 0.5-0.9 MG/5ML-%<br>INTRAVENOUS  | T2        |                            |
| PHENYLEPHRINE HCL-NACL SOLUTION<br>PREFILLED SYRINGE 0.8-0.9 MG/10ML-%<br>INTRAVENOUS   | T2        |                            |
| <i>pindolol</i>   | T1        | \$0 HDHP                   |
| <i>pitavastatin calcium</i>   | T1        | \$0 HDHP; \$0 if age 40-75 |
| <i>pravastatin sodium</i>   | T1        | \$0 HDHP; \$0 if age 40-75 |
| <i>prazosin hcl oral</i>  | T1/Value  |                            |
| PRESTALIA   | T2        |                            |
| <i>prevalite</i>  | T1        |                            |
| <i>procainamide hcl injection</i>   | T1        |                            |
| PROCARDIA XL  | T2        | PA                         |
| <i>propafenone hcl</i>  | T1        |                            |

| Drug Name   | Drug Tier | Notes                              |
|---|-----------|------------------------------------|
| <i>propafenone hcl er</i>                                     | T1        |                                    |
| <i>propranolol hcl er</i>                                     | T1        | \$0 HDHP                           |
| <i>propranolol hcl intravenous</i>                            | T1        |                                    |
| <i>propranolol hcl oral solution</i>                          | T1        | \$0 HDHP                           |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | T1/Value  | \$0 HDHP                           |
| <i>propranolol hcl oral tablet 60 mg</i>                      | T1        | \$0 HDHP                           |
| <i>PROSTIN VR</i>   | T2        |                                    |
| <i>QBRELIS</i>  | T2        | PA                                 |
| <i>quinapril hcl</i>  | T1/Value  | \$0 HDHP                           |
| <i>quinapril-hydrochlorothiazide</i>                          | T1        | \$0 HDHP                           |
| <i>quinidine gluconate er</i>                                 | T1        |                                    |
| <i>quinidine sulfate</i>                                      | T1        |                                    |
| <i>ramipril</i>   | T1/Value  | \$0 HDHP                           |
| <i>ranolazine er</i>  | T1        |                                    |
| <i>RECTIV</i>   | T2        | PA                                 |
| <i>REPATHA</i>  | T2        | ST; SP-QTZ; QL (0.11 ML per 1 day) |
| <i>REPATHA PUSHTRONEX SYSTEM</i>                              | T2        | ST; SP-QTZ; QL (0.13 ML per 1 day) |
| <i>REPATHA SURECLICK</i>                                      | T2        | ST; SP-QTZ; QL (0.11 ML per 1 day) |
| <i>REZIPRES</i>   | T2        |                                    |
| <i>rosuvastatin calcium oral</i>                              | T1        | \$0 HDHP; \$0 if age 40-75         |
| <i>simvastatin oral</i>                                       | T1/Value  | \$0 HDHP; \$0 if age 40-75         |
| <i>sodium nitroprusside intravenous solution 25 mg/ml</i>     | T1        |                                    |
| <i>sotalol hcl (af)</i>                                       | T1        |                                    |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>         | T1        |                                    |
| <i>sotalol hcl oral tablet 80 mg</i>                          | T1/Value  |                                    |
| <i>SOTYLIZE</i>   | T2        |                                    |
| <i>spironolactone oral suspension</i>                         | T1        | PA                                 |
| <i>spironolactone oral tablet</i>                             | T1/Value  |                                    |
| <i>spironolactone-hctz</i>                                    | T1/Value  |                                    |
| <i>SULAR</i>  | T2        | PA                                 |
| <i>TEKTURNA</i>   | T2        |                                    |
| <i>telmisartan</i>  | T1        |                                    |
| <i>telmisartan-amlodipine</i>                                 | T1        |                                    |
| <i>telmisartan-hctz</i>                                       | T1        | PA                                 |

| Drug Name   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| TENORETIC 100   | T2        |                                 |
| TENORETIC 50  | T2        |                                 |
| THALITONE   | T2        |                                 |
| <i>tiadylt er</i>   | T1        |                                 |
| TIAZAC  | T2        |                                 |
| <i>timolol maleate oral</i>   | T1        | \$0 HDHP                        |
| <i>torsemide</i>  | T1/Value  |                                 |
| <i>trandolapril</i>   | T1/Value  | \$0 HDHP                        |
| <i>trandolapril-verapamil hcl er</i>  | T1        |                                 |
| <i>triamterene oral</i>   | T1        |                                 |
| <i>triamterene-hctz</i>   | T1/Value  |                                 |
| TRILIPIX  | T2        |                                 |
| TRYVIO  | T2        | PA; QL (1 EA per 1 day)         |
| <i>valsartan oral tablet</i>  | T1        |                                 |
| <i>valsartan-hydrochlorothiazide</i>  | T1        |                                 |
| VARITHENA   | T2        |                                 |
| VASCEPA   | T2        | PA                              |
| VASERETIC   | T2        | PA                              |
| VASOTEC   | T2        | PA                              |
| VAZCULEP  | T2        |                                 |
| VECAMYL   | T2        |                                 |
| <i>verapamil hcl er</i>   | T1        |                                 |
| <i>verapamil hcl intravenous</i>  | T1        |                                 |
| <i>verapamil hcl oral tablet 120 mg, 80 mg</i>                              | T1/Value  |                                 |
| <i>verapamil hcl oral tablet 40 mg</i>                                      | T1        |                                 |
| VERELAN   | T2        |                                 |
| VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG     | T2        |                                 |
| VERQUVO   | T2        | PA; QL (1 EA per 1 day)         |
| VYNDAMAX  | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| VYNDAQEL  | T2        | PA; SP-ORx; QL (4 EA per 1 day) |
| ZESTORETIC  | T2        | PA                              |
| <b>Central Nervous System Agents</b>  |           |                                 |
| SKYCLARYS   | T2        | PA; QL (3 EA per 1 day)         |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b> |           |                                 |
| ADDERALL XR   | T2        | ST; QL (2 EA per 1 day)         |
| <i>amphetamine sulfate</i>  | T1        | QL (6 EA per 1 day)             |
| <i>amphetamine-dextroamphetamine er</i>                                     | T1        | QL (2 EA per 1 day)             |

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| Drug Name  | Drug Tier | Notes                    |
|--|-----------|--------------------------|
| amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg | T1        | QL (3 EA per 1 day)      |
| amphetamine-dextroamphetamine oral tablet 30 mg                                      | T1        | QL (2 EA per 1 day)      |
| amphet-dextroamphet 3-bead er  | T1        | QL (1 EA per 1 day)      |
| APTENSIO XR  | T2        | ST; QL (1 EA per 1 day)  |
| atomoxetine hcl  | T1        | QL (1 EA per 1 day)      |
| AZSTARYS   | T2        | ST; QL (1 EA per 1 day)  |
| clonidine hcl er   | T1        |                          |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG                            | T2        | ST; QL (1 EA per 1 day)  |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG  | T2        | ST; QL (2 EA per 1 day)  |
| DEXEDRINE  | T2        | ST; QL (6 EA per 1 day)  |
| dexamphetamine hcl   | T1        | QL (2 EA per 1 day)      |
| dexamphetamine hcl er  | T1        | QL (1 EA per 1 day)      |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg             | T1        | QL (6 EA per 1 day)      |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg             | T1        | QL (4 EA per 1 day)      |
| dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg              | T1        | QL (3 EA per 1 day)      |
| dextroamphetamine sulfate oral solution  | T1        | QL (60 ML per 1 day)     |
| dextroamphetamine sulfate oral tablet 10 mg  | T1        | QL (6 EA per 1 day)      |
| dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg             | T1        | QL (3 EA per 1 day)      |
| dextroamphetamine sulfate oral tablet 30 mg  | T1        | QL (2 EA per 1 day)      |
| guanfacine hcl er  | T1        |                          |
| JORNAY PM  | T2        | ST; QL (1 EA per 1 day)  |
| lisdexamfetamine dimesylate  | T1        | QL (1 EA per 1 day)      |
| methamphetamine hcl  | T1        | PA; QL (5 EA per 1 day)  |
| METHYLIN ORAL SOLUTION 10 MG/5ML   | T2        | ST; QL (30 ML per 1 day) |
| METHYLIN ORAL SOLUTION 5 MG/5ML  | T2        | ST; QL (60 ML per 1 day) |
| methylphenidate  | T1        | PA; QL (1 EA per 1 day)  |
| methylphenidate hcl er (cd)  | T1        | QL (1 EA per 1 day)      |
| methylphenidate hcl er (la)  | T1        | QL (1 EA per 1 day)      |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg        | T1        | QL (1 EA per 1 day)      |
| methylphenidate hcl er (osm) oral tablet extended release 36 mg                      | T1        | QL (2 EA per 1 day)      |

| Drug Name  | Drug Tier | Notes                                |
|--|-----------|--------------------------------------|
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG                 | T2        | ST; QL (1 EA per 1 day)              |
| <i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>                 | T1        | PA; QL (1 EA per 1 day)              |
| <i>methylphenidate hcl er (xr)</i>   | T1        | QL (1 EA per 1 day)                  |
| <i>methylphenidate hcl er oral tablet extended release 10 mg</i>                       | T1        | QL (2 EA per 1 day)                  |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i>                       | T1        | QL (3 EA per 1 day)                  |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i> | T1        | QL (1 EA per 1 day)                  |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>               | T1        | QL (2 EA per 1 day)                  |
| <i>methylphenidate hcl oral solution 10 mg/5ml</i>                                     | T1        | QL (30 ML per 1 day)                 |
| <i>methylphenidate hcl oral solution 5 mg/5ml</i>                                      | T1        | QL (60 ML per 1 day)                 |
| <i>methylphenidate hcl oral tablet</i>   | T1        | QL (3 EA per 1 day)                  |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i>                                  | T1        | QL (6 EA per 1 day)                  |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>                           | T1        | QL (3 EA per 1 day)                  |
| ONYDA XR   | T2        | ST; QL (4 ML per 1 day)              |
| PROCENTRA  | T2        | ST; QL (60 ML per 1 day)             |
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG         | T2        | ST; QL (1 EA per 1 day)              |
| RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG  | T2        | ST; QL (2 EA per 1 day)              |
| VYVANSE  | T2        | ST; QL (1 EA per 1 day)              |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                    |           |                                      |
| AVONEX PEN   | T2        | PA; SP-QTZ; QL (0.04 EA per 1 day)   |
| AVONEX PREFILLED   | T2        | PA; SP-QTZ; QL (0.04 EA per 1 day)   |
| BETASERON  | T2        | PA; SP-QTZ; QL (0.5 EA per 1 day)    |
| BRIUMVI  | T2        | PA                                   |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML                              | T2        | PA; SP-QTZ; QL (0.43 ML per 1 day)   |
| <i>dalfampridine er</i>  | T2        | PA; QL (2 EA per 1 day)              |
| <i>dimethyl fumarate oral</i>  | T2        | PA; SP-QTZ; QL (2 EA per 1 day)      |
| <i>dimethyl fumarate starter pack</i>  | T2        | PA; SP-QTZ; QL (120 EA per 365 days) |

| Drug Name   | Drug Tier | Notes                               |
|---|-----------|-------------------------------------|
| fingolimod hcl  | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| GILENYA ORAL CAPSULE 0.25 MG  | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml | T2        | PA; SP-QTZ; QL (1 ML per 1 day)     |
| glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml | T2        | PA; SP-QTZ; QL (0.43 ML per 1 day)  |
| glatopa subcutaneous solution prefilled syringe 20 mg/ml            | T2        | PA; SP-QTZ; QL (1 ML per 1 day)     |
| glatopa subcutaneous solution prefilled syringe 40 mg/ml            | T2        | PA; SP-QTZ; QL (0.43 ML per 1 day)  |
| KESIMPTA  | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)  |
| LEMTRADA  | T2        | PA                                  |
| MAVENCLAD   | T2        | PA; SP-ORx                          |
| MAYZENT ORAL TABLET 0.25 MG   | T2        | PA; SP-QTZ; QL (4 EA per 1 day)     |
| MAYZENT ORAL TABLET 1 MG, 2 MG                                      | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG          | T2        | PA; SP-QTZ; QL (24 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG           | T2        | PA; SP-QTZ; QL (14 EA per 365 days) |
| OCREVUS   | T2        | PA                                  |
| OCREVUS ZUNOVO  | T2        | PA; QL (180 day supply per 1 fill)  |
| teriflunomide   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| TYSSABRI  | T2        | PA; QL (0.54 ML per 1 day)          |
| VUMERTY   | T2        | PA; SP-QTZ; QL (4 EA per 1 day)     |
| ZEPOSIA   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| ZEPOSIA 7-DAY STARTER PACK  | T2        | PA; SP-QTZ; QL (14 EA per 365 days) |
| ZEPOSIA STARTER KIT   | T2        | PA; SP-QTZ; QL (56 EA per 365 days) |
| <b>Central Nervous System Agents - Miscellaneous</b>                |           |                                     |
| AMVUTTRA  | T2        | PA; QL (0.5 ML per 81 days)         |
| NECTINE   | T2        |                                     |
| atracurium besylate   | T1        |                                     |
| AUSTEDO   | T2        | PA; QL (4 EA per 1 day)             |
| AUSTEDO XR  | T2        | PA; QL (1 EA per 1 day)             |
| AUSTEDO XR PATIENT TITRATION  | T2        | PA; QL (56 EA per 365 days)         |
| caffeine citrate  | T1        |                                     |
| CAFFEINE-SODIUM BENZOATE  | T2        |                                     |
| cisatracurium besylate  | T1        |                                     |

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| Drug Name   | Drug Tier | Notes                        |
|---|-----------|------------------------------|
| cisatracurium besylate (pf)   | T1        |                              |
| DOPRAM  | T2        |                              |
| edaravone   | T2        | PA                           |
| gabapentin (once-daily) oral tablet 300 mg                                  | T1        | ST; QL (6 EA per 1 day)      |
| gabapentin (once-daily) oral tablet 600 mg                                  | T1        | ST; QL (3 EA per 1 day)      |
| GRALISE ORAL TABLET 300 MG  | T2        | ST; QL (6 EA per 1 day)      |
| GRALISE ORAL TABLET 450 MG, 600 MG  | T2        | ST; QL (3 EA per 1 day)      |
| GRALISE ORAL TABLET 750 MG, 900 MG  | T2        | ST; QL (2 EA per 1 day)      |
| HORIZANT  | T2        | PA; QL (2 EA per 1 day)      |
| INGREZZA ORAL CAPSULE   | T2        | PA; QL (1 EA per 1 day)      |
| INGREZZA ORAL CAPSULE SPRINKLE  | T2        | PA; QL (1 EA per 1 day)      |
| INGREZZA ORAL CAPSULE THERAPY PACK  | T2        | PA; QL (56 EA per 365 days)  |
| NUEDEXTA  | T2        | PA                           |
| ONPATTRO  | T2        | PA                           |
| pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg          | T1        | ST; QL (3 EA per 1 day)      |
| pregabalin er oral tablet extended release 24 hour 330 mg                   | T1        | ST; QL (2 EA per 1 day)      |
| pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg | T1        | QL (3 EA per 1 day)          |
| pregabalin oral capsule 300 mg  | T1        | QL (2 EA per 1 day)          |
| pregabalin oral solution  | T1        | QL (30 ML per 1 day)         |
| QUELICIN  | T2        |                              |
| RADICAVA  | T2        | PA                           |
| RADICAVA ORS  | T2        | PA                           |
| RADICAVA ORS STARTER KIT  | T2        | PA                           |
| riluzole  | T1        |                              |
| rocuronium bromide intravenous solution 50 mg/5ml                           | T1        |                              |
| ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE                   | T2        |                              |
| rocuronium bromide solution 100 mg/10ml intravenous                         | T1        |                              |
| SAVELLA   | T2        | ST; QL (2 EA per 1 day)      |
| SAVELLA TITRATION PACK  | T2        | ST; QL (110 EA per 365 days) |
| SUCCINYLCHOLINE CHLORIDE INTRAVENOUS  | T2        |                              |
| succinylcholine chloride solution 20 mg/ml injection                        | T1        |                              |

| Drug Name  | Drug Tier | Notes                      |
|--|-----------|----------------------------|
| SUCCINYLCHOLINE CHLORIDE SOLUTION<br>20 MG/ML INJECTION                        | T2        |                            |
| SUCCINYLCHOLINE CHLORIDE SOLUTION<br>PREFILLED SYRINGE 100 MG/5ML<br>INJECTION | T2        |                            |
| TEGLUTIK   | T2        | PA; QL (20 ML per 1 day)   |
| tetrabenazine  | T2        | PA                         |
| TIGLUTIK   | T2        | PA; QL (20 ML per 1 day)   |
| VECURONIUM BROMIDE INTRAVENOUS<br>SOLUTION PREFILLED SYRINGE                   | T2        |                            |
| <i>vecuronium bromide intravenous solution<br/>reconstituted</i>               | T1        |                            |
| WAINUA   | T2        | PA; QL (0.03 ML per 1 day) |
| XENAZINE   | T2        | PA                         |
| <b>Dental and Oral Agents - Drugs for Mouth<br/>and Throat Conditions</b>      |           |                            |
| AQUORAL  | T2        |                            |
| CAPHOSOL   | T2        |                            |
| <i>cevimeline hcl</i>  | T1        |                            |
| <i>chlorhexidine gluconate mouth/throat</i>                                    | T1/Value  |                            |
| EVOXAC   | T2        | PA                         |
| KEPIVANCE  | T2        |                            |
| KOURZEQ  | T2        |                            |
| <i>lidocaine viscous hcl</i>   | T1/Value  |                            |
| MI PASTE   | T2        |                            |
| MI PASTE PLUS  | T2        |                            |
| ORALONE  | T2        |                            |
| PERIDEX  | T2        |                            |
| <i>periogard</i>   | T1/Value  |                            |
| <i>pilocarpine hcl oral</i>  | T1        |                            |
| REMESENSE  | T2        |                            |
| SALAGEN  | T2        |                            |
| <i>triamcinolone acetonide mouth/throat</i>                                    | T1        |                            |
| <b>Dermatological Agents - Drugs for Skin<br/>Conditions</b>                   |           |                            |
| ABSORICA LD  | T2        | PA                         |
| <i>accutane</i>  | T1        |                            |
| <i>acitretin</i>   | T1        |                            |
| <i>adapalene-benzoyl peroxide external gel</i>                                 | T1        |                            |

| Drug Name   | Drug Tier | Notes                              |
|---|-----------|------------------------------------|
| ADBRY   | T2        | PA; SP-ORx; QL (0.15 ML per 1 day) |
| AKLIEF  | T2        | PA                                 |
| <i>ala-cort</i>   | T1        |                                    |
| <i>alclometasone dipropionate</i>   | T1        |                                    |
| ALLEVYN GENTLE  | T2        |                                    |
| <i>amcinonide</i>   | T1        | PA                                 |
| <i>ammonium lactate external</i>  | T1        |                                    |
| <i>amnesteem</i>  | T1        |                                    |
| AMZEEQ  | T2        |                                    |
| AQUACEL AG BURN   | T2        |                                    |
| ATRAPRO DERMAL SPRAY  | T2        |                                    |
| <i>azelaic acid external</i>  | T1        |                                    |
| AZELEX  | T2        | PA                                 |
| B & C   | T2        |                                    |
| <i>balsam peru-castor oil</i>   | T1        |                                    |
| <i>benzoyl peroxide-erythromycin</i>  | T1        |                                    |
| <i>betamethasone dipropionate aug</i>   | T1        |                                    |
| <i>betamethasone dipropionate external</i>                                    | T1        |                                    |
| <i>betamethasone valerate external</i>  | T1        |                                    |
| BPCO  | T2        |                                    |
| <i>brimonidine tartrate external</i>  | T1        |                                    |
| BRYHALI   | T2        | PA                                 |
| <i>calcipotriene external cream</i>   | T1        |                                    |
| <i>calcipotriene external ointment</i>  | T1        |                                    |
| <i>calcipotriene external solution</i>  | T1        |                                    |
| <i>calcipotriene-betameth diprop external ointment</i>                        | T1        | PA; QL (13.4 GM per 1 day)         |
| <i>calcipotriene-betameth diprop external suspension</i>                      | T1        | QL (4 GM per 1 day)                |
| CALCITRENE  | T2        |                                    |
| <i>calcitriol external</i>  | T1        |                                    |
| CIBINQO   | T2        | PA; QL (1 EA per 1 day)            |
| <i>claravis</i>   | T1        |                                    |
| CLEOCIN-T   | T2        |                                    |
| <i>clindacin</i>  | T1        | PA                                 |
| <i>clindacin etz external swab</i>  | T1        |                                    |
| <i>clindacin-p</i>  | T1        |                                    |
| <i>clindamycin phos-benzoyl peroxy external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i> | T1        |                                    |

| Drug Name                                   | Drug Tier | Notes                |
|---|-----------|----------------------|
| clindamycin phosphate external foam         | T1        | PA                   |
| clindamycin phosphate external lotion       | T1        |                      |
| clindamycin phosphate external solution     | T1        |                      |
| clindamycin phosphate external swab         | T1        |                      |
| clindamycin phosphate gel 1 % external      | T1        | PA                   |
| clindamycin phosphate gel 1 % external      | T1        |                      |
| clindamycin-tretinoin                       | T1        | PA                   |
| clobetasol propionate e                     | T1        |                      |
| clobetasol propionate emulsion              | T1        | PA                   |
| clobetasol propionate external cream 0.05 % | T1        |                      |
| clobetasol propionate external foam         | T1        |                      |
| clobetasol propionate external gel          | T1        |                      |
| clobetasol propionate external liquid       | T1        |                      |
| clobetasol propionate external lotion       | T1        |                      |
| clobetasol propionate external ointment     | T1        |                      |
| clobetasol propionate external shampoo      | T1        |                      |
| clobetasol propionate external solution     | T1        |                      |
| clocortolone pivalate                       | T1        | PA                   |
| clodan                                      | T1        |                      |
| coal tar external                           | T1        |                      |
| CONDYLOX                                    | T2        |                      |
| CURITY HYPERTONIC NACL STRIP                | T2        |                      |
| CURITY NACL DRESSING 6"X6-3/4"              | T2        |                      |
| dapsone external                            | T1        | PA                   |
| DERMA-SMOOTH/FS BODY                        | T2        |                      |
| DERMA-SMOOTH/FS SCALP                       | T2        |                      |
| desonide external cream                     | T1        |                      |
| desonide external gel                       | T1        | PA                   |
| desonide external lotion                    | T1        |                      |
| desonide external ointment                  | T1        |                      |
| DESOWEN                                     | T2        |                      |
| desoximetasone external cream 0.05 %        | T1        | PA                   |
| desoximetasone external cream 0.25 %        | T1        |                      |
| desoximetasone external gel                 | T1        |                      |
| desoximetasone external liquid              | T1        |                      |
| desoximetasone external ointment 0.05 %     | T1        | PA                   |
| desoximetasone external ointment 0.25 %     | T1        |                      |
| diclofenac sodium gel 3 % external          | T1        | QL (10 GM per 1 day) |

| Drug Name  | Drug Tier | Notes                              |
|--|-----------|------------------------------------|
| diflorasone diacetate  | T1        | PA                                 |
| DIPROLENE  | T2        |                                    |
| doxepin hcl external   | T1        | PA                                 |
| doxycycline  | T1        | PA                                 |
| DRYSOL   | T2        |                                    |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML     | T2        | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML        | T2        | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T2        | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML    | T2        | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| EBGLYSS  | T2        | PA; QL (0.15 ML per 1 day)         |
| ENSTILAR   | T2        | QL (15 GM per 1 day)               |
| EPIDUO FORTE   | T2        |                                    |
| EPIFOAM  | T2        |                                    |
| ery pad 2%   | T1        |                                    |
| ERYGEL   | T2        |                                    |
| erythromycin external  | T1        |                                    |
| EUCRISA  | T2        | ST                                 |
| FILSUVEZ   | T2        | PA; QL (15 GM per 1 day)           |
| FINACEA EXTERNAL FOAM  | T2        |                                    |
| fluocinolone acetonide body                                    | T1        |                                    |
| fluocinolone acetonide external                                | T1        |                                    |
| fluocinolone acetonide scalp                                   | T1        |                                    |
| fluocinonide emulsified base                                   | T1        |                                    |
| fluocinonide external  | T1        |                                    |
| fluorouracil external  | T1        |                                    |
| flurandrenolide  | T1        | PA                                 |
| fluticasone propionate external                                | T1        |                                    |
| GORDOFILM  | T2        |                                    |
| halcinonide external cream                                     | T1        | PA                                 |
| HALCINONIDE EXTERNAL SOLUTION                                  | T2        | PA                                 |
| halobetasol propionate external cream                          | T1        |                                    |
| halobetasol propionate external foam                           | T1        | PA                                 |
| halobetasol propionate external ointment                       | T1        |                                    |
| hydrocortisone butyrate external cream                         | T1        |                                    |
| hydrocortisone butyrate external lotion                        | T1        | PA                                 |

| Drug Name  | Drug Tier | Notes |
|--|-----------|-------|
| hydrocortisone butyrate external ointment            | T1        |       |
| hydrocortisone butyrate external solution            | T1        |       |
| hydrocortisone cream 1 % external (rx)               | T1        |       |
| hydrocortisone external cream 2.5 %                  | T1/Value  |       |
| hydrocortisone external lotion 2 %                   | T1        | PA    |
| hydrocortisone external lotion 2.5 %                 | T1        |       |
| hydrocortisone external ointment 2.5 %               | T1        |       |
| hydrocortisone ointment 1 % external (rx)            | T1        |       |
| hydrocortisone valerate                              | T1        |       |
| HYDROFERA BLUE 4"X4"                                 | T2        |       |
| HYDROFERA BLUE 6"X6"                                 | T2        |       |
| HYDROFERA BLUE FOAM DRESSING                         | T2        |       |
| HYDROFERA BLUE FOAM/TUNNELING                        | T2        |       |
| HYDROFERA BLUE MRF DRESSING                          | T2        |       |
| HYDROFERA BLUE READY FOAM                            | T2        |       |
| HYDROXATE  | T2        | PA    |
| HYPOCYN ANTIPRURITIC                                 | T2        |       |
| imiquimod external cream 3.75 %                      | T1        | ST    |
| imiquimod external cream 5 %                         | T1        |       |
| imiquimod pump                                       | T1        | ST    |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | T1        |       |
| isotretinoin oral capsule 25 mg, 35 mg               | T1        | PA    |
| ivermectin external cream                            | T1        |       |
| KENDALL ALGINATE 12" ROPE                            | T2        |       |
| KENDALL ALGINATE DRESS 2"X2"                         | T2        |       |
| KENDALL ALGINATE DRESS 4"X8"                         | T2        |       |
| KENDALL HYDROGEL GAUZE 2"X2"                         | T2        |       |
| KENDALL HYDROGEL GAUZE 4"X4"                         | T2        |       |
| KENDALL HYDROGEL GAUZE 4"X8"                         | T2        |       |
| KENDALL HYDROGEL WOUND DRESS                         | T2        |       |
| KENDALL ZINC CA ALGINATE 4"X4"                       | T2        |       |
| KERALYT EXTERNAL SHAMPOO                             | T2        |       |
| KLARON   | T2        |       |
| KLISYRI (250 MG)                                     | T2        | ST    |
| KLISYRI (350 MG)                                     | T2        | ST    |
| lactic acid e  | T1        |       |
| lactic acid external                                 | T1        |       |

| Drug Name                                      | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| LEVULAN KERASTICK                              | T2        |                                 |
| LITFULO  | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| L-MESITRAN SOFT WOUND                          | T2        |                                 |
| LOCOID   | T2        | PA                              |
| LUXAMEND                                       | T2        |                                 |
| MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL     | T2        |                                 |
| MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE   | T2        |                                 |
| <i>methoxsalen rapid</i>                       | T1        |                                 |
| METROCREAM                                     | T2        |                                 |
| METROLOTION                                    | T2        |                                 |
| <i>metronidazole external</i>                  | T1        |                                 |
| MICROCYN EXTERNAL LIQUID                       | T2        |                                 |
| MIRVASO  | T2        |                                 |
| <i>mometasone furoate external</i>             | T1        |                                 |
| NEO-SYNALAR                                    | T2        |                                 |
| <i>neuac</i>                                   | T1        |                                 |
| ONEXTON  | T1        |                                 |
| OPZELURA                                       | T2        | ST; QL (3.34 GM per 1 day)      |
| PETROLEUM GAUZE NON-WOVEN 3X9"                 | T2        |                                 |
| <i>pimecrolimus</i>                            | T1        | ST; QL (2 GM per 1 day)         |
| <i>podofilox external</i>                      | T1        |                                 |
| PRUDOXIN                                       | T2        | PA                              |
| PYROGALlic ACID                                | T2        |                                 |
| QBREXZA  | T2        | QL (1 EA per 1 day)             |
| RADIAPLEXRX                                    | T2        |                                 |
| REGENECARE                                     | T2        |                                 |
| REGRANEX                                       | T2        | PA                              |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % | T2        | PA                              |
| SANTYL   | T2        | QL (3 GM per 1 day)             |
| SCENESSE                                       | T2        | PA                              |
| <i>selenium sulfide external lotion</i>        | T1        |                                 |
| SERNIVO  | T2        | ST                              |
| SOFDRA   | T2        | QL (1.4 ML per 1 day)           |
| SOOLANTRA                                      | T2        |                                 |
| <i>sulfacetamide sodium (acne)</i>             | T1        |                                 |

| Drug Name  | Drug Tier | Notes                |
|--|-----------|----------------------|
| sulfacetamide sodium-sulfur external suspension 9-4.25 % | T1        |                      |
| sulfacetamide sodium-sulfur liquid 10-5 % external       | T1        |                      |
| SYNALAR  | T2        |                      |
| TACLONEX   | T2        | QL (4 GM per 1 day)  |
| tacrolimus external                                      | T1        | QL (2 GM per 1 day)  |
| tazarotene external cream                                | T1        | PA                   |
| tazarotene external gel                                  | T1        | PA                   |
| TEXACORT   | T2        | PA                   |
| TOLAK  | T2        |                      |
| TOPICORT EXTERNAL CREAM 0.05 %                           | T2        | PA                   |
| TOPICORT EXTERNAL CREAM 0.25 %                           | T2        |                      |
| TOPICORT EXTERNAL GEL                                    | T2        |                      |
| TOPICORT EXTERNAL OINTMENT                               | T2        |                      |
| tovet  | T1        | PA                   |
| tretinoin microsphere external gel 0.08 %                | T1        |                      |
| tretinoin microsphere pump external gel 0.08 %           | T1        |                      |
| triamcinolone acetonide external aerosol solution        | T1        | PA                   |
| triamcinolone acetonide external cream                   | T1/Value  |                      |
| triamcinolone acetonide external lotion                  | T1        |                      |
| triamcinolone acetonide external ointment 0.025 %, 0.5 % | T1        |                      |
| triamcinolone acetonide external ointment 0.05 %         | T1        | PA                   |
| triamcinolone acetonide external ointment 0.1 %          | T1/Value  |                      |
| triamcinolone in absorbase                               | T1        | PA                   |
| triderm  | T1/Value  |                      |
| TWYNEO   | T2        |                      |
| urea external cream 20 %                                 | T1        |                      |
| VANOS  | T2        | PA                   |
| VENELEX  | T2        |                      |
| VEREGEN  | T2        | PA                   |
| VTAMA  | T2        | PA                   |
| WYNZORA  | T2        | QL (15 GM per 1 day) |
| XALIX  | T2        |                      |
| XERAC AC   | T2        |                      |
| XEROFORM OCCLUSIVE GAUZE PATCH                           | T2        |                      |

| Drug Name  | Drug Tier | Notes                                       |
|--|-----------|---|
| XEROFORM OCCLUSIVE GAUZE STRIP                                     | T2        |   |
| XEROFORM OIL EMULSION 2"X2"  | T2        |   |
| XEROFORM OIL EMULSION GAUZE  | T2        |   |
| XEROFORM OIL EMULSION STRIP  | T2        |   |
| XEROFORM OIL ROLL 4"X9'  | T2        |   |
| XEROFORM PETROLAT GAUZE 1"X8"                                      | T2        |   |
| XEROFORM PETROLAT GAUZE 5"X9"                                      | T2        |   |
| XEROFORM PETROLAT PATCH 2"X2"                                      | T2        |   |
| XEROFORM PETROLAT PATCH 4"X4"                                      | T2        |   |
| XEROFORM PETROLATUM DRES 4"X4"                                     | T2        |   |
| XEROFORM PETROLATUM DRES 5"X9"                                     | T2        |   |
| XEROFORM PETROLATUM ROLL 4"X9'                                     | T2        |   |
| YCANTH   | T2        | PA  |
| zenatane   | T1        |   |
| ZILXI  | T2        | ST  |
| ZONALON  | T2        | PA  |
| ZORYVE EXTERNAL CREAM 0.15 %                                       | T2        | ST  |
| ZORYVE EXTERNAL CREAM 0.3 %  | T2        | PA  |
| <b>Diabetes - Antidiabetic Agents</b>                              |           |   |
| acarbose oral  | T1        | \$0 HDHP                                    |
| ACTOPLUS MET   | T2        | PA  |
| ACTOS  | T2        | PA  |
| BYDUREON BCISE AUTOINJECTOR  | T2        | PA; \$0 HDHP; Value; QL (0.15 ML per 1 day) |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | T2        | PA; \$0 HDHP; Value; QL (0.08 ML per 1 day) |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML   | T2        | PA; \$0 HDHP; Value; QL (0.04 ML per 1 day) |
| CYCLOSET   | T2        | ST  |
| DUETACT  | T2        |   |
| FARXIGA  | T2        | \$0 HDHP; Value                             |
| glimepiride oral tablet 1 mg, 2 mg, 4 mg                           | T1/Value  | \$0 HDHP                                    |
| glimepiride oral tablet 3 mg                                       | T1        | PA  |
| glipizide er   | T1/Value  | \$0 HDHP                                    |
| glipizide oral tablet 10 mg, 5 mg                                  | T1/Value  | \$0 HDHP                                    |
| glipizide oral tablet 2.5 mg                                       | T1        | PA; \$0 HDHP                                |
| glipizide-metformin hcl  | T1        | \$0 HDHP                                    |
| GLUCOTROL XL   | T2        |   |
| glyburide micronized   | T1/Value  | \$0 HDHP                                    |

| Drug Name  | Drug Tier | Notes   |
|--|-----------|---|
| glyburide oral   | T1/Value  | \$0 HDHP                                      |
| glyburide-metformin  | T1        | \$0 HDHP                                      |
| GLYXAMBI   | T2        | \$0 HDHP; Value                               |
| JANUMET  | T2        | ST; \$0 HDHP; Value                           |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG | T2        | ST; \$0 HDHP; Value                           |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG             | T2        | ST; \$ HDHP; Value                            |
| JANUVIA  | T2        | ST; \$0 HDHP; Value                           |
| JARDIANCE  | T2        | \$0 HDHP; Value                               |
| JENTADUETO   | T2        | ST; \$0 HDHP; Value                           |
| JENTADUETO XR  | T2        | ST; \$0 HDHP; Value                           |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>        | T1        | PA; QL (0.3 ML per 1 day)                     |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>        | T1        | PA; \$0 HDHP; Value; QL (0.3 ML per 1 day)    |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>    | T1/Value  | \$0 HDHP; \$0 if age 35-70 and prediabetes DX |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>    | T1        | \$0 HDHP; \$0 if age 35-70 and prediabetes DX |
| <i>metformin hcl oral solution</i>                                     | T1        | \$0 HDHP; \$0 if age 35-70 and prediabetes DX |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>               | T1/Value  | \$0 HDHP; \$0 if age 35-70 and prediabetes DX |
| <i>metformin hcl oral tablet 750 mg</i>                                | T1        | PA  |
| <i>miglitol</i>  | T1        | \$0 HDHP                                      |
| MOUNJARO   | T2        | PA; \$0 HDHP; Value; QL (0.08 ML per 1 day)   |
| <i>nateglinide</i>   | T1        | \$0 HDHP                                      |
| <i>pioglitazone hcl</i>  | T1        | \$0 HDHP                                      |
| <i>pioglitazone hcl-glimepiride</i>                                    | T1        | \$0 HDHP                                      |
| <i>pioglitazone hcl-metformin hcl</i>                                  | T1        | \$0 HDHP                                      |
| <i>repaglinide</i>   | T1        | \$0 HDHP                                      |
| RIOMET   | T2        | ST  |
| <i>saxagliptin hcl</i>   | T1        | ST; \$0 HDHP                                  |
| <i>saxagliptin-metformin er</i>  | T1        | ST; \$0 HDHP                                  |
| SOLIQUA  | T2        |   |
| SYMLINPEN 120  | T2        | PA  |
| SYMLINPEN 60   | T2        | PA  |
| SYNJARDY   | T2        | \$0 HDHP; Value                               |

| Drug Name                            | Drug Tier | Notes                                       |
|--------------------------------------|-----------|---|
| SYNJARDY XR                          | T2        | \$0 HDHP; Value                             |
| TRADJENTA                            | T2        | ST; \$0 HDHP; Value                         |
| TRIJARDY XR                          | T2        | \$0 HDHP; Value                             |
| TRULICITY                            | T2        | PA; \$0 HDHP; Value; QL (0.08 ML per 1 day) |
| XIGDUO XR                            | T2        | \$0 HDHP; Value                             |
| XULTOPHY                             | T2        |   |
| <b>Diabetes - Glucose Monitoring</b> |           |   |
| ACCU-CHEK FASTCLIX LANCET KIT        | T2        |   |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | T2        |   |
| ADJUSTABLE LANCING DEVICE            | T2        |   |
| ADVOCATE LANCING DEVICE              | T2        |   |
| ADVOCATE RAPID-SAFE LANCING          | T2        |   |
| AUTOLET II CLINISAFE                 | T2        |   |
| AUTOLET LANCING DEVICE               | T2        |   |
| AUTOLET LITE CLINISAFE               | T2        |   |
| AUTOLET LITE LANCING DEVICE          | T2        |   |
| AUTOLET LITE STARTER PACK            | T2        |   |
| AUTOLET MINI                         | T2        |   |
| AUTOLET PLATFORMS                    | T2        | \$0 HDHP; Value                             |
| AUTOLET PLUS                         | T2        |   |
| AUTOPEN                              | T2        |   |
| BD PEN                               | T2        |   |
| BD PEN MINI                          | T2        |   |
| CARDIOCOM LANCING DEVICE             | T2        |   |
| CAREONE ADVANCED LANCING DEV         | T2        |   |
| CARESENS LANCETS 30G                 | T2        | \$0 HDHP; Value                             |
| CARETOUCH LANCING/EJECTOR            | T2        |   |
| CEQUR SIMPLICITY 2U 10PK             | T2        |   |
| CEQUR SIMPLICITY INSERTER            | T2        |   |
| CHEMSTRIP BG LOG BOOK                | T2        |   |
| CHEMSTRIP K                          | T2        |   |
| CHEMSTRIP UGK                        | T2        |   |
| CHOSEN LANCETS 30G                   | T2        | \$0 HDHP; Value                             |
| CHOSEN LANCING DEVICE                | T2        |   |
| CHOSEN SAFETY LANCETS 28G            | T2        | \$0 HDHP; Value                             |
| CLEVER CHOICE COMFORT EZ             | T2        | \$0 HDHP; Value                             |
| COMFORT TOUCH TWIST LANCET 30G       | T2        | \$0 HDHP; Value                             |

| Drug Name                      | Drug Tier | Notes           |
|--------------------------------|-----------|-----------------|
| CVS LANCING DEVICE             | T2        |                 |
| DEXCOM G6 RECEIVER             | T2        | PA              |
| DEXCOM G6 SENSOR               | T2        | PA              |
| DEXCOM G6 TRANSMITTER          | T2        | PA              |
| DEXCOM G7 RECEIVER             | T2        | PA              |
| DEXCOM G7 SENSOR               | T2        | PA              |
| DIASTIX                        | T2        |                 |
| DIASTIX REAGENT                | T2        |                 |
| DIATHRIVE LANCING DEVICE       | T2        |                 |
| DROPLET GENTEEL LANCING DEVICE | T2        |                 |
| DROPLET LANCING DEVICE         | T2        |                 |
| DROPSAFE ACTI-LANCE 23G        | T2        | \$0 HDHP; Value |
| EASY MINI EJECT LANCING DEVICE | T2        |                 |
| EASY MINI LANCING DEVICE       | T2        |                 |
| EASY TOUCH LANCING DEVICE      | T2        |                 |
| EMBRACE LANCING DEVICE/EJECTOR | T2        |                 |
| ENLITE GLUCOSE SENSOR          | T2        | PA              |
| FORA LANCING DEVICE            | T2        |                 |
| GENTEEL CONTACT TIPS (BLUE)    | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (CLEAR)   | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (GREEN)   | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (ORANGE)  | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (RAINBOW) | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (VIOLET)  | T2        | \$0 HDHP; Value |
| GENTEEL CONTACT TIPS (YELLOW)  | T2        | \$0 HDHP; Value |
| GENTEEL LANCING KIT (BLUE)     | T2        |                 |
| GENTEEL NOZZLES                | T2        | \$0 HDHP; Value |
| GENTEEL PLUS LANCING (BLACK)   | T2        |                 |
| GENTEEL PLUS LANCING (PURPLE)  | T2        |                 |
| GENTEEL PLUS LANCING (WHITE)   | T2        |                 |
| GENTEEL PLUS LANCING DEV(BLUE) | T2        |                 |
| GENTEEL PLUS LANCING DEV(PINK) | T2        |                 |
| GLOBAL LANCING DEVICE          | T2        |                 |
| GLUCOCOM AUTOLINK TELEMONITOR  | T2        |                 |
| GNP LANCING SYSTEM DEVICE      | T2        |                 |
| GOJJI LANCING DEVICE/CLEAR CAP | T2        |                 |
| GOODSENSE LANCING DEVICE       | T2        |                 |
| GUARDIAN 4 GLUCOSE SENSOR      | T2        | PA              |

| Drug Name                      | Drug Tier | Notes           |
|--------------------------------|-----------|-----------------|
| GUARDIAN 4 TRANSMITTER         | T2        | PA              |
| GUARDIAN CONNECT TRANSMITTER   | T2        | PA              |
| GUARDIAN LINK 3 TRANSMITTER    | T2        | PA              |
| GUARDIAN REAL-TIME CHARGER     | T2        |                 |
| GUARDIAN REAL-TIME REPLACE PED | T2        | PA              |
| GUARDIAN REAL-TIME TEST PLUG   | T2        |                 |
| GUARDIAN SENSOR 3              | T2        | PA              |
| HEALTH CARE LANCING DEVICE     | T2        |                 |
| H-E-B INCONTROL ADV LANCING    | T2        |                 |
| HYPOLANCE AST LANCING          | T2        |                 |
| IHEALTH LANCING DEVICE         | T2        |                 |
| IN TOUCH LANCING DEVICE        | T2        |                 |
| INSUL-TOTE                     | T2        |                 |
| INSUL-TOTE JR                  | T2        |                 |
| KETO-DIASTIX                   | T2        |                 |
| KETONE CARE                    | T2        |                 |
| KETONE TEST                    | T2        |                 |
| KETOSTIX                       | T2        |                 |
| KROGER AUTOLET LANCING DEVICE  | T2        |                 |
| KROGER LANCING DEVICE          | T2        |                 |
| LANCETS                        | T2        |                 |
| LANCETS                        | T2        | \$0 HDHP; Value |
| LANCETS 28G THIN               | T2        | \$0 HDHP; Value |
| LANCETS KIT                    | T2        |                 |
| LANCETS SUPER THIN             | T2        | \$0 HDHP; Value |
| LANCING DEVICE                 | T2        |                 |
| LANZO                          | T2        |                 |
| LEADER ADVANCED LANCING DEVICE | T2        |                 |
| LITE TOUCH LANCING PEN         | T2        |                 |
| MICROLET NEXT LANCING DEVICE   | T2        |                 |
| MINI LANCING DEVICE            | T2        |                 |
| MINILINK REAL-TIME TRANSMITTER | T2        | PA              |
| MINIMED 630G GUARDIAN PRESS    | T2        | PA              |
| MM LANCING DEVICE              | T2        |                 |
| NOVA SUREFLEX LANCING DEVICE   | T2        |                 |
| NOVOPEN ECHO                   | T2        |                 |
| ONETOUCH DELICA PLUS LANCING   | T2        |                 |
| ONETOUCH DELICA SAFETY LANCING | T2        | \$0 HDHP; Value |

| Drug Name                           | Drug Tier | Notes                                 |
|-------------------------------------|-----------|---------------------------------------|
| ONETOUCH ULTRA 2 KIT W/DEVICE       | \$0       |                                       |
| ONETOUCH ULTRA BLUE TEST            | T2        | \$0 HDHP; Value; QL (10 EA per 1 day) |
| ONETOUCH ULTRA CONTROL              | T2        | \$0 HDHP; Value                       |
| ONETOUCH ULTRA IN VITRO LIQUID      | T2        | \$0 HDHP; Value                       |
| ONETOUCH ULTRA IN VITRO STRIP       | T2        | \$0 HDHP; Value; QL (10 EA per 1 day) |
| ONETOUCH ULTRA TEST STRIPS          | T2        | \$0 HDHP; Value; QL (10 EA per 1 day) |
| ONETOUCH VERIO FLEX SYSTEM          | \$0       |                                       |
| ONETOUCH VERIO IN VITRO LIQUID      | T2        | \$0 HDHP; Value                       |
| ONETOUCH VERIO TEST STRIPS          | T2        | \$0 HDHP; Value; QL (10 EA per 1 day) |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | \$0       |                                       |
| PARADIGM REAL-TIME TRANSMITTER      | T2        | PA                                    |
| PERFECT POINT SAFETY LANCETS        | T2        | \$0 HDHP; Value                       |
| PRODIGY LANCING DEVICE              | T2        |                                       |
| PX ADVANCED LANCING DEVICE          | T2        |                                       |
| QC ADVANCED LANCING DEVICE          | T2        |                                       |
| RELION KETONE TEST                  | T2        |                                       |
| RELION LANCING DEVICE               | T2        |                                       |
| RIGHTEST ALTERNATE SITE ADAPT       | T2        | \$0 HDHP; Value                       |
| RIGHTEST GD500 LANCING DEVICE       | T2        |                                       |
| SELECT-LITE LANCING DEVICE          | T2        |                                       |
| SIMPLE DIAGNOSTICS LANCING DEV      | T2        |                                       |
| SM TRUEDRAW LANCING DEVICE          | T2        |                                       |
| SMART DIABETES VANTAGE LANCING      | T2        |                                       |
| SOLUS V2 LANCING DEVICE             | T2        |                                       |
| SUPREME II CONFIDENCE PADDLES       | T2        |                                       |
| SURE COMFORT LANCING PEN            | T2        |                                       |
| TECHLITE LANCETS 26G                | T2        | \$0 HDHP; Value                       |
| TGT LANCING DEVICE                  | T2        |                                       |
| TODAYS HEALTH LANCING DEVICE        | T2        |                                       |
| TRACER II 3 VOLT BATTERY            | T2        |                                       |
| TRUEDRAW LANCING DEVICE             | T2        |                                       |
| ULTI-LANCE AUTOMATIC                | T2        |                                       |
| UNISTIK NORMAL                      | T2        | \$0 HDHP; Value                       |
| VALUE PLUS LANCING DEVICE           | T2        |                                       |
| VERIFINE SAFE LANCET MINI 21G       | T2        | \$0 HDHP; Value                       |

| Drug Name   | Drug Tier | Notes           |
|---|-----------|-----------------|
| VERIFINE SAFE LANCET MINI 23G   | T2        | \$0 HDHP; Value |
| VERIFINE SAFE LANCET MINI 28G   | T2        | \$0 HDHP; Value |
| VERIFINE SAFE LANCET MINI 30G   | T2        | \$0 HDHP; Value |
| VIVAGUARD LANCETS 30G   | T2        | \$0 HDHP; Value |
| VIVAGUARD LANCING DEVICE  | T2        |                 |
| VIVAGUARD SAFETY LANCETS 28G  | T2        | \$0 HDHP; Value |
| <b>Diabetes - Glycemic Agents</b>   |           |                 |
| BAQSIMI ONE PACK  | T2        |                 |
| BAQSIMI TWO PACK  | T2        |                 |
| <i>diazoxide oral</i>   | T1        |                 |
| <i>glucagon emergency kit</i>   | T1        |                 |
| GLUCAGON EMERGENCY KIT  | T2        |                 |
| PROGLYCEM   | T2        | PA              |
| ZEGALOGUE   | T2        |                 |
| <b>Diabetes - Insulins</b>  |           |                 |
| ADMELOG   | T1        | \$0 HDHP; Value |
| ADMELOG SOLOSTAR  | T1        | \$0 HDHP; Value |
| AFREZZA   | T2        | PA              |
| APIDRA SOLOSTAR   | T1        |                 |
| APIDRA VIAL   | T1        |                 |
| AQ INSULIN SYRINGE  | T2        | \$0 HDHP; Value |
| BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML | T2        | \$0 HDHP; Value |
| DROPSAFE SAFETY SYRINGE/NEEDLE  | T2        | \$0 HDHP; Value |
| EMBECTA INSULIN SYRINGE U/F   | T2        | \$0 HDHP; Value |
| EMBECTA INSULIN SYRINGE U-100   | T2        | \$0 HDHP; Value |
| FIASP   | T1        |                 |
| FIASP FLEXTOUCH   | T1        |                 |
| FIASP PENFILL   | T1        |                 |
| FIASP PUMPCART  | T1        |                 |
| HUMALOG   | T1        | \$0 HDHP; Value |
| HUMALOG KWIKPEN   | T1        | \$0 HDHP; Value |

| Drug Name   | Drug Tier | Notes           |
|---|-----------|-----------------|
| HUMALOG MIX 50/50 KWIKPEN   | T1        | \$0 HDHP; Value |
| HUMALOG MIX 75/25 KWIKPEN   | T1        | \$0 HDHP; Value |
| HUMALOG MIX 75/25 VIAL  | T1        | \$0 HDHP; Value |
| HUMALOG U-100 JUNIOR KWIKPEN  | T1        | \$0 HDHP; Value |
| HUMULIN 70/30 KWIKPEN   | T1        | \$0 HDHP; Value |
| HUMULIN 70/30 VIAL  | T1        | \$0 HDHP; Value |
| HUMULIN N KWIKPEN   | T1        | \$0 HDHP; Value |
| HUMULIN N VIAL  | T1        | \$0 HDHP; Value |
| HUMULIN R U-500 KWIKPEN   | T1        | \$0 HDHP; Value |
| HUMULIN R U-500 VIAL  | T1        | \$0 HDHP; Value |
| HUMULIN R VIAL  | T1        | \$0 HDHP; Value |
| INSULIN DEGLUDEC  | T2        | PA              |
| INSULIN DEGLUDEC FLEXTOUCH  | T2        | PA              |
| INSULIN GLARGINE-YFGN   | T2        | \$0 HDHP; Value |
| INSULIN LISPRO  | T1        | \$0 HDHP; Value |
| INSULIN LISPRO (1 UNIT DIAL)  | T1        | \$0 HDHP; Value |
| INSULIN LISPRO JUNIOR KWIKPEN   | T1        | \$0 HDHP; Value |
| INSULIN LISPRO PROT & LISPRO  | T1        | \$0 HDHP; Value |
| INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML | T2        | \$0 HDHP; Value |
| LYUMJEV KWIKPEN   | T1        | \$0 HDHP; Value |
| LYUMJEV VIAL  | T1        | \$0 HDHP; Value |
| MYXREDLIN   | T2        |                 |
| NOVOLIN 70/30 FLEXPEN   | T1        | \$0 HDHP; Value |
| NOVOLIN 70/30 RELION  | T1        | \$0 HDHP; Value |
| NOVOLIN 70/30 VIAL  | T1        | \$0 HDHP; Value |
| NOVOLIN N FLEXPEN   | T1        | \$0 HDHP; Value |
| NOVOLIN N RELION  | T1        | \$0 HDHP; Value |

| Drug Name  | Drug Tier | Notes                                       |
|--|-----------|---|
| NOVOLIN N VIAL   | T1        | \$0 HDHP; Value                             |
| NOVOLIN R FLEXPEN  | T1        | \$0 HDHP; Value                             |
| NOVOLIN R RELION   | T1        | \$0 HDHP; Value                             |
| NOVOLIN R VIAL   | T1        | \$0 HDHP; Value                             |
| NOVOLOG 70/30 FLEXPEN RELION   | T1        | \$0 HDHP; Value                             |
| NOVOLOG FLEXPEN  | T1        | \$0 HDHP; Value                             |
| NOVOLOG FLEXPEN RELION   | T1        | \$0 HDHP; Value                             |
| NOVOLOG MIX 70/30 FLEXPEN  | T1        | \$0 HDHP; Value                             |
| NOVOLOG MIX 70/30 RELION   | T1        | \$0 HDHP; Value                             |
| NOVOLOG MIX 70/30 VIAL   | T1        | \$0 HDHP; Value                             |
| NOVOLOG PENFILL  | T1        | \$0 HDHP; Value                             |
| NOVOLOG RELION   | T1        | \$0 HDHP; Value                             |
| NOVOLOG U-100 VIAL   | T1        | \$0 HDHP; Value                             |
| REZVOGLAR KWIKPEN  | T2        | \$0 before deductible for some plans; Value |
| ULTICARE INSULIN SYR 1/2 UNIT  | T2        | \$0 HDHP; Value                             |
| ULTIGUARD SAFEPACK SYR/NEEDLE  | T2        | \$0 HDHP; Value                             |
| VERIFINE INSULIN SYRINGE   | T2        | \$0 HDHP; Value                             |
| <b>Electrolytes / Minerals / Metals / Vitamins</b>   |           |   |
| AMINO ACID   | T2        |   |
| AMINO ACID-CALCIUM-HEP IN D10W SOLUTION 3 % INTRAVENOUS  | T2        |   |
| AMINOPROTECT   | T2        |   |
| AMINOSYN II  | T2        |   |
| AMINOSYN-PF  | T2        |   |
| AMINOSYN-PF 7%   | T2        |   |
| AQUASOL A  | T2        |   |
| ARGININE HCL INJECTION   | T2        |   |
| CALCIFOL   | T2        |   |
| CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS   | T2        |   |
| <i>calcium chloride solution 10 % intravenous</i>  | T1        |   |
| <i>calcium gluconate intravenous solution</i>  | T1        |   |
| CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE   | T2        |   |
| <i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%</i>                             | T1        |   |
| CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-% | T2        |   |

| Drug Name  | Drug Tier | Notes      |
|--|-----------|------------|
| calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous | T1        |            |
| CARBAGLU   | T2        | PA; SP-ORx |
| carglumic acid   | T2        | PA; SP-ORx |
| CARNITOR INTRAVENOUS   | T2        |            |
| CHEMET   | T2        |            |
| chromic chloride intravenous                                   | T1        |            |
| CLINIMIX E/DEXTROSE (2.75/5)                                   | T2        |            |
| CLINIMIX E/DEXTROSE (4.25/10)                                  | T2        |            |
| CLINIMIX E/DEXTROSE (4.25/5)                                   | T2        |            |
| CLINIMIX E/DEXTROSE (5/15)                                     | T2        |            |
| CLINIMIX E/DEXTROSE (5/20)                                     | T2        |            |
| CLINIMIX E/DEXTROSE (8/10)                                     | T2        |            |
| CLINIMIX E/DEXTROSE (8/14)                                     | T2        |            |
| CLINIMIX/DEXTROSE (4.25/10)                                    | T2        |            |
| CLINIMIX/DEXTROSE (4.25/5)                                     | T2        |            |
| CLINIMIX/DEXTROSE (5/15)                                       | T2        |            |
| CLINIMIX/DEXTROSE (5/20)                                       | T2        |            |
| CLINIMIX/DEXTROSE (6/5)  | T2        |            |
| CLINIMIX/DEXTROSE (8/10)                                       | T2        |            |
| CLINIMIX/DEXTROSE (8/14)                                       | T2        |            |
| CLINISOL SF  | T2        |            |
| CLINOLIPID   | T2        |            |
| cupric chloride  | T1        |            |
| cyanocobalamin injection solution 1000 mcg/ml                  | T1        |            |
| cyanocobalamin nasal   | T1        |            |
| deferasirox  | T1        | PA         |
| deferasirox granules   | T1        | PA         |
| deferiprone  | T1        | PA         |
| DEXPANTHENOL INJECTION   | T2        |            |
| dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %      | T1        |            |
| DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS                        | T2        |            |
| dextrose solution 250 mg/ml intravenous                        | T1        |            |
| DEXTROSE SOLUTION 50 % INTRAVENOUS                             | T2        |            |
| dextrose solution 50 % intravenous                             | T1        |            |
| dextrose solution 70 % intravenous                             | T1        |            |
| DRISDOL  | T2        |            |

| Drug Name                                       | Drug Tier | Notes |
|---|-----------|-------|
| EDETATE DISODIUM INTRAVENOUS                    | T2        |       |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | T2        |       |
| <i>effer-k oral tablet effervescent 25 meq</i>  | T1        |       |
| <i>ergocalciferol oral capsule</i>              | T1        |       |
| EXJADE  | T2        | PA    |
| FERAHHEME                                       | T2        | ST    |
| FERRIPROX                                       | T2        | PA    |
| FERRIPROX TWICE-A-DAY                           | T2        | PA    |
| FERRLECIT                                       | T2        |       |
| <i>ferumoxytol</i>                              | T1        | ST    |
| <i>folic acid injection</i>                     | T1        |       |
| <i>folic acid oral tablet 1 mg</i>              | T1        |       |
| GALZIN  | T2        |       |
| GLUTATHIONE INJECTION SOLUTION 200 MG/ML        | T2        |       |
| GLUTATHIONE INTRAVENOUS                         | T2        |       |
| GLYCINE INJECTION                               | T2        |       |
| GLYCOPHOS                                       | T2        |       |
| <i>hematinic/folic acid</i>                     | T1        |       |
| <i>hydroxocobalamin acetate</i>                 | T1        |       |
| INFED   | T2        |       |
| INJECTAFER                                      | T2        | ST    |
| INTRALIPID                                      | T2        |       |
| <i>iodine strong oral</i>                       | T1        |       |
| JADENU  | T2        | PA    |
| JADENU SPRINKLE                                 | T2        | PA    |
| KABIVEN   | T2        |       |
| KIONEX  | T2        |       |
| <i>klor-con</i>                                 | T1        |       |
| <i>klor-con 10</i>                              | T1        |       |
| <i>klor-con m10</i>                             | T1        |       |
| <i>klor-con m15</i>                             | T1        |       |
| <i>klor-con m20</i>                             | T1        |       |
| K-PHOS  | T2        |       |
| K-PRIME   | T2        |       |
| LEVOCARNITINE INJECTION                         | T2        |       |
| <i>levocarnitine intravenous</i>                | T1        |       |
| <i>levocarnitine oral solution</i>              | T1        |       |

Effective 04/01/2025

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>levocarnitine oral tablet</i>                          | T1        |       |
| <i>levocarnitine sf</i>                                   | T1        |       |
| LIPO  | T2        |       |
| LIPO-C  | T2        |       |
| LOKELMA   | T2        |       |
| LYSINE HCL INJECTION                                      | T2        |       |
| <i>magnesium chloride injection</i>                       | T1        |       |
| <i>magnesium sulfate in d5w</i>                           | T1        |       |
| <i>magnesium sulfate injection</i>                        | T1        |       |
| <i>magnesium sulfate intravenous</i>                      | T1        |       |
| MAGNESIUM SULFATE-NACL                                    | T2        |       |
| MANGANESE CHLORIDE INTRAVENOUS                            | T2        |       |
| METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED          | T2        |       |
| MONOFERRIC  | T2        | ST    |
| MULTRYS   | T2        |       |
| <i>na ferric gluc cplx in sucrose</i>                     | T1        |       |
| NASCOBAL  | T2        |       |
| NEOKE ALCAR   | T2        |       |
| NUTRILIPID  | T2        |       |
| ORAL CITRATE  | T2        |       |
| PERIKABIVEN   | T2        |       |
| <i>phosphorous</i>  | T1        |       |
| <i>phospho-trin 250 neutral</i>                           | T1        |       |
| PHOSPHO-TRIN K500   | T2        |       |
| <i>phytonadione injection</i>                             | T1        |       |
| <i>phytonadione oral</i>                                  | T1        |       |
| PLENAMINE   | T2        |       |
| <i>potassium acetate solution 2 meq/ml intravenous</i>    | T1        |       |
| POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS           | T2        |       |
| <i>potassium chloride crys er</i>                         | T1        |       |
| <i>potassium chloride er</i>                              | T1        |       |
| <i>potassium chloride intravenous solution</i>            | T1        |       |
| POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE | T2        |       |
| <i>potassium chloride oral</i>                            | T1        |       |
| <i>potassium citrate er</i>                               | T1        |       |

| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| <i>potassium phosphates</i>                                  | T1        |                                 |
| <i>potassium phosphates(66 meq k)</i>                        | T1        |                                 |
| <i>potassium phosphates(71 meq k)</i>                        | T1        |                                 |
| PREMASOL   | T2        |                                 |
| PRISMASOL B22GK 4/0  | T2        |                                 |
| PRISMASOL BGK 0/2.5  | T2        |                                 |
| PRISMASOL BGK 2/0  | T2        |                                 |
| PRISMASOL BGK 2/3.5  | T2        |                                 |
| PRISMASOL BGK 4/2.5  | T2        |                                 |
| PRISMASOL BK 0/0/1.2   | T2        |                                 |
| PROSOL   | T2        |                                 |
| <i>pyridoxine hcl solution 100 mg/ml injection</i>           | T1        |                                 |
| PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION                  | T2        |                                 |
| SAMSCA   | T2        | PA; SP-ORx; QL (2 EA per 1 day) |
| SMOFLIPID  | T2        |                                 |
| <i>sod citrate-citric acid</i>                               | T1        |                                 |
| <i>sodium acetate intravenous</i>                            | T1        |                                 |
| <i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>  | T1        |                                 |
| <i>sodium bicarbonate solution 8.4 % intravenous</i>         | T1        |                                 |
| SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS                | T2        |                                 |
| <i>sodium chloride (pf)</i>                                  | T1        |                                 |
| <i>sodium chloride injection</i>                             | T1        |                                 |
| <i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i> | T1        |                                 |
| <i>sodium chloride solution 0.9 % intravenous</i>            | T1        |                                 |
| SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS                | T2        |                                 |
| <i>sodium chloride solution 4 meq/ml intravenous</i>         | T1        |                                 |
| <i>sodium phosphates</i>                                     | T1        |                                 |
| <i>sodium polystyrene sulfonate</i>                          | T1        |                                 |
| SPS (SODIUM POLYSTYRENE SULF)                                | T2        |                                 |
| TAURINE INJECTION  | T2        |                                 |
| THAM   | T2        |                                 |
| THE LIQUILIFT TRACE  | T2        |                                 |
| <i>thiamine hcl injection</i>                                | T1        |                                 |
| <i>tolvaptan</i>   | T2        | PA; QL (2 EA per 1 day)         |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| TRALEMENT  | T2        |                         |
| TRAVASOL   | T2        |                         |
| TRI-AMINO  | T2        |                         |
| <i>trientine hcl</i>   | T2        | PA                      |
| TRISODIUM CITRATE/CRRT   | T2        |                         |
| TROPHAMINE   | T2        |                         |
| UROCIT-K 10  | T2        | PA                      |
| UROCIT-K 15  | T2        | PA                      |
| VELTASSA   | T2        |                         |
| VENOFER  | T2        |                         |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>      | T1        |                         |
| <i>vitamin k1 injection</i>  | T1        |                         |
| <i>wes-phos 250 neutral</i>  | T1        |                         |
| <i>zinc chloride intravenous</i>   | T1        |                         |
| <i>zinc sulfate intravenous</i>  | T1        |                         |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>                   |           |                         |
| CARAFATE ORAL SUSPENSION   | T2        | PA                      |
| CYTOTEC  | T2        |                         |
| <i>esomeprazole magnesium oral packet</i>  | T1        | QL (1 EA per 1 day)     |
| <i>famotidine oral suspension reconstituted</i>                                    | T1        |                         |
| <i>misoprostol oral</i>  | T1        |                         |
| NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG   | T2        | PA; QL (1 EA per 1 day) |
| NEXIUM ORAL PACKET 2.5 MG, 5 MG  | T2        | QL (1 EA per 1 day)     |
| <i>omeprazole oral capsule delayed release</i>                                     | T1/Value  | QL (1 EA per 1 day)     |
| <i>pantoprazole sodium intravenous</i>   | T1        |                         |
| <i>pantoprazole sodium oral tablet delayed release</i>                             | T1/Value  | QL (1 EA per 1 day)     |
| PANTOPRAZOLE SODIUM-NACL   | T2        |                         |
| PROTONIX INTRAVENOUS   | T2        |                         |
| <i>sucralfate oral suspension</i>  | T1        | PA                      |
| <i>sucralfate oral tablet</i>  | T1/Value  |                         |
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |                         |
| <i>alosetron hcl</i>   | T1        | PA                      |
| <i>alvimopan</i>   | T1        |                         |
| <i>amoxicill-clarithro-lansopraz</i>   | T1        | PA                      |
| ANASPAZ  | T2        |                         |

| Drug Name  | Drug Tier | Notes  |
|--|-----------|--|
| atropine sulfate injection solution  | T1        |  |
| atropine sulfate injection solution prefilled syringe 0.25 mg/5ml                          | T1        |  |
| ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML               | T2        |  |
| atropine sulfate intravenous solution  | T1        |  |
| ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML | T2        |  |
| atropine sulfate solution prefilled syringe 0.5 mg/5ml injection                           | T1        |  |
| atropine sulfate solution prefilled syringe 1 mg/10ml injection                            | T1        |  |
| BENTYL   | T2        |  |
| bis subcit-metronid-tetracyc   | T1        |  |
| bismuth/metronidaz/tetracyclin   | T1        |  |
| CHENODAL   | T2        | PA   |
| chlordiazepoxide-clidinium   | T1        | PA   |
| CLENPIQ  | T2        |  |
| constulose   | T1/Value  |  |
| cromolyn sodium oral   | T1        |  |
| CUVPOSA  | T2        | PA   |
| dicyclomine hcl intramuscular  | T1        |  |
| dicyclomine hcl oral capsule   | T1/Value  |  |
| dicyclomine hcl oral solution 10 mg/5ml  | T1        |  |
| dicyclomine hcl oral tablet  | T1/Value  |  |
| diphenoxylate-atropine   | T1        |  |
| enulose  | T1        |  |
| GASTROCROM   | T2        | PA   |
| GATTEX   | T2        | PA   |
| gavilyte-c   | T1        | \$0 for age 45-75 years for 2 fills per year |
| gavilyte-g   | T1        | \$0 for age 45-75 years for 2 fills per year |
| gavilyte-n with flavor pack  | T1        | \$0 for age 45-75 years for 2 fills per year |
| generlac   | T1        |  |
| GLYCATE  | T2        | PA; QL (6 EA per 1 day)                      |
| glycopyrrolate injection solution  | T1        |  |

| Drug Name   | Drug Tier | Notes  |
|---|-----------|--|
| GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE                                 | T2        |  |
| <i>glycopyrrolate oral solution</i>   | T1        | PA   |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>  | T1        | QL (4 EA per 1 day)                          |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG   | T2        | PA; QL (6 EA per 1 day)                      |
| <i>glycopyrrolate pf +rfid</i>  | T1        |  |
| <i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i> | T1        |  |
| GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML                   | T2        |  |
| GLYCOPYRROLATE SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INTRAVENOUS                    | T2        |  |
| GLYRX-PF  | T2        |  |
| HELIDAC THERAPY   | T2        |  |
| <i>hyoscyamine sulfate er</i>   | T1        |  |
| <i>hyoscyamine sulfate oral elixir</i>  | T1        |  |
| <i>hyoscyamine sulfate oral tablet</i>  | T1        |  |
| <i>hyoscyamine sulfate oral tablet dispersible</i>                                  | T1        |  |
| <i>hyoscyamine sulfate sublingual</i>   | T1        |  |
| IQIRVO  | T2        | PA; QL (1 EA per 1 day)                      |
| KRISTALOSE  | T2        | PA   |
| <i>lactulose encephalopathy</i>   | T1        |  |
| <i>lactulose oral packet</i>  | T1        | PA   |
| <i>lactulose oral solution</i>  | T1/Value  |  |
| LIBRAX  | T2        | PA   |
| LINZESS   | T2        | ST; QL (1 EA per 1 day)                      |
| LIVDELZI  | T2        | PA; QL (1 EA per 1 day)                      |
| LOMOTIL   | T2        |  |
| <i>loperamide hcl oral capsule</i>  | T1        |  |
| LOTRONEX  | T2        | PA   |
| <i>lubiprostone</i>   | T1        | QL (2 EA per 1 day)                          |
| <i>methscopolamine bromide oral</i>   | T1        |  |
| <i>mineral oil heavy oral</i>   | T1        |  |
| MOTEGRITY   | T2        | ST; QL (1 EA per 1 day)                      |
| MYTESI  | T2        | QL (2 EA per 1 day)                          |
| <i>na sulfate-k sulfate-mg sulf</i>   | T1        | \$0 for age 45-75 years for 2 fills per year |
| OMECLAMOX-PAK   | T2        |  |
| OSCIMIN   | T2        |  |

| Drug Name                      | Drug Tier | Notes  |
|--------------------------------|-----------|--|
| peg 3350-kcl-na bicarb-nacl    | T1        | \$0 for age 45-75 years for 2 fills per year |
| peg-3350/electrolytes          | T1        | \$0 for age 45-75 years for 2 fills per year |
| peg-3350/electrolytes/ascorbat | T1        |  |
| peg-kcl-nacl-nasulf-na asc-c   | T1        |  |
| PEG-PREP                       | T2        |  |
| prucalopride succinate         | T1        | ST; QL (1 EA per 1 day)                      |
| PYLERA                         | T2        |  |
| REBYOTA                        | T2        | PA   |
| RESTORA RX                     | T2        |  |
| SEROSTIM                       | T2        | PA; SP-QTZ                                   |
| SUFLAVE                        | T2        |  |
| SUPREP BOWEL PREP KIT          | T2        |  |
| SUREBIOTIC PROBIOTIC SUPPORT   | T2        |  |
| SUTAB                          | T2        |  |
| SYMPROIC                       | T2        | ST; QL (1 EA per 1 day)                      |
| TALICIA                        | T2        |  |
| URSO FORTE                     | T2        | PA   |
| ursodiol oral capsule 300 mg   | T1        |  |
| ursodiol oral tablet           | T1        |  |
| VIBERZI                        | T2        | PA; QL (2 EA per 1 day)                      |
| VOQUEZNA DUAL PAK              | T2        | PA   |
| VOQUEZNA TRIPLE PAK            | T2        | PA   |
| XERMELO                        | T2        | PA; QL (3 EA per 1 day)                      |

#### Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

|            |    |            |
|------------|----|------------|
| ADZYNMA    | T2 | PA         |
| ALDURAZYME | T2 | PA         |
| AMMONUL    | T2 |            |
| betaine    | T2 |            |
| CERDELGA   | T2 | PA; SP-ORx |
| CEREZYME   | T2 | PA         |
| CHOLBAM    | T2 | PA         |
| CREON      | T2 |            |
| CRYSVITA   | T2 | PA         |
| CYSTADANE  | T2 |            |
| CYSTAGON   | T2 |            |
| ELAPRASE   | T2 | PA         |

| Drug Name                           | Drug Tier | Notes                     |
|-------------------------------------|-----------|---------------------------|
| ELELYSO                             | T2        | PA                        |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | T2        | PA; QL (8 ML per 1 day)   |
| EVRYSDI ORAL TABLET                 | T2        | PA; QL (1 EA per 1 day)   |
| FABRAZYME                           | T2        | PA                        |
| GALAFOLD                            | T2        | PA; QL (0.5 EA per 1 day) |
| KANUMA                              | T2        | PA                        |
| LUMIZYME                            | T2        | PA                        |
| MEPSEVII                            | T2        | PA                        |
| <i>miglustat</i>                    | T2        | PA                        |
| MYALEPT                             | T2        | PA                        |
| NAGLAZYME                           | T2        | PA                        |
| NEXVIAZYME                          | T2        | PA                        |
| <i>nitisinone</i>                   | T2        | PA                        |
| NITYR                               | T2        | PA                        |
| NULIBRY                             | T2        | PA                        |
| OCALIVA                             | T2        | PA; QL (1 EA per 1 day)   |
| OPFOLDA                             | T2        | PA; QL (0.3 EA per 1 day) |
| ORFADIN                             | T2        | PA                        |
| PHEBURANE                           | T2        | PA                        |
| POMBILITI                           | T2        | PA                        |
| PROCYSB                             | T2        | PA                        |
| REVCOVI                             | T2        | PA                        |
| <i>sapropterin dihydrochloride</i>  | T2        | PA                        |
| <i>sod benz-sod phenylacet</i>      | T1        |                           |
| <i>sodium phenylbutyrate oral</i>   | T2        | PA                        |
| SUCRAID                             | T2        | PA                        |
| VIMIZIM                             | T2        | PA                        |
| VOXZOGO                             | T2        | PA; QL (1 EA per 1 day)   |
| VPRIV                               | T2        | PA                        |
| XURIDEN                             | T2        | PA; QL (4 EA per 1 day)   |
| <i>yargesa</i>                      | T2        | PA                        |
| ZAVESCA                             | T2        | PA                        |
| ZENPEP                              | T2        |                           |

**Genitourinary Agents - Drugs for Bladder,  
Genital and Kidney Conditions**

|                                  |    |                       |
|----------------------------------|----|-----------------------|
| AURYXIA                          | T2 |                       |
| <i>avanafil</i>                  | T1 | QL (0.2 EA per 1 day) |
| <i>bethanechol chloride oral</i> | T1 |                       |

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| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| calcium acetate (phos binder)                                 | T1        |                            |
| calcium acetate oral tablet 667 mg                            | T1        |                            |
| CERVIDIL  | T2        |                            |
| darifenacin hydrobromide er                                   | T1        |                            |
| DEPEN TITRATABS   | T2        |                            |
| DETROL  | T2        |                            |
| ENTADFI   | T2        | ST; QL (1 EA per 1 day)    |
| fesoterodine fumarate er                                      | T1        | PA                         |
| FILSPARI  | T2        | PA; QL (1 EA per 1 day)    |
| flavoxate hcl   | T1        |                            |
| FOSRENOL  | T2        | ST                         |
| lanthanum carbonate   | T1        | PA                         |
| LITHOSTAT   | T2        |                            |
| MB CAPS   | T2        |                            |
| mirabegron er   | T1        |                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR                | T2        |                            |
| OXLUMO  | T2        | PA                         |
| oxybutynin chloride er  | T1        |                            |
| oxybutynin chloride oral solution                             | T1        |                            |
| oxybutynin chloride oral tablet 2.5 mg                        | T1        | PA                         |
| oxybutynin chloride oral tablet 5 mg                          | T1        |                            |
| OXYTROL   | T2        | ST; QL (0.29 EA per 1 day) |
| penicillamine oral tablet                                     | T2        |                            |
| phenazopyridine hcl oral tablet 100 mg, 200 mg                | T1/Value  |                            |
| PREPIDIL  | T2        |                            |
| RENELA  | T2        | PA                         |
| RIVFLOZA SUBCUTANEOUS SOLUTION                                | T2        | PA; QL (0.04 ML per 1 day) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML | T2        | PA; QL (0.03 ML per 1 day) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML    | T2        | PA; QL (0.04 ML per 1 day) |
| sevelamer carbonate   | T1        |                            |
| sevelamer hcl   | T1        |                            |
| solifenacin succinate   | T1        |                            |
| tadalafil oral tablet 2.5 mg, 5 mg                            | T1        | QL (1 EA per 1 day)        |
| THIOLA  | T2        |                            |
| THIOLA EC   | T2        |                            |
| tiopronin   | T2        |                            |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| <i>tolterodine tartrate</i>   | T1        |       |
| <i>tolterodine tartrate er</i>  | T1        |       |
| TRIMO-SAN   | T2        |       |
| <i>trospium chloride</i>  | T1        |       |
| <i>trospium chloride er</i>   | T1        |       |
| <b>Genitourinary Agents - Drugs for Prostate Conditions</b>                 |           |       |
| <i>alfuzosin hcl er</i>   | T1        |       |
| CARDURA XL  | T2        | ST    |
| <i>dutasteride oral</i>   | T1        |       |
| <i>dutasteride-tamsulosin hcl</i>   | T1        |       |
| <i>finasteride oral tablet 5 mg</i>   | T1/Value  |       |
| PROSCAR   | T2        |       |
| RAPAFLO   | T2        | PA    |
| <i>silodosin</i>  | T1        |       |
| <i>tamsulosin hcl</i>   | T1/Value  |       |
| <i>terazosin hcl</i>  | T1/Value  |       |
| UROXATRAL   | T2        | PA    |
| <b>Hormonal Agents - Adrenal</b>  |           |       |
| AGAMREE   | T2        | PA    |
| <i>betamethasone sod phos &amp; acet suspension 6 (3-3) mg/ml injection</i> | T1        |       |
| BETAMETHASONE SODIUM PHOSPHATE INJECTION                                    | T2        |       |
| BLT-25  | T2        |       |
| CELESTONE SOLUSPAN  | T2        |       |
| <i>deflazacort</i>  | T2        | PA    |
| DEPO-MEDROL   | T2        |       |
| DEXABLISS   | T2        | PA    |
| DEXAMETHASONE (LA)  | T2        |       |
| <i>dexamethasone intensol</i>   | T1/Value  |       |
| <i>dexamethasone oral elixir</i>  | T1/Value  |       |
| <i>dexamethasone oral solution</i>  | T1/Value  |       |
| <i>dexamethasone oral tablet</i>  | T1/Value  |       |
| <i>dexamethasone oral tablet therapy pack</i>                               | T1        |       |
| <i>dexamethasone sod phos +rfid</i>   | T1        |       |
| DEXAMETHASONE SOD PHOS-NACL   | T2        |       |
| <i>dexamethasone sod phosphate pf</i>                                       | T1        |       |

| Drug Name   | Drug Tier | Notes |
|---|-----------|-------|
| dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml | T1        |       |
| dexamethasone sodium phosphate injection solution prefilled syringe                   | T1        |       |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION                            | T2        |       |
| dexamethasone sodium phosphate solution 10 mg/ml injection                            | T1        |       |
| DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION                             | T2        |       |
| dexamethasone sodium phosphate solution 4 mg/ml injection                             | T1        |       |
| fludrocortisone acetate oral  | T1        |       |
| HIDEX 6-DAY   | T2        | PA    |
| hydrocortisone oral   | T1/Value  |       |
| hydrocortisone sod suc (pf)   | T1        |       |
| KENALOG-10  | T2        |       |
| KENALOG-80  | T2        |       |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG  | T2        |       |
| MEDROL ORAL TABLET 2 MG   | T2        |       |
| MEDROL ORAL TABLET THERAPY PACK   | T2        |       |
| METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML                              | T2        |       |
| methylprednisolone acetate suspension 40 mg/ml injection                              | T1        |       |
| METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION                              | T2        |       |
| methylprednisolone acetate suspension 80 mg/ml injection                              | T1        |       |
| METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION                              | T2        |       |
| methylprednisolone oral   | T1/Value  |       |
| methylprednisolone sodium succ  | T1        |       |
| METHYLPREDNISOLONE-BUPIVACAINE  | T2        |       |
| ORAPRED ODT   | T2        | PA    |
| PEDIAPRED   | T2        |       |
| prednisolone oral solution  | T1/Value  |       |
| prednisolone oral tablet  | T1        | PA    |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml                      | T1        | PA    |

| Drug Name  | Drug Tier | Notes      |
|--|-----------|------------|
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | T1/Value  |            |
| <i>prednisolone sodium phosphate oral tablet dispersible</i>                                 | T1        | PA         |
| <i>prednisone intensol</i>   | T1        | PA         |
| <i>prednisone oral solution</i>  | T1        |            |
| <i>prednisone oral tablet</i>  | T1/Value  |            |
| <i>prednisone oral tablet therapy pack</i>   | T1/Value  |            |
| SOLU-CORTEF  | T2        |            |
| SOLU-MEDROL  | T2        |            |
| SOLU-MEDROL (PF)   | T2        |            |
| TAPERDEX 12-DAY  | T2        | PA         |
| TAPERDEX 6-DAY   | T2        | PA         |
| TAPERDEX 7-DAY   | T2        | PA         |
| <i>triamcinolone acetonide suspension 40 mg/ml injection</i>                                 | T1        |            |
| TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION  | T2        |            |
| TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML  | T2        |            |
| TRIAMCINOLONE-BUPIVACAINE  | T2        |            |
| <b>Hormonal Agents - Men's Health</b>  |           |            |
| <i>danazol oral</i>  | T1        |            |
| KYZATREX   | T2        | PA         |
| METHITEST  | T2        | PA         |
| <i>methyltestosterone oral</i>   | T1        | PA         |
| <i>testosterone cypionate intramuscular</i>  | T1        | PA         |
| <i>testosterone enanthate intramuscular</i>  | T1        | PA         |
| <i>testosterone transdermal</i>  | T1        | PA         |
| <b>Hormonal Agents - Pituitary</b>   |           |            |
| ACTHAR   | T2        | PA; SP-ORx |
| ACTHAR GEL   | T2        | PA; SP-ORx |
| <i>cabergoline</i>   | T1        |            |
| <i>carboprost tromethamine intramuscular solution</i>  | T1        |            |
| CLOMID   | T2        |            |
| <i>clomiphene citrate oral</i>   | T1/Value  |            |
| CORTROPHIN   | T2        | PA; SP-ORx |
| DDAVP  | T2        | PA         |
| DDAVP PF   | T2        | PA         |

| Drug Name   | Drug Tier | Notes                           |
|---|-----------|---------------------------------|
| <i>desmopressin ace spray refrig</i>                          | T1        |                                 |
| <i>desmopressin acetate injection</i>                         | T1        |                                 |
| <i>desmopressin acetate oral</i>                              | T1        |                                 |
| <i>desmopressin acetate pf</i>                                | T1        |                                 |
| <i>desmopressin acetate spray</i>                             | T1        |                                 |
| EGRIFTA SV  | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG                              | T2        | PA; QL (0.012 EA per 1 day)     |
| ELIGARD SUBCUTANEOUS KIT 30 MG                                | T2        | PA; QL (0.009 EA per 1 day)     |
| ELIGARD SUBCUTANEOUS KIT 45 MG                                | T2        | PA; QL (0.006 EA per 1 day)     |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG                               | T2        | PA; QL (0.036 EA per 1 day)     |
| FENSOLVI (6 MONTH)  | T2        | PA; QL (0.006 EA per 1 day)     |
| FIRMAGON  | T2        | PA; QL (0.036 EA per 1 day)     |
| FIRMAGON (240 MG DOSE)  | T2        | PA; QL (2 EA per 365 days)      |
| HEMABATE  | T2        |                                 |
| INCRELEX  | T2        | PA; SP-ORx                      |
| <i>Ianreotide acetate</i>                                     | T2        | PA                              |
| LEUPROLIDE ACETATE (3 MONTH)                                  | T2        | PA; QL (0.012 EA per 1 day)     |
| <i>leuprolide acetate injection</i>                           | T2        | PA                              |
| LEUPROLIDE ACETATE-BUPIVACAINE                                | T2        |                                 |
| LUPRON DEPOT (1-MONTH)<br>INTRAMUSCULAR KIT 3.75 MG           | T2        | PA                              |
| LUPRON DEPOT (1-MONTH)<br>INTRAMUSCULAR KIT 7.5 MG            | T2        | PA                              |
| LUPRON DEPOT (3-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG          | T2        | PA                              |
| LUPRON DEPOT (3-MONTH)<br>INTRAMUSCULAR KIT 22.5 MG           | T2        | PA                              |
| LUPRON DEPOT (4-MONTH)<br>INTRAMUSCULAR KIT 30MG              | T2        | PA                              |
| LUPRON DEPOT (6-MONTH)<br>INTRAMUSCULAR KIT 45MG              | T2        | PA                              |
| LUPRON DEPOT-PED (1-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG      | T2        | PA                              |
| LUPRON DEPOT-PED (1-MONTH)<br>INTRAMUSCULAR KIT 15 MG, 7.5 MG | T2        | PA                              |
| LUPRON DEPOT-PED (3-MONTH)<br>INTRAMUSCULAR KIT 11.25 MG      | T2        | PA                              |
| LUPRON DEPOT-PED (3-MONTH)<br>INTRAMUSCULAR KIT 30 MG         | T2        | PA                              |
| LUPRON DEPOT-PED (6-MONTH)                                    | T2        | PA                              |
| NGENLA  | T2        | PA; SP-QTZ                      |

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| Drug Name   | Drug Tier | Notes                       |
|---|-----------|-----------------------------|
| NOCDURNA  | T2        | PA                          |
| NORDITROPIN FLEXPRO   | T2        | PA; SP-QTZ                  |
| NUTROPIN AQ NUSPIN 10   | T2        | PA; SP-QTZ                  |
| NUTROPIN AQ NUSPIN 20   | T2        | PA; SP-QTZ                  |
| NUTROPIN AQ NUSPIN 5  | T2        | PA; SP-QTZ                  |
| <i>octreotide acetate</i>   | T2        | PA                          |
| OMNITROPE   | T2        | PA; SP-QTZ                  |
| ORILISSA ORAL TABLET 150 MG   | T2        | PA; QL (1 EA per 1 day)     |
| ORILISSA ORAL TABLET 200 MG   | T2        | PA; QL (2 EA per 1 day)     |
| <i>oxytocin injection</i>   | T1        |                             |
| OXYTOCIN-LACTATED RINGERS<br>INTRAVENOUS SOLUTION 15 UNIT/250ML     | T2        |                             |
| OXYTOCIN-LACTATED RINGERS SOLUTION<br>20 UNIT/L INTRAVENOUS         | T2        |                             |
| OXYTOCIN-LACTATED RINGERS SOLUTION<br>30 UNIT/500ML INTRAVENOUS     | T2        |                             |
| OXYTOCIN-SODIUM CHLORIDE<br>INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%  | T2        |                             |
| OXYTOCIN-SODIUM CHLORIDE SOLUTION<br>20-0.9 UNIT/L-% INTRAVENOUS    | T2        |                             |
| OXYTOCIN-SODIUM CHLORIDE SOLUTION<br>30-0.9 UT/500ML-% INTRAVENOUS  | T2        |                             |
| PITOCIN   | T2        |                             |
| SANDOSTATIN LAR DEPOT   | T2        | PA                          |
| SIGNIFOR LAR  | T2        | PA; QL (0.04 EA per 1 day)  |
| SKYTROFA  | T2        | PA                          |
| SOMATULINE DEPOT  | T2        | PA                          |
| SOMAVERT  | T2        | PA; SP-ORx                  |
| SUPPRELIN LA  | T2        | PA; QL (1 EA per 250 days)  |
| SYNAREL   | T2        |                             |
| TEPEZZA   | T2        | PA                          |
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 11.25 MG | T2        | PA; QL (0.012 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 22.5 MG  | T2        | PA; QL (0.006 EA per 1 day) |
| TRELSTAR MIXJECT INTRAMUSCULAR<br>SUSPENSION RECONSTITUTED 3.75 MG  | T2        | PA; QL (0.036 EA per 1 day) |
| TRIPTODUR   | T2        | PA; QL (0.006 EA per 1 day) |
| <i>vasopressin</i>  | T1        |                             |
| <i>vasopressin +rfid</i>  | T1        |                             |

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| Drug Name   | Drug Tier | Notes                    |
|---|-----------|--------------------------|
| VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS                               | T2        |                          |
| VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS                            | T2        |                          |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG                                  | T2        | QL (0.012 EA per 1 day)  |
| ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG                                   | T2        | QL (0.036 EA per 1 day)  |
| <b>Hormonal Agents - Prostaglandins</b>                               |           |                          |
| KORLYM  | T2        | PA; QL (4 EA per 1 day)  |
| MIFEPREX  | T2        |                          |
| <i>mifepristone oral tablet 200 mg</i>                                | T1        |                          |
| <i>mifepristone oral tablet 300 mg</i>                                | T2        | PA; QL (4 EA per 1 day)  |
| <b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b> |           |                          |
| EVISTA  | T2        |                          |
| OSPHENA   | T2        |                          |
| <i>raloxifene hcl</i>   | T1        | \$0 for breast cancer PX |
| <b>Hormonal Agents - Sex Hormones and Birth Control</b>               |           |                          |
| ACTIVELLA   | T2        |                          |
| <i>afirmelle</i>  | T1        |                          |
| ALORA   | T2        | ST                       |
| <i>altavera</i>   | T1/Value  |                          |
| <i>alyacen 1/35</i>   | T1/Value  |                          |
| <i>alyacen 7/7/7</i>  | T1/Value  |                          |
| <i>amethyst</i>   | T1        |                          |
| ANGELIQ   | T2        |                          |
| ANNOVERA  | T2        | QL (1 EA per 350 days)   |
| <i>apri</i>   | T1/Value  |                          |
| <i>aranelle</i>   | T1        |                          |
| <i>ashlyna</i>  | T1        | QL (1 EA per 1 day)      |
| <i>aubra eq</i>   | T1        |                          |
| <i>aurovela 1.5/30</i>  | T1        |                          |
| <i>aurovela 1/20</i>  | T1        |                          |
| <i>aurovela 24 fe</i>   | T1        |                          |
| <i>aurovela fe 1.5/30</i>   | T1        |                          |
| <i>aurovela fe 1/20</i>   | T1        |                          |
| <i>aviane</i>   | T1        |                          |
| <i>ayuna</i>  | T1/Value  |                          |

| Drug Name                        | Drug Tier | Notes                                    |
|----------------------------------|-----------|--|
| azurette                         | T1        |  |
| BALCOLTRA                        | T2        |  |
| balziva                          | T1        |  |
| BIJUVA                           | T2        |  |
| blisovi 24 fe                    | T1        |  |
| blisovi fe 1.5/30                | T1        |  |
| blisovi fe 1/20                  | T1        |  |
| briellyn                         | T1        |  |
| camila                           | T1/Value  |  |
| camrese                          | T1        | QL (1 EA per 1 day)                      |
| camrese lo                       | T1        | QL (1 EA per 1 day)                      |
| charlotte 24 fe                  | T1        |  |
| chateal eq                       | T1/Value  |  |
| CLIMARA PRO                      | T2        |  |
| COMBIPATCH                       | T2        |  |
| CRINONE                          | T2        | QL (0.6 GM per 1 day)                    |
| cryselle-28                      | T1        |  |
| cyred eq                         | T1/Value  |  |
| dasetta 1/35 (28)                | T1/Value  |  |
| dasetta 7/7/7                    | T1/Value  |  |
| daysee                           | T1        | QL (1 EA per 1 day)                      |
| deblitane                        | T1/Value  |  |
| delyla                           | T1        |  |
| DEPO-ESTRADIOL                   | T2        |  |
| DEPO-PROVERA                     | T2        | QL (0.02 ML per 1 day)                   |
| DEPO-SUBQ PROVERA 104            | T2        | \$0 for MN plans; QL (0.02 ML per 1 day) |
| desogestrel-ethinyl estradiol    | T1        |  |
| DIVIGEL                          | T2        |  |
| dolishale                        | T1        |  |
| dotti                            | T1        |  |
| drospirenil-eth estrad-levomefol | T1        |  |
| drospirenone-ethinyl estradiol   | T1        |  |
| DUAVEE                           | T2        |  |
| ELESTRIN                         | T2        |  |
| elinest                          | T1        |  |
| ELLA                             | T2        |  |
| eluryng                          | T1        |  |

| Drug Name                               | Drug Tier | Notes                       |
|---|-----------|-----------------------------|
| <i>emzahh</i>                           | T1/Value  |                             |
| ENDOMETRIN                              | T2        |                             |
| <i>enilloring</i>                       | T1        |                             |
| <i>enpresse-28</i>                      | T1        |                             |
| <i>enskyce</i>                          | T1/Value  |                             |
| <i>errin</i>                            | T1/Value  |                             |
| <i>estarrylla</i>                       | T1/Value  |                             |
| <i>estradiol oral</i>                   | T1/Value  |                             |
| <i>estradiol transdermal</i>            | T1        |                             |
| <i>estradiol vaginal</i>                | T1        |                             |
| <i>estradiol valerate intramuscular</i> | T1        |                             |
| <i>estradiol-norethindrone acet</i>     | T1        |                             |
| ESTRING                                 | T2        | QL (0.012 EA per 1 day)     |
| ESTROGEL                                | T2        |                             |
| <i>ethynodiol diac-eth estradiol</i>    | T1        |                             |
| <i>etonogestrel-ethinyl estradiol</i>   | T1        |                             |
| EVAMIST                                 | T2        |                             |
| <i>falmina</i>                          | T1        |                             |
| <i>feirza 1.5/30</i>                    | T1        |                             |
| <i>feirza 1/20</i>                      | T1        |                             |
| FEMLYV                                  | T2        |                             |
| FEMRING                                 | T2        | ST; QL (0.012 EA per 1 day) |
| <i>finzala</i>                          | T1        |                             |
| <i>fyavolv</i>                          | T1        |                             |
| <i>gallifrey</i>                        | T1        |                             |
| <i>gemmily</i>                          | T1        |                             |
| <i>hailey 1.5/30</i>                    | T1        |                             |
| <i>hailey 24 fe</i>                     | T1        |                             |
| <i>hailey fe 1.5/30</i>                 | T1        |                             |
| <i>hailey fe 1/20</i>                   | T1        |                             |
| <i>haloette</i>                         | T1        |                             |
| <i>heather</i>                          | T1/Value  |                             |
| <i>iclevia</i>                          | T1        | QL (1 EA per 1 day)         |
| IMVEXXY MAINTENANCE PACK                | T2        |                             |
| IMVEXXY STARTER PACK                    | T2        |                             |
| <i>incassia</i>                         | T1/Value  |                             |
| <i>introvale</i>                        | T1        | QL (1 EA per 1 day)         |
| <i>isibloom</i>                         | T1/Value  |                             |

| Drug Name  | Drug Tier | Notes               |
|--|-----------|---------------------|
| jaimiess   | T1        | QL (1 EA per 1 day) |
| jasmiel  | T1        |                     |
| jencycla   | T1/Value  |                     |
| jinteli  | T1        |                     |
| jolessa  | T1        | QL (1 EA per 1 day) |
| joyeaux  | T1        |                     |
| juleber  | T1/Value  |                     |
| junel 1.5/30   | T1        |                     |
| junel 1/20   | T1        |                     |
| junel fe 1.5/30  | T1        |                     |
| junel fe 1/20  | T1        |                     |
| junel fe 24  | T1        |                     |
| kaitlib fe   | T1        |                     |
| kalliga  | T1/Value  |                     |
| kariva   | T1        |                     |
| kelnor 1/35  | T1        |                     |
| kelnor 1/50  | T1        |                     |
| kurvelo  | T1/Value  |                     |
| KYLEENA  | T2        |                     |
| larin 1.5/30   | T1        |                     |
| larin 1/20   | T1        |                     |
| larin 24 fe  | T1        |                     |
| larin fe 1.5/30  | T1        |                     |
| larin fe 1/20  | T1        |                     |
| layolis fe   | T1        |                     |
| leena  | T1        |                     |
| lessina  | T1        |                     |
| levonest   | T1        |                     |
| levonorgest-eth est & eth est  | T1        | QL (1 EA per 1 day) |
| levonorgest-eth estrad 91-day  | T1        | QL (1 EA per 1 day) |
| levonorgest-eth estradiol-iron   | T1        |                     |
| levonorgestrel-ethynodiol dihydrochloride oral tablet 0.1-20 mg-mcg, 90-20 mcg | T1        |                     |
| levonorgestrel-ethynodiol dihydrochloride oral tablet 0.15-30 mg-mcg           | T1/Value  |                     |
| levonorgestrel-ethynodiol dihydrochloride oral tablet 0.15-30 mg-mcg           | T1        |                     |
| levora 0.15/30 (28)  | T1/Value  |                     |
| LILETTA (52 MG)  | T2        |                     |
| lojaimiess   | T1        | QL (1 EA per 1 day) |

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| Drug Name   | Drug Tier | Notes                   |
|---|-----------|-------------------------|
| <i>loryna</i>   | T1        |                         |
| <i>low-ogestrel</i>   | T1        |                         |
| <i>lo-zumandimine</i>                                       | T1        |                         |
| <i>lutera</i>   | T1        |                         |
| <i>lyeq</i>   | T1/Value  |                         |
| <i>lyllana</i>  | T1        |                         |
| <i>lyza</i>   | T1/Value  |                         |
| <i>marlissa</i>   | T1/Value  |                         |
| <i>medroxyprogesterone acetate intramuscular</i>            | T1        | QL (0.02 ML per 1 day)  |
| <i>medroxyprogesterone acetate oral</i>                     | T1/Value  |                         |
| <i>megestrol acetate oral suspension</i>                    | T1        |                         |
| <i>megestrol acetate oral tablet 20 mg</i>                  | T1/Value  |                         |
| <i>megestrol acetate oral tablet 40 mg</i>                  | T1        |                         |
| <b>MENEST</b>   | T2        |                         |
| <b>MENOSTAR</b>   | T2        | ST                      |
| <i>merzee</i>   | T1        |                         |
| <i>mibelas 24 fe</i>  | T1        |                         |
| <i>microgestin 1.5/30</i>                                   | T1        |                         |
| <i>microgestin 1/20</i>                                     | T1        |                         |
| <i>microgestin fe 1.5/30</i>                                | T1        |                         |
| <i>microgestin fe 1/20</i>                                  | T1        |                         |
| <i>milli</i>  | T1/Value  |                         |
| <i>mimvey</i>   | T1        |                         |
| <b>MINIVELLE</b>  | T2        | ST                      |
| <i>minzoya</i>  | T1        |                         |
| <b>MIRENA (52 MG)</b>                                       | T2        |                         |
| <i>mono-linyah</i>  | T1/Value  |                         |
| <b>MYFEMBREE</b>  | T2        | PA; QL (1 EA per 1 day) |
| <b>NATAZIA</b>  | T2        |                         |
| <i>necon 0.5/35 (28)</i>                                    | T1        |                         |
| <b>NEXPLANON</b>  | T2        |                         |
| <i>nikki</i>  | T1        |                         |
| <i>nora-be</i>  | T1/Value  |                         |
| <i>norelgestromin-eth estradiol</i>                         | T1        |                         |
| <i>norethin ace-eth estrad-fe oral capsule</i>              | T1        |                         |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> | T1        |                         |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i>      | T1        |                         |

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| norethindrone acetate oral   | T1        |                         |
| norethindrone acet-ethinyl est   | T1        |                         |
| norethindrone oral   | T1/Value  |                         |
| norethindrone-eth estradiol  | T1        |                         |
| norethin-eth estradiol-fe  | T1        |                         |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg                          | T1/Value  |                         |
| norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg | T1        |                         |
| norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg | T1/Value  |                         |
| norlyroc   | T1/Value  |                         |
| nortrel 0.5/35 (28)  | T1        |                         |
| nortrel 1/35 (21)  | T1/Value  |                         |
| nortrel 1/35 (28)  | T1/Value  |                         |
| nortrel 7/7/7  | T1/Value  |                         |
| NUVARING   | T2        |                         |
| nylia 1/35   | T1/Value  |                         |
| nylia 7/7/7  | T1/Value  |                         |
| ocella   | T1        |                         |
| ORIAHNN  | T2        | PA; QL (2 EA per 1 day) |
| PARAGARD INTRAUTERINE COPPER   | T2        |                         |
| philith  | T1        |                         |
| pimtrea  | T1        |                         |
| portia-28  | T1/Value  |                         |
| PREMARIN INJECTION   | T2        |                         |
| PREMARIN ORAL  | T2        |                         |
| PREMARIN VAGINAL   | T2        |                         |
| PREMPHASE  | T2        |                         |
| PREMPRO  | T2        |                         |
| progesterone intramuscular   | T1        |                         |
| progesterone oral  | T1        |                         |
| PROVERA  | T2        |                         |
| reclipsen  | T1/Value  |                         |
| rivelsa  | T1        | QL (1 EA per 1 day)     |
| setlakin   | T1        | QL (1 EA per 1 day)     |
| sharobel   | T1/Value  |                         |
| simliya  | T1        |                         |
| simpesse   | T1        | QL (1 EA per 1 day)     |

| Drug Name         | Drug Tier | Notes            |
|-------------------|-----------|------------------|
| SKYLA             | T2        |                  |
| sprintec 28       | T1/Value  |                  |
| sronyx            | T1        |                  |
| syeda             | T1        |                  |
| tarina 24 fe      | T1        |                  |
| tarina fe 1/20 eq | T1        |                  |
| taysofy           | T1        |                  |
| TAYTULLA          | T2        |                  |
| tilia fe          | T1        |                  |
| tri-estarrylla    | T1/Value  |                  |
| tri-legest fe     | T1        |                  |
| tri-linyah        | T1/Value  |                  |
| tri-lo-estarrylla | T1        |                  |
| tri-lo-marzia     | T1        |                  |
| tri-lo-mili       | T1        |                  |
| tri-lo-sprintec   | T1        |                  |
| tri-mili          | T1/Value  |                  |
| tri-sprintec      | T1/Value  |                  |
| trivora (28)      | T1        |                  |
| tri-vylibra       | T1/Value  |                  |
| tri-vylibra lo    | T1        |                  |
| turqoz            | T1        |                  |
| TYBLUME           | T2        | \$0 for MN plans |
| valtya 1/50       | T1        |                  |
| velivet           | T1        |                  |
| vestura           | T1        |                  |
| vienna            | T1        |                  |
| viorele           | T1        |                  |
| volnea            | T1        |                  |
| vyfemla           | T1        |                  |
| vylibra           | T1/Value  |                  |
| wera              | T1        |                  |
| wymzya fe         | T1        |                  |
| xarah fe          | T1        |                  |
| xulane            | T1        |                  |
| yuvafem           | T1        |                  |
| zafemy            | T1        |                  |
| zovia 1/35 (28)   | T1        |                  |

| Drug Name  | Drug Tier | Notes                              |
|--|-----------|------------------------------------|
| zumandimine  | T1        |                                    |
| <b>Hormonal Agents - Thyroid</b>   |           |                                    |
| ADTHYZA  | T2        |                                    |
| ARMOUR THYROID   | T2        |                                    |
| euthyrox   | T1/Value  |                                    |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg               | T1/Value  |                                    |
| levo-t oral tablet 300 mcg   | T1        |                                    |
| levothyroxine sodium intravenous   | T1        |                                    |
| levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg | T1/Value  |                                    |
| levothyroxine sodium oral tablet 300 mcg   | T1        |                                    |
| levoxyl  | T1/Value  |                                    |
| liothyronine sodium intravenous  | T1        |                                    |
| liothyronine sodium oral   | T1        |                                    |
| methimazole oral   | T1        |                                    |
| NIVA THYROID   | T2        |                                    |
| np thyroid   | T1        |                                    |
| propylthiouracil oral  | T1        |                                    |
| SODIUM IODIDE I-131  | T2        |                                    |
| thyroid oral   | T1        |                                    |
| unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg            | T1/Value  |                                    |
| unithroid oral tablet 300 mcg  | T1        |                                    |
| <b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>   |           |                                    |
| ACTEMRA ACTPEN   | T2        | PA; SP-QTZ; QL (0.13 ML per 1 day) |
| ACTEMRA INTRAVENOUS  | T2        | PA                                 |
| ACTEMRA SUBCUTANEOUS   | T2        | PA; SP-QTZ; QL (0.13 ML per 1 day) |
| ACTIMMUNE  | T2        | PA; SP-ORx                         |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML  | T2        | PA; SP-QTZ; QL (0.03 ML per 1 day) |

| Drug Name  | Drug Tier | Notes                              |
|--|-----------|------------------------------------|
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML        | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ADALIMUMAB-FKJP (2 PEN) AUTO-Injector Kit 40 MG/0.8ML SUBCUTANEOUS         | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 PEN) AUTO-Injector Kit 40 MG/0.8ML SUBCUTANEOUS         | T2        | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | T2        | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | T2        | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ARAVA  | T2        | PA                                 |
| ARCALYST   | T2        | PA                                 |
| ASTAGRAF XL  | T2        |                                    |
| AURANOFIN  | T2        |                                    |
| AVSOLA   | T2        | PA                                 |
| AZASAN   | T2        |                                    |
| <i>azathioprine oral</i>   | T1        |                                    |
| <i>azathioprine sodium</i>   | T1        |                                    |
| BENLYSTA INTRAVENOUS   | T2        | PA                                 |
| BENLYSTA SUBCUTANEOUS  | T2        | PA; SP-QTZ                         |
| BERINERT   | T2        | PA; SP-ORx; QL (0.34 EA per 1 day) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML               | T2        | QL (2 ML per 300 days)             |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML             | T2        | QL (0.5 ML per 300 days)           |
| BIMZELX  | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| BIVIGAM  | T2        | PA                                 |
| CELLCEPT   | T2        |                                    |
| CELLCEPT INTRAVENOUS   | T2        |                                    |
| CIMZIA   | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CIMZIA (2 SYRINGE)   | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |

| Drug Name   | Drug Tier | Notes                              |
|---|-----------|------------------------------------|
| CIMZIA-STARTER  | T2        | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CNJ-016   | T2        |                                    |
| COSENTYX (300 MG DOSE)  | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| COSENTYX 150 MG/ML SUBCUTANEOUS                                   | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX SENSOREADY (300 MG)                                      | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX SENSOREADY PEN   | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX UNOREADY   | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| CUTAQUIG  | T2        | PA                                 |
| CUVITRU   | T2        | PA                                 |
| <i>cyclosporine modified</i>                                      | T1        |                                    |
| <i>cyclosporine oral</i>  | T1        |                                    |
| ENBREL  | T2        | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENBREL MINI   | T2        | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK  | T2        | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENSPRYNG  | T2        | PA; SP-QTZ                         |
| ENTYVIO   | T2        | PA                                 |
| ENTYVIO PEN   | T2        | PA; SP-QTZ; QL (0.05 ML per 1 day) |
| ENVARSUS XR   | T2        |                                    |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>      | T1        |                                    |
| FLEBOGAMMA DIF  | T2        | PA                                 |
| GAMASTAN  | T2        | PA                                 |
| GAMIFANT  | T2        | PA                                 |
| GAMMAGARD   | T2        | PA                                 |
| GAMMAGARD S/D LESS IGA  | T2        | PA                                 |
| GAMMAKED  | T2        | PA                                 |
| GAMMAPLEX   | T2        | PA                                 |
| GAMUNEX-C   | T2        | PA                                 |
| <i>gengraf</i>  | T1        |                                    |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | T2        | PA; SP-QTZ; QL (0.03 ML per 1 day) |

| Drug Name   | Drug Tier | Notes                                |
|---|-----------|--------------------------------------|
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML       | T2        | PA; SP-QTZ; QL (0.03 ML per 1 day)   |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML       | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HAEGARDA  | T2        | PA                                   |
| HIZENTRA  | T2        | PA                                   |
| HYPERRHO S/D  | T2        |                                      |
| HYQVIA  | T2        | PA                                   |
| HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS           | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS           | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS       | T2        | PA; SP-QTZ; QL (0.03 ML per 1 day)   |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS       | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML      | T2        | PA; SP-QTZ; QL (0.01 ML per 1 day)   |
| HYRIMOZ-CROHNS/UC STARTER   | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)   |
| HYRIMOZ-PED<40KG CROHN STARTER                                    | T2        | PA; SP-QTZ; QL (1.2 ML per 365 days) |
| HYRIMOZ-PED>/=40KG CROHN START                                    | T2        | PA; SP-QTZ; QL (2.4 ML per 365 days) |
| HYRIMOZ-PLAQ PSOR/UVEIT START                                     | T2        | PA; SP-QTZ; QL (1.6 ML per 365 days) |
| <i>icatibant acetate</i>  | T2        | PA; QL (0.6 ML per 1 day)            |
| ILARIS  | T2        | PA; QL (0.08 ML per 1 day)           |
| ILUMYA  | T2        | PA; QL (0.02 ML per 1 day)           |
| IMURAN  | T2        |                                      |
| INFLECTRA   | T2        | PA                                   |
| JYLAMVO   | T2        | PA                                   |
| KALBITOR  | T2        | PA; QL (0.4 ML per 1 day)            |
| KEVZARA   | T2        | PA; SP-QTZ; QL (0.09 ML per 1 day)   |
| KINERET   | T2        | PA                                   |
| <i>leflunomide oral</i>   | T1        |                                      |
| <i>methotrexate sodium</i>  | T1        |                                      |
| <i>methotrexate sodium (pf)</i>                                   | T1        |                                      |

| Drug Name   | Drug Tier | Notes                               |
|---|-----------|-------------------------------------|
| <i>mycophenolate mofetil hcl</i>                                      | T1        |                                     |
| <i>mycophenolate mofetil intravenous</i>                              | T1        |                                     |
| <i>mycophenolate mofetil oral</i>                                     | T1        |                                     |
| <i>mycophenolate sodium</i>   | T1        |                                     |
| <i>mycophenolic acid</i>  | T1        |                                     |
| MYFORTIC  | T2        |                                     |
| MYHIBBIN  | T2        |                                     |
| NEORAL  | T2        |                                     |
| NULOJIX   | T2        |                                     |
| OCTAGAM   | T2        | PA                                  |
| OLUMIANT  | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| OMVOH (300 MG DOSE)   | T2        |                                     |
| OMVOH INTRAVENOUS   | T2        | PA; QL (45 ML per 365 days)         |
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR                             | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day)  |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE                         | T2        | PA; QL (0.08 ML per 1 day)          |
| ORENCIA CLICKJECT   | T2        | PA; SP-QTZ; QL (0.15 ML per 1 day)  |
| ORENCIA INTRAVENOUS   | T2        | PA                                  |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML             | T2        | PA; SP-QTZ; QL (0.15 ML per 1 day)  |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML           | T2        | PA; SP-QTZ; QL (0.06 ML per 1 day)  |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML         | T2        | PA; SP-QTZ; QL (0.1 ML per 1 day)   |
| ORLADEYO  | T2        | PA; QL (1 EA per 1 day)             |
| OTEZLA ORAL TABLET  | T2        | PA; SP-QTZ; QL (2 EA per 1 day)     |
| OTEZLA ORAL TABLET THERAPY PACK                                       | T2        | PA; SP-QTZ; QL (55 EA per 365 days) |
| PANZYGA   | T2        | PA                                  |
| PEMGARDIA   | T2        | QL (36 ML per 70 days)              |
| PRIVIGEN  | T2        | PA                                  |
| PROGRAF   | T2        |                                     |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector 10 MG/0.2ML, 7.5 MG/0.15ML | T2        | PA; QL (0.03 ML per 1 day)          |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-Injector 12.5 MG/0.25ML             | T2        | PA; QL (0.04 ML per 1 day)          |

| Drug Name  | Drug Tier | Notes                              |
|--|-----------|------------------------------------|
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML | T2        | PA; QL (0.05 ML per 1 day)         |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML                 | T2        | PA; QL (0.06 ML per 1 day)         |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML              | T2        | PA; QL (0.07 ML per 1 day)         |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML                 | T2        | PA; QL (0.08 ML per 1 day)         |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML                 | T2        | PA; QL (0.09 ML per 1 day)         |
| RHOGAM ULTRA-FILTERED PLUS   | T2        |                                    |
| RHOPHYLAC  | T2        |                                    |
| RIDAURA  | T2        |                                    |
| RINVOQ   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)    |
| RINVOQ LQ  | T2        | PA; SP-QTZ; QL (12 ML per 1 day)   |
| RUCONEST   | T2        | PA; QL (0.27 EA per 1 day)         |
| SANDIMMUNE INTRAVENOUS   | T2        |                                    |
| SANDIMMUNE ORAL  | T2        |                                    |
| SAPHNELO   | T2        | PA                                 |
| SILIQ  | T2        | PA; SP-QTZ; QL (0.11 ML per 1 day) |
| SIMPONI ARIA   | T2        | PA                                 |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML                  | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML                | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML              | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML            | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SIMULECT   | T2        |                                    |
| <i>sirolimus oral</i>  | T1        |                                    |
| SKYRIZI INTRAVENOUS  | T2        | PA                                 |
| SKYRIZI PEN  | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML                   | T2        | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML                   | T2        | PA; SP-QTZ; QL (0.05 ML per 1 day) |

| Drug Name   | Drug Tier | Notes                               |
|---|-----------|-------------------------------------|
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE             | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)  |
| SOTYKTU   | T2        | PA; QL (1 EA per 1 day)             |
| SPEVIGO INTRAVENOUS   | T2        | PA; QL (30 ML per 84 days)          |
| SPEVIGO SUBCUTANEOUS  | T2        | PA; QL (0.08 ML per 1 day)          |
| STELARA INTRAVENOUS   | T2        | PA                                  |
| STELARA SUBCUTANEOUS SOLUTION                               | T2        | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | T2        | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML    | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)  |
| SYNAGIS   | T2        | PA                                  |
| <i>tacrolimus oral</i>                                      | T1        |                                     |
| TAKHZYRO  | T2        | PA; SP-ORx                          |
| <i>temsirolimus</i>   | T2        |                                     |
| THYMOGLOBULIN   | T2        |                                     |
| TORISEL   | T2        |                                     |
| TREMFYA INTRAVENOUS   | T2        | PA; SP-QTZ                          |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML       | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)  |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML      | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day)  |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML   | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)  |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML  | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day)  |
| TREXALL   | T2        |                                     |
| UPLIZNA   | T2        | PA                                  |
| VELSIPITY   | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| VEOPOZ  | T2        | PA                                  |
| WINRHO SDF  | T2        |                                     |
| XATMEP  | T2        | PA                                  |
| XELJANZ ORAL SOLUTION                                       | T2        | PA; SP-QTZ; QL (10 ML per 1 day)    |
| XELJANZ ORAL TABLET   | T2        | PA; SP-QTZ; QL (2 EA per 1 day)     |
| XELJANZ XR  | T2        | PA; SP-QTZ; QL (1 EA per 1 day)     |
| XEMBIFY   | T2        | PA                                  |
| ZINPLAVA  | T2        | PA                                  |
| ZORTRESS  | T2        |                                     |

| Drug Name   | Drug Tier | Notes                            |
|---|-----------|----------------------------------|
| <b>Inflammatory Bowel Disease Agents</b>                      |           |                                  |
| ANUSOL-HC EXTERNAL  | T2        | PA                               |
| APRISO  | T1        |                                  |
| AZULFIDINE  | T2        |                                  |
| AZULFIDINE EN-TABS  | T2        |                                  |
| <i>balsalazide disodium</i>                                   | T1        |                                  |
| <i>budesonide er</i>  | T1        | PA                               |
| <i>budesonide oral</i>  | T1        |                                  |
| <i>budesonide rectal</i>                                      | T1        |                                  |
| COLAZAL   | T2        | PA                               |
| CORTENEMA   | T2        |                                  |
| CORTIFOAM   | T2        |                                  |
| EOHILIA   | T2        | PA; QL (20 ML per 1 day)         |
| <i>hydrocortisone (perianal)</i>                              | T1        |                                  |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>      | T1        |                                  |
| <i>hydrocortisone rectal</i>                                  | T1        |                                  |
| <i>mesalamine oral capsule delayed release 400 mg</i>         | T1        |                                  |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>          | T1        |                                  |
| <i>mesalamine oral tablet delayed release 800 mg</i>          | T1        | PA                               |
| <i>mesalamine rectal</i>                                      | T1        |                                  |
| <i>mesalamine-cleanser</i>                                    | T1        |                                  |
| PROCTOCORT EXTERNAL   | T2        | PA                               |
| PROCTOFOAM HC   | T2        |                                  |
| <i>procto-med hc</i>  | T1        |                                  |
| PROCTOSOL HC  | T2        | PA                               |
| PROCTOZONE-HC   | T2        | PA                               |
| ROWASA  | T2        |                                  |
| SFROWASA  | T2        |                                  |
| <i>sulfasalazine oral</i>                                     | T1        |                                  |
| UCERIS RECTAL   | T2        |                                  |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b> |           |                                  |
| ACTONEL ORAL TABLET 150 MG                                    | T2        | PA; QL (0.04 EA per 1 day)       |
| ACTONEL ORAL TABLET 35 MG                                     | T2        | PA; QL (0.15 EA per 1 day)       |
| <i>alendronate sodium oral solution</i>                       | T1        | \$0 HDHP                         |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i>             | T1        | \$0 HDHP                         |
| <i>alendronate sodium oral tablet 35 mg, 70 mg</i>            | T1/Value  | \$0 HDHP; QL (0.15 EA per 1 day) |

| Drug Name  | Drug Tier | Notes                            |
|--|-----------|----------------------------------|
| ATELVIA  | T2        | QL (0.15 EA per 1 day)           |
| BINOSTO  | T2        | PA; QL (0.15 EA per 1 day)       |
| <i>calcitonin (salmon) injection</i>                                 | T1        | \$0 HDHP                         |
| <i>calcitonin (salmon) nasal</i>                                     | T1        | \$0 HDHP; QL (0.13 ML per 1 day) |
| EVENITY  | T2        | PA; QL (0.09 ML per 1 day)       |
| FOSAMAX  | T2        | QL (0.15 EA per 1 day)           |
| FOSAMAX PLUS D   | T2        | PA; QL (0.15 EA per 1 day)       |
| <i>ibandronate sodium intravenous</i>                                | T1        | QL (0.04 ML per 1 day)           |
| <i>ibandronate sodium oral</i>                                       | T1        | \$0 HDHP; QL (0.04 EA per 1 day) |
| MIACALCIN  | T2        |                                  |
| <i>pamidronate disodium</i>  | T2        |                                  |
| PROLIA   | T2        | PA; QL (2 ML per 250 days)       |
| RECLAST  | T2        | PA                               |
| <i>risedronate sodium oral tablet 150 mg</i>                         | T1        | \$0 HDHP; QL (0.04 EA per 1 day) |
| <i>risedronate sodium oral tablet 30 mg, 5 mg</i>                    | T1        | \$0 HDHP                         |
| <i>risedronate sodium oral tablet 35 mg</i>                          | T1        | \$0 HDHP; QL (0.15 EA per 1 day) |
| <i>risedronate sodium oral tablet delayed release</i>                | T1        | \$0 HDHP; QL (0.15 EA per 1 day) |
| <i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i> | T2        | PA                               |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML       | T2        | PA                               |
| TYMLOS   | T2        | PA                               |
| XGEVA  | T2        | PA                               |
| <i>zoledronic acid</i>   | T2        |                                  |
| <b>Metabolic Bone Disease Agents - Other</b>                         |           |                                  |
| <i>calcitriol intravenous</i>  | T1        |                                  |
| <i>calcitriol oral</i>   | T1        |                                  |
| <i>cinacalcet hcl</i>  | T1        | PA                               |
| <i>doxercalciferol intravenous</i>                                   | T1        |                                  |
| <i>doxercalciferol oral</i>  | T1        | PA                               |
| HECTOROL   | T2        |                                  |
| <i>paricalcitol</i>  | T1        |                                  |
| PARSABIV   | T2        |                                  |
| RAYALDEE   | T2        |                                  |
| ROCALTROL  | T2        |                                  |
| ZEMPLAR  | T2        |                                  |
| <b>Miscellaneous Therapeutic Agents</b>                              |           |                                  |
| ACETADOTE  | T2        |                                  |

| Drug Name                      | Drug Tier | Notes                   |
|--------------------------------|-----------|-------------------------|
| acetylcysteine intravenous     | T1        |                         |
| ADA                            | T2        |                         |
| ADAKVEO                        | T2        | PA                      |
| ADVOCATE DUO                   | T2        |                         |
| ADVOCATE INSULIN PEN NEEDLE    | T2        | \$0 HDHP; Value         |
| AEROCHAMBER HOLDING CHAMBER    | T2        | \$0 HDHP; Value         |
| AEROCHAMBER MINI CHAMBER       | T2        | \$0 HDHP; Value         |
| AEROCHAMBER MV                 | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLS FLOVU MTHPIECE | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLUS FLO-VU INTERM | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLUS FLO-VU LARGE  | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLUS FLO-VU MEDIUM | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLUS FLO-VU SMALL  | T2        | \$0 HDHP; Value         |
| AEROCHAMBER PLUS FLOW VU       | T2        | \$0 HDHP; Value         |
| AEROCHAMBER W/FLOWSIGNAL       | T2        | \$0 HDHP; Value         |
| AEROCHAMBER Z-STAT PLUS        | T2        | \$0 HDHP; Value         |
| AEROCHAMBER Z-STAT PLUS CHAMBR | T2        | \$0 HDHP; Value         |
| AEROCHAMBER Z-STAT PLUS/LARGE  | T2        | \$0 HDHP; Value         |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | T2        | \$0 HDHP; Value         |
| AEROCHAMBER Z-STAT PLUS/SMALL  | T2        | \$0 HDHP; Value         |
| AEROVENT PLUS                  | T2        | \$0 HDHP; Value         |
| ALCOHOL BASE GEL               | T2        |                         |
| ALCOHOL PREP PADS PAD , 70 %   | T2        |                         |
| ALCOHOL PREP PADS SHEET 70 %   | T2        |                         |
| ALCOH-WIPE                     | T2        |                         |
| ALPHA-LIPOIC ACID INJECTION    | T2        |                         |
| AMD FOAM DRESSING              | T2        |                         |
| AMD FOAM DRESSING TOPSHEET     | T2        |                         |
| AMPHADASE                      | T2        |                         |
| ANDEXXA                        | T2        |                         |
| ANHYDROUS BASE                 | T2        |                         |
| ANHYDROUS CREAM BASE           | T2        |                         |
| AQINJECT PEN NEEDLE            | T2        | \$0 HDHP; Value         |
| AQNEURSA                       | T2        | PA; QL (4 EA per 1 day) |
| ARTISS                         | T2        |                         |
| ASSURE ID DUO PRO PEN NEEDLES  | T2        | \$0 HDHP; Value         |
| ASSURE ID PRO PEN NEEDLES      | T2        | \$0 HDHP; Value         |
| AUM ALCOHOL PREP PADS          | T2        |                         |

| Drug Name                                  | Drug Tier | Notes           |
|--|-----------|-----------------|
| AUM INSULIN SAFETY PEN NEEDLE              | T2        | \$0 HDHP; Value |
| AUM MINI INSULIN PEN NEEDLE                | T2        | \$0 HDHP; Value |
| AUM PEN NEEDLE                             | T2        | \$0 HDHP; Value |
| AUM READYGARD DUO PEN NEEDLE               | T2        | \$0 HDHP; Value |
| AUM SAFETY PEN NEEDLE                      | T2        | \$0 HDHP; Value |
| BACTERIOSTATIC WATER(BENZ ALC)             | T2        |                 |
| BD ULTRA-FINE PEN NEEDLES                  | T2        | \$0 HDHP; Value |
| <i>boric acid external</i>                 | T1        |                 |
| BOTOX                                      | T2        | PA              |
| BREATHE COMFORT CHAMBER/ADULT              | T2        | \$0 HDHP; Value |
| BREATHE COMFORT CHAMBER/CHILD              | T2        | \$0 HDHP; Value |
| BREATHE EASE LARGE                         | T2        | \$0 HDHP; Value |
| BREATHE EASE MEDIUM                        | T2        | \$0 HDHP; Value |
| BREATHE EASE SMALL                         | T2        | \$0 HDHP; Value |
| BREATHERITE VALVED MDI CHAMBER             | T2        | \$0 HDHP; Value |
| BRIDION SOLUTION 200 MG/2ML<br>INTRAVENOUS | T2        |                 |
| BYLVAY                                     | T2        | PA              |
| BYLVAY (PELLETS)                           | T2        | PA              |
| CAPSULE #0 CLEAR/CLEAR VEG                 | T2        |                 |
| CAPSULE #0 WHITE/WHITE OPQ VEG             | T2        |                 |
| CAPSULE #1 CLEAR/CLEAR VEG                 | T2        |                 |
| CAPSULE #1 WHITE/WHITE OPQ VEG             | T2        |                 |
| CAPSULE #3 CLEAR/CLEAR VEG                 | T2        |                 |
| CAPSULE #3 WHITE/WHITE OPQ VEG             | T2        |                 |
| CAPSULE 0 CLEAR DR                         | T2        |                 |
| CAPSULE CONI-SNAP #0 BLU/WHITE             | T2        |                 |
| CAPSULE CONI-SNAP #0 CLEAR                 | T2        |                 |
| CAPSULE CONI-SNAP #0 CLEAR VEG             | T2        |                 |
| CAPSULE CONI-SNAP #0 DARK BLUE             | T2        |                 |
| CAPSULE CONI-SNAP #0 GREEN/CLR             | T2        |                 |
| CAPSULE CONI-SNAP #0 PINK                  | T2        |                 |
| CAPSULE CONI-SNAP #0 PURPLE                | T2        |                 |
| CAPSULE CONI-SNAP #0 RED/WHITE             | T2        |                 |
| CAPSULE CONI-SNAP #0 WHITE                 | T2        |                 |
| CAPSULE CONI-SNAP #00 CLEAR                | T2        |                 |
| CAPSULE CONI-SNAP #00 WHITE                | T2        |                 |
| CAPSULE CONI-SNAP #000 CLEAR               | T2        |                 |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| CAPSULE CONI-SNAP #1 AQUA BLUE | T2        |       |
| CAPSULE CONI-SNAP #1 BLUE      | T2        |       |
| CAPSULE CONI-SNAP #1 BLUE/PINK | T2        |       |
| CAPSULE CONI-SNAP #1 BLUE/WHT  | T2        |       |
| CAPSULE CONI-SNAP #1 BROWN     | T2        |       |
| CAPSULE CONI-SNAP #1 BRWN/IVRY | T2        |       |
| CAPSULE CONI-SNAP #1 CLEAR     | T2        |       |
| CAPSULE CONI-SNAP #1 DK GRN/OR | T2        |       |
| CAPSULE CONI-SNAP #1 DRK GREEN | T2        |       |
| CAPSULE CONI-SNAP #1 GREY/PINK | T2        |       |
| CAPSULE CONI-SNAP #1 GRN/YLW   | T2        |       |
| CAPSULE CONI-SNAP #1 ORANGE    | T2        |       |
| CAPSULE CONI-SNAP #1 PINK      | T2        |       |
| CAPSULE CONI-SNAP #1 PINK/BLUE | T2        |       |
| CAPSULE CONI-SNAP #1 PINK/CLR  | T2        |       |
| CAPSULE CONI-SNAP #1 PINK/WHIT | T2        |       |
| CAPSULE CONI-SNAP #1 PINK/YLLW | T2        |       |
| CAPSULE CONI-SNAP #1 PURPLE    | T2        |       |
| CAPSULE CONI-SNAP #1 RED/BLUE  | T2        |       |
| CAPSULE CONI-SNAP #1 RED/WHITE | T2        |       |
| CAPSULE CONI-SNAP #1 VEGGIE    | T2        |       |
| CAPSULE CONI-SNAP #1 WHITE     | T2        |       |
| CAPSULE CONI-SNAP #1 WHITE/GRN | T2        |       |
| CAPSULE CONI-SNAP #1 WHT/CLR   | T2        |       |
| CAPSULE CONI-SNAP #1 YELLOW    | T2        |       |
| CAPSULE CONI-SNAP #1 YELLOW/GR | T2        |       |
| CAPSULE CONI-SNAP #2 CLEAR     | T2        |       |
| CAPSULE CONI-SNAP #2 WHITE     | T2        |       |
| CAPSULE CONI-SNAP #3 BLU/CLEAR | T2        |       |
| CAPSULE CONI-SNAP #3 BRN/BLUE  | T2        |       |
| CAPSULE CONI-SNAP #3 CLEAR     | T2        |       |
| CAPSULE CONI-SNAP #3 CLEAR VEG | T2        |       |
| CAPSULE CONI-SNAP #3 GRAY/YLW  | T2        |       |
| CAPSULE CONI-SNAP #3 GREEN/BLU | T2        |       |
| CAPSULE CONI-SNAP #3 GREY/PINK | T2        |       |
| CAPSULE CONI-SNAP #3 MARON/BLU | T2        |       |
| CAPSULE CONI-SNAP #3 MINT GRN  | T2        |       |
| CAPSULE CONI-SNAP #3 OLIVE/CLR | T2        |       |

| Drug Name  | Drug Tier | Notes           |
|--|-----------|-----------------|
| CAPSULE CONI-SNAP #3 ORANGE                      | T2        |                 |
| CAPSULE CONI-SNAP #3 PINK/PINK                   | T2        |                 |
| CAPSULE CONI-SNAP #3 PNK/CLEAR                   | T2        |                 |
| CAPSULE CONI-SNAP #3 RED/CLEAR                   | T2        |                 |
| CAPSULE CONI-SNAP #3 RED/RED                     | T2        |                 |
| CAPSULE CONI-SNAP #3 WHITE                       | T2        |                 |
| CAPSULE CONI-SNAP #3 WHT/CLR                     | T2        |                 |
| CAPSULE CONI-SNAP #3 YELLOW                      | T2        |                 |
| CAPSULE CONI-SNAP #4 BLACK/GRN                   | T2        |                 |
| CAPSULE CONI-SNAP #4 CLEAR                       | T2        |                 |
| CAPSULE CONI-SNAP #4 WHITE                       | T2        |                 |
| CAPSULE EZEEFIT #0 CLEAR                         | T2        |                 |
| CAPSULE EZEEFIT #00 CLEAR                        | T2        |                 |
| CARBOGEL 940                                     | T2        |                 |
| CARBOHOL 940                                     | T2        |                 |
| CARBOMER AQUEOUS                                 | T2        |                 |
| CARBOMER HYDROALCOHOLIC                          | T2        |                 |
| CAYA   | T2        |                 |
| CHERRY   | T2        |                 |
| CHLORHEXIDINE GLUCONATE SOLUTION 20 %            | T2        |                 |
| CLEVER CHEK AUTO-CODE                            | T2        |                 |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | T2        | \$0 HDHP; Value |
| CLEVER CHOICE HOLDING CHAMBER                    | T2        | \$0 HDHP; Value |
| COLLODION FLEXIBLE                               | T2        |                 |
| COMFORT EZ PRO PEN NEEDLES                       | T2        | \$0 HDHP; Value |
| COMPACT SPACE CHAMBER                            | T2        | \$0 HDHP; Value |
| COMPACT SPACE CHAMBER/LG MASK                    | T2        | \$0 HDHP; Value |
| COMPACT SPACE CHAMBER/MED MASK                   | T2        | \$0 HDHP; Value |
| COMPACT SPACE CHAMBER/SM MASK                    | T2        | \$0 HDHP; Value |
| CORN (SYRUP)                                     | T2        |                 |
| CREAM BASE WITH LIPOSOME                         | T2        |                 |
| CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"         | T2        |                 |
| CURITY AMD ANTIMICROBIAL STRIP                   | T2        |                 |
| CURITY IODOFORM PACKING STRIP                    | T2        |                 |
| CURITY WOUND CLOSURE 1/2"X4"                     | T2        |                 |
| CURITY WOUND CLOSURE 1/4"X1.5"                   | T2        |                 |

| Drug Name  | Drug Tier | Notes           |
|--|-----------|-----------------|
| CURITY WOUND CLOSURE 1/4"X3"                                       | T2        |                 |
| CURITY WOUND CLOSURE 1/4"X4"                                       | T2        |                 |
| CURITY WOUND CLOSURE 1/8"X3"                                       | T2        |                 |
| CYANOKIT   | T2        |                 |
| CYTOTINE ORAL POWDER   | T2        |                 |
| <i>deferoxamine mesylate</i>                                       | T1        |                 |
| DESFERAL   | T2        |                 |
| <i>dexmedetomidine hcl</i>   | T1        |                 |
| <i>dexmedetomidine hcl in nacl intravenous solution</i>            | T1        |                 |
| DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE | T2        |                 |
| DEXMEDETOMIDINE HCL-DEXTROSE                                       | T2        |                 |
| DIASCREEN 10   | T2        |                 |
| DIASCREEN 1B   | T2        |                 |
| DIASCREEN 1G   | T2        |                 |
| DIASCREEN 1K   | T2        |                 |
| DIASCREEN 2GK  | T2        |                 |
| DIASCREEN 2GP  | T2        |                 |
| DIASCREEN 3  | T2        |                 |
| DIASCREEN 4NL  | T2        |                 |
| DIASCREEN 4OBL   | T2        |                 |
| DIASCREEN 4PH  | T2        |                 |
| DIASCREEN 5  | T2        |                 |
| DIASCREEN 6  | T2        |                 |
| DIASCREEN 7  | T2        |                 |
| DIASCREEN 8  | T2        |                 |
| DIASCREEN 9  | T2        |                 |
| DIASCREEN LIQUID URINE CONTROL                                     | T2        |                 |
| DIGIFAB  | T2        |                 |
| <i>diluent for treprostinil</i>                                    | T1        |                 |
| DRCAPS SIZE 00   | T2        |                 |
| DRCAPS SIZE 1  | T2        |                 |
| DROPLET MICRON   | T2        | \$0 HDHP; Value |
| DROPSAFE ALCOHOL PREP  | T2        |                 |
| DUO-CARE   | T2        |                 |
| DYSPORT  | T2        | PA              |
| EASIVENT   | T2        | \$0 HDHP; Value |

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| Drug Name                          | Drug Tier | Notes           |
|------------------------------------|-----------|-----------------|
| EASIVENT MASK LARGE                | T2        | \$0 HDHP; Value |
| EASIVENT MASK MEDIUM               | T2        | \$0 HDHP; Value |
| EASIVENT MASK SMALL                | T2        | \$0 HDHP; Value |
| EDETATE CALCIUM DISODIUM INJECTION | T2        |                 |
| EMBECTA AUTOSHIELD DUO             | T2        | \$0 HDHP; Value |
| EMBECTA PEN NEEDLE NANO            | T2        | \$0 HDHP; Value |
| EMBECTA PEN NEEDLE U/F             | T2        | \$0 HDHP; Value |
| EMBRACE PEN NEEDLES                | T2        | \$0 HDHP; Value |
| EMPTY CAPSULE SIZE 0 CLEAR         | T2        |                 |
| EMPTY CAPSULE SIZE 0 PINK          | T2        |                 |
| EMPTY CAPSULE SIZE 0 PURP/WHT      | T2        |                 |
| EMPTY CAPSULE SIZE 0 PURPLE        | T2        |                 |
| EMPTY CAPSULE SIZE 0 WHITE/OPA     | T2        |                 |
| EMPTY CAPSULE SIZE 00 BLUE OPQ     | T2        |                 |
| EMPTY CAPSULE SIZE 00 CLEAR        | T2        |                 |
| EMPTY CAPSULE SIZE 1 BRN/IVORY     | T2        |                 |
| EMPTY CAPSULE SIZE 1 CLEAR         | T2        |                 |
| EMPTY CAPSULE SIZE 1 DRK GREEN     | T2        |                 |
| EMPTY CAPSULE SIZE 1 GREY/PINK     | T2        |                 |
| EMPTY CAPSULE SIZE 1 GRN/ORNGE     | T2        |                 |
| EMPTY CAPSULE SIZE 1 GRN/WHITE     | T2        |                 |
| EMPTY CAPSULE SIZE 1 GRN/YLLW      | T2        |                 |
| EMPTY CAPSULE SIZE 1 IVORY         | T2        |                 |
| EMPTY CAPSULE SIZE 1 MAROON/CL     | T2        |                 |
| EMPTY CAPSULE SIZE 1 MINT GRN      | T2        |                 |
| EMPTY CAPSULE SIZE 1 ORANGE        | T2        |                 |
| EMPTY CAPSULE SIZE 1 ORGE/CLR      | T2        |                 |
| EMPTY CAPSULE SIZE 1 ORGE/YLLW     | T2        |                 |
| EMPTY CAPSULE SIZE 1 PINK          | T2        |                 |
| EMPTY CAPSULE SIZE 1 PINK/CLR      | T2        |                 |
| EMPTY CAPSULE SIZE 1 PINK/YLLW     | T2        |                 |
| EMPTY CAPSULE SIZE 1 PNK/WHITE     | T2        |                 |
| EMPTY CAPSULE SIZE 1 PWDR BLUE     | T2        |                 |
| EMPTY CAPSULE SIZE 1 RED           | T2        |                 |
| EMPTY CAPSULE SIZE 1 RED/BLUE      | T2        |                 |
| EMPTY CAPSULE SIZE 1 RED/WHITE     | T2        |                 |
| EMPTY CAPSULE SIZE 1 VEG CLEAR     | T2        |                 |
| EMPTY CAPSULE SIZE 1 WHITE         | T2        |                 |

| Drug Name                      | Drug Tier | Notes |
|--------------------------------|-----------|-------|
| EMPTY CAPSULE SIZE 1 WHITE/OPA | T2        |       |
| EMPTY CAPSULE SIZE 1 WHT/CLEAR | T2        |       |
| EMPTY CAPSULE SIZE 1 YELLOW    | T2        |       |
| EMPTY CAPSULE SIZE 2 CLEAR     | T2        |       |
| EMPTY CAPSULE SIZE 3 BLACK/GRN | T2        |       |
| EMPTY CAPSULE SIZE 3 BLUE OPQ  | T2        |       |
| EMPTY CAPSULE SIZE 3 BLUE/CLR  | T2        |       |
| EMPTY CAPSULE SIZE 3 BLUE/WHT  | T2        |       |
| EMPTY CAPSULE SIZE 3 CLEAR     | T2        |       |
| EMPTY CAPSULE SIZE 3 DARK GRN  | T2        |       |
| EMPTY CAPSULE SIZE 3 GREY/PINK | T2        |       |
| EMPTY CAPSULE SIZE 3 GREY/YLLW | T2        |       |
| EMPTY CAPSULE SIZE 3 GRN/BLUE  | T2        |       |
| EMPTY CAPSULE SIZE 3 MARN/BLUE | T2        |       |
| EMPTY CAPSULE SIZE 3 MARN/CLR  | T2        |       |
| EMPTY CAPSULE SIZE 3 MINT GRN  | T2        |       |
| EMPTY CAPSULE SIZE 3 OLIVE/CLR | T2        |       |
| EMPTY CAPSULE SIZE 3 ORANGE    | T2        |       |
| EMPTY CAPSULE SIZE 3 ORANGE/WH | T2        |       |
| EMPTY CAPSULE SIZE 3 PINK      | T2        |       |
| EMPTY CAPSULE SIZE 3 PINK/BLUE | T2        |       |
| EMPTY CAPSULE SIZE 3 PINK/WH   | T2        |       |
| EMPTY CAPSULE SIZE 3 PINK/YLLW | T2        |       |
| EMPTY CAPSULE SIZE 3 PNK/CLEAR | T2        |       |
| EMPTY CAPSULE SIZE 3 PRPLE/CLR | T2        |       |
| EMPTY CAPSULE SIZE 3 PURPLE    | T2        |       |
| EMPTY CAPSULE SIZE 3 PWDR BLUE | T2        |       |
| EMPTY CAPSULE SIZE 3 RED       | T2        |       |
| EMPTY CAPSULE SIZE 3 RED/CLEAR | T2        |       |
| EMPTY CAPSULE SIZE 3 RED/WHITE | T2        |       |
| EMPTY CAPSULE SIZE 3 WHITE     | T2        |       |
| EMPTY CAPSULE SIZE 3 WHITE/CLR | T2        |       |
| EMPTY CAPSULE SIZE 3 WHITE/OPA | T2        |       |
| EMPTY CAPSULE SIZE 3 YELLOW    | T2        |       |
| EMPTY CAPSULE SIZE 3 YLLW/CLR  | T2        |       |
| EMPTY CAPSULE SIZE 4 CLEAR     | T2        |       |
| EMPTY CAPSULE SIZE 4 PURPLE    | T2        |       |
| EMPTY CAPSULE SIZE 4 RED/WHITE | T2        |       |

| Drug Name                                       | Drug Tier | Notes                   |
|---|-----------|-------------------------|
| EMPTY CAPSULE SIZE 4 WHITE                      | T2        |                         |
| EMPTY CAPSULE SIZE 4 YELLOW                     | T2        |                         |
| EMPTY CAPSULE SIZE 5 CLEAR                      | T2        |                         |
| EMPTY CAPSULE SIZE 7 CLEAR                      | T2        |                         |
| ENDARI  | T2        | PA                      |
| EQ SPACE CHAMBER ANTI-STATIC                    | T2        | \$0 HDHP; Value         |
| EQ SPACE CHAMBER ANTI-STATIC L                  | T2        | \$0 HDHP; Value         |
| EQ SPACE CHAMBER ANTI-STATIC M                  | T2        | \$0 HDHP; Value         |
| EQ SPACE CHAMBER ANTI-STATIC S                  | T2        | \$0 HDHP; Value         |
| ESPUMIL   | T2        |                         |
| EUA PATIENT ASSESSMENT                          | T2        |                         |
| EXCILON AMD DRAIN SPONGES                       | T2        |                         |
| FEMCAP  | T2        |                         |
| FLAVOR BLEND                                    | T2        |                         |
| FLAVOR PLUS                                     | T2        |                         |
| FLAVOR SWEET                                    | T2        |                         |
| FLEXICHAMBER                                    | T2        | \$0 HDHP; Value         |
| FLEXICHAMBER ADULT MASK/SMALL                   | T2        | \$0 HDHP; Value         |
| FLEXICHAMBER CHILD MASK/LARGE                   | T2        | \$0 HDHP; Value         |
| FLEXICHAMBER CHILD MASK/SMALL                   | T2        | \$0 HDHP; Value         |
| <i>flumazenil intravenous</i>                   | T1        |                         |
| FOAMIL  | T2        |                         |
| <i>fomepizole</i>                               | T1        |                         |
| FOOD COLOR BLUE ORAL                            | T2        |                         |
| FORA D40 GLUCOSE/PRESSURE                       | T2        |                         |
| FORA D40G GLUCOSE/PRESSURE                      | T2        |                         |
| <i>formaldehyde solution 37 % external (rx)</i> | T1        |                         |
| <i>glutaraldehyde external</i>                  | T1        |                         |
| GNP PEN NEEDLES                                 | T2        | \$0 HDHP; Value         |
| GNP ULTIGUARD SAFEPACK NEEDLE                   | T2        | \$0 HDHP; Value         |
| GOHIBIC   | T2        |                         |
| GOODSENSE ALCOHOL SWABS                         | T2        |                         |
| GRASTEK   | T2        | PA; QL (1 EA per 1 day) |
| HYLENEX   | T2        |                         |
| IGALMI  | T2        | PA                      |
| INCONTROL ULTICARE PEN NEEDLES                  | T2        | \$0 HDHP; Value         |
| INSPIREASE                                      | T2        | \$0 HDHP; Value         |
| INSPIREASE RESERVOIR BAGS                       | T2        | \$0 HDHP; Value         |

| Drug Name   | Drug Tier | Notes                   |
|---|-----------|-------------------------|
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | T2        | \$0 HDHP; Value         |
| IWILFIN   | T2        | PA                      |
| J-TIP KIT W/VIAL ADAPTERS   | T2        |                         |
| KERENDIA  | T2        | PA; QL (1 EA per 1 day) |
| KERLIX AMD ANTIMICROBIAL  | T2        |                         |
| KERLIX AMD SUPER SPONGES  | T2        |                         |
| KORSUVA   | T2        | PA; SP-ORx              |
| KRISGEL 100   | T2        |                         |
| LANOLIN ANHYDROUS   | T2        |                         |
| LECITHIN ORGANOGEL  | T2        |                         |
| <i>l</i> -glutamine oral packet   | T1        | PA                      |
| LIPOLAYER   | T2        |                         |
| LOZIBASE S  | T2        |                         |
| MASK VORTEX   | T2        | \$0 HDHP; Value         |
| MASK VORTEX/CHILD/FROG  | T2        | \$0 HDHP; Value         |
| MASK VORTEX/TODDLER/LADYBUG   | T2        | \$0 HDHP; Value         |
| MEDIHOL BASE  | T2        |                         |
| METHERGINE  | T2        | QL (28 EA per 1 fill)   |
| <i>methylene blue intravenous solution</i>  | T1        |                         |
| <i>methylergonovine maleate injection</i>   | T1        |                         |
| <i>methylergonovine maleate oral</i>  | T1        | QL (28 EA per 1 fill)   |
| MICROCHAMBER  | T2        | \$0 HDHP; Value         |
| MICROSPACER   | T2        | \$0 HDHP; Value         |
| MIPLYFFA  | T2        | PA; QL (3 EA per 1 day) |
| MYOBLOC   | T2        | PA                      |
| NEOKE MCT70   | T2        |                         |
| NEOKE RA LIPOIC   | T2        |                         |
| NEUTEK 2TEK GLUCOSE/PRESSURE  | T2        |                         |
| NEXAVIR   | T2        |                         |
| NITHIODETE  | T2        |                         |
| NON GELATIN CAPSULES (EMPTY)  | T2        |                         |
| NOVOFINE PEN NEEDLE   | T2        | \$0 HDHP; Value         |
| NOVOFINE PLUS PEN NEEDLE  | T2        | \$0 HDHP; Value         |
| ODACTRA   | T2        | PA; QL (1 EA per 1 day) |

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| Drug Name                      | Drug Tier | Notes                      |
|--------------------------------|-----------|----------------------------|
| OMNIFLEX DIAPHRAGM             | T2        |                            |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5  | T2        |                            |
| OMNIPOD 5 DEXG7G6 PODS GEN 5   | T2        |                            |
| OMNIPOD 5 LIBRE2 PLUS G6       | T2        |                            |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS  | T2        |                            |
| OMNIPOD DASH INTRO (GEN 4)     | T2        |                            |
| OMNIPOD DASH PDM (GEN 4)       | T2        |                            |
| OMNIPOD DASH PODS (GEN 4)      | T2        |                            |
| OPTICHAMBER DIAMOND            | T2        | \$0 HDHP; Value            |
| OPTICHAMBER DIAMOND-LG MASK    | T2        | \$0 HDHP; Value            |
| OPTICHAMBER DIAMOND-MD MASK    | T2        | \$0 HDHP; Value            |
| OPTICHAMBER DIAMOND-SM MASK    | T2        | \$0 HDHP; Value            |
| ORA-BLEND                      | T2        |                            |
| ORA-BLEND SF                   | T2        |                            |
| ORALAIR                        | T2        | PA; QL (1 EA per 1 day)    |
| ORALAIR ADULT STARTER PACK     | T2        | PA; QL (1 EA per 1 day)    |
| ORALAIR CHILDRENS STARTER PACK | T2        | PA; QL (6 EA per 365 days) |
| ORAPENN SD ANHYD SWEETENED     | T2        |                            |
| ORA-PLUS                       | T2        |                            |
| ORA-SWEET                      | T2        |                            |
| ORA-SWEET SF                   | T2        |                            |
| PANDA MASK LARGE               | T2        | \$0 HDHP; Value            |
| PANDA MASK MEDIUM              | T2        | \$0 HDHP; Value            |
| PANDA MASK SMALL               | T2        | \$0 HDHP; Value            |
| PARI VORTEX ADULT MASK         | T2        | \$0 HDHP; Value            |
| PCCA ACACIA SYRUP BASE         | T2        |                            |
| PCCA ANHYDROUS BASE            | T2        |                            |
| PCCA COBASE #1                 | T2        |                            |
| PCCA ELLAGE VAGINAL            | T2        |                            |
| PCCA LIPOSOMIC BASE DRY        | T2        |                            |
| PCCA LIPOSOMIC BASE NORMAL     | T2        |                            |
| PCCA LIPOSOMIC BASE OILY       | T2        |                            |
| PCCA LIPOSOMIC BASE SENSITIVE  | T2        |                            |
| PCCA SWEET-SF                  | T2        |                            |
| PCCA SYRUP VEHICLE             | T2        |                            |
| PCCA-PLUS                      | T2        |                            |
| PEDIATRIC PANDA MASK           | T2        | \$0 HDHP; Value            |
| PEDMARK                        | T2        | PA                         |

| Drug Name                                    | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| PEG OINTMENT BASE                            | T2        |                         |
| PEN NEEDLE/5-BEVEL TIP                       | T2        | \$0 HDHP; Value         |
| PENTETATE CALCIUM TRISODIUM                  | T2        |                         |
| PENTETATE ZINC TRISODIUM                     | T2        |                         |
| PENTIPS GENERIC PEN NEEDLES                  | T2        | \$0 HDHP; Value         |
| PETROLATUM WHITE EXTERNAL OINTMENT           | T2        |                         |
| PHOTREXA-PHOTREXA VISCOSUS KIT               | T2        |                         |
| PIP PEN NEEDLES 31G X 5MM                    | T2        | \$0 HDHP; Value         |
| PIP PEN NEEDLES 32G X 4MM                    | T2        | \$0 HDHP; Value         |
| PLO GEL - MEDIFLO                            | T2        |                         |
| PLO GEL - MEDIFLO 30                         | T2        |                         |
| PLO GEL - MEDIFLO 30 PRE-MIXED               | T2        |                         |
| PLO GEL - MEDIFLO PRE-MIXED                  | T2        |                         |
| PLO20 FLOWABLE                               | T2        |                         |
| PLO20 NON-FLOWABLE                           | T2        |                         |
| POCKET CHAMBER                               | T2        | \$0 HDHP; Value         |
| POCKET SPACER                                | T2        | \$0 HDHP; Value         |
| POLYETHYLENE GLYCOL 8000 EXTERNAL            | T2        |                         |
| PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML    | T2        |                         |
| PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS | T2        |                         |
| PREVDUO                                      | T2        |                         |
| PRO COMFORT SPACER ADULT                     | T2        | \$0 HDHP; Value         |
| PRO COMFORT SPACER CHILD                     | T2        | \$0 HDHP; Value         |
| PRO COMFORT SPACER INFANT                    | T2        | \$0 HDHP; Value         |
| PROCARE SPACER/ADULT MASK                    | T2        | \$0 HDHP; Value         |
| PROCARE SPACER/CHILD MASK                    | T2        | \$0 HDHP; Value         |
| PROCHAMBER VHC                               | T2        | \$0 HDHP; Value         |
| PROTOPAM CHLORIDE                            | T2        |                         |
| PROVAYBLUE                                   | T2        |                         |
| PURE COMFORT SAFETY PEN NEEDLE               | T2        | \$0 HDHP; Value         |
| PURE COMFORT SPACER CHAMBER                  | T2        | \$0 HDHP; Value         |
| PURIFIED WATER                               | T2        |                         |
| QUICK TOUCH INSULIN PEN NEEDLE               | T2        | \$0 HDHP; Value         |
| RADIOGARDASE                                 | T2        |                         |
| RAGWITEK                                     | T2        | PA; QL (1 EA per 1 day) |
| RASPBERRY SYRUP                              | T2        |                         |
| RAYA SURE PEN NEEDLE                         | T2        | \$0 HDHP; Value         |

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| Drug Name                                 | Drug Tier | Notes                             |
|---|-----------|-----------------------------------|
| RHEOSPRAY                                 | T2        |                                   |
| RITEFLO                                   | T2        | \$0 HDHP; Value                   |
| RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML | T2        | PA; SP-QTZ                        |
| RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML | T2        | PA; SP-QTZ; QL (0.5 ML per 1 day) |
| RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML | T2        | PA; SP-QTZ; QL (0.6 ML per 1 day) |
| RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML | T2        | PA; SP-QTZ; QL (0.9 ML per 1 day) |
| SAFETY PEN NEEDLES                        | T2        | \$0 HDHP; Value                   |
| <i>saline bacteriostatic</i>              | T1        |                                   |
| SALINE-PHENOL                             | T2        |                                   |
| SIMPLE SYRUP                              | T2        |                                   |
| <i>sodium chloride bacteriostatic</i>     | T1        |                                   |
| <i>sodium nitrite intravenous</i>         | T1        |                                   |
| <i>sodium saccharin</i>                   | T1        |                                   |
| <i>sodium thiosulfate intravenous</i>     | T1        |                                   |
| SOHONOS ORAL CAPSULE 1 MG                 | T2        | PA; QL (20 EA per 1 day)          |
| SOHONOS ORAL CAPSULE 1.5 MG               | T2        | PA; QL (13 EA per 1 day)          |
| SOHONOS ORAL CAPSULE 10 MG                | T2        | PA; QL (2 EA per 1 day)           |
| SOHONOS ORAL CAPSULE 2.5 MG               | T2        | PA; QL (8 EA per 1 day)           |
| SOHONOS ORAL CAPSULE 5 MG                 | T2        | PA; QL (4 EA per 1 day)           |
| STERILE DILUENT FOLAN PH 12               | T2        |                                   |
| STERILE DILUENT FOR REMODULIN             | T2        |                                   |
| <i>sterile water for injection</i>        | T1        |                                   |
| SUSPENDRX W/BITTERBLOC SWEET              | T2        |                                   |
| SUSPENDRX W/BITTERBLOC UNSWEET            | T2        |                                   |
| SUSPENSION VEHICLE                        | T2        |                                   |
| SYRPALTA                                  | T2        |                                   |
| SYRPALTA (RED)                            | T2        |                                   |
| SYRSPEND SF ORAL LIQUID                   | T2        |                                   |
| SYRSPEND SF PH4                           | T2        |                                   |
| SYRUP VEHICLE                             | T2        |                                   |
| SYRUP VEHICLE SF                          | T2        |                                   |
| TECHLITE PLUS PEN NEEDLES                 | T2        | \$0 HDHP; Value                   |
| TELFA AMD ISLAND DRESSING                 | T2        |                                   |
| TELFA AMD NON-ADHERENT                    | T2        |                                   |
| TISSEEL                                   | T2        |                                   |

| Drug Name                               | Drug Tier | Notes           |
|---|-----------|-----------------|
| TRICHOSOL                               | T2        |                 |
| TRUE COMFORT SAFETY PEN NEEDLE          | T2        | \$0 HDHP; Value |
| UDSX MEDICATED SYSTEM                   | T2        |                 |
| UDSXMP MEDICATED SYSTEM                 | T2        |                 |
| U-MILD                                  | T2        |                 |
| UNIFINE PROTECT PEN NEEDLE              | T2        | \$0 HDHP; Value |
| UNISPEND ANHYDROUS SWEETENED            | T2        |                 |
| UNIVERSAL WATER                         | T2        |                 |
| URESTA STARTER KIT                      | T2        |                 |
| VASELINE                                | T2        |                 |
| VEGETABLE CAPSULE #0 GREEN              | T2        |                 |
| VEGETABLE CAPSULE #0 WHITE              | T2        |                 |
| VEGETABLE CAPSULE #00 WHITE             | T2        |                 |
| VEGETABLE CAPSULE #1 WHITE              | T2        |                 |
| VEGETABLE CAPSULE #2 WHITE              | T2        |                 |
| VEGETABLE CAPSULE #3 WHITE              | T2        |                 |
| VEGETABLE CAPSULE #4 WHITE              | T2        |                 |
| VERIFINE INSULIN PEN NEEDLE             | T2        | \$0 HDHP; Value |
| VERIFINE PLUS PEN NEEDLE                | T2        | \$0 HDHP; Value |
| VERSAFREE                               | T2        |                 |
| VERSAPLUS                               | T2        |                 |
| VERSAPRO EXTERNAL SHAMPOO               | T2        |                 |
| VERSAPRO FOAM                           | T2        |                 |
| VISTOGARD                               | T2        |                 |
| VORTEX HOLD CHMBR/MASK/CHILD            | T2        | \$0 HDHP; Value |
| VORTEX HOLD CHMBR/MASK/TODDLER          | T2        | \$0 HDHP; Value |
| VORTEX VALVE CHAMBER-PEDI MASK          | T2        | \$0 HDHP; Value |
| VORTEX VALVED HOLDING CHAMBER           | T2        | \$0 HDHP; Value |
| VYVGART                                 | T2        | PA              |
| VYVGART HYTRULO                         | T2        | PA              |
| WATER BASE GEL                          | T2        |                 |
| <i>white petrolatum external gel</i>    | T1        |                 |
| WHITE PETROLATUM OINTMENT EXTERNAL (RX) | T2        |                 |
| WIDE-SEAL DIAPHRAGM 60                  | T2        |                 |
| WIDE-SEAL DIAPHRAGM 65                  | T2        |                 |
| WIDE-SEAL DIAPHRAGM 70                  | T2        |                 |
| WIDE-SEAL DIAPHRAGM 75                  | T2        |                 |

| Drug Name   | Drug Tier | Notes                      |
|---|-----------|----------------------------|
| WIDE-SEAL DIAPHRAGM 80                                      | T2        |                            |
| WIDE-SEAL DIAPHRAGM 85                                      | T2        |                            |
| WIDE-SEAL DIAPHRAGM 90                                      | T2        |                            |
| WIDE-SEAL DIAPHRAGM 95                                      | T2        |                            |
| XEOMIN  | T2        | PA                         |
| XIAFLEX   | T2        | PA                         |
| YELLOW PETROLATUM   | T2        |                            |
| YONI FIT BLADDER SUPPORT KIT 1                              | T2        |                            |
| YONI FIT BLADDER SUPPORT KIT 2                              | T2        |                            |
| YONI FIT BLADDER SUPPORT KIT 3                              | T2        |                            |
| YONI FIT BLADDER SUPPORT KIT 4                              | T2        |                            |
| YONI FIT BLADDER SUPPORT KIT 5                              | T2        |                            |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML | T2        | PA; QL (0.04 ML per 1 day) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML | T2        | PA; QL (0.07 ML per 1 day) |
| YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML  | T2        | PA; QL (0.1 ML per 1 day)  |
| ZILBRYSQ  | T2        | PA                         |
| ZOKINVY   | T2        | PA; QL (4 EA per 1 day)    |

**Ophthalmic Agents - Drugs for Eye Allergy,  
Infection and Inflammation**

|   |    |                             |
|---|----|-----------------------------|
| ACULAR  | T2 |                             |
| ACULAR LS   | T2 |                             |
| ACUVAIL   | T2 | PA                          |
| ALOCRIL   | T2 | PA                          |
| ALREX   | T2 | PA                          |
| AZASITE   | T2 |                             |
| <i>bacitracin ophthalmic</i>                        | T1 |                             |
| BESIVANCE   | T2 |                             |
| BETADINE OPHTHALMIC PREP                            | T2 |                             |
| <i>bromfenac sodium (once-daily)</i>                | T1 | QL (6.8 ML per 365 days)    |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i>  | T1 | ST; QL (12 ML per 365 days) |
| <i>bromfenac sodium ophthalmic solution 0.075 %</i> | T1 | ST; QL (20 ML per 365 days) |
| CILOXAN   | T2 | PA                          |
| <i>ciprofloxacin hcl ophthalmic</i>                 | T1 |                             |
| CLOBETASOL PROPIONATE OPHTHALMIC                    | T2 | PA; QL (14 ML per 365 days) |
| <i>cromolyn sodium ophthalmic</i>                   | T1 |                             |
| <i>dexamethasone sodium phosphate ophthalmic</i>    | T1 |                             |

| Drug Name  | Drug Tier | Notes                       |
|--|-----------|-----------------------------|
| <i>diclofenac sodium ophthalmic</i>                                    | T1        |                             |
| <i>difluprednate</i>   | T1        |                             |
| DUREZOL  | T2        | PA                          |
| <i>epinastine hcl</i>  | T1        |                             |
| <i>erythromycin ophthalmic</i>   | T1        |                             |
| EYSUVIS  | T2        | PA                          |
| FLAREX   | T2        |                             |
| <i>fluorometholone</i>   | T1        |                             |
| <i>flurbiprofen sodium</i>   | T1        |                             |
| FML FORTE  | T2        |                             |
| FML LIQUIFILM  | T2        |                             |
| <i>gatifloxacin ophthalmic</i>   | T1        |                             |
| <i>gentamicin sulfate ophthalmic</i>                                   | T1        |                             |
| INVELTYS   | T2        |                             |
| <i>ketorolac tromethamine ophthalmic</i>                               | T1        |                             |
| <i>levofloxacin ophthalmic</i>   | T1        |                             |
| LOTEMAX OPHTHALMIC GEL   | T2        | PA; QL (20 GM per 365 days) |
| LOTEMAX OPHTHALMIC OINTMENT  | T2        | PA; QL (14 GM per 365 days) |
| LOTEMAX SM   | T2        |                             |
| <i>loteprednol etabonate ophthalmic gel</i>                            | T1        | QL (20 GM per 365 days)     |
| <i>loteprednol etabonate ophthalmic suspension</i>                     | T1        | PA                          |
| MAXIDEX  | T2        |                             |
| MAXITROL   | T2        |                             |
| MITOSOL  | T2        |                             |
| <i>moxifloxacin hcl (2x day)</i>                                       | T1        |                             |
| <i>moxifloxacin hcl ophthalmic</i>                                     | T1        |                             |
| NATACYN  | T2        |                             |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i>                 | T1/Value  |                             |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | T1/Value  |                             |
| <i>neomycin-polymyxin-hc ophthalmic</i>                                | T1        |                             |
| OCUFLOX  | T2        |                             |
| <i>ofloxacin ophthalmic</i>  | T1        |                             |
| POVIDONE-IODINE OPHTHALMIC   | T2        |                             |
| PRED MILD  | T2        |                             |
| <i>prednisolone acetate ophthalmic</i>                                 | T1        |                             |
| <i>prednisolone sodium phosphate ophthalmic</i>                        | T1        |                             |
| <i>sulfacetamide sodium ophthalmic</i>                                 | T1        |                             |

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| Drug Name                                      | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| TOBRADEX                                       | T2        |                         |
| TOBRADEX ST                                    | T2        |                         |
| <i>tobramycin ophthalmic</i>                   | T1/Value  |                         |
| <i>tobramycin-dexamethasone</i>                | T1        |                         |
| TOBREX   | T2        |                         |
| <i>trifluridine</i>                            | T1        |                         |
| UPNEEQ   | T2        | PA                      |
| ZIRGAN   | T2        |                         |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>  |           |                         |
| <i>acetazolamide er</i>                        | T1        |                         |
| <i>acetazolamide oral</i>                      | T1        |                         |
| <i>apraclonidine hcl</i>                       | T1        |                         |
| <i>betaxolol hcl ophthalmic</i>                | T1        |                         |
| BETIMOL  | T2        |                         |
| BETOPTIC-S                                     | T2        | PA                      |
| <i>bimatoprost ophthalmic</i>                  | T1        | QL (0.1 ML per 1 day)   |
| <i>brimonidine tartrate ophthalmic</i>         | T1        |                         |
| <i>brimonidine tartrate-timolol</i>            | T1        |                         |
| <i>brinzolamide</i>                            | T1        |                         |
| <i>carteolol hcl</i>                           | T1        |                         |
| <i>dichlorphenamide</i>                        | T2        | PA; QL (4 EA per 1 day) |
| DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC         | T2        |                         |
| <i>dorzolamide hcl solution 2 % ophthalmic</i> | T1        |                         |
| <i>dorzolamide hcl-timolol mal</i>             | T1        |                         |
| <i>dorzolamide hcl-timolol mal pf</i>          | T1        |                         |
| IOPIDINE                                       | T2        |                         |
| ISTALOL  | T2        | PA                      |
| KEVEYIS  | T2        | PA; QL (4 EA per 1 day) |
| <i>latanoprost ophthalmic</i>                  | T1        |                         |
| <i>levobunolol hcl</i>                         | T1        |                         |
| LUMIGAN  | T2        | QL (0.1 ML per 1 day)   |
| <i>methazolamide oral</i>                      | T1        |                         |
| ORMALVI  | T2        | PA; QL (4 EA per 1 day) |
| PHOSPHOLINE IODIDE                             | T2        | PA                      |
| <i>pilocarpine hcl ophthalmic</i>              | T1        |                         |
| RHOPRESSA                                      | T2        | QL (0.1 ML per 1 day)   |
| ROCKLATAN                                      | T2        | QL (0.1 ML per 1 day)   |

| Drug Name   | Drug Tier | Notes                     |
|---|-----------|---------------------------|
| SIMBRINZA   | T2        |                           |
| <i>tafluprost (pf)</i>  | T1        | QL (1 EA per 1 day)       |
| <i>timolol hemihydrate</i>  | T1        |                           |
| <i>timolol maleate (once-daily)</i>                               | T1        |                           |
| <i>timolol maleate oculosol</i>                                   | T1        | PA                        |
| <i>timolol maleate ophthalmic gel forming solution</i>            | T1        | PA                        |
| <i>timolol maleate ophthalmic solution</i>                        | T1/Value  |                           |
| <i>timolol maleate pf</i>   | T1        | PA                        |
| <i>travoprost (bak free)</i>                                      | T1        | QL (0.12 ML per 1 day)    |
| XELPROS   | T2        | ST; QL (0.1 ML per 1 day) |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |                           |
| AKTEN   | T2        |                           |
| ALCAINE   | T2        |                           |
| ALTACAINE   | T2        |                           |
| <i>altafrin</i>   | T1        |                           |
| <i>atropine sulfate ophthalmic solution 1 %</i>                   | T1/Value  |                           |
| ATROPINE SULFATE SOLUTION 0.025 % OPHTHALMIC                      | T2        |                           |
| ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC                       | T2        |                           |
| <i>bacitracin-polymyxin b</i>                                     | T1        |                           |
| <i>bacitra-neomycin-polymyxin-hc</i>                              | T1        |                           |
| CEQUA   | T2        | PA                        |
| CYCLOGYL  | T2        |                           |
| CYCLOMYDRIL   | T2        |                           |
| <i>cyclopentolate hcl ophthalmic</i>                              | T1        |                           |
| CYSTADROPS  | T2        | QL (0.72 ML per 1 day)    |
| CYSTARAN  | T2        | QL (2.15 ML per 1 day)    |
| HOMATROPAIRE  | T2        |                           |
| MIEBO   | T2        | PA; QL (0.4 ML per 1 day) |
| <i>neomycin-bacitracin zn-polymyx</i>                             | T1        |                           |
| <i>neomycin-polymyxin-gramicidin</i>                              | T1        |                           |
| NEO-POLYCIN   | T2        |                           |
| NEO-POLYCIN HC  | T2        |                           |
| OXERVATE  | T2        | PA; QL (2 ML per 1 day)   |
| <i>phenylephrine hcl ophthalmic</i>                               | T1        |                           |
| POLYCIN   | T2        |                           |
| <i>polymyxin b-trimethoprim</i>                                   | T1/Value  |                           |

| Drug Name  | Drug Tier | Notes                     |
|--|-----------|---------------------------|
| <i>proparacaine hcl ophthalmic</i>   | T1        |                           |
| RESTASIS   | T1        | PA                        |
| RESTASIS MULTIDOSE   | T2        | PA                        |
| <i>sulfacetamide-prednisolone</i>  | T1        |                           |
| <i>tetracaine hcl ophthalmic</i>   | T1        |                           |
| TYRVAYA  | T2        | PA; QL (0.3 ML per 1 day) |
| VISUDYNE   | T2        |                           |
| XIIDRA   | T2        | PA                        |
| ZYLET  | T2        |                           |
| <b>Otic Agents - Drugs for Ear Conditions</b>                                  |           |                           |
| <i>acetic acid otic</i>  | T1        |                           |
| CETRAXAL   | T2        | ST                        |
| CIPRO HC   | T2        | PA                        |
| <i>ciprofloxacin hcl otic</i>  | T1        |                           |
| <i>ciprofloxacin-dexamethasone</i>   | T1        |                           |
| CIPROFLOXACIN-FLUOCINOLONE PF  | T2        | PA                        |
| CORTISPORIN-TC   | T2        |                           |
| DERMOTIC   | T2        |                           |
| <i>flac</i>  | T1        |                           |
| <i>fluocinolone acetonide otic</i>   | T1        |                           |
| <i>hydrocortisone-acetic acid</i>  | T1        |                           |
| <i>neomycin-polymyxin-hc otic</i>  | T1        |                           |
| <i>ofloxacin otic</i>  | T1        |                           |
| OTOVEL   | T2        | PA                        |
| PRAMOTIC   | T2        |                           |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |                           |
| <i>azelastine hcl nasal</i>  | T1        | QL (2 ML per 1 day)       |
| <i>azelastine-fluticasone</i>  | T1        | QL (0.77 GM per 1 day)    |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                 | T1/Value  |                           |
| <i>benzonatate oral capsule 150 mg</i>   | T1        |                           |
| <i>bromphen-pseudoeph-dm</i>   | T1        |                           |
| CARBINOXAMINE MALEATE ER   | T2        | PA                        |
| <i>carbinoxamine maleate oral solution</i>                                     | T1        |                           |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                  | T1        |                           |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                  | T1        | PA                        |
| CINQAIR  | T2        | PA                        |
| <i>clemastine fumarate oral syrup</i>  | T1        | PA                        |

| Drug Name  | Drug Tier | Notes                                     |
|--|-----------|---|
| clemastine fumarate oral tablet  | T1        |   |
| cyproheptadine hcl oral  | T1        |   |
| diphenhydramine hcl injection  | T1        |   |
| diphenhydramine hcl oral elixir  | T1        |   |
| DYMISTA  | T2        | QL (0.77 GM per 1 day)                    |
| HYCODAN ORAL SOLUTION  | T2        | PA; QL (240 ML per 1 fill)                |
| HYCODAN ORAL TABLET  | T2        | PA; QL (6 EA per 1 day)                   |
| hydrocod poli-chlorphe poli er   | T1        | PA; QL (240 ML per 1 fill)                |
| hydrocodone bit-homatrop mbr oral solution   | T1        | PA; QL (240 ML per 1 fill)                |
| hydrocodone bit-homatrop mbr oral tablet   | T1        | PA; QL (6 EA per 1 day)                   |
| hydromet   | T1        | PA; QL (240 ML per 1 fill)                |
| HYPERSAL   | T2        |   |
| ipratropium bromide nasal  | T1/Value  |   |
| KARBINAL ER  | T2        | PA  |
| NEBUSAL INHALATION NEBULIZATION<br>SOLUTION 6 %  | T2        |   |
| NEOTUSS PLUS   | T2        | PA  |
| olopatadine hcl nasal  | T1        | PA; QL (1.02 GM per 1 day)                |
| promethazine-codeine oral solution   | T1        | PA; QL (240 ML per 1 fill)                |
| promethazine-dm  | T1/Value  |   |
| pseudoephedrine-bromphen-dm  | T1        |   |
| PULMOSAL   | T2        |   |
| RYALTRIS   | T2        | QL (1 GM per 1 day)                       |
| RYCLORA  | T2        |   |
| ryvent   | T1        | PA  |
| sodium chloride inhalation   | T1        |   |
| TUXARIN ER   | T2        | PA; QL (2 EA per 1 day)                   |
| <b>Respiratory Tract / Pulmonary Agents -<br/>Drugs for Asthma and Other Lung<br/>Conditions</b> |           |   |
| ACCOLATE   | T2        |   |
| acetylcysteine inhalation  | T1        |   |
| ADRENALIN INJECTION SOLUTION 1 MG/ML   | T2        |   |
| ADRENALIN INJECTION SOLUTION 30<br>MG/30ML   | T2        | PA  |
| ADVAIR HFA   | T1        | \$0 HDHP; Value; QL (0.4 GM per<br>1 day) |
| AIRSUPRA   | T2        | QL (1.1 GM per 1 day)                     |
| albuterol sulfate hfa  | T1        | QL (1.2 GM per 1 day)                     |

| Drug Name   | Drug Tier | Notes                                   |
|---|-----------|---|
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>                 | T1        | QL (18 ML per 1 day)                    |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>            | T1        | QL (12.5 ML per 1 day)                  |
| <i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>                        | T1/Value  | QL (5 EA per 1 day)                     |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>                      | T1/Value  | QL (5 EA per 1 day)                     |
| <i>albuterol sulfate oral</i>   | T1        |   |
| <i>aminophylline</i>  | T1        |   |
| <i>ANORO ELLIPTA</i>  | T2        | QL (2 EA per 1 day)                     |
| <i>ARALAST NP</i>   | T2        | PA                                      |
| <i>arformoterol tartrate</i>  | T1        | QL (4 ML per 1 day)                     |
| <i>ARNUITY ELLIPTA</i>  | T2        | \$0 HDHP; Value; QL (1 EA per 1 day)    |
| <i>ASMANEX (120 METERED DOSES)</i>  | T2        | \$0 HDHP; Value; QL (0.04 EA per 1 day) |
| <i>ASMANEX (14 METERED DOSES)</i>   | T2        | \$0 HDHP; Value; QL (0.04 EA per 1 day) |
| <i>ASMANEX (30 METERED DOSES)</i>   | T2        | \$0 HDHP; Value; QL (0.04 EA per 1 day) |
| <i>ASMANEX (60 METERED DOSES)</i>   | T2        | \$0 HDHP; Value; QL (0.04 EA per 1 day) |
| <i>ASMANEX HFA</i>  | T2        | \$0 HDHP; Value; QL (0.44 GM per 1 day) |
| <i>ATROVENT HFA</i>   | T2        | QL (0.86 GM per 1 day)                  |
| <i>AUVI-Q</i>   | T2        |   |
| <i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</i> | T1        | \$0 HDHP; Value; QL (2 EA per 1 day)    |
| <i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</i>                  | T1        | \$0 HDHP; Value; QL (2 EA per 1 day)    |
| <i>BREZTRI AEROSPHERE</i>   | T2        | QL (0.36 GM per 1 day)                  |
| <i>budesonide inhalation</i>  | T1        | \$0 HDHP; QL (4 ML per 1 day)           |
| <i>COMBIVENT RESPIMAT</i>   | T2        | QL (0.27 GM per 1 day)                  |
| <i>cromolyn sodium inhalation</i>   | T1        |   |
| <i>DALIRESP</i>   | T2        | PA                                      |
| <i>elixophyllin</i>   | T1        |   |
| <i>epinephrine (anaphylaxis)</i>  | T1        |   |
| <i>epinephrine injection solution auto-injector</i>   | T1        |   |
| <i>EPIPEN 2-PAK</i>   | T2        | ST                                      |

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| Drug Name   | Drug Tier | Notes                                   |
|---|-----------|---|
| FASENRA PEN   | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)      |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML   | T2        | PA; QL (0.01 ML per 1 day)              |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML  | T2        | PA; QL (0.02 ML per 1 day)              |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> | T1        | ST; \$0 HDHP; QL (2 EA per 1 day)       |
| <i>formoterol fumarate inhalation</i>   | T1        | QL (4 ML per 1 day)                     |
| GLASSIA   | T2        | PA                                      |
| <i>ipratropium bromide inhalation</i>   | T1/Value  | QL (10.42 ML per 1 day)                 |
| <i>ipratropium-albuterol</i>  | T1        | QL (18 ML per 1 day)                    |
| <i>isoproterenol hcl injection</i>  | T1        |   |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>                                       | T1        | QL (18 ML per 1 day)                    |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>  | T1        | QL (3 EA per 1 day)                     |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>  | T1        | QL (9 ML per 1 day)                     |
| montelukast sodium oral packet  | T1        |   |
| montelukast sodium oral tablet  | T1/Value  |   |
| montelukast sodium oral tablet chewable   | T1/Value  |   |
| NEFFY   | T2        |   |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | T2        | PA; SP-QTZ; QL (0.11 ML per 1 day)      |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML  | T2        | PA; SP-QTZ; QL (0.11 ML per 1 day)      |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML  | T2        | PA; SP-QTZ; QL (0.02 ML per 1 day)      |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED  | T2        | PA; QL (0.11 EA per 1 day)              |
| OFEV  | T2        | PA; SP-QTZ                              |
| PERFOROMIST   | T2        | QL (4 ML per 1 day)                     |
| <i>pirfenidone</i>  | T2        | PA; SP-QTZ                              |
| PROLASTIN-C   | T2        | PA                                      |
| QVAR REDIHALER  | T2        | \$0 HDHP; Value; QL (0.71 GM per 1 day) |
| <i>roflumilast</i>  | T1        | PA                                      |
| SEREVENT DISKUS   | T2        | QL (2 EA per 1 day)                     |
| SPIRIVA HANDIHALER  | T1        | QL (1 EA per 1 day)                     |

| Drug Name   | Drug Tier | Notes                                   |
|---|-----------|---|
| SPIRIVA RESPIMAT  | T2        | QL (0.14 GM per 1 day)                  |
| STIOLTO RESPIMAT  | T2        | QL (0.14 GM per 1 day)                  |
| STRIVERDI RESPIMAT  | T2        | QL (4.2 GM per 30 days)                 |
| SYMBICORT   | T1        | \$0 HDHP; Value; QL (0.35 GM per 1 day) |
| <i>terbutaline sulfate injection</i>                                    | T1        |   |
| <i>terbutaline sulfate oral</i>   | T1        |   |
| TEZSPIRE  | T2        | PA; SP-QTZ; QL (0.07 ML per 1 day)      |
| THEO-24   | T2        |   |
| <i>theophylline er</i>  | T1        |   |
| <i>theophylline oral</i>  | T1        |   |
| TRELEGY ELLIPTA   | T2        | QL (2 EA per 1 day)                     |
| <i>wixela inhub</i>   | T1        | ST; \$0 HDHP; QL (2 EA per 1 day)       |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML                    | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day)      |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML                   | T2        | PA; SP-QTZ; QL (0.3 ML per 1 day)       |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML                  | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day)      |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML                | T2        | PA; SP-QTZ; QL (0.08 ML per 1 day)      |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML               | T2        | PA; SP-QTZ; QL (0.3 ML per 1 day)       |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML              | T2        | PA; SP-QTZ; QL (0.04 ML per 1 day)      |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED                              | T2        | PA                                      |
| YUPELRI   | T2        | QL (3 ML per 1 day)                     |
| <i>zafirlukast</i>  | T1        |   |
| ZEMAIRA   | T2        | PA                                      |
| <i>zileuton er</i>  | T1        | ST                                      |
| ZYFLO   | T2        | ST                                      |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b> |           |   |
| KALYDECO ORAL PACKET  | T2        | PA; SP-ORx; QL (2 EA per 1 day)         |
| KALYDECO ORAL TABLET  | T2        | PA; SP-ORx                              |
| ORKAMBI ORAL PACKET   | T2        | PA; SP-ORx; QL (2 EA per 1 day)         |
| ORKAMBI ORAL TABLET   | T2        | PA; SP-ORx; QL (4 EA per 1 day)         |
| PULMOZYME   | T2        | PA                                      |

| Drug Name  | Drug Tier | Notes                           |
|--|-----------|---------------------------------|
| SYMDEKO  | T2        | PA; SP-ORx; QL (2 EA per 1 day) |
| TOBI PODHALER  | T2        | QL (224 EA per 40 days)         |
| <i>tobramycin inhalation</i>   | T2        |                                 |
| TRIKAFTA ORAL TABLET THERAPY PACK  | T2        | PA; SP-ORx; QL (3 EA per 1 day) |
| TRIKAFTA ORAL THERAPY PACK   | T2        | PA; SP-ORx; QL (2 EA per 1 day) |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |                                 |
| ADEMPAS  | T2        | PA; QL (3 EA per 1 day)         |
| <i>alyq</i>  | T2        | PA; QL (2 EA per 1 day)         |
| <i>ambrisentan</i>   | T2        | PA; QL (1 EA per 1 day)         |
| <i>bosentan</i>  | T2        | PA; QL (2 EA per 1 day)         |
| <i>epoprostenol sodium</i>   | T2        | PA                              |
| FLOLAN   | T2        | PA                              |
| OPSUMIT  | T2        | PA; QL (1 EA per 1 day)         |
| ORENITRAM  | T2        | PA                              |
| ORENITRAM MONTH 1  | T2        | PA; QL (336 EA per 365 days)    |
| ORENITRAM MONTH 2  | T2        | PA; QL (672 EA per 365 days)    |
| ORENITRAM MONTH 3  | T2        | PA; QL (504 EA per 365 days)    |
| <i>sildenafil citrate intravenous</i>  | T2        | PA                              |
| <i>sildenafil citrate oral suspension reconstituted</i>                        | T2        | PA; QL (7.5 ML per 1 day)       |
| <i>sildenafil citrate oral tablet 20 mg</i>                                    | T2        | PA; QL (3 EA per 1 day)         |
| <i>tadalafil (pah)</i>   | T2        | PA; QL (2 EA per 1 day)         |
| TRACLEER 32 MG   | T2        | PA; SP-ORx; QL (4 EA per 1 day) |
| <i>treprostinil</i>  | T2        | PA                              |
| TYVASO   | T2        | PA; QL (2.9 ML per 1 day)       |
| TYVASO DPI INSTITUTIONAL KIT   | T2        | PA; QL (4 EA per 1 day)         |
| TYVASO DPI MAINTENANCE KIT   | T2        | PA; QL (4 EA per 1 day)         |
| TYVASO DPI TITRATION KIT   | T2        | PA; QL (2 EA per 365 days)      |
| TYVASO REFILL KIT  | T2        | PA; QL (2.9 ML per 1 day)       |
| TYVASO STARTER KIT   | T2        | PA; QL (2.9 ML per 1 day)       |
| UPTRAVI INTRAVENOUS  | T2        | PA                              |
| UPTRAVI ORAL   | T2        | PA; QL (2 EA per 1 day)         |
| UPTRAVI TITRATION  | T2        | PA; QL (400 EA per 365 days)    |
| VELETRI  | T2        | PA                              |
| VENTAVIS   | T2        | PA; QL (9 ML per 1 day)         |
| WINREVAIR  | T2        | PA; QL (0.05 EA per 1 day)      |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>             |           |                                 |
| <i>baclofen oral solution 5 mg/5ml</i>   | T1        | PA                              |

Effective 04/01/2025

| Drug Name  | Drug Tier | Notes                   |
|--|-----------|-------------------------|
| baclofen oral suspension                         | T1        | PA                      |
| baclofen oral tablet 10 mg                       | T1/Value  |                         |
| baclofen oral tablet 15 mg, 20 mg, 5 mg          | T1        |                         |
| carisoprodol oral                                | T1        |                         |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg | T1        | PA                      |
| chlorzoxazone oral tablet 500 mg                 | T1        |                         |
| cyclobenzaprine hcl er                           | T1        | PA                      |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg      | T1/Value  |                         |
| cyclobenzaprine hcl oral tablet 7.5 mg           | T1        | PA                      |
| DANTRIUM INTRAVENOUS                             | T2        |                         |
| DANTRIUM ORAL                                    | T2        | PA                      |
| dantrolene sodium intravenous                    | T1        |                         |
| dantrolene sodium oral                           | T1        |                         |
| metaxalone                                       | T1        | PA                      |
| methocarbamol injection                          | T1        |                         |
| methocarbamol oral tablet 1000 mg                | T1        | PA                      |
| methocarbamol oral tablet 500 mg, 750 mg         | T1/Value  |                         |
| orphenadrine citrate er                          | T1        | QL (2 EA per 1 day)     |
| orphenadrine citrate injection                   | T1        |                         |
| orphenadrine-aspirin-caffeine                    | T1        | PA; QL (4 EA per 1 day) |
| revonto  | T1        |                         |
| ROBAXIN  | T2        |                         |
| RYANODEX   | T2        |                         |
| TANLOR   | T2        | PA                      |
| tizanidine hcl oral capsule 2 mg, 4 mg           | T1        | PA                      |
| tizanidine hcl oral capsule 6 mg                 | T1        |                         |
| tizanidine hcl oral tablet                       | T1        |                         |
| <b>Sleep Disorder Agents</b>                     |           |                         |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg   | T1        | PA; QL (1 EA per 1 day) |
| armodafinil oral tablet 50 mg                    | T1        | PA; QL (2 EA per 1 day) |
| BELSOMRA   | T2        | ST; QL (1 EA per 1 day) |
| DAYVIGO  | T2        | ST; QL (1 EA per 1 day) |
| doxepin hcl oral tablet                          | T1        | QL (1 EA per 1 day)     |
| EDLUAR   | T2        | ST; QL (1 EA per 1 day) |
| eszopiclone                                      | T1        | QL (1 EA per 1 day)     |
| flurazepam hcl                                   | T1        | PA; QL (1 EA per 1 day) |
| modafinil oral                                   | T1        | PA; QL (1 EA per 1 day) |

| Drug Name                            | Drug Tier | Notes                           |
|--------------------------------------|-----------|---------------------------------|
| <i>ramelteon</i>                     | T1        | QL (1 EA per 1 day)             |
| ROZEREM                              | T2        | PA; QL (1 EA per 1 day)         |
| SILENOR                              | T2        | PA; QL (1 EA per 1 day)         |
| SODIUM OXYBATE                       | T2        | PA; QL (18 ML per 1 day)        |
| SUNOSI                               | T2        | PA; QL (1 EA per 1 day)         |
| <i>tasimelteon</i>                   | T2        | PA; SP-ORx; QL (1 EA per 1 day) |
| <i>temazepam</i>                     | T1        | QL (1 EA per 1 day)             |
| WAKIX                                | T2        | PA; QL (2 EA per 1 day)         |
| XYWAV                                | T2        | PA; QL (18 ML per 1 day)        |
| <i>zaleplon oral capsule 10 mg</i>   | T1        | QL (2 EA per 1 day)             |
| <i>zaleplon oral capsule 5 mg</i>    | T1        | QL (1 EA per 1 day)             |
| <i>zolpidem tartrate er</i>          | T1        | QL (1 EA per 1 day)             |
| <i>zolpidem tartrate oral tablet</i> | T1        | QL (1 EA per 1 day)             |
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| cefoxitin sodium               | 15     | CHOSEN LANCING DEVICE       | 79           | CLINDAMYCIN PHOSPHATE IN NACL  | 15     |
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| ceftriaxone sodium             | 15     | ciclopirox                  | 28           | CLINIMIX E/DEXTROSE            |        |
| ceftriaxone sodium in dextrose | 15     | ciclopirox olamine          | 28           | (2.75/5)                       | 86     |
| ceftriaxone sodium-dextrose    | 15     | cidofovir                   | 47           | CLINIMIX E/DEXTROSE            |        |
| cefuroxime axetil              | 15     | cilostazol                  | 44           | (4.25/10)                      | 86     |
| cefuroxime sodium              | 15     | CILOXAN                     | 130          | CLINIMIX E/DEXTROSE            |        |
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| CERDELGA                       | 93     | ciprofloxacin hcl           | 15, 130, 134 | CLINIMIX/DEXTROSE              |        |
| CEREBYX                        | 22     | ciprofloxacin in d5w        | 15           | (4.25/10)                      | 86     |
| CEREZYME                       | 93     | ciprofloxacin-dexamethasone | 134          | CLINIMIX/DEXTROSE (4.25/5)     | 86     |
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| chlordiazepoxide-amitriptyline | 24     | CLEOCIN                     | 15           | clodan                         | 72     |
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| chlorhexidine gluconate        | 70     | CLEOCIN-T                   | 71           | CLOMID                         | 98     |
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| <i>clorazepate dipotassium</i>     | 51     | COSENTYX SENSOREADY<br>(300 MG) | 110          | <i>cyclosporine modified</i>         | 110    |
| <i>clotrimazole</i>                | 28, 29 | COSENTYX SENSOREADY             |              | CYKLOKAPRON                          | 53     |
| <i>clotrimazole-betamethasone</i>  | 29     | PEN                             | 110          | <i>cyproheptadine hcl</i>            | 135    |
| <i>clozapine</i>                   | 45     | COSENTYX UNOREADY               | 110          | CYRAMZA                              | 34     |
| CLOZARIL                           | 45     | COTELIC                         | 34           | <i>cyred eq</i>                      | 102    |
| CNJ-016                            | 110    | CREAM BASE WITH                 |              | CYSTADANE                            | 93     |
| COAGADEX                           | 53     | LIPOSOME                        | 120          | CYSTADROPS                           | 133    |
| <i>coal tar</i>                    | 72     | CREON                           | 93           | CYSTAGON                             | 93     |
| COARTEM                            | 42     | CRESEMBA                        | 29           | CYSTARAN                             | 133    |
| COCAINE HCL                        | 10     | CREXONT                         | 44           | <i>cytarabine</i>                    | 34     |
| <i>codeine sulfate</i>             | 3      | CRINONE                         | 102          | <i>cytarabine (pf)</i>               | 34     |
| COLAZAL                            | 115    | <i>cromolyn sodium</i>          | 91, 130, 136 | CYTOTEC                              | 90     |
| <i>colchicine</i>                  | 30     | CROTAN                          | 42           | CYTOTINE                             | 121    |
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| <i>colesevelam hcl</i>             | 56     | CRYSVITA                        | 93           | <i>dacarbazine</i>                   | 34     |
| <i>colestipol hcl</i>              | 56     | <i>cupric chloride</i>          | 86           | <i>dactinomycin</i>                  | 34     |
| <i>colistimethate sodium (cba)</i> | 16     | CURITY AMD                      |              | <i>dalfampridine er</i>              | 67     |
| COLLODION FLEXIBLE                 | 120    | ANTIMICROBIAL SPNGE             | 120          | DALIRESP                             | 136    |
| COLUMVI                            | 34     | CURITY AMD                      |              | DALVANCE                             | 16     |
| COLY-MYCIN M                       | 16     | ANTIMICROBIAL STRIP             | 120          | <i>danazol</i>                       | 98     |
| COMBIPATCH                         | 102    | CURITY HYPERTONIC NACL          |              | DANTRIUM                             | 140    |
| COMBIVENT RESPIMAT                 | 136    | STRIP                           | 72           | <i>dantrolene sodium</i>             | 140    |
| COMBOGESIC                         | 8      | CURITY IODOFORM                 |              | DANYELZA                             | 34     |
| COMETRIQ                           | 34     | PACKING STRIP                   | 120          | <i>dapsone</i>                       | 32, 72 |
| COMFORT EZ PRO PEN                 |        | CURITY NACL DRESSING            |              | <i>daptomycin</i>                    | 16     |
| NEEDLES                            | 120    | 6"X6-3/4"                       | 72           | DAPTOMYCIN-SODIUM                    |        |
| COMFORT TOUCH TWIST                |        | CURITY WOUND CLOSURE            |              | CHLORIDE                             | 16     |
| LANCET 30G                         | 79     | 1/2"X4"                         | 120          | DARAPRIM                             | 42     |
| COMPACT SPACE                      |        | CURITY WOUND CLOSURE            |              | <i>darifenacin hydrobromide er</i>   | 95     |
| CHAMBER                            | 120    | 1/4"X1.5"                       | 120          | <i>darunavir</i>                     | 47     |
| COMPACT SPACE                      |        | CURITY WOUND CLOSURE            |              | DARZALEX                             | 34     |
| CHAMBER/LG MASK                    | 120    | 1/4"X3"                         | 121          | <i>dasatinib</i>                     | 34     |
| COMPACT SPACE                      |        | CURITY WOUND CLOSURE            |              | <i>dasetta 1/35 (28)</i>             | 102    |
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| CHAMBER/SM MASK                    | 120    | 1/8"X3"                         | 121          | DAURISMO                             | 34     |
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