



● Standard Formulary

# MedPerform Medium

July, 2024



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# MedPerform Medium Formulary

## What is the Standard Formulary?

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

## Can the Formulary (drug list) change?

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

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

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

➤ **Drug Categories**

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

➤ **Alphabetical Index Listing**

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

➤ **Website or Mobile App**

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

## What are generic drugs?

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

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

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

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

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

## Tier Benefit Design

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

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

## General Exclusions:

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

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

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- > Over the Counter (OTC) medications
- > Anti-Obesity drugs
- > Medical food/nutritional supplements
- > Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- > Disposable Needles & Syringes (Non-Insulin related)
- > Any drug products used for cosmetic purposes
- > Experimental drug products or any drug product used in an experimental manner
- > Repackaged drugs and institutional use drugs (e.g., hospital use)
- > Lifestyle drugs (e.g., sexual dysfunction, infertility)
- > Non self-administered injectable drug products

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

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

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

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

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

## For more information

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

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|   |     |
|---|-----|
| Allergy.....  | 3   |
| Antiemesis/Antivertigo.....                             | 6   |
| Asthma And Copd.....                                    | 8   |
| Autonomic Nervous System Disorders.....                 | 20  |
| Behavioral Health - Antidepressants.....                | 21  |
| Behavioral Health - Other.....                          | 25  |
| Cardiovascular Disease - Arrhythmia.....                | 37  |
| Cardiovascular Disease - Cardiac Stimulant.....         | 38  |
| Cardiovascular Disease - Hypertension.....              | 38  |
| Cardiovascular Disease - Lipid Irregularity.....        | 49  |
| Cardiovascular Disease - Miscellaneous Agents.....      | 55  |
| Cardiovascular Disease - Vasodilation.....              | 56  |
| Contraception/Oxytocics.....                            | 57  |
| Cough And Cold.....                                     | 71  |
| Dermatology - Acne.....                                 | 73  |
| Dermatology - Antiinfective.....                        | 78  |
| Dermatology - Antiinflammatory.....                     | 83  |
| Dermatology - Miscellaneous.....                        | 92  |
| Dermatology - Psoriasis/Eczema.....                     | 100 |
| Diabetes.....   | 102 |
| Ear - General Disorders.....                            | 116 |
| Electrolyte Regulation.....                             | 117 |
| Endocrine Disorder - Fertility.....                     | 119 |
| Endocrine Disorder - Other.....                         | 121 |
| Endocrine Disorder - Thyroid.....                       | 126 |
| Eye - General Disorders.....                            | 127 |
| Eye - Glaucoma.....                                     | 133 |
| Eye - Miscellaneous.....                                | 136 |
| Fluid Replacement.....                                  | 136 |
| Gout And Related Diseases.....                          | 136 |
| Hematological Disorders.....                            | 137 |
| Hormonal Deficiency.....                                | 150 |
| Immunization.....                                       | 154 |
| Immunosuppression/Modulation.....                       | 161 |
| Infectious Disease - Bacterial.....                     | 162 |
| Infectious Disease - Fungal.....                        | 169 |
| Infectious Disease - Miscellaneous.....                 | 170 |
| Infectious Disease - Parasitic.....                     | 172 |
| Infectious Disease - Viral.....                         | 173 |
| Inflammatory Disease.....                               | 181 |
| Local Anesthesia.....                                   | 190 |
| Lower Gastrointestinal Disorders - Bowel Inflammat..... | 191 |
| Lower Gastrointestinal Disorders - Other.....           | 193 |

|   |     |
|---|-----|
| Medical Supplies.....                                   | 197 |
| Miscellaneous Agents.....                               | 211 |
| Neoplastic Disease.....                                 | 213 |
| Neurological Disease - Miscellaneous.....               | 223 |
| Oral/Pharyngeal Disorders.....                          | 227 |
| Other Drugs.....  | 227 |
| Other Respiratory Disorders.....                        | 237 |
| Pain Management - Analgesics.....                       | 239 |
| Parkinsons Disease.....                                 | 250 |
| Seizure Disorder.....                                   | 253 |
| Skeletal Muscle Disorder.....                           | 261 |
| Smoking Cessation.....                                  | 263 |
| Upper Gastrointestinal Disorders - Digestive.....       | 265 |
| Upper Gastrointestinal Disorders - Spastic Disease..... | 266 |
| Upper Gastrointestinal Disorders - Ulcer Disease.....   | 267 |
| Urinary Tract - Functional Disorders.....               | 270 |
| Vaginal Disorders.....                                  | 274 |
| Vitamin And/Or Mineral Deficiency.....                  | 275 |
| Weight Reduction.....                                   | 277 |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Allergy</b>  |        |   |
| <b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>              |        |   |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG            | Tier 3 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day) |
| <b>Allergenic Extracts, Therapeutics</b>                                  |        |   |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU                                       | Tier 2 | PA  |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM                                       | Tier 2 | PA  |
| ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY        | Tier 2 | PA  |
| ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)                          | Tier 3 | PA  |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)                | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)                | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)    | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG                          | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)              | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)              | Tier 2 | PA; SP  |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) | Tier 2 | PA; SP  |

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| Drug   | Status | Notes             |
|--|--------|-------------------|
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)   | Tier 2 | PA; SP            |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)             | Tier 2 | PA; SP            |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | Tier 2 | PA; SP            |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG                  | Tier 2 | PA; SP            |
| PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG             | Tier 2 | PA; SP            |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG                | Tier 2 | PA; SP            |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT                                 | Tier 2 | PA                |
| <b>Antihistamines - 1St Generation</b>                                     |        |                   |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>                         | Tier 1 | Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                              | Tier 1 | Age (Min 2 Years) |
| <i>clemastine oral tablet 2.68 mg</i>                                      | Tier 1 |                   |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i>                                 | Tier 1 |                   |
| <i>cyproheptadine oral tablet 4 mg</i>                                     | Tier 1 |                   |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)                      | Tier 1 |                   |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                            | Tier 1 |                   |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                     | Tier 1 |                   |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>                      | Tier 1 |                   |
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)                   | Tier 1 |                   |

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

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

| Drug  | Status | Notes  |
|---|--------|--|
| SYNDROS ORAL SOLUTION 5 MG/ML   | Tier 3 | ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days) |
| <b>Antiemetic/Antivertigo Agents</b>  |        |  |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG  | Tier 2 | QL (1 EA per 28 days)  |
| ANZEMET ORAL TABLET 50 MG   | Tier 3 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)                    |
| <i>aprepitant oral capsule 125 mg</i>   | Tier 1 | QL (1 EA per 21 days)  |
| <i>aprepitant oral capsule 40 mg</i>  | Tier 1 | QL (1 EA per 28 days)  |
| <i>aprepitant oral capsule 80 mg</i> (Emend)  | Tier 1 | QL (2 EA per 21 days)  |
| <i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)                       | Tier 1 | QL (3 EA per 21 days)  |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)  | Tier 1 |  |
| <i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlc) 10-10 mg</i> (Diclegis) | Tier 1 | QL (120 EA per 30 days)  |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)                       | Tier 2 | QL (3 EA per 21 days)  |
| <i>granisetron hcl oral tablet 1 mg</i>   | Tier 1 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)                   |
| <i>meclizine oral tablet 12.5 mg</i>  | Tier 1 |  |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))                                    | Tier 1 |  |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i>  | Tier 1 | QL (50 ML per 15 days)   |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>   | Tier 1 |  |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>                                     | Tier 1 |  |

| Drug   | Status | Notes   |
|--|--------|---|
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)                        | Tier 1 |   |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro)                                  | Tier 1 |   |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)                 | Tier 1 |   |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)                        | Tier 1 |   |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR  | Tier 3 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days) |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)          | Tier 1 |   |
| <i>trimethobenzamide oral capsule 300 mg</i>   | Tier 1 |   |
| VARUBI ORAL TABLET 90 MG   | Tier 3 | QL (2 EA per 14 days)   |
| <b>Asthma And Copd</b>   |        |   |
| <b>Anticholinergic, Orally Inhaled Short Acting</b>  |        |   |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION                               | Tier 2 | QL (25.8 GM per 30 days)  |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                      | Tier 1 |   |
| <b>Anticholinergics, Orally Inhaled Long Acting</b>  |        |   |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION                     | Tier 2 | QL (4 GM per 30 days)   |
| SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide) | Tier 1 | QL (30 EA per 30 days)  |
| <b>Beta-Adrenergic Agents</b>  |        |   |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i>  | Tier 1 |   |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i>  | Tier 1 |   |

| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>   | Tier 1 |                         |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i>  | Tier 1 |                         |
| <b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>   |        |                         |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil HFA)   | Tier 1 |                         |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 1 |                         |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>                    | Tier 1 |                         |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)   | Tier 1 |                         |
| <b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>  |        |                         |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION   | Tier 2 | QL (4 GM per 30 days)   |
| <b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>   |        |                         |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)   | Tier 1 | QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)  | Tier 1 | QL (120 ML per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE   | Tier 2 | QL (60 EA per 30 days)  |
| <b>Beta-Adrenergic And Anticholinergic Combinations</b>  |        |                         |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION   | Tier 2 | QL (60 EA per 30 days)  |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION  | Tier 2 |                         |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>  | Tier 1 |                         |

| Drug   | Status | Notes                    |
|--|--------|--------------------------|
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION   | Tier 2 | QL (4 GM per 30 days)    |
| <b>Beta-Adrenergic And Glucocorticoid Combinations</b>   |        |                          |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol) | Tier 2 | QL (12 GM per 30 days)   |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION  | Tier 2 | QL (32.1 GM per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)                              | Tier 2 | QL (60 EA per 30 days)   |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE   | Tier 2 | QL (60 EA per 30 days)   |
| BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)                                  | Tier 1 | QL (30.9 GM per 30 days) |
| <i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)                           | Tier 1 | QL (30.9 GM per 30 days) |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)      | Tier 1 | QL (60 EA per 30 days)   |
| WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)             | Tier 1 | QL (60 EA per 30 days)   |
| <b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>  |        |                          |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION  | Tier 2 | QL (10.7 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG   | Tier 2 | QL (60 EA per 30 days)   |

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| Drug   | Status | Notes                    |
|--|--------|--------------------------|
| TRELEGY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 200-62.5-25<br>MCG   | Tier 2 | QL (2 EA per 1 day)      |
| <b>Glucocorticoids, Orally Inhaled</b>   |        |                          |
| ARNUIITY ELLIPTA INHALATION<br>BLISTER WITH DEVICE 100<br>MCG/ACTUATION, 200<br>MCG/ACTUATION, 50<br>MCG/ACTUATION | Tier 2 | QL (30 EA per 30 days)   |
| <i>budesonide inhalation suspension for<br/>nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)                 | Tier 1 | QL (120 ML per 30 days)  |
| <i>budesonide inhalation suspension for<br/>nebulization 1 mg/2 ml</i> (Pulmicort)                                 | Tier 1 | QL (60 ML per 30 days)   |
| <i>fluticasone propionate inhalation blister<br/>with device 100 mcg/actuation, 50<br/>mcg/actuation</i>           | Tier 1 | QL (60 EA per 30 days)   |
| <i>fluticasone propionate inhalation blister<br/>with device 250 mcg/actuation</i>                                 | Tier 1 | QL (120 EA per 30 days)  |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 110 mcg/actuation</i>                                 | Tier 1 | QL (12 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 220 mcg/actuation</i>                                 | Tier 1 | QL (24 GM per 30 days)   |
| <i>fluticasone propionate inhalation hfa<br/>aerosol inhaler 44 mcg/actuation</i>                                  | Tier 1 | QL (21.2 GM per 30 days) |
| <b>Interleukin-4(IL-4) Receptor Alpha<br/>Antagonist, Mab</b>  |        |                          |
| DUPIXENT PEN SUBCUTANEOUS<br>PEN INJECTOR 200 MG/1.14 ML, 300<br>MG/2 ML   | Tier 2 | PA; SP                   |
| DUPIXENT SYRINGE<br>SUBCUTANEOUS SYRINGE 200<br>MG/1.14 ML, 300 MG/2 ML  | Tier 2 | PA; SP                   |
| <b>Interleukin-5(IL-5) Receptor Alpha<br/>Antagonist, Mab</b>  |        |                          |
| FASENRA PEN SUBCUTANEOUS<br>AUTO-INJECTOR 30 MG/ML   | Tier 2 | PA; SP                   |
| FASENRA SUBCUTANEOUS SYRINGE<br>30 MG/ML   | Tier 2 | PA; SP                   |



| Drug   | Status | Notes               |
|--|--------|---------------------|
| <b>Leukotriene Receptor Antagonists</b>                                |        |                     |
| montelukast oral granules in packet 4 mg (Singulair)                   | Tier 1 |                     |
| montelukast oral tablet 10 mg (Singulair)                              | Tier 1 |                     |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)               | Tier 1 |                     |
| zafirlukast oral tablet 10 mg, 20 mg (Accolate)                        | Tier 1 |                     |
| <b>Mast Cell Stabilizers</b>   |        |                     |
| cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)                     | Tier 1 |                     |
| <b>Mast Cell Stabilizers, Orally Inhaled</b>                           |        |                     |
| cromolyn inhalation solution for nebulization 20 mg/2 ml               | Tier 1 |                     |
| <b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>                  |        |                     |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | Tier 2 | PA; SP              |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG                                  | Tier 2 | PA; SP              |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML       | Tier 2 | PA; SP              |
| <b>Monoclonal Antibody - Interleukin-5 Antagonists</b>                 |        |                     |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML                            | Tier 2 | PA; SP              |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG                                  | Tier 2 | PA; SP              |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML                    | Tier 2 | PA; SP              |
| <b>Phosphodiesterase-4 (Pde4) Inhibitors</b>                           |        |                     |
| roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)                    | Tier 1 | QL (1 EA per 1 day) |
| <b>Respiratory Aids, Devices, Equipment</b>                            |        |                     |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)        | Tier 3 |                     |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE                                  | Tier 3 |                     |

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| <b>Drug</b>                           |                               | <b>Status</b> | <b>Notes</b> |
|---------------------------------------|-------------------------------|---------------|--------------|
| AEROCHAMBER MINI SPACER               | (inhalational spacing device) | Tier 3        |              |
| AEROCHAMBER MV SPACER                 | (inhalational spacing device) | Tier 3        |              |
| AEROCHAMBER PLUS FLOW-VU SPACER       | (inhalational spacing device) | Tier 3        |              |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER |                               | Tier 3        |              |
| AEROCHAMBER PLUS Z STAT SPACER        | (inhalational spacing device) | Tier 3        |              |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER | (inhalational spacing device) | Tier 3        |              |
| AEROECLIPSE II NEBULIZER              | (nebulizers)                  | Tier 3        |              |
| AEROECLIPSE XL NEBULIZER              | (nebulizers)                  | Tier 3        |              |
| AEROGEAR ACTION ASTHMA KIT KIT        |                               | Tier 3        |              |
| AERONEB GO NEBULIZER                  | (nebulizers)                  | Tier 3        |              |
| AEROTRACH PLUS SPACER                 | (inhalational spacing device) | Tier 3        |              |
| AEROVENT PLUS SPACER                  | (inhalational spacing device) | Tier 3        |              |
| AIRS DISPOSABLE NEBULIZER             | (nebulizers)                  | Tier 3        |              |
| ALTERA NEBULIZER HANDSET              | (nebulizers)                  | Tier 3        |              |
| ALTERA NEBULIZER SYSTEM               | (nebulizers)                  | Tier 3        |              |
| ASTHMAPACK CHILDREN'S KIT             |                               | Tier 3        |              |
| AURA PORTANEB                         | (nebulizers)                  | Tier 3        |              |

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

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| COMPACT SPACE CHAMBER-MED MASK SPACER                            | Tier 3        |              |
| COMPACT SPACE CHAMBER-SM MASK SPACER                             | Tier 3        |              |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)  | Tier 3        |              |
| DEVILBISS DISPOSABLE NEBULIZER (nebulizers)                      | Tier 3        |              |
| DEVILBISS PULMO-AIDE COMPRESSOR DEVICE                           | Tier 3        |              |
| DEVILBISS PULMOMATE COMPRESSOR DEVICE                            | Tier 3        |              |
| DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor) | Tier 3        |              |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)  | Tier 3        |              |
| EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)    | Tier 3        |              |
| EASIVENT MASK LARGE DEVICE                                       | Tier 3        |              |
| EASIVENT MASK MEDIUM DEVICE                                      | Tier 3        |              |
| EASIVENT MASK SMALL DEVICE                                       | Tier 3        |              |
| EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)  | Tier 3        |              |
| EBASE CONTROLLER DEVICE  | Tier 3        |              |
| FLEXICHAMBER SPACER (inhalational spacing device)                | Tier 3        |              |
| FLEXICHAMBER-LG CHILD MASK DEVICE                                | Tier 3        |              |
| FLEXICHAMBER-SM ADULT MASK DEVICE                                | Tier 3        |              |
| FLEXICHAMBER-SM CHILD MASK DEVICE                                | Tier 3        |              |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor) | Tier 3        |              |
| INNOSPIRE DELUXE DEVICE (nebulizer and compressor)               | Tier 3        |              |
| INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)             | Tier 3        |              |

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| Drug   | Status | Notes |
|--|--------|-------|
| INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)              | Tier 3 |       |
| INNOSPIRE GO NEBULIZER (nebulizers)                              | Tier 3 |       |
| INNOSPIRE MINI DEVICE (nebulizer and compressor)                 | Tier 3 |       |
| LC PLUS (nebulizers)   | Tier 3 |       |
| LC PLUS NEBULIZER-PED MASK (nebulizers)                          | Tier 3 |       |
| LITE TOUCH-MEDIUM MASK DEVICE                                    | Tier 3 |       |
| LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)        | Tier 3 |       |
| LITETOUCH-LARGE MASK DEVICE                                      | Tier 3 |       |
| LITETOUCH-SMALL MASK DEVICE                                      | Tier 3 |       |
| MC 300 NEBULIZER W-MOUTHPIECE (nebulizers)                       | Tier 3 |       |
| MC 300 NEBULIZER-UNVRSL TUBING (nebulizers)                      | Tier 3 |       |
| MICROAIR MESH NEBULIZER (nebulizers)                             | Tier 3 |       |
| MICROCHAMBER SPACER (inhalational spacing device)                | Tier 3 |       |
| MICROSPACER SPACER (inhalational spacing device)                 | Tier 3 |       |
| MINI PLUS NEBULIZER (nebulizers)                                 | Tier 3 |       |
| MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)             | Tier 3 |       |
| <i>nebulizer and compressor device</i> (Clever Choice Nebulizer) | Tier 3 |       |
| OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)        | Tier 3 |       |
| OPTICHAMBER ADULT MASK-LARGE DEVICE                              | Tier 3 |       |
| OPTICHAMBER DIAMOND LG MASK SPACER                               | Tier 3 |       |
| OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)     | Tier 3 |       |
| OPTICHAMBER DIAMOND-MED MSK SPACER                               | Tier 3 |       |
| OPTICHAMBER DIAMOND-SML MASK SPACER                              | Tier 3 |       |
| PARI LC SPRINT NEBULIZER SET (nebulizers)                        | Tier 3 |       |

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| <b>Drug</b>                           |                               | <b>Status</b> | <b>Notes</b> |
|---------------------------------------|-------------------------------|---------------|--------------|
| PARI LC SPRINT SINUS                  | (nebulizers)                  | Tier 3        |              |
| PARI SINUS AEROSOL SYSTEM DEVICE      | (nebulizer and compressor)    | Tier 3        |              |
| PARI TREK S COMBO PACK DEVICE         | (nebulizer and compressor)    | Tier 3        |              |
| PARI TREK S COMPACT COMPRESSOR DEVICE | (nebulizer and compressor)    | Tier 3        |              |
| PEDIATRIC BEAR NEBULIZER DEVICE       | (nebulizer and compressor)    | Tier 3        |              |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE | (nebulizer and compressor)    | Tier 3        |              |
| PEDIATRIC DINOSAUR NEBULIZER DEVICE   | (nebulizer and compressor)    | Tier 3        |              |
| PEDIATRIC DOG NEBULIZER DEVICE        | (nebulizer and compressor)    | Tier 3        |              |
| PEDIATRIC FROG NEBULIZER DEVICE       | (nebulizer and compressor)    | Tier 3        |              |
| PFLEX INSPIRATORY TRAINER DEVICE      |                               | Tier 3        |              |
| POCKET CHAMBER SPACER                 | (inhalational spacing device) | Tier 3        |              |
| PORTABLE NEBULIZER SYSTEM DEVICE      | (nebulizer and compressor)    | Tier 3        |              |
| PRIMEAIRE SPACER                      | (inhalational spacing device) | Tier 3        |              |
| PROCARE COMPRESSOR NEBULIZER DEVICE   | (nebulizer and compressor)    | Tier 3        |              |
| PROCARE PEDIATRIC NEBULIZER DEVICE    | (nebulizer and compressor)    | Tier 3        |              |
| PROCARE SPACER WITH ADULT MASK SPACER |                               | Tier 3        |              |
| PROCARE SPACER WITH CHILD MASK SPACER |                               | Tier 3        |              |
| PROCHAMBER SPACER                     | (inhalational spacing device) | Tier 3        |              |
| PRODIGY MINI-MIST NEBULIZER           | (nebulizers)                  | Tier 3        |              |

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

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| Drug   | Status | Notes  |
|--|--------|--------|
| SUNRISE COMPRESSOR-NEBULIZER DEVICE  | Tier 3 |        |
| THRESHOLD IMT TRAINER DEVICE   | Tier 3 |        |
| THRESHOLD PEP DEVICE DEVICE  | Tier 3 |        |
| TRUNEB NEBULIZER (nebulizers)  | Tier 3 |        |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter)                           | Tier 3 |        |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)             | Tier 3 |        |
| VIXONE NEBULIZER (nebulizers)  | Tier 3 |        |
| VIXONE NEBULIZER-ADULT MASK (nebulizers)                                   | Tier 3 |        |
| VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)                                | Tier 3 |        |
| VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)                | Tier 3 |        |
| VORTEX VHC FROG MASK-CHILD SPACER  | Tier 3 |        |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER                                      | Tier 3 |        |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)           | Tier 3 |        |
| <b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>                      |        |        |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)              | Tier 2 | PA; SP |
| <b>Xanthines</b>   |        |        |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>                | Tier 1 |        |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)                        | Tier 1 |        |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | Tier 2 |        |
| <i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)                 | Tier 1 |        |
| <i>theophylline oral solution 80 mg/15 ml</i>                              | Tier 1 |        |



| Drug  | Status | Notes  |
|---|--------|--|
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>   | Tier 1 |  |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>                   | Tier 1 |  |
| <b>Autonomic Nervous System Disorders</b>   |        |  |
| <b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>                                   |        |  |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | Tier 1 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days) |
| <i>memantine oral solution 2 mg/ml</i>  | Tier 1 | QL (300 ML per 30 days)  |
| <i>memantine oral tablet 10 mg, 5 mg</i>  | Tier 1 | QL (60 EA per 30 days)   |
| <i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)                | Tier 1 | QL (49 EA per 28 days)   |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG                          | Tier 2 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days) |
| <b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>                          |        |  |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG                      | Tier 2 | ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG          | Tier 2 | ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)    |
| <b>Cholinesterase Inhibitors</b>  |        |  |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)                               | Tier 1 |  |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>                                | Tier 1 |  |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>galantamine oral capsule,ext rel. pellets</i><br>24 hr 16 mg, 24 mg, 8 mg                                 | Tier 1        | QL (30 EA per 30 days)  |
| <i>galantamine oral solution 4 mg/ml</i>   | Tier 1        | QL (200 ML per 30 days) |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>   | Tier 1        | QL (60 EA per 30 days)  |
| <i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)   | Tier 1        |                         |
| <i>pyridostigmine bromide oral tablet 30 mg</i>  | Tier 1        |                         |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)   | Tier 1        |                         |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)                        | Tier 1        |                         |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>   | Tier 1        |                         |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch) | Tier 1        | QL (30 EA per 30 days)  |
| <b>Behavioral Health - Antidepressants</b>   |               |                         |
| <b>Alpha-2 Receptor Antagonist Antidepressants</b>   |               |                         |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)  | Tier 1        |                         |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i>   | Tier 1        |                         |
| <i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)                           | Tier 1        |                         |
| <b>Antidepressant - Nmda Receptor Antagonist</b>   |               |                         |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)                                | Tier 3        | PA; SP                  |
| <b>Antidepressant - Postpartum Depression (Ppd)</b>  |               |                         |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG  | Tier 2        | PA                      |
| <b>Maois - Non-Selective &amp; Irreversible</b>  |               |                         |
| MARPLAN ORAL TABLET 10 MG  | Tier 3        |                         |
| <i>phenelzine oral tablet 15 mg</i> (Nardil)   | Tier 1        |                         |
| <i>tranylcypromine oral tablet 10 mg</i> (Parnate)   | Tier 1        |                         |

| Drug  | Status | Notes               |
|---|--------|---------------------|
| <b>Monoamine Oxidase(Mao) Inhibitors</b>  |        |                     |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR                             | Tier 3 | QL (1 EA per 1 day) |
| <b>Ndma Receptor Antagonist And Ndri Comb</b>   |        |                     |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG   | Tier 3 | PA                  |
| <b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>                                       |        |                     |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>  | Tier 1 |                     |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)          | Tier 1 |                     |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 1 |                     |
| <b>Selective Serotonin Reuptake Inhibitor (Ssrís)</b>   |        |                     |
| <i>citalopram oral solution 10 mg/5 ml</i>  | Tier 1 |                     |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)                                      | Tier 1 |                     |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i>   | Tier 1 |                     |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)                            | Tier 1 |                     |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)                                     | Tier 1 |                     |
| <i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>                                    | Tier 1 |                     |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>  | Tier 1 |                     |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>   | Tier 1 |                     |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>                           | Tier 1 | QL (2 EA per 1 day) |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>   | Tier 1 |                     |

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| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)  | Tier 1        |   |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)                              | Tier 1        |   |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)       | Tier 1        |   |
| <i>sertraline oral capsule 150 mg, 200 mg</i>   | Tier 1        | QL (1 EA per 1 day)   |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)  | Tier 1        |   |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)                                       | Tier 1        |   |
| <b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>   |               |   |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                               | Tier 1        |   |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>  | Tier 1        |   |
| <b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>  |               |   |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>                            | Tier 1        | ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | Tier 1        |   |
| <i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)             | Tier 1        |   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| FETZIMA ORAL CAPSULE,EXT REL<br>24HR DOSE PACK 20 MG (2)- 40 MG<br>(26)                   | Tier 2        | ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| FETZIMA ORAL CAPSULE,EXTENDED<br>RELEASE 24 HR 120 MG, 20 MG, 40<br>MG, 80 MG             | Tier 2        | ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day) |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR) | Tier 1        |   |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                       | Tier 1        |   |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>       | Tier 1        |   |
| <b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>                                    |               |   |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)                               | Tier 1        |   |
| <b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>                             |               |   |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG   | Tier 2        | QL (1 EA per 1 day)   |
| <b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>                                 |               |   |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>                     | Tier 1        |   |

| Drug   | Status | Notes                  |
|--|--------|------------------------|
| <b>Tricyclic Antidepressant/Phenothiazine Combinations</b>                                 |        |                        |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>  | Tier 1 |                        |
| <b>Tricyclic Antidepressants &amp; Rel. Non-<br/>Sel. Re-Inhib</b>                         |        |                        |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                | Tier 1 |                        |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                  | Tier 1 |                        |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)                           | Tier 1 |                        |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)                                    | Tier 1 |                        |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                | Tier 1 |                        |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                     | Tier 1 |                        |
| <i>doxepin oral concentrate 10 mg/ml</i>   | Tier 1 |                        |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                      | Tier 1 |                        |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                       | Tier 1 |                        |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)                     | Tier 1 |                        |
| <i>nortriptyline oral solution 10 mg/5 ml</i>  | Tier 1 |                        |
| <i>protriptyline oral tablet 10 mg, 5 mg</i>   | Tier 1 |                        |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>                                      | Tier 1 |                        |
| <b>Behavioral Health - Other</b>   |        |                        |
| <b>Adrenergics, Aromatic, Non-Catecholamine</b>  |        |                        |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)                                | Tier 1 | PA                     |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule) | Tier 1 | QL (60 EA per 30 days) |

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

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| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)      | Tier 1        | QL (1 EA per 1 day)   |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)     | Tier 1        | QL (2 EA per 1 day)   |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | Tier 1        | QL (2 EA per 1 day)   |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML   | Tier 3        | ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG                                     | Tier 3        | ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)     |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)                | Tier 1        | QL (1 EA per 1 day)   |
| <i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)               | Tier 1        | QL (1 EA per 1 day)   |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn)   | Tier 1        | QL (150 EA per 30 days)   |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)                       | Tier 2        | QL (1 EA per 1 day)   |
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine)                      | Tier 2        | QL (1 EA per 1 day)   |



| Drug   | Status | Notes   |
|--|--------|---|
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)                           | Tier 3 | ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| <b>Anti-Alcoholic Preparations</b>   |        |   |
| <i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>                           | Tier 1 |   |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>   | Tier 1 |   |
| <b>Anti-Anxiety - Benzodiazepines</b>  |        |   |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML   | Tier 2 |   |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)                        | Tier 1 |   |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR) | Tier 1 |   |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                | Tier 1 |   |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                              | Tier 1 |   |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                        | Tier 1 |   |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)                                    | Tier 1 |   |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)                             | Tier 1 |   |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>             | Tier 1 |   |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)                                   | Tier 1 |   |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)                                  | Tier 1 |   |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)                           | Tier 1 |   |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)                                 | Tier 1 |   |

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| Drug   | Status | Notes                 |
|--|--------|-----------------------|
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                               | Tier 1 |                       |
| <b>Anti-Anxiety Drugs</b>  |        |                       |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                 | Tier 1 |                       |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                  | Tier 1 |                       |
| <b>Anti-Mania Drugs</b>  |        |                       |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG               | Tier 3 |                       |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                   | Tier 1 |                       |
| <i>lithium carbonate oral tablet 300 mg</i>                                    | Tier 1 |                       |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)        | Tier 1 |                       |
| <i>lithium carbonate oral tablet extended release 450 mg</i>                   | Tier 1 |                       |
| <i>lithium citrate oral solution 8 meq/5 ml</i>                                | Tier 1 |                       |
| <b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>                 |        |                       |
| LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | Tier 3 | PA; SP                |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)                          | Tier 1 | PA; SP                |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML  | Tier 2 | PA; SP                |
| <b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>                    |        |                       |
| <i>pimozide oral tablet 1 mg, 2 mg</i>   | Tier 1 |                       |
| <b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>                      |        |                       |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG                                | Tier 2 | QL (1 EA per 1 day)   |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)                           | Tier 2 | QL (7 EA per 28 days) |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>                           |        |   |
| <i>aripiprazole oral solution 1 mg/ml</i>   | Tier 1 |   |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)          | Tier 1 |   |
| <i>aripiprazole oral tablet, disintegrating 10 mg</i>                               | Tier 1 | QL (3 EA per 1 day)   |
| <i>aripiprazole oral tablet, disintegrating 15 mg</i>                               | Tier 1 | QL (2 EA per 1 day)   |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG                         | Tier 2 | QL (1 EA per 1 day)   |
| REXULTI ORAL TABLETS, DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)            | Tier 2 | QL (1 EA per 1 day)   |
| <b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>                         |        |   |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG                             | Tier 2 | SP  |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                    | Tier 1 |   |
| <b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>                    |        |   |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)            | Tier 1 | QL (2 EA per 1 day)   |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG  | Tier 3 | ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day) |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)                | Tier 1 |   |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | QL (3 EA per 1 day)   |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG                       | Tier 3 | QL (2 EA per 1 day)   |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)                         | Tier 3 | QL (8 EA per 28 days)   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)                                       | Tier 1        | QL (30 EA per 30 days) |
| <i>lurasidone oral tablet 80 mg</i> (Latuda)   | Tier 1        | QL (60 EA per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)                        | Tier 1        |                        |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)                  | Tier 1        |                        |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg</i>   | Tier 1        | QL (1 EA per 1 day)    |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)                                | Tier 1        | QL (1 EA per 1 day)    |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)                                      | Tier 1        | QL (2 EA per 1 day)    |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)                    | Tier 1        |                        |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | Tier 1        |                        |
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal)   | Tier 1        |                        |
| <i>risperidone oral tablet 0.25 mg</i>   | Tier 1        |                        |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)                                | Tier 1        |                        |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                   | Tier 1        |                        |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR                         | Tier 3        | QL (1 EA per 1 day)    |
| SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)                           | Tier 3        |                        |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML   | Tier 3        | QL (18 ML per 1 day)   |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)                                  | Tier 1        |                        |

| Drug   | Status | Notes               |
|--|--------|---------------------|
| <b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>  |        |                     |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>  | Tier 1 |                     |
| <b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>  |        |                     |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>  | Tier 1 |                     |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>                            | Tier 1 |                     |
| <b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>                                       |        |                     |
| <i>molindone oral tablet 10 mg</i>   | Tier 1 | QL (8 EA per 1 day) |
| <i>molindone oral tablet 25 mg</i>   | Tier 1 | QL (9 EA per 1 day) |
| <i>molindone oral tablet 5 mg</i>  | Tier 1 |                     |
| <b>Anti-Psychotics,Phenothiazines</b>  |        |                     |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>                                       | Tier 1 |                     |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>                            | Tier 1 |                     |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>   | Tier 1 |                     |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>  | Tier 1 |                     |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                    | Tier 1 |                     |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>  | Tier 1 |                     |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                      | Tier 1 |                     |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                       | Tier 1 |                     |
| <b>Barbiturates</b>  |        |                     |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>  | Tier 1 |                     |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 |                     |

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

| Drug   | Status | Notes                 |
|--|--------|-----------------------|
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION                                  | Tier 3 | QL (4 EA per 30 days) |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML  | Tier 3 | QL (2 ML per 30 days) |
| <b>Sedative-Hypnotics - Benzodiazepines</b>                                      |        |                       |
| <i>estazolam oral tablet 1 mg, 2 mg</i>  | Tier 1 |                       |
| <i>flurazepam oral capsule 15 mg, 30 mg</i>                                      | Tier 1 |                       |
| <i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>                        | Tier 1 |                       |
| <i>quazepam oral tablet 15 mg</i> (Doral)  | Tier 1 |                       |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)           | Tier 1 |                       |
| <i>triazolam oral tablet 0.125 mg</i>  | Tier 1 |                       |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion)                                   | Tier 1 |                       |
| <b>Sedative-Hypnotics, Non-Barbiturate</b>                                       |        |                       |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG                                   | Tier 2 | QL (1 EA per 1 day)   |
| <i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)                                  | Tier 1 | QL (1 EA per 1 day)   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)                        | Tier 1 | QL (1 EA per 1 day)   |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>   | Tier 1 | QL (1 EA per 1 day)   |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)                                 | Tier 1 | QL (1 EA per 1 day)   |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR) | Tier 1 | QL (1 EA per 1 day)   |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>                                | Tier 1 | QL (1 EA per 1 day)   |
| <b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>                        |        |                       |
| NUPLAZID ORAL CAPSULE 34 MG  | Tier 3 | PA; SP                |
| NUPLAZID ORAL TABLET 10 MG   | Tier 3 | PA; SP                |
| <b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>           |        |                       |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>                      | Tier 1 | QL (1 EA per 1 day)   |
| <i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)   | Tier 1 | QL (1 EA per 1 day)   |

| Drug   | Status | Notes                  |
|--|--------|------------------------|
| <b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>   |        |                        |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>   | Tier 1 |                        |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)                                     | Tier 1 |                        |
| <b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>  |        |                        |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR) | Tier 1 | QL (1 EA per 1 day)    |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)  | Tier 1 | QL (2 EA per 1 day)    |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)                   | Tier 1 | QL (1 EA per 1 day)    |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)   | Tier 1 | QL (2 EA per 1 day)    |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)                                  | Tier 1 | QL (1 EA per 1 day)    |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)  | Tier 1 | QL (2 EA per 1 day)    |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>   | Tier 1 | QL (1 EA per 1 day)    |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)  | Tier 1 |                        |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)  | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i>  | Tier 1 | QL (3 EA per 1 day)    |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)  | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)                                  | Tier 1 | QL (1 EA per 1 day)    |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)  | Tier 1 | QL (2 EA per 1 day)    |



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

| Drug  | Status | Notes   |
|---|--------|---|
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>150 MG                   | Tier 3 | ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL<br>CAPSULE,EXTENDED RELEASE 24HR<br>200 MG                   | Tier 3 | ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years) |
| <b>Cardiovascular Disease - Arrhythmia</b>                                |        |   |
| <b>Antiarrhythmics</b>  |        |   |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)           | Tier 1 |   |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)       | Tier 1 |   |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)        | Tier 1 |   |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>                       | Tier 1 |   |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>                     | Tier 1 |   |
| MULTAQ ORAL TABLET 400 MG   | Tier 2 |   |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG                          | Tier 2 |   |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate) | Tier 2 |   |

| Drug  | Status | Notes |
|---|--------|-------|
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)                                | Tier 1 |       |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>          | Tier 1 |       |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>                                   | Tier 1 |       |
| <i>quinidine gluconate oral tablet extended release 324 mg</i>                          | Tier 1 |       |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                     | Tier 1 |       |
| <b>Cardiovascular Disease - Cardiac Stimulant</b>                                       |        |       |
| <b>Adrenergic Agents, Catecholamines</b>  |        |       |
| <i>epinephrine injection syringe 0.1 mg/ml</i>  | Tier 1 |       |
| <b>Digitalis Glycosides</b>   |        |       |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                     | Tier 1 |       |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                       | Tier 1 |       |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>                                     | Tier 2 |       |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)              | Tier 1 |       |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)                               | Tier 1 | PA    |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)                     | Tier 3 |       |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)                                      | Tier 3 | PA    |
| <b>Cardiovascular Disease - Hypertension</b>  |        |       |
| <b>Ace Inhibitor/Calcium Channel Blocker Combination</b>                                |        |       |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | Tier 1 |       |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>                            | Tier 1 |       |

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| Drug   | Status | Notes               |
|--|--------|---------------------|
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 1 |                     |
| <b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>   |        |                     |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)        | Tier 1 |                     |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>  | Tier 1 |                     |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                  | Tier 1 |                     |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)                                    | Tier 1 |                     |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>   | Tier 1 |                     |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>                                 | Tier 1 |                     |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)          | Tier 1 |                     |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)            | Tier 1 |                     |
| <b>Alpha/Beta-Adrenergic Blocking Agents</b>   |        |                     |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)                                  | Tier 1 |                     |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)      | Tier 1 | QL (1 EA per 1 day) |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>  | Tier 1 |                     |
| <b>Alpha-Adrenergic Blocking Agents</b>  |        |                     |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG  | Tier 3 |                     |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)  | Tier 1 |                     |

| Drug   | Status | Notes  |
|--|--------|--------|
| <i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)   | Tier 1 | PA; SP |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)  | Tier 1 |        |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>  | Tier 1 |        |
| <b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>  |        |        |
| <i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT) | Tier 1 |        |
| <i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)       | Tier 1 |        |
| <b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>  |        |        |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)                                       | Tier 1 |        |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)   | Tier 1 |        |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)  | Tier 1 |        |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)                                       | Tier 1 |        |
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)                                      | Tier 1 |        |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)               | Tier 1 |        |
| <b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>  |        |        |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)   | Tier 1 |        |
| <i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)   | Tier 1 |        |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>   | Tier 1 |        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>   |
|--|---------------|--|
| <b>Antihypertensives, Ace Inhibitors</b>   |               |  |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)                     | Tier 1        |  |
| <i>benazepril oral tablet 5 mg</i>   | Tier 1        |  |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>                       | Tier 1        |  |
| <i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)                          | Tier 1        | ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)   |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)        | Tier 1        |  |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>                                | Tier 1        |  |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | Tier 1        |  |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i>                                       | Tier 1        |  |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>                         | Tier 1        |  |
| QBRELIS ORAL SOLUTION 1 MG/ML  | Tier 3        | ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)                | Tier 1        |  |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)               | Tier 1        |  |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                 | Tier 1        |  |
| <b>Antihypertensives, Angiotensin Receptor Antagonist</b>                        |               |  |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)                | Tier 1        |  |
| <i>eprosartan oral tablet 600 mg</i>   | Tier 1        |  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)            | Tier 1        |              |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)               | Tier 1        |              |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)              | Tier 1        |              |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)           | Tier 1        |              |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)      | Tier 1        |              |
| <b>Antihypertensives, Miscellaneous</b>                                 |               |              |
| <i>metyrosine oral capsule 250 mg</i> (Demser)                          | Tier 1        |              |
| <b>Antihypertensives, Sympatholytic</b>                                 |               |              |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                 | Tier 1        |              |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | Tier 1        |              |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | Tier 1        |              |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | Tier 1        |              |
| <i>guanfacine oral tablet 1 mg, 2 mg</i>                                | Tier 1        |              |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                            | Tier 1        |              |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>  | Tier 1        |              |
| <b>Antihypertensives, Vasodilators</b>                                  |               |              |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>              | Tier 1        |              |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                              | Tier 1        |              |
| <b>Beta-Adrenergic Blocking Agents</b>                                  |               |              |
| <i>acebutolol oral capsule 200 mg, 400 mg</i>                           | Tier 1        |              |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)             | Tier 1        |              |
| <i>betaxolol oral tablet 10 mg, 20 mg</i>                               | Tier 1        |              |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                      | Tier 1        |              |

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| Drug  | Status | Notes  |
|---|--------|--|
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML  | Tier 3 | ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG                         | Tier 3 |  |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL) | Tier 1 |  |
| <i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)  | Tier 1 |  |
| <i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>  | Tier 1 |  |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)  | Tier 1 |  |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)                                      | Tier 1 |  |
| <i>pindolol oral tablet 10 mg, 5 mg</i>   | Tier 1 |  |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)       | Tier 1 |  |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>                             | Tier 1 |  |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>  | Tier 1 |  |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)  | Tier 1 |  |
| <i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)   | Tier 1 |  |
| <i>sotalol oral tablet 240 mg</i> (Betapace)  | Tier 1 |  |
| SOTYLIZE ORAL SOLUTION 5 MG/ML  | Tier 3 | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days  |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>   | Tier 1 |  |



| Drug  | Status | Notes |
|---|--------|-------|
| <b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>   |        |       |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)  | Tier 1 |       |
| <i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)  | Tier 1 |       |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                        | Tier 1 |       |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                            | Tier 1 |       |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>  | Tier 1 |       |
| <b>Calcium Channel Blocking Agents</b>  |        |       |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)   | Tier 1 |       |
| CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)                 | Tier 1 |       |
| CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)   | Tier 3 | PA    |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)                   | Tier 1 |       |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>                               | Tier 1 |       |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT) | Tier 1 |       |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)                                | Tier 1 |       |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)          | Tier 1 |       |
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)                                | Tier 1 |       |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)  | Tier 1 |       |
| <i>diltiazem hcl oral tablet 90 mg</i>  | Tier 1 |       |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>diltiazem hcl oral tablet extended release</i> (Cardizem LA)<br>24 hr 120 mg                                  | Tier 1        |              |
| <i>diltiazem hcl oral tablet extended release</i> (Matzim LA)<br>24 hr 180 mg, 240 mg, 300 mg, 360 mg,<br>420 mg | Tier 1        |              |
| DILT-XR ORAL CAPSULE,EXT.REL (diltiazem hcl)<br>24H DEGRADABLE 120 MG, 180 MG,<br>240 MG                         | Tier 1        |              |
| <i>felodipine oral tablet extended release</i><br>24 hr 10 mg, 2.5 mg, 5 mg                                      | Tier 1        |              |
| <i>isradipine oral capsule</i> 2.5 mg, 5 mg  | Tier 1        |              |
| <i>levamlodipine oral tablet</i> 2.5 mg, 5 mg (Conjupri)   | Tier 1        | PA           |
| MATZIM LA ORAL TABLET EXTENDED (diltiazem hcl)<br>RELEASE 24 HR 180 MG, 240 MG, 300<br>MG, 360 MG, 420 MG        | Tier 1        |              |
| <i>nicardipine oral capsule</i> 20 mg, 30 mg   | Tier 1        |              |
| <i>nifedipine oral capsule</i> 10 mg, 20 mg  | Tier 1        |              |
| <i>nifedipine oral tablet extended release</i> (Procardia XL)<br>24hr 30 mg, 60 mg, 90 mg                        | Tier 1        |              |
| <i>nifedipine oral tablet extended release</i><br>30 mg, 60 mg, 90 mg  | Tier 1        |              |
| <i>nimodipine oral capsule</i> 30 mg   | Tier 1        |              |
| <i>nisoldipine oral tablet extended release</i> (Sular)<br>24 hr 17 mg, 34 mg, 8.5 mg                            | Tier 1        |              |
| <i>nisoldipine oral tablet extended release</i><br>24 hr 20 mg, 25.5 mg, 30 mg, 40 mg                            | Tier 1        |              |
| NYMALIZE ORAL SOLUTION 60 MG/10<br>ML  | Tier 3        | PA; SP       |
| NYMALIZE ORAL SYRINGE 30 MG/5<br>ML, 60 MG/10 ML   | Tier 3        | PA; SP       |
| TAZTIA XT ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 180 MG, 240 MG, 300 MG,<br>360 MG    | Tier 1        |              |

| Drug  | Status | Notes |
|---|--------|-------|
| TIADYL ER ORAL (diltiazem hcl)<br>CAPSULE,EXTENDED RELEASE 24<br>HR 120 MG, 180 MG, 240 MG, 300 MG,<br>360 MG, 420 MG | Tier 1 |       |
| verapamil oral capsule, 24 hr er pellet ct (Verelan PM)<br>100 mg, 200 mg, 300 mg                                     | Tier 1 |       |
| verapamil oral capsule,ext rel. pellets 24<br>hr 120 mg, 180 mg, 240 mg, 360 mg                                       | Tier 1 |       |
| verapamil oral tablet 120 mg, 40 mg, 80<br>mg   | Tier 1 |       |
| verapamil oral tablet extended release (Calan SR)<br>120 mg   | Tier 1 |       |
| verapamil oral tablet extended release<br>180 mg, 240 mg  | Tier 1 |       |
| <b>Loop Diuretics</b>   |        |       |
| bumetanide oral tablet 0.5 mg, 1 mg, 2<br>mg  | Tier 1 |       |
| ethacrynic acid oral tablet 25 mg (Edecrin)   | Tier 1 | PA    |
| FUROSCIX SUBCUTANEOUS KIT 80<br>MG/10 ML  | Tier 3 |       |
| furosemide oral solution 10 mg/ml, 40<br>mg/5 ml (8 mg/ml)  | Tier 1 |       |
| furosemide oral tablet 20 mg, 40 mg, 80 (Lasix)<br>mg   | Tier 1 |       |
| toremide oral tablet 10 mg, 100 mg, 5<br>mg   | Tier 1 |       |
| toremide oral tablet 20 mg (Soaanz)   | Tier 1 |       |
| <b>Potassium Sparing Diuretics</b>  |        |       |
| amiloride oral tablet 5 mg  | Tier 1 |       |
| eplerenone oral tablet 25 mg, 50 mg (Inspra)  | Tier 1 |       |
| spironolactone oral tablet 100 mg, 25 (Aldactone)<br>mg, 50 mg  | Tier 1 |       |
| triamterene oral capsule 100 mg, 50 mg (Dyrenium)   | Tier 1 |       |
| <b>Potassium Sparing Diuretics In<br/>Combination</b>   |        |       |
| amiloride-hydrochlorothiazide oral tablet<br>5-50 mg  | Tier 1 |       |

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| Drug   | Status | Notes                        |
|--|--------|------------------------------|
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>                                     | Tier 1 |                              |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>                                  | Tier 1 |                              |
| <i>triamterene-hydrochlorothiazid oral tablet (Maxzide-25mg) 37.5-25 mg</i>                    | Tier 1 |                              |
| <i>triamterene-hydrochlorothiazid oral tablet (Maxzide) 75-50 mg</i>                           | Tier 1 |                              |
| <b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>                                      |        |                              |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG   | Tier 2 | PA; SP                       |
| <b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>                                      |        |                              |
| ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))  | Tier 1 | PA; SP                       |
| LIQREV ORAL SUSPENSION 10 MG/ML  | Tier 3 | PA; SP                       |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)    | Tier 1 | PA                           |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)                              | Tier 1 | PA                           |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)                                 | Tier 1 | PA; SP; QL (1 EA per 5 days) |
| <b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>                                      |        |                              |
| <i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)   | Tier 1 | PA; SP                       |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)   | Tier 1 | PA; SP                       |
| OPSUMIT ORAL TABLET 10 MG  | Tier 2 | PA; SP                       |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG  | Tier 2 | PA; SP                       |
| <b>Pulmonary Antihypertensives, Prostacyclin-Type</b>  |        |                              |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) | Tier 2 | PA; SP                       |

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

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| Drug  | Status | Notes   |
|---|--------|---|
| <b>Renin Inhibitor, Direct</b>                                    |        |   |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)            | Tier 1 |   |
| <b>Thiazide And Related Diuretics</b>                             |        |   |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                    | Tier 1 |   |
| DIURIL ORAL SUSPENSION 250 MG/5 ML                                | Tier 3 |   |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                   | Tier 1 |   |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>      | Tier 1 |   |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                     | Tier 1 |   |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                 | Tier 1 |   |
| <b>Vasodilators, Combination</b>                                  |        |   |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)      | Tier 1 |   |
| <b>Cardiovascular Disease - Lipid Irregularity</b>                |        |   |
| <b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>     |        |   |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | Tier 1 | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | Tier 1 | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | Tier 1 | QL (1 EA per 1 day)   |
| <i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80) | Tier 1 | PA; QL (1 EA per 1 day)   |
| <b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>           |        |   |
| NEXLETOL ORAL TABLET 180 MG                                       | Tier 2 | ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days |

| Drug  | Status | Notes  |
|---|--------|--|
| <b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>          |        |  |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG   | Tier 3 | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)   |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)                    | Tier 3 | PA   |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)            | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)  |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)            | Tier 1 | QL (1 EA per 1 day)  |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Tier 3 | QL (1 EA per 1 day)  |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)       | Tier 3 | PA   |
| FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)                     | Tier 3 | PA   |
| <i>fluvastatin oral capsule 20 mg</i>                             | \$0    | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |

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

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

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

| Drug  | Status | Notes  |
|---|--------|--|
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML                                      | Tier 2 | ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days |
| <b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>                              |        |  |
| NEXLIZET ORAL TABLET 180-10 MG  | Tier 2 | ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days |
| <b>Bile Salt Sequestrants</b>   |        |  |
| <i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)                    | Tier 1 |  |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)          | Tier 1 |  |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)                  | Tier 1 |  |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)        | Tier 1 |  |
| <i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light) | Tier 1 |  |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)                        | Tier 1 |  |
| <i>colesevelam oral tablet 625 mg</i> (WelChol)                                     | Tier 1 |  |
| COLESTID FLAVORED ORAL PACKET 7.5 GRAM  | Tier 3 |  |
| <i>colestipol oral granules 5 gram</i> (Colestid)                                   | Tier 1 |  |
| <i>colestipol oral packet 5 gram</i> (Colestid)                                     | Tier 1 |  |
| <i>colestipol oral tablet 1 gram</i> (Colestid)                                     | Tier 1 |  |
| PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)                             | Tier 1 |  |

| Drug   | Status | Notes   |
|--|--------|---|
| PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)                        | Tier 1 |   |
| <b>Lipotropics</b>   |        |   |
| ezetimibe oral tablet 10 mg (Zetia)  | Tier 1 | QL (1 EA per 1 day)   |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg                                | Tier 1 |   |
| fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)                          | Tier 1 |   |
| fenofibrate oral capsule 150 mg, 50 mg (Lipofen)   | Tier 1 |   |
| fenofibrate oral tablet 120 mg, 40 mg (Fenoglide)  | Tier 1 |   |
| fenofibrate oral tablet 160 mg, 54 mg  | Tier 1 |   |
| fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg (Trilipix) | Tier 1 |   |
| fenofibric acid oral tablet 105 mg, 35 mg (Fibracor)                                     | Tier 1 |   |
| gemfibrozil oral tablet 600 mg (Lopid)   | Tier 1 |   |
| niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg                       | Tier 1 |   |
| NIACOR ORAL TABLET 500 MG (niacin)   | Tier 1 |   |
| omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)                                   | Tier 1 | ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)  | Tier 1 | QL (8 EA per 1 day)   |
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)  | Tier 1 | QL (4 EA per 1 day)   |
| <b>Niacin Preparations</b>   |        |   |
| niacin oral tablet 500 mg (Niacor)   | Tier 1 |   |
| <b>Cardiovascular Disease - Miscellaneous Agents</b>                                     |        |   |
| <b>Adrenergic Vasopressor Agents</b>   |        |   |
| droxidopa oral capsule 100 mg, 200 mg, 300 mg (Northera)                                 | Tier 1 | PA; SP  |
| midodrine oral tablet 10 mg, 2.5 mg, 5 mg  | Tier 1 |   |

| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| <b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>  |        |                         |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG   | Tier 2 | QL (2 EA per 1 day)     |
| <b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>   |        |                         |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>  | Tier 1 | QL (60 EA per 30 days)  |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i>  | Tier 1 | QL (120 EA per 30 days) |
| <b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>  |        |                         |
| CORLANOR ORAL SOLUTION 5 MG/5 ML   | Tier 2 | QL (20 ML per 1 day)    |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG  | Tier 2 | QL (2 EA per 1 day)     |
| <b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>   |        |                         |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | Tier 1 | QL (1 EA per 1 day)     |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>   | Tier 1 | QL (1 EA per 1 day)     |
| <b>Cardiac Myosin Inhibitor</b>  |        |                         |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG  | Tier 3 | PA; SP                  |
| <b>Protein Stabilizers</b>   |        |                         |
| VYNDAMAX ORAL CAPSULE 61 MG  | Tier 3 | PA; SP                  |
| VYNDAQEL ORAL CAPSULE 20 MG  | Tier 3 | PA; SP                  |
| <b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>  |        |                         |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG  | Tier 3 | PA                      |
| <b>Cardiovascular Disease - Vasodilation Vasodilators, Coronary</b>  |        |                         |
| <i>amyl nitrite inhalation solution 0.3 ml</i>   | Tier 1 |                         |

| Drug  | Status | Notes   |
|---|--------|---|
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>   | Tier 1 |   |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)   | Tier 1 |   |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)                                      | Tier 1 |   |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>  | Tier 1 |   |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>                 | Tier 1 |   |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)  | Tier 2 |   |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR  | Tier 2 |   |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)                             | Tier 1 |   |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | Tier 1 |   |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)                     | Tier 1 |   |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)                                   | Tier 3 |   |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)                        | Tier 1 |   |
| <b>Vasodilators, Peripheral</b>   |        |   |
| <i>ergoloid oral tablet 1 mg</i>  | Tier 1 |   |
| <i>papaverine injection solution 30 mg/ml</i>   | Tier 1 |   |
| <b>Contraception/Oxytocics</b>  |        |   |
| <b>Contraceptives, Intravaginal, Systemic</b>   |        |   |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR   | \$0    | ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days) |

| Drug   | Status | Notes  |
|--|--------|--|
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)        | \$0    | QL (1 EA per 28 days)  |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)     | \$0    | QL (1 EA per 28 days)  |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | \$0    | QL (1 EA per 28 days)  |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)       | \$0    | QL (1 EA per 28 days)  |
| <b>Contraceptives,Implantable</b>  |        |  |
| NEXPLANON SUBDERMAL IMPLANT 68 MG  | Tier 3 | \$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS                  |
| <b>Contraceptives,Injectable</b>   |        |  |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML                        | \$0    | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)     | \$0    | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)    |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)        | \$0    | \$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)    |
| <b>Contraceptives,Intravaginal</b>   |        |  |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %                                     | \$0    |  |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %   | \$0    |  |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %  | \$0    |  |
| <b>Contraceptives,Oral</b>   |        |  |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)              | \$0    |  |
| AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)                                   | \$0    |  |
| AFTERA ORAL TABLET 1.5 MG (levonorgestrel)                                       | \$0    |  |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)           | \$0    |  |

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| Drug  |                                  | Status | Notes                  |
|---|----------------------------------|--------|------------------------|
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG                             | (norethindrone-ethin estradiol)  | \$0    |                        |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                  |                                  | \$0    |                        |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0    | QL (91 EA per 84 days) |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28)                              | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| APRI ORAL TABLET 0.15-0.03 MG   | (desogestrel-ethinyl estradiol)  | \$0    |                        |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG                         |                                  | \$0    |                        |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0    | QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG                                    | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| AUBRA ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG                        | (norethindrone ac-eth estradiol) | \$0    |                        |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG                            | (norethindrone ac-eth estradiol) | \$0    |                        |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                 | (norethindrone-e.estradiol-iron) | \$0    |                        |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)      | (norethindrone-e.estradiol-iron) | \$0    |                        |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | \$0    |                        |
| AVIANE ORAL TABLET 0.1-20 MG-MCG                                      | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| AYUNA ORAL TABLET 0.15-0.03 MG  | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                | (desog-e.estradiol/e.estradiol)  | \$0    |                        |

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| Drug  | Status                                  | Notes                  |
|---|---|------------------------|
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG                                  | \$0                                     |                        |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron)<br>\$0 |                        |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)         | (norethindrone-e.estradiol-iron)<br>\$0 |                        |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron)<br>\$0 |                        |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG                                      | \$0                                     |                        |
| CAMILA ORAL TABLET 0.35 MG  | (norethindrone (contraceptive))<br>\$0  |                        |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad)<br>\$0 | QL (91 EA per 84 days) |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)   | (l norgest/e.estradiol-e.estrad)<br>\$0 | QL (91 EA per 84 days) |
| CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG                         | \$0                                     |                        |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)         | (norethindrone-e.estradiol-iron)<br>\$0 |                        |
| CHATEAL (28) ORAL TABLET 0.15-0.03 MG                                   | (levonorgestrel-ethinyl estrad)<br>\$0  |                        |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG                                | (levonorgestrel-ethinyl estrad)<br>\$0  |                        |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG                                | (norgestrel-ethinyl estradiol)<br>\$0   |                        |
| CYRED EQ ORAL TABLET 0.15-0.03 MG                                       | (desogestrel-ethinyl estradiol)<br>\$0  |                        |
| CYRED ORAL TABLET 0.15-0.03 MG  | (desogestrel-ethinyl estradiol)<br>\$0  |                        |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG                               | (norethindrone-ethin estradiol)<br>\$0  |                        |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG                    | \$0                                     |                        |

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| Drug  |                                  | Status | Notes                  |
|---|----------------------------------|--------|------------------------|
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)          | (l norgest/e.estradiol-e.estrad) | \$0    | QL (91 EA per 84 days) |
| DEBLITANE ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | \$0    |                        |
| <i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i> | (Azurette (28))                  | \$0    |                        |
| DOLISHALE ORAL TABLET 90-20 MCG (28)  | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>    | (Beyaz)                          | \$0    |                        |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>    | (Tydemy)                         | \$0    |                        |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>                   | (Jasmiel (28))                   | \$0    |                        |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>                   | (Ocella)                         | \$0    |                        |
| ECONTRA EZ ORAL TABLET 1.5 MG   | (levonorgestrel)                 | \$0    |                        |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG   | (levonorgestrel)                 | \$0    |                        |
| ELINEST ORAL TABLET 0.3-30 MG-MCG   | (norgestrel-ethinyl estradiol)   | \$0    |                        |
| ELLA ORAL TABLET 30 MG  |                                  | \$0    |                        |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                           | (levonorg-eth estrad triphasic)  | \$0    |                        |
| ENSKYCE ORAL TABLET 0.15-0.03 MG  | (desogestrel-ethinyl estradiol)  | \$0    |                        |
| ERRIN ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | \$0    |                        |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG  | (norgestimate-ethinyl estradiol) | \$0    |                        |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>                  | (Kelnor 1/35 (28))               | \$0    |                        |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>                  | (Kelnor 1-50 (28))               | \$0    |                        |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG  | (levonorgestrel-ethinyl estrad)  | \$0    |                        |

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| Drug  | Status | Notes                  |
|---|--------|------------------------|
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)                | \$0    |                        |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                        | \$0    |                        |
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                    | \$0    |                        |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)         | \$0    |                        |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)             | \$0    |                        |
| HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)                                       | \$0    |                        |
| HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))   | \$0    |                        |
| HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)   | \$0    |                        |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)              | \$0    | QL (91 EA per 84 days) |
| INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | \$0    |                        |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)                                       | \$0    |                        |
| JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad) | \$0    | QL (91 EA per 84 days) |
| JASMIEL (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)                                     | \$0    |                        |
| JENCYCLA ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | \$0    |                        |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)              | \$0    | QL (91 EA per 84 days) |
| JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgest-eth.estradiol-iron)                       | \$0    | QL (28 EA per 28 days) |
| JULEBER ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)  | \$0    |                        |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)                            | \$0    |                        |

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| Drug   |                                  | Status | Notes                  |
|--|----------------------------------|--------|------------------------|
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG  | (norethindrone ac-eth estradiol) | \$0    |                        |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)  | (norethindrone-e.estradiol-iron) | \$0    |                        |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)  | (norethindrone-e.estradiol-iron) | \$0    |                        |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)   | (norethindrone-e.estradiol-iron) | \$0    |                        |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)  | (noreth-ethinyl estradiol-iron)  | \$0    |                        |
| KALLIGA ORAL TABLET 0.15-0.03 MG   | (desogestrel-ethinyl estradiol)  | \$0    |                        |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5   | (desog-e.estradiol/e.estradiol)  | \$0    |                        |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG   | (ethynodiol diac-eth estradiol)  | \$0    |                        |
| KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG   | (ethynodiol diac-eth estradiol)  | \$0    |                        |
| KURVELO (28) ORAL TABLET 0.15-0.03 MG  | (levonorgestrel-ethinyl estrad)  | \$0    |                        |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>  | (Camrese Lo)                     | \$0    | QL (91 EA per 84 days) |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa)                        | \$0    |                        |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia)                        | \$0    | QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG  | (norethindrone ac-eth estradiol) | \$0    |                        |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG  | (norethindrone ac-eth estradiol) | \$0    |                        |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)   | (norethindrone-e.estradiol-iron) | \$0    |                        |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)  | (norethindrone-e.estradiol-iron) | \$0    |                        |

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| Drug  | Status                           | Notes |                        |
|---|----------------------------------|-------|------------------------|
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)                               | (norethindrone-e.estradiol-iron) | \$0   |                        |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)                           | (noreth-ethinyl estradiol-iron)  | \$0   |                        |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG  |                                  | \$0   |                        |
| LESSINA ORAL TABLET 0.1-20 MG-MCG   | (levonorgestrel-ethinyl estrad)  | \$0   |                        |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)                                | (levonorg-eth estrad triphasic)  | \$0   |                        |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>          | (Joyeaux)                        | \$0   | QL (28 EA per 28 days) |
| <i>levonorgestrel oral tablet 1.5 mg</i>  | (After Pill)                     | \$0   |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>                          | (Afirmelle)                      | \$0   |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>                           | (Altavera (28))                  | \$0   |                        |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>                         | (Amethyst (28))                  | \$0   |                        |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia)                        | \$0   | QL (91 EA per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>         | (Enpresse)                       | \$0   |                        |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG  | (levonorgestrel-ethinyl estrad)  | \$0   |                        |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)                                  |                                  | \$0   |                        |
| LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)                 | (l norgest/e.estradiol-e.estrad) | \$0   | QL (91 EA per 84 days) |
| LORYNA (28) ORAL TABLET 3-0.02 MG   | (drospirenone-ethinyl estradiol) | \$0   |                        |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG   | (norgestrel-ethinyl estradiol)   | \$0   |                        |

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| Drug   | Status | Notes   |
|--|--------|---|
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)                           | \$0    |   |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)                                | \$0    |   |
| LYLEQ ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | \$0    |   |
| LYZA ORAL TABLET 0.35 MG (norethindrone (contraceptive))   | \$0    |   |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)                               | \$0    |   |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)                      | \$0    |   |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)       | \$0    |   |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)                   | \$0    |   |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)                       | \$0    |   |
| MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)            | \$0    |   |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) | \$0    |   |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)     | \$0    |   |
| MILI ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)                                     | \$0    |   |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)                              | \$0    |   |
| MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)  | \$0    |   |
| MY WAY ORAL TABLET 1.5 MG (levonorgestrel)   | \$0    |   |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG   | \$0    | ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days |

| Drug   | Status | Notes  |
|--|--------|--|
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG  | \$0    |  |
| NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)  | \$0    |  |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)  | \$0    | ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day) |
| NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)  | \$0    |  |
| NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))  | \$0    |  |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)     | \$0    |  |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)    | \$0    |  |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)  | \$0    |  |
| <i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))                   | \$0    |  |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))                       | \$0    |  |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)                  | \$0    |  |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))     | \$0    |  |
| <i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28)) | \$0    |  |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)              | \$0    |  |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe) | \$0    |  |

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| Drug  | Status | Notes |
|---|--------|-------|
| <i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Lo-Estarylla)<br>0.18/0.215/0.25 mg-25 mcg                   | \$0    |       |
| <i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Estarylla)<br>0.18/0.215/0.25 mg-35 mcg (28)                 | \$0    |       |
| <i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla)<br>0.25-35 mg-mcg                                     | \$0    |       |
| NORTREL 0.5/35 (28) ORAL TABLET<br>0.5-35 MG-MCG  | \$0    |       |
| NORTREL 1/35 (21) ORAL TABLET 1-<br>35 MG-MCG (21)  | \$0    |       |
| NORTREL 1/35 (28) ORAL TABLET 1-<br>35 MG-MCG (norethindrone-ethin<br>estradiol)                                    | \$0    |       |
| NORTREL 7/7/7 (28) ORAL TABLET<br>0.5/0.75/1 MG- 35 MCG   | \$0    |       |
| NYLIA 1/35 (28) ORAL TABLET 1-35<br>MG-MCG (norethindrone-ethin<br>estradiol)                                       | \$0    |       |
| NYLIA 7/7/7 (28) ORAL TABLET<br>0.5/0.75/1 MG- 35 MCG   | \$0    |       |
| NYMYO ORAL TABLET 0.25-35 MG-<br>MCG (norgestimate-ethinyl<br>estradiol)  | \$0    |       |
| OCELLA ORAL TABLET 3-0.03 MG<br>(drospirenone-ethinyl<br>estradiol)   | \$0    |       |
| OPCICON ONE-STEP ORAL TABLET<br>1.5 MG (levonorgestrel)   | \$0    |       |
| OPTION-2 ORAL TABLET 1.5 MG<br>(levonorgestrel)   | \$0    |       |
| PHILITH ORAL TABLET 0.4-35 MG-<br>MCG   | \$0    |       |
| PIMTREA (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5 (desog-<br>e.estradiol/e.estradiol)                        | \$0    |       |
| PORTIA 28 ORAL TABLET 0.15-0.03<br>MG (levonorgestrel-ethinyl<br>estradiol)   | \$0    |       |
| RECLIPSEN (28) ORAL TABLET 0.15-<br>0.03 MG (desogestrel-ethinyl<br>estradiol)                                      | \$0    |       |
| RIVELSA ORAL TABLETS,DOSE<br>PACK,3 MONTH 0.15 MG-20 MCG/ 0.15<br>MG-25 MCG (l norgest/e.estradiol-<br>e.estradiol) | \$0    |       |



| Drug   |                                  | Status | Notes   |
|--|----------------------------------|--------|---|
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)            | (levonorgestrel-ethinyl estrad)  | \$0    | QL (91 EA per 84 days)  |
| SHAROBEL ORAL TABLET 0.35 MG   | (norethindrone (contraceptive))  | \$0    |   |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5                  | (desog-e.estradiol/e.estradiol)  | \$0    |   |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0    | QL (91 EA per 84 days)  |
| SLYND ORAL TABLET 4 MG (28)  |                                  | \$0    | ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days) |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG                               | (norgestimate-ethinyl estradiol) | \$0    |   |
| SRONYX ORAL TABLET 0.1-20 MG-MCG                                       | (levonorgestrel-ethinyl estrad)  | \$0    |   |
| SYEDA ORAL TABLET 3-0.03 MG  | (drospirenone-ethinyl estradiol) | \$0    |   |
| TAKE ACTION ORAL TABLET 1.5 MG   | (levonorgestrel)                 | \$0    |   |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)                    | (norethindrone-e.estradiol-iron) | \$0    |   |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)             | (norethindrone-e.estradiol-iron) | \$0    |   |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)          | (norethindrone-e.estradiol-iron) | \$0    |   |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)                    | (norethindrone-e.estradiol-iron) | \$0    |   |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)               | (norgestimate-ethinyl estradiol) | \$0    |   |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)               | (norethindrone-e.estradiol-iron) | \$0    |   |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)                  | (norgestimate-ethinyl estradiol) | \$0    |   |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG                 | (norgestimate-ethinyl estradiol) | \$0    |   |

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| Drug   | Status | Notes |
|--|--------|-------|
| TRI-LO-MARZIA ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG<br>(norgestimate-ethinyl<br>estradiol)          | \$0    |       |
| TRI-LO-MILI ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG<br>(norgestimate-ethinyl<br>estradiol)            | \$0    |       |
| TRI-LO-SPRINTEC ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG<br>(norgestimate-ethinyl<br>estradiol)        | \$0    |       |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25<br>MG-35 MCG (28)<br>(norgestimate-ethinyl<br>estradiol)          | \$0    |       |
| TRI-NYMYO ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)<br>(norgestimate-ethinyl<br>estradiol)         | \$0    |       |
| TRI-SPRINTEC (28) ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)<br>(norgestimate-ethinyl<br>estradiol) | \$0    |       |
| TRIVORA (28) ORAL TABLET 50-30<br>(6)/75-40 (5)/125-30(10)<br>(levonorg-eth estrad<br>triphasic)       | \$0    |       |
| TRI-VYLIBRA LO ORAL TABLET<br>0.18/0.215/0.25 MG-25 MCG<br>(norgestimate-ethinyl<br>estradiol)         | \$0    |       |
| TRI-VYLIBRA ORAL TABLET<br>0.18/0.215/0.25 MG-35 MCG (28)<br>(norgestimate-ethinyl<br>estradiol)       | \$0    |       |
| TULANA ORAL TABLET 0.35 MG<br>(norethindrone<br>(contraceptive))                                       | \$0    |       |
| TURQOZ (28) ORAL TABLET 0.3-30<br>MG-MCG<br>(norgestrel-ethinyl<br>estradiol)                          | \$0    |       |
| TYBLUME ORAL TABLET,CHEWABLE<br>0.1 MG- 20 MCG   | \$0    |       |
| TYDEMY ORAL TABLET 3-0.03-0.451<br>MG (21) (7)<br>(drospirenone-e.estradiol-<br>lm.fa)                 | \$0    |       |
| VELIVET TRIPHASIC REGIMEN (28)<br>ORAL TABLET 0.1/.125/.15-25 MG-<br>MCG                               | \$0    |       |
| VESTURA (28) ORAL TABLET 3-0.02<br>MG<br>(drospirenone-ethinyl<br>estradiol)                           | \$0    |       |
| VIENVA ORAL TABLET 0.1-20 MG-<br>MCG<br>(levonorgestrel-ethinyl<br>estrad)                             | \$0    |       |
| VIORELE (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5<br>(desog-<br>e.estradiol/e.estradiol)        | \$0    |       |
| VOLNEA (28) ORAL TABLET 0.15-0.02<br>MGX21 /0.01 MG X 5<br>(desog-<br>e.estradiol/e.estradiol)         | \$0    |       |

| Drug  | Status                                  | Notes                 |
|---|---|-----------------------|
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG  | \$0                                     |                       |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG  | (norgestimate-ethinyl estradiol)<br>\$0 |                       |
| WERA (28) ORAL TABLET 0.5-35 MG-MCG   | \$0                                     |                       |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)                    | (noreth-ethinyl estradiol-iron)<br>\$0  |                       |
| ZARAH ORAL TABLET 3-0.03 MG   | (drospirenone-ethinyl estradiol)<br>\$0 |                       |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG   | (ethynodiol diac-eth estradiol)<br>\$0  |                       |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG  | (drospirenone-ethinyl estradiol)<br>\$0 |                       |
| <b>Contraceptives,Transdermal</b>   |   |                       |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | (Xulane)<br>\$0                         | QL (3 EA per 28 days) |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR                                | Tier 3                                  | QL (3 EA per 28 days) |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol)<br>\$0 | QL (3 EA per 28 days) |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR                                | (norelgestromin-ethin.estradiol)<br>\$0 | QL (3 EA per 28 days) |
| <b>Diaphragms/Cervical Cap</b>  |   |                       |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM                                       | \$0                                     |                       |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM                                       | \$0                                     |                       |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM                                      | \$0                                     |                       |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM                                  | \$0                                     |                       |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM                                  | \$0                                     |                       |

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| Drug   | Status | Notes                  |
|--|--------|------------------------|
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM                         | \$0    |                        |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM                         | \$0    |                        |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM                         | \$0    |                        |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM                         | \$0    |                        |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM                         | \$0    |                        |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM                         | \$0    |                        |
| <b>Oxytocics</b>   |        |                        |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG                        | Tier 3 |                        |
| <i>methylergonovine oral tablet 0.2 mg</i>                             | Tier 1 | QL (28 EA per 30 days) |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G  | Tier 3 |                        |
| <b>Cough And Cold</b>  |        |                        |
| <b>1St Gen Antihistamine &amp; Decongestant Combinations</b>           |        |                        |
| PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine) | Tier 1 |                        |
| <b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>                 |        |                        |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG               | Tier 1 |                        |
| <b>Antitussives, Non-Narcotic</b>                                      |        |                        |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>                 | Tier 1 |                        |
| <b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>              |        |                        |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML                                 | Tier 3 | Age (Min 12 Years)     |
| MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML                                | Tier 1 | Age (Min 12 Years)     |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML                               | Tier 3 | Age (Min 12 Years)     |

| Drug   | Status                                     | Notes  |
|--|--|--|
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML   | Tier 3                                     | Age (Min 12 Years)   |
| PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML                                 | (promethazine-phenyleph-codeine)<br>Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years)   |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML   | Tier 1                                     | Age (Min 12 Years)   |
| <b>Narcotic Antituss-Decongestant-Expectorant Comb</b>                               |  |  |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML   | Tier 3                                     | Age (Min 12 Years)   |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML   | Tier 1                                     | Age (Min 12 Years)   |
| <b>Narcotic Antitussive-1St Generation Antihistamine</b>                             |  |  |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | Tier 1                                     | QL (10 ML per 1 day); Age (Min 18 Years)   |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>                               | Tier 1                                     | QL (30 ML per 1 day); Age (Min 18 Years)   |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG                              | Tier 3                                     | ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| <b>Narcotic Antitussive-Anticholinergic Comb.</b>                                    |  |  |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>                              | (Hydromet)<br>Tier 1                       | QL (30 ML per 1 day); Age (Min 18 Years)   |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>                                  | (Hycodan (with homatropine))<br>Tier 1     | QL (6 EA per 1 day); Age (Min 18 Years)  |
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML  | (hydrocodone-homatropine)<br>Tier 1        | QL (30 ML per 1 day); Age (Min 18 Years)   |
| <b>Narcotic Antitussive-Expectorant Combination</b>                                  |  |  |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>                                | (G Tussin AC)<br>Tier 1                    | Age (Min 12 Years)   |

| Drug  | Status | Notes              |
|---|--------|--------------------|
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)              | Tier 1 | Age (Min 12 Years) |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)                | Tier 1 | Age (Min 12 Years) |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)             | Tier 1 | Age (Min 12 Years) |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML                                      | Tier 1 | Age (Min 12 Years) |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)               | Tier 1 | Age (Min 12 Years) |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML                                       | Tier 1 | Age (Min 12 Years) |
| <b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>                   |        |                    |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)        | Tier 1 |                    |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM) | Tier 1 |                    |
| <b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>                     |        |                    |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>                           | Tier 1 |                    |
| <b>Nose Preparations, Vasoconstrictors (Rx)</b>                             |        |                    |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)                   | Tier 1 |                    |
| <b>Dermatology - Acne</b>   |        |                    |
| <b>Acne Agents, Systemic</b>  |        |                    |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)             | Tier 1 |                    |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)                   | Tier 1 |                    |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)             | Tier 1 |                    |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)      | Tier 1 |                    |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)             | Tier 1 |                    |

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| Drug   | Status | Notes |
|--|--------|-------|
| <b>Acne Agents, Topical</b>  |        |       |
| ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)                                     | Tier 3 |       |
| ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)                             | Tier 3 |       |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)                          | Tier 3 |       |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)                   | Tier 1 |       |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)             | Tier 1 |       |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 %   | Tier 3 |       |
| CABTREGO TOPICAL GEL 0.15-3.1-1.2 %  | Tier 3 | PA    |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)                | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>  | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %</i> (Onexton) | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)                 | Tier 1 |       |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>                              | Tier 1 |       |
| <i>dapsone topical gel 5 %</i> (Aczone)  | Tier 1 |       |
| <i>dapsone topical gel with pump 7.5 %</i> (Aczone)  | Tier 1 |       |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)   | Tier 3 |       |
| DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)  | Tier 3 |       |
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)                       | Tier 3 |       |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %   | Tier 3 |       |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 %   | Tier 3 |       |
| DIADIMAXIA TOPICAL CREAM 6-5-2 %   | Tier 3 |       |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)  | Tier 3 |       |

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| Drug   | Status | Notes |
|--|--------|-------|
| DIAOXIA TOPICAL CREAM 6-4 %  | Tier 3 |       |
| DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)                          | Tier 3 |       |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %                                  | Tier 3 |       |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %                                    | Tier 3 |       |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %                                      | Tier 3 |       |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-nolactone-niacin)       | Tier 3 |       |
| DIASOXIA TOPICAL CREAM 8.5-4 %   | Tier 3 |       |
| DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)                       | Tier 3 |       |
| DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)                   | Tier 3 |       |
| DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)          | Tier 3 |       |
| DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)         | Tier 3 |       |
| DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)         | Tier 3 |       |
| IDYYXIATAR TOPICAL GEL 0.025-5 %   | Tier 3 |       |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clindamycin) | Tier 3 |       |
| INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %                                  | Tier 3 |       |
| INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)         | Tier 3 |       |
| NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)   | Tier 1 |       |
| ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %                             | Tier 3 |       |
| ONZDEAXIADMTAR TOPICAL GEL 0.025-5-1-2-2 %                               | Tier 3 |       |
| ONZDEAXIADMTAR TOPICAL GEL 0.05-5-1-2-2 %                                | Tier 3 |       |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clindamycin)   | Tier 3 |       |

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| Drug  | Status | Notes |
|---|--------|-------|
| ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clinda-niac) | Tier 3 |       |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %                                  | Tier 3 |       |
| ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin-niacin)        | Tier 3 |       |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate-niacin)    | Tier 3 |       |
| OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)                | Tier 3 |       |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin-hyaluronate-niacin)   | Tier 3 |       |
| OXIAVARY TOPICAL CREAM 0.1-4 %  | Tier 3 |       |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin-hyaluronate-niacin)      | Tier 3 |       |
| SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)                | Tier 3 |       |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)   | Tier 1 |       |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)    | Tier 3 |       |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spirolact-niacin)       | Tier 3 |       |
| TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)               | Tier 3 |       |
| TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)                 | Tier 3 |       |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin-spirolact-niacin)        | Tier 3 |       |
| VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)                | Tier 3 |       |
| VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)                  | Tier 3 |       |
| <b>Keratolytic-Glucocorticoid Combinations</b>                        |        |       |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %                                | Tier 2 |       |
| <b>Rosacea Agents, Topical</b>  |        |       |
| AVEIDA TOPICAL GEL 1-1 %  | Tier 3 |       |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)       | Tier 3 |       |
| <i>azelaic acid topical gel 15 %</i>                                  | Tier 1 |       |

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

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

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)             | Tier 1        | QL (180 ML per 1 FILL)  |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)             | Tier 1        |   |
| ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)                     | Tier 1        |   |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel)                 | Tier 1        |   |
| <i>erythromycin with ethanol topical solution 2 %</i>                     | Tier 1        | QL (180 ML per 1 FILL)  |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)       | Tier 1        |   |
| <i>gentamicin topical cream 0.1 %</i>                                     | Tier 1        | QL (90 GM per 1 FILL)   |
| <i>gentamicin topical ointment 0.1 %</i>                                  | Tier 1        | QL (90 GM per 1 FILL)   |
| <i>mupirocin calcium topical cream 2 %</i>                                | Tier 1        | QL (90 GM per 1 FILL)   |
| <i>mupirocin topical ointment 2 %</i> (Centany)                           | Tier 1        | QL (90 GM per 1 FILL)   |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)                       | Tier 3        |   |
| XEPI TOPICAL CREAM 1 %  | Tier 3        | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| <b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>                |               |   |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i>                  | Tier 1        |   |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>                 | Tier 1        |   |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)               | Tier 3        |   |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl) | Tier 3        |   |
| PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)                 | Tier 3        |   |
| <b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>                 |               |   |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)             | Tier 3        |   |

| Drug  | Status | Notes                   |
|---|--------|-------------------------|
| <b>Topical Antifungals</b>  |        |                         |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 %                                    | Tier 3 |                         |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan)                         | Tier 1 | QL (180 GM per 1 FILL)  |
| <i>ciclopirox topical gel 0.77 %</i>                                      | Tier 1 |                         |
| <i>ciclopirox topical shampoo 1 %</i>                                     | Tier 1 |                         |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan)                         | Tier 1 | QL (19.8 ML per 1 FILL) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))         | Tier 1 | QL (180 ML per 1 FILL)  |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit) | Tier 1 | QL (19.8 ML per 1 FILL) |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))         | Tier 1 |                         |
| <i>clotrimazole topical solution 1 %</i>                                  | Tier 1 |                         |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin) | Tier 3 |                         |
| <i>econazole topical cream 1 %</i>  | Tier 1 | QL (170 GM per 1 FILL)  |
| ECOZA TOPICAL FOAM 1 %  | Tier 3 |                         |
| EXELDERM TOPICAL CREAM 1 % (sulconazole)                                  | Tier 2 |                         |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole)                               | Tier 2 |                         |
| EXODERM TOPICAL LOTION 25-1 %   | Tier 1 |                         |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)              | Tier 3 |                         |
| HEXIOUNYL TOPICAL LOTION 3-5-20 %   | Tier 3 |                         |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %                                       | Tier 3 |                         |
| IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)                       | Tier 3 |                         |
| <i>ketoconazole topical cream 2 %</i>                                     | Tier 1 | QL (180 GM per 1 FILL)  |
| <i>ketoconazole topical shampoo 2 %</i>                                   | Tier 1 | QL (360 ML per 1 FILL)  |
| KETODAN KIT TOPICAL COMBO PACK 2 %  | Tier 3 |                         |
| KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                      | Tier 1 |                         |

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| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>luliconazole topical cream 1 %</i> (Luzu)                                    | Tier 1        | ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days) |
| MENTAX TOPICAL CREAM 1 % (butenafine)   | Tier 3        |   |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion) | Tier 1        |   |
| <i>naftifine topical cream 1 %</i>  | Tier 1        |   |
| <i>naftifine topical cream 2 %</i>  | Tier 1        | QL (180 GM per 1 FILL)  |
| <i>naftifine topical gel 2 %</i> (Naftin)                                       | Tier 1        |   |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Tier 1        |   |
| <i>nystatin topical cream 100,000 unit/gram</i>                                 | Tier 1        |   |
| <i>nystatin topical ointment 100,000 unit/gram</i>                              | Tier 1        | QL (90 GM per 1 FILL)   |
| <i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)                     | Tier 1        |   |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>                | Tier 1        |   |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>          | Tier 1        | QL (180 GM per 1 FILL)  |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)                              | Tier 1        |   |
| <i>oxiconazole topical cream 1 %</i> (Oxistat)                                  | Tier 1        | QL (180 GM per 1 FILL)  |
| OXISTAT TOPICAL LOTION 1 %  | Tier 3        |   |
| PHEDRAX TOPICAL SHAMPOO 2-2 %   | Tier 3        |   |
| PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)                          | Tier 3        |   |
| <i>sulconazole topical cream 1 %</i> (Exelderm)                                 | Tier 1        |   |
| <i>sulconazole topical solution 1 %</i> (Exelderm)                              | Tier 1        |   |
| <i>tavaborole topical solution with applicator 5 %</i> (Kerydin)                | Tier 1        | PA  |
| <b>Topical Antiparasitics</b>   |               |   |
| <i>malathion topical lotion 0.5 %</i> (Ovide)                                   | Tier 1        |   |

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

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)                                  | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)                                  | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)                             | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)                                 | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>                         | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)                                | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)                          | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)      | Tier 1        |                         |
| <i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>   | Tier 1        |                         |
| <i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>                                      | Tier 1        | QL (1419 ML per 1 FILL) |
| SULFAMYLON TOPICAL CREAM 85 MG/G   | Tier 3        |                         |
| SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)   | Tier 3        |                         |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa) | Tier 3        |                         |
| <b>Dermatology - Antiinflammatory</b>  |               |                         |
| <b>Interleukin-13 (Il-13) Inhibitors, Mab</b>  |               |                         |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML   | Tier 3        | PA; SP                  |
| <b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>  |               |                         |
| EUCRISA TOPICAL OINTMENT 2 %   | Tier 2        |                         |



| Drug   | Status | Notes  |
|--|--------|--|
| <b>Topical Antibiotics/Anti-inflammatory, Steroidal</b>      |        |  |
| NEO-SYNALAR KIT TOPICAL CREAM<br>0.5 % (0.35 % BASE)-0.025 % | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %        | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days |
| <b>Topical Anti-Inflammatory Steroidal</b>                   |        |  |
| ACIOXIA TOPICAL GEL 0.1-0.5 %                                | Tier 3 |  |
| ADVANCED ALLERGY COLLECT KIT<br>TOPICAL KIT 2.5 %            | Tier 1 |  |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)                  | Tier 1 |  |
| ALA-SCALP TOPICAL LOTION 2 %                                 | Tier 1 | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days                              |
| <i>alclometasone topical cream 0.05 %</i>                    | Tier 1 |  |
| <i>alclometasone topical ointment 0.05 %</i>                 | Tier 1 |  |
| <i>betamethasone dipropionate topical cream 0.05 %</i>       | Tier 1 |  |
| <i>betamethasone dipropionate topical lotion 0.05 %</i>      | Tier 1 |  |
| <i>betamethasone dipropionate topical ointment 0.05 %</i>    | Tier 1 |  |
| <i>betamethasone valerate topical cream 0.1 %</i>            | Tier 1 |  |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)    | Tier 1 |  |
| <i>betamethasone valerate topical lotion 0.1 %</i>           | Tier 1 |  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>betamethasone valerate topical ointment 0.1 %</i>                            | Tier 1        |   |
| <i>betamethasone, augmented topical cream 0.05 %</i>                            | Tier 1        |   |
| <i>betamethasone, augmented topical gel 0.05 %</i>                              | Tier 1        |   |
| <i>betamethasone, augmented topical lotion 0.05 %</i>                           | Tier 1        |   |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | Tier 1        |   |
| CAPEX TOPICAL SHAMPOO 0.01 %  | Tier 3        |   |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)                    | Tier 3        |   |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)                        | Tier 3        |   |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)                     | Tier 3        |   |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)                     | Tier 3        |   |
| <i>clobetasol scalp solution 0.05 %</i>   | Tier 1        |   |
| <i>clobetasol topical cream 0.05 %</i>  | Tier 1        |   |
| <i>clobetasol topical foam 0.05 %</i> (Olux)                                    | Tier 1        |   |
| <i>clobetasol topical gel 0.05 %</i>  | Tier 1        |   |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex)                                | Tier 1        |   |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate)                            | Tier 1        |   |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex)                               | Tier 1        |   |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)                     | Tier 1        |   |
| <i>clobetasol-emollient topical cream 0.05 %</i>                                | Tier 1        |   |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)                        | Tier 1        |   |
| <i>clocortolone pivalate topical cream 0.1 %</i>                                | Tier 1        | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days |

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

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

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| Drug  | Status | Notes   |
|---|--------|---|
| <i>flurandrenolide topical cream 0.05 %</i> (Cordran)       | Tier 1 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| <i>flurandrenolide topical lotion 0.05 %</i> (Cordran)      | Tier 1 |   |
| <i>flurandrenolide topical ointment 0.05 %</i> (Cordran)    | Tier 1 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)  |
| <i>fluticasone propionate topical cream 0.05 %</i>          | Tier 1 |   |
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser) | Tier 1 |   |
| <i>fluticasone propionate topical ointment 0.005 %</i>      | Tier 1 |   |
| <i>halcinonide topical cream 0.1 %</i> (Halog)              | Tier 1 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days                            |
| <i>halobetasol propionate topical cream 0.05 %</i>          | Tier 1 |   |
| <i>halobetasol propionate topical ointment 0.05 %</i>       | Tier 1 |   |

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

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

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



| Drug  | Status | Notes  |
|---|--------|--|
| TEXACORT TOPICAL SOLUTION 2.5 %   | Tier 2 | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days        |
| <i>triamcinolone acetonide topical aerosol</i> (Kenalog)<br>0.147 mg/gram | Tier 1 |  |
| <i>triamcinolone acetonide topical cream</i><br>0.025 %                   | Tier 1 |  |
| <i>triamcinolone acetonide topical cream</i> (Triderm)<br>0.1 %           | Tier 1 |  |
| <i>triamcinolone acetonide topical cream</i> (Triderm)<br>0.5 %           | Tier 1 | QL (454 GM per 30 days)  |
| <i>triamcinolone acetonide topical lotion</i><br>0.025 %, 0.1 %           | Tier 1 |  |
| <i>triamcinolone acetonide topical ointment</i><br>0.025 %, 0.1 %, 0.5 %  | Tier 1 |  |
| TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)                     | Tier 1 |  |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)                     | Tier 1 | QL (454 GM per 30 days)  |
| <b>Topical Anti-Inflammatory, Nsaids</b>                                  |        |  |
| <i>diclofenac epolamine transdermal patch</i> (Flector)<br>12 hour 1.3 %  | Tier 1 |  |
| <i>diclofenac sodium topical drops</i> 1.5 %                              | Tier 1 |  |
| <i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))             | Tier 1 |  |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 %                                    | Tier 3 | ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day) |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)               | Tier 3 |  |
| <b>Topical Janus Kinase (Jak) Inhibitors</b>                              |        |  |
| OPZELURA TOPICAL CREAM 1.5 %  | Tier 2 | PA   |
| <b>Dermatology - Miscellaneous</b>  |        |  |
| <b>Antiperspirants</b>  |        |  |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)              | Tier 2 |  |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)                          | Tier 2 |  |

| Drug   | Status | Notes   |
|--|--------|---|
| <b>Antiseborrheic Agents</b>   |        |   |
| OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %           | Tier 2 |   |
| OVACE PLUS TOPICAL CREAM 10 %  | Tier 3 |   |
| OVACE PLUS TOPICAL LOTION 9.8 %  | Tier 3 | ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)                  | Tier 3 |   |
| <i>selenium sulfide topical lotion 2.5 %</i>                             | Tier 1 |   |
| <i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>                    | Tier 1 |   |
| <i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)                | Tier 1 |   |
| <i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash) | Tier 1 |   |
| <i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)    | Tier 1 |   |
| <i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)           | Tier 1 |   |
| TERSI FOAM TOPICAL FOAM 2.25 %   | Tier 3 |   |
| <b>Antiseptics, Miscellaneous</b>  |        |   |
| <i>guaiacol liquid</i>   | Tier 3 |   |
| <b>Emollients</b>  |        |   |
| <i>ammonium lactate topical cream 12 %</i>                               | Tier 1 |   |
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)             | Tier 1 |   |
| ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL                             | Tier 3 |   |
| KERASTAT TOPICAL CREAM   | Tier 3 |   |
| KERASTAT TOPICAL GEL 5 %   | Tier 3 |   |
| MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %              | Tier 1 |   |
| PRESERA TOPICAL FOAM   | Tier 3 |   |
| XCLAIR TOPICAL CREAM   | Tier 3 |   |

| Drug  | Status | Notes  |
|---|--------|--------|
| <b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>                         |        |        |
| LITFULO ORAL CAPSULE 50 MG  | Tier 3 | PA; SP |
| <b>Iodine Antiseptics</b>   |        |        |
| <i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)   | Tier 1 |        |
| <b>Irrigants</b>  |        |        |
| <i>acetic acid irrigation solution 0.25 %</i>                                     | Tier 1 |        |
| <i>lactated ringers irrigation solution</i>                                       | Tier 3 |        |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>          | Tier 1 |        |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L                                   | Tier 3 |        |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L                         | Tier 3 |        |
| <i>ringer's irrigation solution</i>   | Tier 1 |        |
| <i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)                 | Tier 1 |        |
| <i>sorbitol irrigation solution 3 %</i>   | Tier 1 |        |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>              | Tier 1 |        |
| TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML | Tier 3 |        |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %                                      | Tier 3 |        |
| <i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)   | Tier 1 |        |
| <b>Irritants/Counter-Irritants</b>  |        |        |
| <i>cantharidin in acetone topical solution 0.7 %</i>                              | Tier 1 |        |
| <i>methyl salicylate oil</i> (Wintergreen Oil)                                    | Tier 1 |        |
| <i>methyl salicylate topical liquid</i>   | Tier 1 |        |
| QUTENZA TOPICAL KIT 8 %   | Tier 3 | PA     |
| WINTERGREEN OIL OIL (methyl salicylate)   | Tier 1 |        |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %                                     | Tier 3 | PA     |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Keratolytics</b>   |        |   |
| <i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)                           | Tier 1 |   |
| BPO TOPICAL GEL 8 % (benzoyl peroxide)  | Tier 1 |   |
| CEM-UREA TOPICAL GEL 45 % (urea)  | Tier 1 |   |
| HYDRO 35 TOPICAL FOAM 35 % (urea)   | Tier 3 |   |
| KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %                       | Tier 3 |   |
| METDRAY TOPICAL GEL 17-2 %  | Tier 3 |   |
| NENDRUX TOPICAL GEL 40-5 %  | Tier 3 |   |
| PACNEX HP TOPICAL PADS, MEDICATED 7 %   | Tier 3 |   |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 %  | Tier 3 |   |
| PODOCON TOPICAL LIQUID 25 %   | Tier 1 |   |
| <i>podofilox topical gel 0.5 %</i> (Condylox)                                   | Tier 1 | ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day) |
| <i>podofilox topical solution 0.5 %</i>   | Tier 1 | QL (0.5 ML per 1 day)   |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %  | Tier 1 |   |
| PRONAL TOPICAL GEL 10-40 %  | Tier 3 |   |
| <i>salicylic acid topical cream 6 %</i> (Salimez)                               | Tier 1 |   |
| <i>salicylic acid topical cream, extended release 6 %</i>                       | Tier 1 |   |
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)       | Tier 1 |   |
| <i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER) | Tier 1 |   |
| <i>salicylic acid topical foam 6 %</i> (Salvax)                                 | Tier 1 |   |
| <i>salicylic acid topical liquid 26 %</i>                                       | Tier 1 |   |
| <i>salicylic acid topical lotion 6 %</i>  | Tier 1 |   |
| <i>salicylic acid topical lotion, extended release 6 %</i>                      | Tier 1 |   |

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

| Drug  | Status | Notes   |
|---|--------|---|
| RECEDO TOPICAL GEL  | Tier 3 |   |
| VASELINE WHITE PETROLEUM (white petrolatum)<br>TOPICAL OINTMENT IN PACKET | Tier 1 |   |
| WOUNDGELHA MATRIX TOPICAL GEL<br>2.5 %                                    | Tier 3 |   |
| <i>zinc oxide topical ointment 20 %</i>                                   | Tier 1 |   |
| <i>zinc oxide topical paste 25 %</i>                                      | Tier 1 |   |
| <b>Topical Anti-Inflammatory Steroid-<br/>Local Anesthetic</b>            |        |   |
| ANALPRAM-HC TOPICAL LOTION 2.5-<br>1 %                                    | Tier 2 |   |
| EPIFOAM TOPICAL FOAM 1-1 %  | Tier 3 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)         | Tier 1 |   |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)    | Tier 1 |   |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)                  | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %                                   | Tier 2 |   |
| PRAMOSONE TOPICAL OINTMENT 1-1 %  | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)             | Tier 2 |   |
| <b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>             |        |   |
| <i>bexarotene topical gel 1 %</i> (Targretin)                             | Tier 1 | PA; SP  |
| <i>diclofenac sodium topical gel 3 %</i>                                  | Tier 1 | QL (100 GM per 1 FILL)  |

| Drug   | Status | Notes                      |
|--|--------|----------------------------|
| FLUOROPLEX TOPICAL CREAM 1 %   | Tier 3 | PA                         |
| <i>fluorouracil topical cream 0.5 %</i> (Carac)  | Tier 1 | PA                         |
| <i>fluorouracil topical cream 5 %</i> (Efudex)   | Tier 1 |                            |
| <i>fluorouracil topical solution 2 %, 5 %</i>  | Tier 1 |                            |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 %   | Tier 2 | QL (5 EA per 1 FILL)       |
| PANRETIN TOPICAL GEL 0.1 %   | Tier 3 | SP; QL (60 GM per 28 days) |
| TOLAK TOPICAL CREAM 4 %  | Tier 2 |                            |
| VALCHLOR TOPICAL GEL 0.016 %   | Tier 2 | PA; SP                     |
| <b>Topical Local Anesthetics</b>   |        |                            |
| ANACAINE TOPICAL OINTMENT 10 %   | Tier 3 |                            |
| ANASTIA TOPICAL LOTION 2.75 %  | Tier 3 |                            |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %   | Tier 3 |                            |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)                                 | Tier 3 |                            |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY                                       | Tier 3 |                            |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY  | Tier 3 |                            |
| DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)                       | Tier 1 | QL (90 EA per 30 days)     |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 %   | Tier 3 |                            |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 %   | Tier 3 |                            |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 %  | Tier 3 |                            |
| <i>ethyl chloride topical aerosol, spray 100 %</i>   | Tier 1 |                            |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %                                       | Tier 1 |                            |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine) | Tier 1 |                            |

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| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| L.E.T.(LIDO-EPINEPH BIT-TETRA)<br>TOPICAL GEL 4-0.09-0.5 %   | Tier 1 |                         |
| L.E.T.(LIDO-EPINEPH BIT-TETRA)<br>TOPICAL GEL 4-0.18-0.5 %   | Tier 3 |                         |
| <i>lidocaine hcl laryngotracheal solution 4 %</i>  | Tier 1 |                         |
| <i>lidocaine hcl topical cream 3 %</i> (Lidopin)   | Tier 1 |                         |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)   | Tier 1 | QL (90 EA per 30 days)  |
| <i>lidocaine topical ointment 5 %</i>  | Tier 1 | QL (240 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>  | Tier 1 |                         |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))                              | Tier 1 |                         |
| LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)   | Tier 1 | QL (90 EA per 30 days)  |
| LIDOPIN TOPICAL CREAM 3.25 %   | Tier 3 |                         |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %   | Tier 3 |                         |
| NUMBONEX TOPICAL LOTION 2.75 %   | Tier 3 |                         |
| NYNUTEY TOPICAL CREAM 23-7 %   | Tier 3 |                         |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %   | Tier 3 |                         |
| REGENECARE TOPICAL GEL 2 %   | Tier 3 |                         |
| SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY  | Tier 3 |                         |
| TRANZAREL TOPICAL GEL 4 %  | Tier 3 |                         |
| <b>Topical Preparations,Miscellaneous</b>  |        |                         |
| <i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)  | Tier 1 |                         |
| <b>Topical/Mucous Membr./Subcut. Enzymes</b>   |        |                         |
| HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML | Tier 3 |                         |



| Drug  | Status | Notes  |
|---|--------|--------|
| NEXOBRID POWDER COMPONENT<br>TOPICAL POWDER                           | Tier 3 |        |
| NEXOBRID TOPICAL GEL 8.8 %  | Tier 3 |        |
| SANTYL TOPICAL OINTMENT 250<br>UNIT/GRAM                              | Tier 3 | PA     |
| <b>Dermatology - Psoriasis/Eczema</b>                                 |        |        |
| <b>Antipsoriatic Agents, Systemic</b>                                 |        |        |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                   | Tier 1 | SP     |
| BIMZELX AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>160 MG/ML       | Tier 3 | PA; SP |
| BIMZELX SUBCUTANEOUS SYRINGE<br>160 MG/ML                             | Tier 3 | PA; SP |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>         | Tier 1 |        |
| SKYRIZI SUBCUTANEOUS PEN<br>INJECTOR 150 MG/ML                        | Tier 2 | PA; SP |
| SKYRIZI SUBCUTANEOUS SYRINGE<br>150 MG/ML                             | Tier 2 | PA; SP |
| SOTYKTU ORAL TABLET 6 MG  | Tier 3 | PA; SP |
| TALTZ AUTOINJECTOR (2 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML | Tier 2 | PA; SP |
| TALTZ AUTOINJECTOR (3 PACK)<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML | Tier 2 | PA; SP |
| TALTZ AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR 80<br>MG/ML          | Tier 2 | PA; SP |
| TALTZ SYRINGE SUBCUTANEOUS<br>SYRINGE 80 MG/ML                        | Tier 2 | PA; SP |
| TREMFYA SUBCUTANEOUS AUTO-<br>INJECTOR 100 MG/ML                      | Tier 2 | PA; SP |
| TREMFYA SUBCUTANEOUS SYRINGE<br>100 MG/ML                             | Tier 2 | PA; SP |

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| Drug  | Status | Notes  |
|---|--------|--|
| <b>Antipsoriatics Agents</b>  |        |  |
| <i>calcipotriene scalp solution 0.005 %</i>   | Tier 1 |  |
| <i>calcipotriene topical cream 0.005 %</i>  | Tier 1 |  |
| <i>calcipotriene topical ointment 0.005 %</i>   | Tier 1 |  |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)                                    | Tier 1 |  |
| DIOOXIA TOPICAL CREAM 0.005-4 %   | Tier 3 |  |
| DRITHOCREME HP TOPICAL CREAM 1 %  | Tier 2 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac)   | Tier 1 |  |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)                                       | Tier 1 | Age (Max 39 Years)   |
| ZITHRANOL TOPICAL SHAMPOO 1 %   | Tier 3 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <b>II-23 Receptor Antagonist, Monoclonal Antibody</b>                                       |        |  |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | Tier 2 | PA; SP   |
| <b>Topical Agents, Miscellaneous</b>  |        |  |
| L-MESITRAN SOFT TOPICAL GEL 40 %  | Tier 3 |  |
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %                                 | Tier 3 |  |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %                                      | Tier 3 |  |
| OMEZA TOPICAL OINTMENT IN PACKET  | Tier 3 |  |
| <b>Topical Immunosuppressive Agents</b>   |        |  |
| HYFTOR TOPICAL GEL 0.2 %  | Tier 3 | PA; SP   |
| NUJU TOPICAL SOLUTION 0.1 %   | Tier 3 |  |
| NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)                                   | Tier 3 |  |

| Drug   | Status | Notes  |
|--|--------|--|
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %<br>(tacrolimus-hyaluronate-niacin) | Tier 3 |  |
| OXIANUJO TOPICAL OINTMENT 0.1-4 %<br>(tacrolimus-niacinamide)                          | Tier 3 |  |
| <i>pimecrolimus topical cream 1 %</i><br>(Elidel)                                      | Tier 1 |  |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i>                                       | Tier 1 |  |
| <b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>                               |        |  |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>                      | Tier 1 |  |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i><br>(Taclonex)      | Tier 1 |  |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %<br>(clobetasol-calcipotriene)                   | Tier 3 |  |
| ENSTILAR TOPICAL FOAM 0.005-0.064 %  | Tier 3 |  |
| WYNZORA TOPICAL CREAM 0.005-0.064 %  | Tier 3 |  |
| <b>Diabetes</b>  |        |  |
| <b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>                           |        |  |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG   | Tier 2 | QL (2 EA per 1 day)  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                               | Tier 2 | QL (1 EA per 1 day)  |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                     | Tier 2 | QL (2 EA per 1 day)  |
| <b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>                           |        |  |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML                                 | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML               | Tier 2        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 2        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG  | Tier 2        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML                 | Tier 2        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)  | Tier 3        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)  | Tier 3        | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST |
| <b>Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib</b>   |               |  |
| FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)   | Tier 2        | QL (1 EA per 1 day)  |
| JARDIANCE ORAL TABLET 10 MG, 25 MG  | Tier 2        | QL (1 EA per 1 day)  |

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| Drug   | Status | Notes   |
|--|--------|---|
| <b>Antihyperglycemic - Dopamine Receptor Agonists</b>  |        |   |
| CYCLOSET ORAL TABLET 0.8 MG  | Tier 3 | ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days |
| <b>Antihyperglycemic - Incretin Mimetics Combination</b>   |        |   |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 2 | PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST  |
| <b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>  |        |   |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)   | Tier 1 |   |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>   | Tier 1 |   |
| <b>Antihyperglycemic, Amylin Analog-Type</b>   |        |   |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML   | Tier 2 |   |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML  | Tier 2 |   |
| <b>Antihyperglycemic, Dpp-4 Inhibitors</b>   |        |   |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG   | Tier 2 | QL (1 EA per 1 day)   |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG   | Tier 3 | ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)                 |
| <b>Antihyperglycemic, Insulin-Release Stimulant Type</b>   |        |   |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>  | Tier 1 |   |
| <i>glipizide oral tablet 10 mg, 5 mg</i>   | Tier 1 |   |

| Drug  | Status | Notes  |
|---|--------|--|
| glipizide oral tablet 2.5 mg  | Tier 1 | QL (2 EA per 1 day)  |
| glipizide oral tablet extended release (Glucotrol XL)<br>24hr 10 mg, 2.5 mg, 5 mg | Tier 1 |  |
| glyburide micronized oral tablet 1.5 mg, (Glynase)<br>3 mg, 6 mg                  | Tier 1 |  |
| glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg                                       | Tier 1 |  |
| nateglinide oral tablet 120 mg, 60 mg   | Tier 1 |  |
| repaglinide oral tablet 0.5 mg, 1 mg, 2 mg  | Tier 1 |  |
| <b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>                         |        |  |
| pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)                              | Tier 1 |  |
| <b>Antihyperglycemic, SglT-2 &amp; Dpp-4 Inhibitor Comb.</b>                      |        |  |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG   | Tier 2 | QL (1 EA per 1 day)  |
| <b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>                       |        |  |
| metformin oral solution 500 mg/5 ml (Riomet)                                      | Tier 1 |  |
| metformin oral tablet 1,000 mg, 500 mg, 850 mg                                    | Tier 1 |  |
| metformin oral tablet extended release 24 hr 500 mg, 750 mg                       | Tier 1 |  |
| RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML                         | Tier 3 | ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day) |
| <b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>                    |        |  |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML                        | Tier 2 | QL (30 ML per 28 days)   |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)              | Tier 2 | QL (15 ML per 28 days)   |

| Drug   | Status | Notes   |
|--|--------|---|
| <b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>                            |        |   |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                    | Tier 1 |   |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                   | Tier 1 |   |
| <b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>                             |        |   |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)                     | Tier 1 | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>                                   |        |   |
| KORLYM ORAL TABLET 300 MG (mifepristone)   | Tier 2 | PA; SP  |
| <i>mifepristone oral tablet 300 mg</i> (Korlym)  | Tier 1 | PA; SP  |
| <b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>                              |        |   |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG                      | Tier 2 | QL (2 EA per 1 day)   |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                   | Tier 2 | QL (1 EA per 1 day)   |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                  | Tier 2 | QL (2 EA per 1 day)   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin) | Tier 2 | QL (1 EA per 1 day)   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG                          | Tier 2 | QL (1 EA per 1 day)   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                 | Tier 2 | QL (2 EA per 1 day)   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)  | Tier 2 | QL (2 EA per 1 day)   |

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| Drug  | Status | Notes   |
|---|--------|---|
| <b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>                     |        |   |
| <i>pioglitazone-metformin oral tablet 15-500 mg</i>                               | Tier 1 | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <i>pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)</i>                | Tier 1 | ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| <b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>                         |        |   |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG      | Tier 2 | QL (1 EA per 1 day)   |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG | Tier 2 | QL (2 EA per 1 day)   |
| <b>Blood Sugar Diagnostics</b>  |        |   |
| FREESTYLE INSULINX STRIP (blood sugar diagnostic)                                 | Tier 2 | QL (200 EA per 30 days)   |
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)                     | Tier 2 | QL (200 EA per 30 days)   |
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)                              | Tier 2 | QL (200 EA per 30 days)   |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)                     | Tier 2 | QL (200 EA per 30 days)   |
| FREESTYLE TEST STRIP (blood sugar diagnostic)                                     | Tier 2 | QL (200 EA per 30 days)   |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic)                                | Tier 2 | QL (200 EA per 30 days)   |
| <b>Diabetic Supplies</b>  |        |   |
| AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN                              | Tier 3 |   |
| AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN                                    | Tier 3 |   |



| <b>Drug</b>                                       | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| AUTOPEN 2 TO 42 UNITS<br>SUBCUTANEOUS INSULIN PEN | Tier 3        |              |
| AUTOSOFT 30 INFUSION SET                          | Tier 3        |              |
| AUTOSOFT 90 INFUSION SET                          | Tier 3        |              |
| AUTOSOFT XC INFUSION SET 23"<br>INFUSION SET      | Tier 3        |              |
| AUTOSOFT XC INFUSION SET 32"<br>INFUSION SET      | Tier 3        |              |
| AUTOSOFT XC INFUSION SET 43"<br>INFUSION SET      | Tier 3        |              |
| BIGFOOT UNITY KIT                                 | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-ADMELOG<br>DEVICE           | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-APIDRA<br>DEVICE            | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-ASPART<br>DEVICE            | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-BASAGLAR<br>DEVICE          | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-FIASP<br>DEVICE             | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-HUMALOG<br>DEVICE           | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-LANTUS<br>DEVICE            | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-LISPRO<br>DEVICE            | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-LYUMJEV<br>DEVICE           | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-NOVOLOG<br>DEVICE           | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-TOUJEO<br>DEVICE            | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-<br>TOUJEOMX DEVICE         | Tier 3        |              |
| BIGFOOT UNITY PEN CAP-TRESIBA<br>DEVICE           | Tier 3        |              |

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| <b>Drug</b>                           | <b>Status</b> | <b>Notes</b>  |
|---------------------------------------|---------------|---|
| CEQR SIMPLICITY DEVICE 2 UNIT         | Tier 3        | PA  |
| CEQR SIMPLICITY INSERTER              | Tier 3        | PA  |
| DEXCOM G6 RECEIVER                    | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| DEXCOM G6 SENSOR DEVICE               | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)  |
| DEXCOM G6 TRANSMITTER DEVICE          | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)  |
| DEXCOM G7 RECEIVER                    | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| DEXCOM G7 SENSOR DEVICE               | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)  |
| EVERSENSE E3 SMART TRANSMITTER DEVICE | Tier 3        | PA  |
| FREESTYLE LIBRE 14 DAY READER         | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT     | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 2 READER              | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>  |
|--|---------------|---|
| FREESTYLE LIBRE 2 SENSOR KIT                           | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| FREESTYLE LIBRE 3 READER                               | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE                        | Tier 2        | HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)  |
| GLUCOCOM AUTOLINK                                      | Tier 3        |   |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE                       | Tier 3        | PA  |
| GUARDIAN 4 TRANSMITTER DEVICE                          | Tier 3        | PA  |
| GUARDIAN LINK 3 TRANSMITTER DEVICE                     | Tier 3        | PA  |
| GUARDIAN SENSOR 3 DEVICE                               | Tier 3        | PA  |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN      | Tier 3        |   |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN      | Tier 3        |   |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN      | Tier 3        |   |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | Tier 3        |   |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | Tier 3        |   |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | Tier 3        |   |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET            | Tier 3        |   |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET            | Tier 3        |   |
| MINIMED 630G INSULIN PUMP                              | Tier 3        | PA  |
| MINIMED 770G INSULIN PUMP                              | Tier 3        | PA  |

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| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| MINIMED 780G INSULIN PUMP                             | Tier 3        | PA                     |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET           | Tier 3        |                        |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET           | Tier 3        |                        |
| MINIMED QUICK SET 18" INFUSION SET                    | Tier 3        |                        |
| MINIMED QUICK SET 23" INFUSION SET                    | Tier 3        |                        |
| MINIMED QUICK SET 32" INFUSION SET                    | Tier 3        |                        |
| MINIMED QUICK SET 43" INFUSION SET                    | Tier 3        |                        |
| MINIMED SILHOUETTE 18" INFUSION SET                   | Tier 3        |                        |
| MINIMED SILHOUETTE 23" INFUSION SET                   | Tier 3        |                        |
| MINIMED SILHOUETTE 32" INFUSION SET                   | Tier 3        |                        |
| MINIMED SILHOUETTE 43" INFUSION SET                   | Tier 3        |                        |
| MINIMED SURE T 18" INFUSION SET                       | Tier 3        |                        |
| MINIMED SURE T 23" INFUSION SET                       | Tier 3        |                        |
| MINIMED SURE T 32" INFUSION SET                       | Tier 3        |                        |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN                 | Tier 3        |                        |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (1 EA per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE      | Tier 2        |                        |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE   | Tier 2        |                        |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4)                          | Tier 2        | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE      | Tier 2        |                        |

MedPerform Medium Formulary

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| OMNIPOD GO PODS 10 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY<br>SUBCUTANEOUS CARTRIDGE | Tier 2        | QL (10 EA per 30 days) |
| OMNIPOD GO PODS<br>SUBCUTANEOUS CARTRIDGE              | Tier 2        | QL (10 EA per 30 days) |
| T:FLEX SUBCUTANEOUS CARTRIDGE                          | Tier 3        |                        |
| T:SLIM X2 BASAL-IQ INSULIN PMP                         | Tier 3        | PA                     |
| T:SLIM X2 CONTROL-IQ                                   | Tier 3        | PA                     |
| T:SLIM X2 SUBCUTANEOUS<br>CARTRIDGE                    | Tier 3        |                        |
| TEMPO SMART BUTTON DEVICE                              | Tier 3        |                        |
| TEMPO WELCOME KIT KIT                                  | Tier 3        |                        |
| TRUSTEEL INFUSION SET 23"<br>INFUSION SET              | Tier 3        |                        |
| TRUSTEEL INFUSION SET 32"<br>INFUSION SET              | Tier 3        |                        |
| VARISOFT INFUSION SET 23"<br>INFUSION SET              | Tier 3        |                        |
| VARISOFT INFUSION SET 32"<br>INFUSION SET              | Tier 3        |                        |
| VARISOFT INFUSION SET 43"<br>INFUSION SET              | Tier 3        |                        |
| V-GO 20 DEVICE   | Tier 2        |                        |
| V-GO 30 DEVICE   | Tier 2        |                        |
| V-GO 40 DEVICE   | Tier 2        |                        |
| <b>Diabetic Ulcer Preparations, Topical</b>            |               |                        |
| REGANEX TOPICAL GEL 0.01 %                             | Tier 2        |                        |

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| Drug  | Status | Notes                  |
|---|--------|------------------------|
| <b>Hyperglycemics</b>   |        |                        |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)                 | Tier 1 |                        |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl) | Tier 1 | QL (4 EA per 1 FILL)   |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG              | Tier 2 | QL (4 EA per 1 FILL)   |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML         | Tier 2 | QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML           | Tier 2 | QL (0.8 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML         | Tier 2 | QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML           | Tier 2 | QL (0.8 ML per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML             | Tier 2 | QL (0.8 ML per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML             | Tier 2 | QL (0.8 ML per 1 FILL) |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML                               | Tier 2 | QL (0.8 ML per 1 FILL) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML       | Tier 2 | QL (2.4 ML per 1 FILL) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML                  | Tier 2 | QL (2.4 ML per 1 FILL) |

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| Drug  | Status | Notes                  |
|---|--------|------------------------|
| <b>Insulins</b>   |        |                        |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | Tier 3 | PA                     |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)   | Tier 2 | QL (12 ML per 28 days) |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)  | Tier 2 | QL (40 ML per 28 days) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)  | Tier 2 | QL (30 ML per 28 days) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)  | Tier 2 | QL (40 ML per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML  | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)   | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)  | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)   | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML   | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML   | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML  | Tier 2 | QL (40 ML per 28 days) |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>             |
|--|---------------|--------------------------|
| HUMULIN R U-500 (CONC) KWIKPEN<br>SUBCUTANEOUS INSULIN PEN 500<br>UNIT/ML (3 ML)   | Tier 2        | QL (24 ML per 28 days)   |
| <i>insulin lispro protamin-lispro</i><br><i>subcutaneous insulin pen 100 unit/ml</i><br>(75-25) (Humalog Mix 75-25<br>KwikPen) | Tier 1        | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen</i><br><i>100 unit/ml</i> (Admelog SoloStar U-100<br>Insulin)                       | Tier 1        | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous insulin pen,</i><br><i>half-unit 100 unit/ml</i> (Humalog Junior KwikPen<br>U-100)              | Tier 1        | QL (30 ML per 28 days)   |
| <i>insulin lispro subcutaneous solution 100</i><br><i>unit/ml</i> (Admelog U-100 Insulin<br>lispro)                            | Tier 1        | QL (40 ML per 28 days)   |
| LYUMJEV KWIKPEN U-100 INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML   | Tier 2        | QL (30 ML per 28 days)   |
| LYUMJEV KWIKPEN U-200 INSULIN<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)  | Tier 2        | QL (12 ML per 28 days)   |
| LYUMJEV U-100 INSULIN<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML  | Tier 2        | QL (40 ML per 28 days)   |
| SEMGLEE(INSULIN GLARGINE-YFGN)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML (insulin glargine-yfgn)                                 | Tier 2        | QL (40 ML per 28 days)   |
| SEMGLEE(INSULIN GLARG-<br>YFGN)PEN SUBCUTANEOUS INSULIN<br>PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)                      | Tier 2        | QL (30 ML per 28 days)   |
| TOUJEO MAX U-300 SOLOSTAR<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (3 ML) (insulin glargine u-300<br>conc)                   | Tier 2        | QL (18 ML per 28 days)   |
| TOUJEO SOLOSTAR U-300 INSULIN<br>SUBCUTANEOUS INSULIN PEN 300<br>UNIT/ML (1.5 ML) (insulin glargine u-300<br>conc)             | Tier 2        | QL (13.5 ML per 28 days) |
| TRESIBA FLEXTOUCH U-100<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML (3 ML) (insulin degludec)                                   | Tier 2        | QL (30 ML per 28 days)   |



| Drug  | Status | Notes                  |
|---|--------|------------------------|
| TRESIBA FLEXTOUCH U-200 (insulin degludec)<br>SUBCUTANEOUS INSULIN PEN 200<br>UNIT/ML (3 ML)                | Tier 2 | QL (18 ML per 28 days) |
| TRESIBA U-100 INSULIN (insulin degludec)<br>SUBCUTANEOUS SOLUTION 100<br>UNIT/ML                            | Tier 2 | QL (40 ML per 28 days) |
| <b>Ear - General Disorders</b>  |        |                        |
| <b>Ear Preparations Anti-Inflammatory</b>   |        |                        |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil)<br><i>drops 0.01 %</i>                          | Tier 1 |                        |
| <b>Ear Preparations, Misc. Anti-Infectives</b>  |        |                        |
| <i>acetic acid otic (ear) solution 2 %</i>  | Tier 1 |                        |
| CORTANE-B TOPICAL LOTION 1-1-0.1<br>%   | Tier 3 |                        |
| <i>hydrocortisone-acetic acid otic (ear)</i><br><i>drops 1-2 %</i>  | Tier 1 |                        |
| <b>Ear Preparations, Antibiotics</b>  |        |                        |
| <i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal)<br><i>0.2 %</i>                                  | Tier 1 |                        |
| CORTISPORIN-TC OTIC (EAR)<br>DROPS, SUSPENSION 3.3-3-10-0.5<br>MG/ML  | Tier 3 |                        |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>drops, suspension 3.5-10,000-1 mg/ml-</i><br><i>unit/ml-%</i> | Tier 1 |                        |
| <i>neomycin-polymyxin-hc otic (ear)</i><br><i>solution 3.5-10,000-1 mg/ml-unit/ml-%</i>                     | Tier 1 |                        |
| <i>ofloxacin otic (ear) drops 0.3 %</i>   | Tier 1 |                        |
| <b>Otic Preparations, Anti-Inflammatory-<br/>Antibiotics</b>  |        |                        |
| <i>ciprofloxacin-dexamethasone otic (ear)</i><br><i>drops, suspension 0.3-0.1 %</i>                         | Tier 1 |                        |
| <i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel)<br><i>solution 0.3-0.025 % (0.25 ml)</i>              | Tier 1 |                        |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Electrolyte Regulation</b>   |        |   |
| <b>Arginine Vasopressin (Avp) Receptor Antagonists</b>                        |        |   |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca)                                   | Tier 1 | SP; QL (30 EA per 365 days)   |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca)                                   | Tier 1 | SP; QL (60 EA per 365 days)   |
| <b>Bicarbonate Producing/Containing Agents</b>                                |        |   |
| VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION                  | Tier 3 |   |
| <b>Electrolyte Depleters</b>  |        |   |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i>                     | Tier 1 |   |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i>                      | Tier 1 |   |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG                               | Tier 3 | ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day) |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)    | Tier 1 |   |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM                                 | Tier 2 |   |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | Tier 1 |   |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)                       | Tier 1 |   |
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                               | Tier 1 |   |
| <i>sodium polystyrene sulfonate oral powder</i>                               | Tier 1 |   |

| Drug   | Status                         | Notes   |
|--|--------------------------------|---|
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML                   | Tier 1                         |   |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML                     | Tier 3                         |   |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG                                   | Tier 2                         | QL (6 EA per 1 day)   |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM          | Tier 3                         | PA  |
| XPHOZAH ORAL TABLET 20 MG, 30 MG                                       | Tier 3                         | ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day) |
| <b>Potassium Replacement</b>   |                                |   |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ                       | Tier 3                         |   |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ                               | (potassium bicarb-citric acid) | Tier 1  |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ                  | (potassium chloride)           | Tier 1  |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ                  | (potassium chloride)           | Tier 1  |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ                  | (potassium chloride)           | Tier 1  |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> |                                | Tier 1  |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>       |                                | Tier 1  |
| <i>potassium chloride oral packet 20 meq</i>                           | (Klor-Con)                     | Tier 1  |
| <i>potassium chloride oral tablet extended release 10 meq</i>          | (Klor-Con 10)                  | Tier 1  |
| <i>potassium chloride oral tablet extended release 20 meq</i>          | (K-Tab)                        | Tier 1  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>         |
|---|---------------|----------------------|
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)               | Tier 1        |                      |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)       | Tier 1        |                      |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)       | Tier 1        |                      |
| <i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)       | Tier 1        |                      |
| <b>Sodium/Saline Preparations</b>   |               |                      |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))        | Tier 1        |                      |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))        | Tier 1        |                      |
| NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))                   | Tier 1        |                      |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>                          | Tier 1        |                      |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>                    | Tier 1        |                      |
| <i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9) | Tier 1        |                      |
| <i>sodium chloride 0.9 % injection solution</i>   | Tier 1        |                      |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i>                            | Tier 1        |                      |
| <i>sodium chloride 0.9 % intravenous piggyback</i>                                      | Tier 1        |                      |
| <i>sodium chloride injection syringe 0.9 %</i>  | Tier 1        |                      |
| <b>Endocrine Disorder - Fertility</b>   |               |                      |
| <b>Drugs To Treat Impotency</b>   |               |                      |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG                                    | Tier 3        | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG                                     | Tier 3        | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG  | Tier 3        | QL (1 EA per 5 days) |

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| Drug   | Status | Notes   |
|--|--------|---|
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG  | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS   |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)               | Tier 1 |   |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG  | Tier 3 | QL (1 EA per 5 days)  |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)  | Tier 1 | QL (1 EA per 5 days)  |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)   | Tier 1 | QL (1 EA per 5 days)  |
| <i>tadalafil oral tablet 2.5 mg</i>  | Tier 1 | PA  |
| <i>tadalafil oral tablet 5 mg</i> (Cialis)   | Tier 1 | PA  |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG                      | Tier 3 |   |
| <b>Fertility Stimulating Preparations, Non-Fsh</b>   |        |   |
| CLOMID ORAL TABLET 50 MG (clomiphene citrate)  | Tier 3 |   |
| <i>clomiphene citrate oral tablet 50 mg</i> (Clomid)   | Tier 1 |   |
| <b>Follicle Stim./Luteinizing Hormones</b>   |        |   |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT  | Tier 2 | SP  |
| <b>Follicle-Stimulating Hormone (Fsh)</b>  |        |   |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML           | Tier 3 | SP; ST: Requires prior prescription for Gonal-F or Gonal-f RFF within the past 120 days |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | Tier 2 | SP  |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT  | Tier 2 | SP  |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT   | Tier 2 | SP  |

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| Drug  | Status | Notes   |
|---|--------|---|
| <b>Human Chorionic Gonadotropin (Hcg)</b>   |        |   |
| <i>chorionic gonadotropin, human</i> (Pregnyl)<br><i>intramuscular recon soln 10,000 unit</i> | Tier 3 | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)                  | Tier 2 |   |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT   | Tier 2 |   |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML   | Tier 2 |   |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)                  | Tier 3 | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| <b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>                                      |        |   |
| CRINONE VAGINAL GEL 8 %   | Tier 3 | ST: Requires prior prescription for Endometrin within the past 120 days         |
| ENDOMETRIN VAGINAL INSERT 100 MG  | Tier 2 |   |
| <b>Endocrine Disorder - Other</b>   |        |   |
| <b>Adrenal Steroid Inhibitors</b>   |        |   |
| ISTURISA ORAL TABLET 1 MG, 5 MG   | Tier 3 | PA; SP  |
| RECORLEV ORAL TABLET 150 MG   | Tier 3 | PA; SP  |
| <b>Adrenocorticotrophic Hormones</b>  |        |   |
| ACTHAR INJECTION GEL 80 UNIT/ML   | Tier 3 | PA; SP  |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML   | Tier 3 | PA; SP  |
| <b>Antidiuretic And Vasopressor Hormones</b>  |        |   |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)                                       | Tier 1 |   |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>                               | Tier 1 |   |

| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| <i>desmopressin nasal spray, non-aerosol</i><br>10 mcg/spray (0.1 ml), 150 mcg/spray<br>(0.1 ml) | Tier 1 |                         |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)   | Tier 1 |                         |
| NOCDURNA (MEN) SUBLINGUAL<br>TABLET, DISINTEGRATING 55.3 MCG                                     | Tier 3 | QL (1 EA per 1 day)     |
| NOCDURNA (WOMEN) SUBLINGUAL<br>TABLET, DISINTEGRATING 27.7 MCG                                   | Tier 3 | QL (1 EA per 1 day)     |
| NOCTIVA NASAL SPRAY, NON-<br>AEROSOL 0.83 MCG/SPRAY (0.1 ML),<br>1.66 MCG/SPRAY (0.1 ML)         | Tier 3 | QL (3.8 GM per 30 days) |
| <b>Antineoplastic Lhrh(Gnrh)<br/>Agonist, Pituitary Suppr.</b>                                   |        |                         |
| ELIGARD (3 MONTH)<br>SUBCUTANEOUS SYRINGE 22.5 MG  | Tier 2 | PA; SP                  |
| ELIGARD (4 MONTH)<br>SUBCUTANEOUS SYRINGE 30 MG  | Tier 2 | PA; SP                  |
| ELIGARD (6 MONTH)<br>SUBCUTANEOUS SYRINGE 45 MG  | Tier 2 | PA; SP                  |
| ELIGARD SUBCUTANEOUS SYRINGE<br>7.5 MG (1 MONTH)   | Tier 2 | PA; SP                  |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>   | Tier 1 | PA; SP                  |
| <b>Bone Formation Stim. Agents -<br/>Parathyroid Hormone</b>                                     |        |                         |
| <i>teriparatide subcutaneous pen injector</i> (Forteo)<br>20 mcg/dose (600mcg/2.4ml)             | Tier 1 | PA; SP                  |
| <i>teriparatide subcutaneous pen injector</i><br>20 mcg/dose (620mcg/2.48ml)                     | Tier 1 | PA; SP                  |
| <b>Bone Formation Stimulating Agts - Pth<br/>Rel Peptides</b>                                    |        |                         |
| TYMLOS SUBCUTANEOUS PEN<br>INJECTOR 80 MCG (3,120 MCG/1.56<br>ML)                                | Tier 2 | PA; SP                  |
| <b>Bone Resorption Inhibitor &amp; Vitamin D<br/>Combinations</b>                                |        |                         |
| FOSAMAX PLUS D ORAL TABLET 70<br>MG- 2,800 UNIT, 70 MG- 5,600 UNIT                               | Tier 2 |                         |

| Drug  | Status | Notes  |
|---|--------|--|
| <b>Bone Resorption Inhibitors</b>                                       |        |  |
| <i>alendronate oral solution 70 mg/75 ml</i>                            | Tier 1 | QL (75 ML per 7 days)  |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>                       | Tier 1 |  |
| <i>alendronate oral tablet 70 mg</i> (Fosamax)                          | Tier 1 |  |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)   | Tier 1 |  |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>  | Tier 1 |  |
| <i>ibandronate oral tablet 150 mg</i>                                   | Tier 1 |  |
| <i>rалoxifene oral tablet 60 mg</i> (Evista)                            | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)                               |
| <i>risedronate oral tablet 150 mg</i> (Actonel)                         | Tier 1 | ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i>                              | Tier 1 | ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)   |
| <i>risedronate oral tablet 35 mg</i> (Actonel)                          | Tier 1 | ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia) | Tier 1 | ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)  |



| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| <b>Calcimimetic, Parathyroid Calcium Enhancer</b>  |        |                         |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)  | Tier 1 | SP; QL (2 EA per 1 day) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar)   | Tier 1 | SP; QL (4 EA per 1 day) |
| <b>Growth Hormone Receptor Antagonists</b>   |        |                         |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG   | Tier 2 | SP                      |
| <b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>   |        |                         |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG  | Tier 3 | PA; SP                  |
| <b>Growth Hormones</b>   |        |                         |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | Tier 2 | PA; SP                  |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)  | Tier 2 | PA; SP                  |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)  | Tier 2 | PA; SP                  |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)   | Tier 3 | PA; SP                  |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG   | Tier 3 | PA; SP                  |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG  | Tier 3 | PA; SP                  |

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| Drug  | Status | Notes   |
|---|--------|---|
| SKYTROFA SUBCUTANEOUS<br>CARTRIDGE 11 MG, 13.3 MG, 3 MG,<br>3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6<br>MG, 9.1 MG | Tier 2 | PA; SP  |
| <b>Hyperparathyroid Tx Agents - Vitamin D<br/>Analog-Type</b>   |        |   |
| <i>doxercalciferol oral capsule 0.5 mcg, 1<br/>mcg, 2.5 mcg</i>   | Tier 1 |   |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)   | Tier 1 |   |
| <i>paricalcitol oral capsule 4 mcg</i>  | Tier 1 |   |
| RAYALDEE ORAL<br>CAPSULE,EXTENDED RELEASE 24<br>HR 30 MCG   | Tier 2 | QL (2 EA per 1 day)   |
| <b>Insulin-Like Growth Factor-1 (Igf-1)<br/>Hormones</b>  |        |   |
| INCRELEX SUBCUTANEOUS<br>SOLUTION 10 MG/ML  | Tier 3 | PA; SP  |
| <b>Leptin Hormone Analogs</b>   |        |   |
| MYALEPT SUBCUTANEOUS RECON<br>SOLN 5 MG/ML (FINAL CONC.)  | Tier 3 | SP; QL (1 EA per 1 day)   |
| <b>Lhrh (Gnrh) Antagonist,Estrogen And<br/>Progestin Comb</b>   |        |   |
| MYFEMBREE ORAL TABLET 40-1-0.5<br>MG  | Tier 2 | PA  |
| ORIAHNN ORAL CAPSULE,<br>SEQUENTIAL 300-1-0.5MG(AM) /300<br>MG(PM)  | Tier 2 | PA  |
| <b>Lhrh(Gnrh) Agonist Analog Pituitary<br/>Suppressants</b>   |        |   |
| SYNAREL NASAL SPRAY,NON-<br>AEROSOL 2 MG/ML   | Tier 3 | PA; SP  |
| <b>Lhrh(Gnrh) Antagonist,Pituitary<br/>Suppressant Agents</b>   |        |   |
| <i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide)   | Tier 1 | SP  |
| FYREMADEL SUBCUTANEOUS<br>SYRINGE 250 MCG/0.5 ML (ganirelix)  | Tier 1 | SP; ST: Requires prior<br>prescription for Cetorelix<br>Acetate within the past 120<br>days |

| Drug   | Status | Notes   |
|--|--------|---|
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)   | Tier 1 | SP; ST: Requires prior prescription for Cetrorelix Acetate within the past 120 days |
| ORLISSA ORAL TABLET 150 MG, 200 MG   | Tier 2 | PA  |
| <b>Natriuretic Peptides</b>  |        |   |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG  | Tier 3 | PA; SP  |
| <b>Pituitary Suppressive Agents</b>  |        |   |
| <i>cabergoline oral tablet 0.5 mg</i>  | Tier 1 |   |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>  | Tier 1 |   |
| <b>Endocrine Disorder - Thyroid</b>  |        |   |
| <b>Antithyroid Preparations</b>  |        |   |
| <i>methimazole oral tablet 10 mg, 5 mg</i>   | Tier 1 |   |
| <i>propylthiouracil oral tablet 50 mg</i>  | Tier 1 |   |
| <b>Iodine Containing Agents</b>  |        |   |
| LUGOLS ORAL SOLUTION 5 %   | Tier 3 |   |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI)   | Tier 1 |   |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)  | Tier 1 |   |
| STRONG IODINE ORAL SOLUTION 5 %  | Tier 1 |   |
| <b>Thyroid Hormones</b>  |        |   |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG  | Tier 3 |   |
| ERMEZA ORAL SOLUTION 30 MCG/ML   | Tier 1 | PA  |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)                 | Tier 1 | QL (2 EA per 1 day)   |
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint) | Tier 1 | PA  |

| Drug  | Status | Notes  |
|---|--------|--|
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)   | Tier 1 | QL (2 EA per 1 day)  |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T)   | Tier 1 | QL (2 EA per 1 day)  |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)   | Tier 1 |  |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))  | Tier 1 |  |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML  | Tier 3 | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day) |
| <i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)   | Tier 1 |  |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG  | Tier 3 | PA   |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | PA   |
| <b>Eye - General Disorders</b>  |        |  |
| <b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>   |        |  |
| <i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>   | Tier 1 |  |
| <b>Eye Antibiotic-Corticoid Combinations</b>  |        |  |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)   | Tier 1 |  |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)   | Tier 1 |  |

| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| neomycin-polymyxin b-dexameth<br>ophthalmic (eye) ointment 3.5 mg/g-<br>10,000 unit/g-0.1 % (Maxitrol)     | Tier 1 |                         |
| neomycin-polymyxin-hc ophthalmic (eye)<br>drops,suspension 3.5-10,000-10 mg-<br>unit-mg/ml                 | Tier 1 |                         |
| NEO-POLYCIN HC OPHTHALMIC (neomycin-bacitracin-poly-<br>(EYE) OINTMENT 3.5-400-10,000 MG-<br>UNIT/G-1% hc) | Tier 1 |                         |
| TOBRADEX OPHTHALMIC (EYE)<br>OINTMENT 0.3-0.1 %  | Tier 2 |                         |
| tobramycin-dexamethasone ophthalmic<br>(eye) drops,suspension 0.3-0.1 %                                    | Tier 1 |                         |
| <b>Eye Antihistamines</b>  |        |                         |
| azelastine ophthalmic (eye) drops 0.05<br>%  | Tier 1 | QL (12 ML per 30 days)  |
| epinastine ophthalmic (eye) drops 0.05<br>%  | Tier 1 | QL (10 ML per 30 days)  |
| olopatadine ophthalmic (eye) drops 0.1<br>% (Eye Allergy Itch-Redness<br>Rlf)                              | Tier 1 |                         |
| olopatadine ophthalmic (eye) drops 0.2<br>% (Eye Allergy Itch Relief)                                      | Tier 1 | QL (3 ML per 30 days)   |
| <b>Eye Antiinflammatory Agents</b>   |        |                         |
| ACUVAIL (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.45 %  | Tier 3 | QL (60 EA per 15 days)  |
| bromfenac ophthalmic (eye) drops 0.07<br>% (Prolensa)  | Tier 1 | QL (3 ML per 16 days)   |
| bromfenac ophthalmic (eye) drops 0.075<br>% (BromSite)   | Tier 1 | QL (5 ML per 16 days)   |
| bromfenac ophthalmic (eye) drops 0.09<br>%   | Tier 1 | QL (3.4 ML per 16 days) |
| dexamethasone sodium phosphate<br>ophthalmic (eye) drops 0.1 %   | Tier 1 | QL (15 ML per 14 days)  |
| DEXTENZA INTRACANALICULAR<br>INSERT 0.4 MG   | Tier 3 |                         |
| diclofenac sodium ophthalmic (eye)<br>drops 0.1 %  | Tier 1 | QL (10 ML per 14 days)  |

| Drug   | Status | Notes   |
|--|--------|---|
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)                   | Tier 1 | QL (10 ML per 14 days)  |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | Tier 1 | QL (10 ML per 14 days)  |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>                       | Tier 1 |   |
| ILEVRO OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.3 %                              | Tier 2 | QL (3.4 ML per 16 days)   |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)                      | Tier 1 |   |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)                         | Tier 1 | QL (20 ML per 30 days)  |
| LOTEMAX OPHTHALMIC (EYE)<br>OINTMENT 0.5 %                                     | Tier 2 | QL (7 GM per 14 days)   |
| LOTEMAX SM OPHTHALMIC (EYE)<br>DROPS,GEL 0.38 %                                | Tier 2 | QL (10 GM per 14 days)  |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)        | Tier 1 | QL (10 GM per 14 days)  |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)   | Tier 1 | ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax) | Tier 1 | QL (20 ML per 14 days)  |
| MAXIDEX OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.1 %                             | Tier 3 | ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte) | Tier 1 | QL (20 ML per 14 days)  |
| <i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>          | Tier 1 |   |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>                | Tier 1 | QL (20 ML per 14 days)  |

| Drug  | Status | Notes |
|---|--------|-------|
| <b>Eye Antivirals</b>   |        |       |
| <i>trifluridine ophthalmic (eye) drops 1 %</i>                                    | Tier 1 |       |
| <b>Eye Local Anesthetics</b>  |        |       |
| AKTEN (PF) OPHTHALMIC (EYE) GEL<br>3.5 %  | Tier 3 |       |
| ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine)<br>0.5 %                            | Tier 1 |       |
| ALTACAINE OPHTHALMIC (EYE) (tetracaine hcl)<br>DROPS 0.5 %                        | Tier 1 |       |
| ALTAFLUOR BENOX OPHTHALMIC (fluorescein-benoxinate)<br>(EYE) DROPS 0.25-0.4 %     | Tier 1 |       |
| <i>fluorescein-benoxinate ophthalmic (eye)<br/>drops 0.3-0.4 %</i>                | Tier 1 |       |
| <i>fluorescein-proparacaine ophthalmic<br/>(eye) drops 0.25-0.5 %</i>             | Tier 1 |       |
| IHEEZO (PF) OPHTHALMIC (EYE)<br>DROPPERETTE, GEL 3 %                              | Tier 3 |       |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)                        | Tier 1 |       |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops<br/>0.5 %</i>                       | Tier 1 |       |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)                    | Tier 1 |       |
| <b>Eye Sulfonamides</b>   |        |       |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>drops 10 %</i>                       | Tier 1 |       |
| <i>sulfacetamide sodium ophthalmic (eye)<br/>ointment 10 %</i>                    | Tier 1 |       |
| <i>sulfacetamide-prednisolone ophthalmic<br/>(eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 1 |       |
| <b>Eye Vasoconstrictors (Rx Only)</b>   |        |       |
| <i>phenylephrine hcl ophthalmic (eye)<br/>drops 10 %, 2.5 %</i>                   | Tier 1 |       |
| UPNEEQ (PF) OPHTHALMIC (EYE)<br>DROPPERETTE 0.1 %                                 | Tier 3 | PA    |

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| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Iodine Antiseptics</b>  |        |        |
| BETADINE OPHTHALMIC PREP (povidone-iodine)<br>OPHTHALMIC (EYE) SOLUTION 5 %                                | Tier 3 |        |
| <b>Ophthalmic (Eye) Antiparasitics</b>   |        |        |
| XDEMVIY OPHTHALMIC (EYE) DROPS<br>0.25 %   | Tier 3 | PA; SP |
| <b>Ophthalmic Antibiotics</b>  |        |        |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>  | Tier 1 |        |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)                     | Tier 1 |        |
| BESIVANCE OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.6 %   | Tier 2 |        |
| CILOXAN OPHTHALMIC (EYE)<br>OINTMENT 0.3 %   | Tier 2 |        |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>  | Tier 1 |        |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>  | Tier 1 |        |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>   | Tier 1 |        |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i>   | Tier 1 |        |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i>   | Tier 1 |        |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)   | Tier 1 |        |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>  | Tier 1 |        |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | Tier 1 |        |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>                 | Tier 1 |        |
| NEO-POLYCIN OPHTHALMIC (EYE)<br>OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)     | Tier 1 |        |



| Drug   | Status | Notes   |
|--|--------|---|
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)                          | Tier 1 |   |
| POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)  | Tier 1 |   |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | Tier 1 |   |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i>                                   | Tier 1 |   |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %   | Tier 2 |   |
| <i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>            | Tier 1 |   |
| <b>Ophthalmic Antifungal Agents</b>  |        |   |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %                                    | Tier 3 |   |
| <b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>                         |        |   |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %                                 | Tier 2 | QL (5.5 ML per 30 days)   |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)                      | Tier 1 | QL (60 EA per 30 days)  |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %                                      | Tier 3 | PA; SP  |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %  | Tier 2 | QL (60 EA per 30 days)  |
| <b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>                               |        |   |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %  | Tier 3 | PA; SP  |
| <b>Ophthalmic Mast Cell Stabilizers</b>  |        |   |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 %  | Tier 2 | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days) |
| ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %   | Tier 2 | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days) |

| Drug   | Status | Notes                  |
|--|--------|------------------------|
| <i>cromolyn ophthalmic (eye) drops 4 %</i>   | Tier 1 | QL (50 ML per 30 days) |
| <b>Eye - Glaucoma</b>  |        |                        |
| <b>Carbonic Anhydrase Inhibitors</b>   |        |                        |
| <i>acetazolamide oral capsule, extended release 500 mg</i>                         | Tier 1 |                        |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>                                    | Tier 1 |                        |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                      | Tier 1 |                        |
| <b>Miotics/Other Intraoc. Pressure Reducers</b>                                    |        |                        |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i>                                  | Tier 1 |                        |
| AZOPT OPHTHALMIC (EYE) (brinzolamide)<br>DROPS,SUSPENSION 1 %                      | Tier 1 |                        |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i>                                      | Tier 1 |                        |
| BETOPTIC S OPHTHALMIC (EYE)<br>DROPS,SUSPENSION 0.25 %                             | Tier 3 |                        |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i>                                   | Tier 1 | QL (1 ML per 12 days)  |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)               | Tier 1 |                        |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                                    | Tier 1 |                        |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)             | Tier 1 |                        |
| <i>carteolol ophthalmic (eye) drops 1 %</i>  | Tier 1 |                        |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i>                                      | Tier 1 |                        |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF)) | Tier 1 | QL (2 EA per 1 day)    |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)          | Tier 1 |                        |
| IOPIDINE OPHTHALMIC (EYE)<br>DROPPERETTE 1 %                                       | Tier 3 |                        |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)                        | Tier 1 |                        |

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

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

| Drug  | Status | Notes               |
|---|--------|---------------------|
| <i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>                        | Tier 1 |                     |
| <i>tropicamide ophthalmic (eye) drops 0.5 %</i>   | Tier 1 |                     |
| <i>tropicamide ophthalmic (eye) drops 1 % (Mydracyl)</i>                                    | Tier 1 |                     |
| <b>Ophthalmic Antifibrotic Agents</b>   |        |                     |
| <i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>                | Tier 1 | SP                  |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG   | Tier 3 |                     |
| <b>Eye - Miscellaneous</b>  |        |                     |
| <b>Agents For Corneal Collagen Cross-Linking</b>  |        |                     |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % | Tier 3 |                     |
| PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %   | Tier 3 |                     |
| PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %                                    | Tier 3 |                     |
| <b>Eye Preparations, Miscellaneous (Otc)</b>  |        |                     |
| GELFILM OPHTHALMIC (EYE) FILM   | Tier 3 |                     |
| <b>Ophthalmic Cystine Depleting Agents</b>  |        |                     |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %  | Tier 2 | PA; SP              |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %  | Tier 2 | PA; SP              |
| <b>Fluid Replacement</b>  |        |                     |
| <b>Nucleic Acid/Nucleotide Supplements</b>  |        |                     |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM  | Tier 2 | PA; SP              |
| <b>Gout And Related Diseases</b>  |        |                     |
| <b>Colchicine</b>   |        |                     |
| <i>colchicine oral capsule 0.6 mg (Mitigare)</i>  | Tier 1 | QL (2 EA per 1 day) |
| <i>colchicine oral tablet 0.6 mg (Colcrys)</i>  | Tier 1 | QL (4 EA per 1 day) |

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| Drug   | Status | Notes   |
|--|--------|---|
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML   | Tier 3 | ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day) |
| <b>Hyperuricemia Tx - Purine Inhibitors</b>  |        |   |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim)   | Tier 1 |   |
| <i>allopurinol oral tablet 300 mg</i>  | Tier 1 |   |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)  | Tier 1 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)                  |
| <b>Uricosuric Agents</b>   |        |   |
| <i>probenecid oral tablet 500 mg</i>   | Tier 1 |   |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i>  | Tier 1 |   |
| <b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>   |        |   |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG   | Tier 3 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)                     |
| <b>Hematological Disorders</b>   |        |   |
| <b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>  |        |   |
| CABLIVI INJECTION KIT 11 MG  | Tier 3 | PA; SP  |
| CABLIVI INJECTION RECON SOLN 11 MG   | Tier 3 | PA; SP  |
| <b>Anticoagulants, Coumarin Type</b>   |        |   |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)        | Tier 1 |   |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | Tier 1 |   |
| <b>Antifibrinolytic Agents</b>   |        |   |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)                                 | Tier 1 |   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)  | Tier 1        |              |
| <i>tranexamic acid oral tablet 650 mg</i>   | Tier 1        |              |
| <b>Antihemophilic Factors</b>   |               |              |
| ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 2        | SP           |
| ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT   | Tier 2        | SP           |
| AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE | Tier 2        | SP           |
| ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML                             | Tier 3        | SP           |
| ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT   | Tier 2        | SP           |
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT  | Tier 2        | SP           |
| ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 2        | SP           |

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| Drug  | Status | Notes |
|---|--------|-------|
| FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT  | Tier 3 | SP    |
| HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT  | Tier 3 | SP    |
| HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT   | Tier 3 | SP    |
| HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT   | Tier 3 | SP    |
| HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT  | Tier 3 | SP    |
| HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT  | Tier 3 | SP    |
| JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT  | Tier 2 | SP    |
| KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT   | Tier 3 | SP    |
| KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                 | Tier 2 | SP    |
| KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT                    | Tier 2 | SP    |
| NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT | Tier 2 | SP    |
| NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)                              | Tier 3 | SP    |

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| Drug  | Status | Notes |
|---|--------|-------|
| NUWIQ INTRAVENOUS RECON SOLN<br>1000 UNIT, 2,000 UNIT, 2,500 UNIT,<br>250 UNIT, 3,000 UNIT, 4,000 UNIT, 500<br>UNIT               | Tier 3 | SP    |
| OBIZUR INTRAVENOUS RECON SOLN<br>500 (+/-) UNIT RANGE   | Tier 3 | SP    |
| RECOMBINATE INTRAVENOUS<br>RECON SOLN 1,000 (+/-) UNIT, 1,500<br>(+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-)<br>UNIT, 500 (+/-) UNIT  | Tier 3 | SP    |
| SEVENFACT INTRAVENOUS RECON<br>SOLN 1 MG (1,000 MCG), 5 MG (5,000<br>MCG)   | Tier 3 | SP    |
| WILATE INTRAVENOUS RECON SOLN<br>1,000-1,000 UNIT, 500-500 UNIT   | Tier 3 | SP    |
| XYNTHA INTRAVENOUS SOLUTION<br>1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250<br>(+/-) UNIT, 500 (+/-) UNIT                              | Tier 2 | SP    |
| XYNTHA SOLOFUSE INTRAVENOUS<br>SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-)<br>UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT,<br>500 (+/-) UNIT | Tier 2 | SP    |
| <b>Blood Factors,Miscellaneous</b>  |        |       |
| VONVENDI INTRAVENOUS RECON<br>SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-<br>) UNIT RANGE   | Tier 3 | SP    |
| <b>Citrates As Anticoagulants</b>   |        |       |
| ACD SOLUTION A SOLUTION 2.45-2.2<br>GRAM- 800 MG/100 ML   | Tier 3 |       |
| ACD-A SOLUTION , 2.45-2.2 GRAM-<br>730 MG/100 ML  | Tier 3 |       |
| <i>anticoag citrate phos dextrose solution<br/>2.63-222 gram-mg/100ml</i>   | Tier 1 |       |
| <i>citric-sod citrat-sod phos-dex solution<br/>0.327-2.63 gram/100 ml</i>   | Tier 1 |       |
| REGIOCIT (EUA) SOLUTION 5.03-5.29<br>GRAM/L   | Tier 3 |       |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| sodium citrate in 0.9 % nacl solution 0.5 %  | Tier 1        |                        |
| sodium citrate intra-catheter solution 4 %   | Tier 1        |                        |
| sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)                                       | Tier 1        |                        |
| sodium citrate solution 4 gram /100 ml (4 %)   | Tier 1        |                        |
| <b>Complement (C3) Inhibitors</b>  |               |                        |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML  | Tier 3        | PA; SP                 |
| <b>Direct Factor Xa Inhibitors</b>   |               |                        |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)                               | Tier 2        | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG   | Tier 2        | QL (2 EA per 1 day)    |
| ELIQUIS ORAL TABLET 5 MG   | Tier 2        | QL (74 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)                        | Tier 2        | QL (51 EA per 30 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML   | Tier 2        | QL (20 ML per 1 day)   |
| XARELTO ORAL TABLET 10 MG, 20 MG   | Tier 2        | QL (1 EA per 1 day)    |
| XARELTO ORAL TABLET 15 MG, 2.5 MG  | Tier 2        | QL (2 EA per 1 day)    |
| <b>Factor Ix Complex (Pcc) Preparations</b>  |               |                        |
| PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT               | Tier 3        | SP                     |
| <b>Factor Ix Preparations</b>  |               |                        |
| ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT             | Tier 3        | SP                     |
| ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT | Tier 3        | SP                     |

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

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| Drug   | Status | Notes                        |
|--|--------|------------------------------|
| <b>Hemophilia Treatment Agents, Non-Factor Replacement</b>   |        |                              |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML                       | Tier 3 | PA; SP                       |
| <b>Hemorrhologic Agents</b>  |        |                              |
| <i>pentoxifylline oral tablet extended release 400 mg</i>  | Tier 1 |                              |
| <b>Heparin And Related Preparations</b>  |        |                              |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)  | Tier 1 | SP; QL (30 ML per 30 days)   |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | Tier 1 | SP                           |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)  | Tier 1 | SP; QL (24 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)   | Tier 1 | SP; QL (15 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)   | Tier 1 | SP; QL (12 ML per 30 days)   |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)   | Tier 1 | SP; QL (18 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML  | Tier 2 | SP; QL (8 ML per 1 day)      |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML   | Tier 2 | SP; QL (7.6 ML per 30 days)  |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML  | Tier 2 | SP; QL (60 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML  | Tier 2 | SP; QL (30 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML  | Tier 2 | SP; QL (36 ML per 30 days)   |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML   | Tier 2 | SP; QL (43.2 ML per 30 days) |

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| Drug   | Status | Notes                         |
|--|--------|-------------------------------|
| FRAGMIN SUBCUTANEOUS SYRINGE<br>2,500 ANTI-XA UNIT/0.2 ML, 5,000<br>ANTI-XA UNIT/0.2 ML  | Tier 2 | SP; QL (12 ML per 30<br>days) |
| FRAGMIN SUBCUTANEOUS SYRINGE<br>7,500 ANTI-XA UNIT/0.3 ML  | Tier 2 | SP; QL (18 ML per 30<br>days) |
| HEP FLUSH-10 (PF) INTRAVENOUS<br>SOLUTION 10 UNIT/ML   | Tier 1 |                               |
| <i>heparin (porcine) in 0.9% nacl<br/>intravenous parenteral solution 2,500<br/>unit/500 ml (5 unit/ml), 5,000 unit/500 ml<br/>(10 unit/ml)</i>  | Tier 1 |                               |
| <i>heparin (porcine) in 5 % dex intravenous<br/>parenteral solution 25,000 unit/250<br/>ml(100 unit/ml), 25,000 unit/500 ml (50<br/>unit/ml)</i> | Tier 1 |                               |
| <i>heparin (porcine) injection cartridge<br/>5,000 unit/ml (1 ml)</i>  | Tier 1 |                               |
| <i>heparin (porcine) injection solution 1,000<br/>unit/ml, 10,000 unit/ml, 20,000 unit/ml,<br/>5,000 unit/ml</i>                                 | Tier 1 |                               |
| <i>heparin (porcine) injection syringe 5,000<br/>unit/ml</i>   | Tier 1 |                               |
| <i>heparin lock flush (porcine) intravenous<br/>solution 10 unit/ml, 100 unit/ml</i>   | Tier 1 |                               |
| HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf))<br>INTRAVENOUS SYRINGE 10 UNIT/ML,<br>100 UNIT/ML   | Tier 1 |                               |
| <i>heparin, porcine (pf) injection solution<br/>1,000 unit/ml</i>  | Tier 1 |                               |
| <i>heparin, porcine (pf) injection syringe<br/>5,000 unit/0.5 ml, 5,000 unit/ml</i>  | Tier 1 |                               |
| <i>heparin, porcine (pf) intravenous solution<br/>100 unit/ml (1 ml)</i>   | Tier 1 |                               |
| <i>heparin, porcine (pf) intravenous syringe<br/>1 unit/ml</i>   | Tier 1 |                               |
| <i>heparin, porcine (pf) intravenous syringe<br/>10 unit/ml, 100 unit/ml</i> (Heparin<br>LockFlush(Porcine)(PF))                                 | Tier 1 |                               |

| Drug  | Status | Notes  |
|---|--------|--------|
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>             | Tier 1 |        |
| <b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>                       |        |        |
| FABHALTA ORAL CAPSULE 200 MG  | Tier 3 | PA; SP |
| TAVNEOS ORAL CAPSULE 10 MG  | Tier 3 | PA; SP |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | Tier 3 | PA; SP |
| <b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>                         |        |        |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG                              | Tier 3 | PA     |
| <b>Leukocyte (Wbc) Stimulants</b>   |        |        |
| LEUKINE INJECTION RECON SOLN 250 MCG  | Tier 2 | PA; SP |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML           | Tier 3 | PA; SP |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                       | Tier 3 | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                          | Tier 3 | PA; SP |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                       | Tier 3 | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML                          | Tier 2 | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML                    | Tier 2 | PA; SP |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML                                       | Tier 2 | PA; SP |
| <b>Plasma Proteins</b>  |        |        |
| RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG   | Tier 3 | PA; SP |

| Drug   | Status | Notes                 |
|--|--------|-----------------------|
| <b>Platelet Aggregation Inhibitors</b>   |        |                       |
| ADULT ASPIRIN REGIMEN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG  | \$0    |                       |
| ADULT LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG | \$0    |                       |
| ASPIRIN CHILDRENS ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                        | \$0    |                       |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)                    | \$0    |                       |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen) | \$0    |                       |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>          | Tier 1 |                       |
| BAYER LOW DOSE ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG | \$0    |                       |
| BRILINTA ORAL TABLET 60 MG, 90 MG  | Tier 2 | QL (2 EA per 1 day)   |
| CHILDREN'S ASPIRIN ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                       | \$0    |                       |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                      | Tier 1 |                       |
| <i>clopidogrel oral tablet 300 mg</i>  | Tier 1 | QL (4 EA per 30 days) |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix)                                    | Tier 1 |                       |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>                              | Tier 1 |                       |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)                               | Tier 1 | QL (1 EA per 1 day)   |
| ST JOSEPH ASPIRIN ORAL (aspirin)<br>TABLET,CHEWABLE 81 MG                        | \$0    |                       |
| ST. JOSEPH ASPIRIN ORAL (aspirin)<br>TABLET,DELAYED RELEASE (DR/EC)<br>81 MG     | \$0    |                       |
| ZONTIVITY ORAL TABLET 2.08 MG  | Tier 3 | QL (1 EA per 1 day)   |
| <b>Platelet Reducing Agents</b>  |        |                       |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin)                                  | Tier 1 |                       |
| <i>anagrelide oral capsule 1 mg</i>  | Tier 1 |                       |

| Drug  | Status | Notes  |
|---|--------|--|
| <b>Pyruvate Kinase Activators</b>   |        |  |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG                                   | Tier 3 | PA; SP   |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | Tier 3 | PA; SP   |
| <b>Sickle Cell Anemia Agents</b>  |        |  |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG                                | Tier 3 |  |
| ENDARI ORAL POWDER IN PACKET 5 GRAM                                       | Tier 3 | PA; SP   |
| OXBRYTA ORAL TABLET 300 MG, 500 MG  | Tier 3 | PA; SP   |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG                                 | Tier 3 | PA; SP   |
| SIKLOS ORAL TABLET 1,000 MG   | Tier 3 | ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days                        |
| SIKLOS ORAL TABLET 100 MG   | Tier 3 | QL (2 EA per 1 day)  |
| <b>Spleen Tyrosine Kinase Inhibitors</b>                                  |        |  |
| TAVALISSE ORAL TABLET 100 MG, 150 MG                                      | Tier 3 | PA; SP   |
| <b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>           |        |  |
| <i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)  | Tier 1 | QL (2 EA per 1 day)  |
| PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)                        | Tier 3 | ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | Tier 3 | PA   |
| <b>Thrombopoietin Receptor Agonists</b>                                   |        |  |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG                              | Tier 3 | PA; SP   |



| Drug   | Status | Notes  |
|--|--------|--------|
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG   | Tier 3 | PA; SP |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG   | Tier 3 | PA; SP |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG   | Tier 3 | PA; SP |
| MULPLETA ORAL TABLET 3 MG  | Tier 3 | PA; SP |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG  | Tier 2 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG  | Tier 2 | PA; SP |
| <b>Topical Hemostatics</b>   |        |        |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G  | Tier 3 |        |
| AVITENE FLOUR TOPICAL POWDER   | Tier 3 |        |
| AVITENE TOPICAL POWDER IN PACKET   | Tier 3 |        |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM   | Tier 3 |        |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM   | Tier 3 |        |
| EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "  | Tier 3 |        |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Tier 3 |        |
| FLOSEAL TOPICAL KIT 2,500 UNIT   | Tier 3 |        |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT  | Tier 3 |        |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT   | Tier 3 |        |
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200   | Tier 3 |        |
| GELFOAM TOPICAL SPONGE 4   | Tier 3 |        |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML  | Tier 1 |        |

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

| Drug   | Status | Notes |
|--|--------|-------|
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))   | Tier 1 |       |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))   | Tier 1 |       |
| <b>Hormonal Deficiency</b>   |        |       |
| <b>Androgenic Agents</b>   |        |       |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR   | Tier 3 | PA    |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG   | Tier 3 | PA    |
| METHITEST ORAL TABLET 10 MG (methyltestosterone)   | Tier 3 | PA    |
| <i>methyltestosterone oral capsule 10 mg</i>   | Tier 1 | PA    |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)   | Tier 1 | PA    |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i>  | Tier 1 | PA    |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)  | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)  | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)  | Tier 1 | PA    |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)  | Tier 1 | PA    |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel) | Tier 1 | PA    |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>  | Tier 1 | PA    |
| TLANDO ORAL CAPSULE 112.5 MG   | Tier 3 | PA    |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML   | Tier 3 | PA    |

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| Drug  | Status                         | Notes   |
|---|--------------------------------|---|
| <b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b> |                                |   |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG                     | Tier 3                         |   |
| <b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b> |                                |   |
| DUAVEE ORAL TABLET 0.45-20 MG                                 | Tier 2                         |   |
| <b>Estrogen And Progestin Combinations</b>                    |                                |   |
| BIJUVA ORAL CAPSULE 0.5-100 MG                                | Tier 3                         | ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (1 EA per 1 day)    |
| BIJUVA ORAL CAPSULE 1-100 MG                                  | Tier 3                         | ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days) |
| <b>Estrogen/Androgen Combinations</b>                         |                                |   |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG                        | (estrogens-methyltestosterone) | Tier 1  |
| COVARYX ORAL TABLET 1.25-2.5 MG                               | (estrogens-methyltestosterone) | Tier 1  |
| EEMT HS ORAL TABLET 0.625-1.25 MG                             | (estrogens-methyltestosterone) | Tier 1  |
| EEMT ORAL TABLET 1.25-2.5 MG                                  | (estrogens-methyltestosterone) | Tier 1  |
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> | (Covaryx H.S.)                 | Tier 1  |
| <i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>   | (Covaryx)                      | Tier 1  |
| <b>Estrogenic Agents</b>                                      |                                |   |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG                      | (estradiol-norethindrone acet) | Tier 1  |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR     |                                | Tier 3<br>QL (1 EA per 7 days)  |

| Drug  | Status | Notes   |
|---|--------|---|
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR  | Tier 2 | QL (2 EA per 7 days)  |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)  | Tier 3 |   |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)                     | Tier 1 | QL (2 EA per 7 days)  |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION   | Tier 3 | ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)   |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)   | Tier 1 |   |
| <i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)               | Tier 1 | QL (30 EA per 30 days)  |
| <i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)  | Tier 1 | QL (30 GM per 30 days)  |
| <i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)  | Tier 1 | QL (37.5 GM per 30 days)  |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)              | Tier 1 | QL (2 EA per 7 days)  |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara) | Tier 1 | QL (1 EA per 7 days)  |
| <i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)  | Tier 1 |   |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)  | Tier 1 |   |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)   | Tier 3 | ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days) |

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| Drug  | Status | Notes   |
|---|--------|---|
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)   | Tier 1 |   |
| JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)   | Tier 1 |   |
| LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 1 | QL (2 EA per 7 days)  |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR  | Tier 3 | QL (1 EA per 7 days)  |
| MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)  | Tier 1 |   |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)  | Tier 1 |   |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG  | Tier 2 |   |
| PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)   | Tier 2 |   |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)  | Tier 2 |   |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG   | Tier 2 |   |
| <b>Menopausal Symptoms Suppressant - Ssris</b>  |        |   |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>   | Tier 1 | ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day) |
| <b>Menopausal Symptoms Suppressant-Nk3 Receptor Antag</b>   |        |   |
| VEOZAH ORAL TABLET 45 MG  | Tier 3 | PA  |
| <b>Progestational Agents</b>  |        |   |
| CRINONE VAGINAL GEL 4 %   | Tier 3 |   |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)  | Tier 1 |   |
| <i>norethindrone acetate oral tablet 5 mg</i>   | Tier 1 |   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>progesterone intramuscular oil 50 mg/ml</i>  | Tier 1        |              |
| <i>progesterone micronized oral capsule</i> (Prometrium)<br>100 mg, 200 mg  | Tier 1        |              |
| <b>Immunization</b>   |               |              |
| <b>Antisera</b>   |               |              |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %   | Tier 3        | PA; SP       |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)                             | Tier 3        | PA; SP       |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 %  | Tier 3        | PA; SP       |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)  | Tier 3        | PA; SP       |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 3        | PA; SP       |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)   | Tier 3        | PA; SP       |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)  | Tier 3        | PA; SP       |
| HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)         | Tier 3        | PA; SP       |

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| Drug  | Status | Notes  |
|---|--------|--|
| HYQVIA SUBCUTANEOUS SOLUTION<br>10 GRAM /100 ML (10 %), 2.5 GRAM<br>/25 ML (10 %), 20 GRAM /200 ML (10<br>%), 30 GRAM /300 ML (10 %), 5 GRAM<br>/50 ML (10 %) | Tier 3 | PA; SP   |
| XEMBIFY SUBCUTANEOUS<br>SOLUTION 1 GRAM/5 ML (20 %), 10<br>GRAM/50 ML (20 %), 2 GRAM/10 ML<br>(20 %), 4 GRAM/20 ML (20 %)                                     | Tier 3 | PA; SP   |
| <b>Enteric Virus Vaccines</b>   |        |  |
| IPOL INJECTION SUSPENSION 40-8-<br>32 UNIT/0.5 ML   | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 3 IN 365 DAYS, AND<br>18 YEARS OF AGE OR<br>OLDER |
| <b>Gram Negative Cocci Vaccines</b>   |        |  |
| BEXSERO INTRAMUSCULAR<br>SYRINGE 50-50-50-25 MCG/0.5 ML   | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 2 IN 365 DAYS AND<br>18-25 YEARS OF AGE           |
| MENQUADFI (PF) INTRAMUSCULAR<br>SOLUTION 10 MCG/0.5 ML  | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 2 IN 365 DAYS, AND<br>11-23 YEARS OF AGE          |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR KIT 10-5 MCG/0.5<br>ML   | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1, FILL OF<br>2 IN 365 DAYS AND 11-23<br>YEARS OF AGE             |
| MENVEO A-C-Y-W-135-DIP (PF)<br>INTRAMUSCULAR SOLUTION 10-5<br>MCG/0.5 ML  | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 2 IN 365 DAYS, AND<br>11-23 YEARS OF AGE          |
| PENBRAYA (PF) INTRAMUSCULAR<br>KIT 5-120 MCG/0.5 ML   | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1, FILL OF<br>2 IN 365 DAYS, AND 18-25<br>YEARS OF AGE            |

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

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| Drug   | Status | Notes  |
|--|--------|--|
| FLUARIX QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML             | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUBLOK QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 180 MCG<br>(45 MCG X 4)/0.5 ML            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER |
| FLUCELVAX QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML           | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUCELVAX QUAD 2023-2024<br>INTRAMUSCULAR SUSPENSION 60<br>MCG (15 MCG X 4)/0.5 ML             | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLULAVAL QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUMIST QUAD 2023-2024 NASAL<br>NASAL SPRAY SYRINGE 10EXP6.5-<br>7.5 FF UNIT/0.2 ML            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS                              |
| FLUZONE HIGHDOSE QUAD 23-24 PF<br>INTRAMUSCULAR SYRINGE 240<br>MCG/0.7 ML                      | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER |
| FLUZONE QUAD 2023-2024 (PF)<br>INTRAMUSCULAR SYRINGE 60 MCG<br>(15 MCG X 4)/0.5 ML             | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| FLUZONE QUAD 2023-2024<br>INTRAMUSCULAR SUSPENSION 60<br>MCG (15 MCG X 4)/0.5 ML               | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS                            |
| <b>Vaccine/Toxoid Preparations, Combinations</b>   |        |  |
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SUSPENSION 2 LF-<br>(2.5-5-3-5 MCG)-5LF/0.5 ML | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER  |

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| Drug  | Status | Notes   |
|---|--------|---|
| ADACEL(TDAP ADOLESN/ADULT)(PF)<br>INTRAMUSCULAR SYRINGE 2 LF-(2.5-<br>5-3-5 MCG)-5LF/0.5 ML | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SUSPENSION 2.5-8-5 LF-MCG-<br>LF/0.5ML                       | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |
| BOOSTRIX TDAP INTRAMUSCULAR<br>SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML                              | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |
| M-M-R II (PF) SUBCUTANEOUS<br>RECON SOLN 1,000-12,500 TCID50/0.5<br>ML                      | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1, FILL OF<br>2 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER   |
| PRIORIX (PF) SUBCUTANEOUS<br>SUSPENSION FOR RECONSTITUTION<br>10EXP3.4-4.2- 3.3CCID50/0.5ML | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 1, FILL OF<br>2 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER   |
| TDVAX INTRAMUSCULAR<br>SUSPENSION 2-2 LF UNIT/0.5 ML  | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |
| TENIVAC (PF) INTRAMUSCULAR<br>SUSPENSION 5 LF UNIT- 2 LF<br>UNIT/0.5ML                      | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |
| TENIVAC (PF) INTRAMUSCULAR<br>SYRINGE 5-2 LF UNIT/0.5 ML                                    | \$0    | \$0 COPAY IF QUANTITY<br>IS LIMITED TO 0.5, FILL<br>OF 1 IN 365 DAYS AND 18<br>YEARS OF AGE OR<br>OLDER |

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| Drug   | Status | Notes   |
|--|--------|---|
| <b>Viral/Tumorigenic Vaccines</b>                                      |        |   |
| ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML                        | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER  |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML                      | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER   |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML                         | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER   |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML                        | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE  |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML                           | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE  |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML                  | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER   |

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| Drug  | Status | Notes   |
|---|--------|---|
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML                     | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 AND 18 YEARS OF AGE OR OLDER    |
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML                      | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML        | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML                      | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML            | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML                          | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML                             | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |

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| Drug  | Status | Notes   |
|---|--------|---|
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML                   | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| <b>Immunosuppression/Modulation</b>   |        |   |
| <b>Immunomodulators</b>   |        |   |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML  | Tier 3 | PA; SP  |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML  | Tier 3 | SP  |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML   | Tier 3 | PA; SP  |
| <i>imiquimod topical cream in packet 5 %</i>  | Tier 1 | QL (2 EA per 1 day)   |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 %   | Tier 3 |   |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetiriziniacin)                               | Tier 3 |   |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)                            | Tier 3 |   |
| <b>Immunosuppressives</b>   |        |   |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)                                      | Tier 1 |   |
| <i>azathioprine oral tablet 50 mg</i> (Imuran)  | Tier 1 |   |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)                           | Tier 1 |   |
| <i>cyclosporine modified oral capsule 50 mg</i>   | Tier 1 |   |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)                              | Tier 1 |   |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)                                 | Tier 1 |   |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | Tier 1 |   |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                  | Tier 1 |   |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                     | Tier 1 |   |
| LUPKYNIS ORAL CAPSULE 7.9 MG  | Tier 3 | PA; SP  |

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| Drug   | Status | Notes  |
|--|--------|--------|
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)                                | Tier 1 |        |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)       | Tier 1 |        |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)                                 | Tier 1 |        |
| <i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic) | Tier 1 |        |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)                                  | Tier 3 |        |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)                                     | Tier 3 |        |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)                                       | Tier 3 |        |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG   | Tier 2 |        |
| RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)   | Tier 3 |        |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus)  | Tier 3 |        |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)                                       | Tier 3 |        |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)  | Tier 2 |        |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune)  | Tier 1 |        |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)                                 | Tier 1 |        |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)                                | Tier 1 |        |
| <b>Rho Kinase Inhibitor</b>  |        |        |
| REZUROCK ORAL TABLET 200 MG  | Tier 2 | PA; SP |
| <b>Infectious Disease - Bacterial</b>  |        |        |
| <b>Absorbable Sulfonamides</b>   |        |        |
| <i>sulfadiazine oral tablet 500 mg</i>   | Tier 1 |        |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)            | Tier 1 |        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)                     | Tier 1        |              |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)                 | Tier 1        |              |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)                 | Tier 1        |              |
| <b>Betalactams</b>   |               |              |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML                                    | Tier 2        | PA; SP       |
| <b>Cephalosporins - 1St Generation</b>   |               |              |
| <i>cefadroxil oral capsule 500 mg</i>  | Tier 1        |              |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | Tier 1        |              |
| <i>cefadroxil oral tablet 1 gram</i>   | Tier 1        |              |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>                                    | Tier 1        |              |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>            | Tier 1        |              |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>   | Tier 1        |              |
| <b>Cephalosporins - 2Nd Generation</b>   |               |              |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>  | Tier 1        |              |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 1        |              |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i>                                | Tier 1        |              |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>             | Tier 1        |              |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>  | Tier 1        |              |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                      | Tier 1        |              |
| <b>Cephalosporins - 3Rd Generation</b>   |               |              |
| <i>cefdinir oral capsule 300 mg</i>  | Tier 1        |              |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>              | Tier 1        |              |
| <i>cefixime oral capsule 400 mg</i>  | Tier 1        |              |

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| Drug  | Status | Notes  |
|---|--------|--------|
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>         | Tier 1 |        |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>       | Tier 1 |        |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i>                                       | Tier 1 |        |
| <b>Chemotherapeutics, Antibacterial, Misc.</b>                                      |        |        |
| <i>fosfomycin tromethamine oral packet 3 gram</i>                                   | Tier 1 |        |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)                            | Tier 1 |        |
| <i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>                              | Tier 1 |        |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue) | Tier 1 |        |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML  | Tier 2 |        |
| <i>trimethoprim oral tablet 100 mg</i>  | Tier 1 |        |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG   | Tier 2 |        |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG   | Tier 3 |        |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG   | Tier 3 |        |
| URO-458 ORAL TABLET 81-10.8-40.8 MG   | Tier 1 |        |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)        | Tier 1 |        |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG   | Tier 1 |        |
| <b>Fecal Microbiota Transplantation (Fmt)</b>                                       |        |        |
| REBYOTA RECTAL ENEMA 150 ML   | Tier 3 | PA; SP |
| VOWST ORAL CAPSULE  | Tier 2 | PA; SP |
| <b>Macrolides</b>   |        |        |
| <i>azithromycin oral packet 1 gram</i> (Zithromax)                                  | Tier 1 |        |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)         | Tier 1        |                        |
| azithromycin oral tablet 250 mg, 500 mg (Zithromax)  | Tier 1        |                        |
| azithromycin oral tablet 600 mg  | Tier 1        |                        |
| clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml                   | Tier 1        |                        |
| clarithromycin oral tablet 250 mg, 500 mg  | Tier 1        |                        |
| clarithromycin oral tablet extended release 24 hr 500 mg                                     | Tier 1        |                        |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML  | Tier 2        | QL (10 ML per 1 day)   |
| DIFICID ORAL TABLET 200 MG   | Tier 2        | QL (20 EA per 10 days) |
| E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)                                  | Tier 1        |                        |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)                   | Tier 1        |                        |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)                          | Tier 1        |                        |
| erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules) | Tier 1        |                        |
| erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)      | Tier 1        |                        |
| erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)                                  | Tier 1        |                        |
| erythromycin oral capsule, delayed release (drlec) 250 mg                                    | Tier 1        |                        |
| erythromycin oral tablet 250 mg, 500 mg  | Tier 1        |                        |
| erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg (Ery-Tab)           | Tier 1        |                        |
| <b>Nitrofurantoin Derivatives</b>  |               |                        |
| nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)                        | Tier 1        |                        |
| nitrofurantoin macrocrystal oral capsule 25 mg (Macrochantin)                                | Tier 1        | QL (4 EA per 1 day)    |

| Drug  | Status | Notes  |
|---|--------|--|
| <i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)                                     | Tier 1 |  |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)   | Tier 1 | PA   |
| <b>Oxazolidinones</b>   |        |  |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)                                   | Tier 1 |  |
| <i>linezolid oral tablet 600 mg</i> (Zyvox)   | Tier 1 |  |
| SIVEXTRO ORAL TABLET 200 MG   | Tier 2 | ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days) |
| <b>Penicillins</b>  |        |  |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>  | Tier 1 |  |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>  | Tier 1 |  |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>   | Tier 1 |  |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>   | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>    | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)        | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>                                     | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)                                     | Tier 1 |  |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)        | Tier 1 |  |

| Drug  | Status | Notes               |
|---|--------|---------------------|
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>           | Tier 1 |                     |
| <i>ampicillin oral capsule 500 mg</i>   | Tier 1 |                     |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i>  | Tier 1 |                     |
| MOXATAG ORAL TABLET, ER (amoxicillin)<br>MULTIPHASE 24 HR 775 MG                          | Tier 3 |                     |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>                    | Tier 1 |                     |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                  | Tier 1 |                     |
| <b>Pleuromutilin Derivatives</b>  |        |                     |
| XENLETA ORAL TABLET 600 MG  | Tier 3 | PA                  |
| <b>Quinolones</b>   |        |                     |
| BAXDELA ORAL TABLET 450 MG  | Tier 3 | PA                  |
| CIPRO ORAL (ciprofloxacin)<br>SUSPENSION, MICROCAPSULE<br>RECON 250 MG/5 ML, 500 MG/5 ML  | Tier 2 |                     |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>                                       | Tier 1 |                     |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)                               | Tier 1 |                     |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | Tier 1 |                     |
| FACTIVE ORAL TABLET 320 MG  | Tier 3 |                     |
| <i>levofloxacin oral solution 250 mg/10 ml</i>  | Tier 1 |                     |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                    | Tier 1 |                     |
| <i>moxifloxacin oral tablet 400 mg</i>  | Tier 1 |                     |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>   | Tier 1 |                     |
| <b>Tetracyclines</b>  |        |                     |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i>  | Tier 1 |                     |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)                          | Tier 1 | QL (2 EA per 1 day) |

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

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| Drug  | Status | Notes  |
|---|--------|--|
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>                                | Tier 1 |  |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>                                 | Tier 1 |  |
| MONDOXYNE NL ORAL CAPSULE 100 (doxycycline monohydrate) MG                          | Tier 1 | QL (2 EA per 1 day)  |
| MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG                           | Tier 1 | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| NUZYRA ORAL TABLET 150 MG   | Tier 3 | PA   |
| <i>tetracycline oral capsule 250 mg, 500 mg</i>                                     | Tier 1 |  |
| <b>Infectious Disease - Fungal</b>  |        |  |
| <b>Antifungal Agents</b>  |        |  |
| <i>clotrimazole mucous membrane troche 10 mg</i>                                    | Tier 1 |  |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG   | Tier 3 | PA   |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan) | Tier 1 |  |
| <i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)                            | Tier 1 |  |
| <i>fluconazole oral tablet 150 mg, 50 mg</i>  | Tier 1 |  |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)                            | Tier 1 |  |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox)                                  | Tier 1 |  |
| <i>itraconazole oral solution 10 mg/ml</i> (Sporanox)                               | Tier 1 |  |
| <i>ketoconazole oral tablet 200 mg</i>  | Tier 1 |  |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG                                 | Tier 3 | PA   |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG                                     | Tier 3 |  |
| <i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)                | Tier 1 | PA   |
| <i>posaconazole oral tablet, delayed release (dr/lec) 100 mg</i> (Noxafil)          | Tier 1 | PA   |

| Drug  | Status | Notes  |
|---|--------|--------|
| <i>terbinafine hcl oral tablet 250 mg</i>   | Tier 1 |        |
| VIVJOA ORAL CAPSULE 150 MG  | Tier 3 | PA     |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)           | Tier 1 |        |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)   | Tier 1 |        |
| <b>Antifungal Antibiotics</b>   |        |        |
| BREXAFEMME ORAL TABLET 150 MG   | Tier 3 | PA     |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i>                                       | Tier 1 |        |
| <i>griseofulvin microsize oral tablet 500 mg</i>  | Tier 1 |        |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>                                   | Tier 1 |        |
| <i>nystatin oral suspension 100,000 unit/ml</i>   | Tier 1 |        |
| <i>nystatin oral tablet 500,000 unit</i>  | Tier 1 |        |
| <b>Infectious Disease - Miscellaneous</b>   |        |        |
| <b>Aminoglycosides</b>  |        |        |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML                                   | Tier 3 | PA; SP |
| <i>neomycin oral tablet 500 mg</i>  | Tier 1 |        |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG                                     | Tier 2 | PA; SP |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)       | Tier 1 | PA; SP |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)                    | Tier 1 | PA; SP |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak) | Tier 1 | PA; SP |
| <b>Antibacterial Agents, Miscellaneous</b>  |        |        |
| <i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)                   | Tier 1 |        |
| <b>Antileptotics</b>  |        |        |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | Tier 1 |        |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG   | Tier 2 | PA; SP |

| Drug  | Status | Notes  |
|---|--------|--|
| <b>Anti-Mycobacterium Agents</b>  |        |  |
| <i>ethambutol oral tablet 100 mg</i>  | Tier 1 |  |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol)                                    | Tier 1 |  |
| <i>isoniazid oral solution 50 mg/5 ml</i>   | Tier 1 |  |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>   | Tier 1 |  |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM                                    | Tier 3 |  |
| <i>pyrazinamide oral tablet 500 mg</i>  | Tier 1 |  |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin)                                    | Tier 1 |  |
| TRECTOR ORAL TABLET 250 MG  | Tier 3 |  |
| <b>Antitubercular Antibiotics</b>   |        |  |
| <i>cycloserine oral capsule 250 mg</i>  | Tier 1 |  |
| <i>pretomanid oral tablet 200 mg</i>  | Tier 3 | QL (1 EA per 1 day)  |
| PRIFTIN ORAL TABLET 150 MG  | Tier 3 |  |
| <i>rifampin oral capsule 150 mg, 300 mg</i>   | Tier 1 |  |
| SIRTURO ORAL TABLET 100 MG, 20 MG   | Tier 3 | PA; SP   |
| <b>Lincosamides</b>   |        |  |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)             | Tier 1 |  |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric) | Tier 1 |  |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)        | Tier 1 |  |
| <b>Rifamycins And Related Derivative Antibiotics</b>                                |        |  |
| AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG                                 | Tier 3 | ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL) |
| XIFAXAN ORAL TABLET 200 MG  | Tier 3 | PA   |
| XIFAXAN ORAL TABLET 550 MG  | Tier 2 | PA   |



| Drug  | Status | Notes   |
|---|--------|---|
| <b>Vancomycin And Derivatives</b>                     |        |   |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin)      | Tier 1 | QL (56 EA per 1 FILL)   |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin)      | Tier 1 | QL (112 EA per 1 FILL)  |
| <i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)  | Tier 1 | QL (300 ML per 1 FILL)  |
| <i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)  | Tier 1 | QL (600 ML per 1 FILL)  |
| <b>Infectious Disease - Parasitic</b>                 |        |   |
| <b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b> |        |   |
| SOLOSEC ORAL GRANULES DEL<br>RELEASE IN PACKET 2 GRAM | Tier 3 | ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>          | Tier 1 |   |
| <b>Amebicides</b>                                     |        |   |
| <i>paromomycin oral capsule 250 mg</i> (Humatin)      | Tier 1 |   |
| <b>Anaerobic Antiprotozoal-Antibacterial Agents</b>   |        |   |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML                    | Tier 3 | PA  |
| <i>metronidazole oral capsule 375 mg</i> (Flagyl)     | Tier 1 |   |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>       | Tier 1 |   |
| <b>Anthelmintics</b>                                  |        |   |
| <i>albendazole oral tablet 200 mg</i>                 | Tier 1 |   |
| EGATEN ORAL TABLET 250 MG                             | Tier 3 |   |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)      | Tier 2 | PA  |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol)       | Tier 1 |   |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide)   | Tier 1 |   |
| <b>Antimalarial Drugs</b>                             |        |   |
| ARAKODA ORAL TABLET 100 MG                            | Tier 3 |   |

| Drug  | Status | Notes                   |
|---|--------|-------------------------|
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)           | Tier 1 |                         |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | Tier 1 |                         |
| <i>chloroquine phosphate oral tablet 250 mg</i>                         | Tier 1 | QL (36 EA per 16 days)  |
| <i>chloroquine phosphate oral tablet 500 mg</i>                         | Tier 1 | QL (18 EA per 16 days)  |
| COARTEM ORAL TABLET 20-120 MG   | Tier 3 |                         |
| <i>hydroxychloroquine oral tablet 100 mg</i>                            | Tier 1 | QL (180 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)                | Tier 1 | QL (100 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)                   | Tier 1 | QL (60 EA per 30 days)  |
| <i>hydroxychloroquine oral tablet 400 mg</i>                            | Tier 1 | QL (60 EA per 30 days)  |
| KRINTAFEL ORAL TABLET 150 MG  | Tier 2 | QL (2 EA per 1 FILL)    |
| <i>mefloquine oral tablet 250 mg</i>                                    | Tier 1 |                         |
| <i>primaquine oral tablet 26.3 mg</i>                                   | Tier 2 |                         |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim)                       | Tier 1 | PA; SP                  |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)                  | Tier 1 |                         |
| <b>Antiparasitics</b>   |        |                         |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML                   | Tier 3 | QL (50 ML per 1 day)    |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia)                         | Tier 1 | QL (2 EA per 1 day)     |
| <b>Antiprotozoal Drugs, Miscellaneous</b>                               |        |                         |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)                  | Tier 1 |                         |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                         | Tier 1 |                         |
| IMPAVIDO ORAL CAPSULE 50 MG   | Tier 2 | PA                      |
| LAMPIT ORAL TABLET 120 MG, 30 MG  | Tier 3 |                         |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)              | Tier 1 |                         |
| <b>Infectious Disease - Viral</b>                                       |        |                         |
| <b>Antiretroviral - Capsid Inhibitors</b>                               |        |                         |
| SUNLENCA ORAL TABLET 300 MG   | Tier 2 | PA; SP                  |

| Drug  | Status | Notes                                      |
|---|--------|--|
| <b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>               |        |  |
| JULUCA ORAL TABLET 50-25 MG   | Tier 2 | SP; QL (1 EA per 1 day)                    |
| <b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>                |        |  |
| DOVATO ORAL TABLET 50-300 MG  | Tier 2 | SP; QL (1 EA per 1 day)                    |
| <b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>               |        |  |
| SYMTUZA ORAL TABLET 800-150-200-10 MG                                   | Tier 2 | SP; QL (1 EA per 1 day)                    |
| <b>Antiviral - Main Protease (Mpro) Inhibitor</b>                       |        |  |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG                              | Tier 2 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG              | Tier 2 | QL (30 EA per 28 days); Age (Min 12 Years) |
| <b>Antiviral Nucleotide Analogs</b>                                     |        |  |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG                                      | Tier 1 | QL (40 EA per 29 days); Age (Min 18 Years) |
| <b>Antivirals, General</b>  |        |  |
| <i>acyclovir oral capsule 200 mg</i>                                    | Tier 1 |  |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)                  | Tier 1 |  |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                             | Tier 1 |  |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                   | Tier 1 |  |
| LIVTENCITY ORAL TABLET 200 MG   | Tier 2 | PA; SP                                     |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu)                         | Tier 1 | QL (40 EA per 180 days)                    |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)                  | Tier 1 | QL (20 EA per 180 days)                    |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | Tier 1 | QL (360 ML per 180 days)                   |
| PREVYMIS ORAL TABLET 240 MG, 480 MG                                     | Tier 3 | PA   |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION         | Tier 3 | QL (40 EA per 180 days)                    |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole)                | Tier 1 |  |

| Drug  | Status | Notes   |
|---|--------|---|
| <i>rimantadine oral tablet 100 mg</i> (Flumadine)   | Tier 1 |   |
| TEMBEXA ORAL SUSPENSION 10 MG/ML  | Tier 2 |   |
| TEMBEXA ORAL TABLET 100 MG  | Tier 2 |   |
| TPOXX (NATIONAL STOCKPILE)<br>ORAL CAPSULE 200 MG   | Tier 2 |   |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)                                      | Tier 1 |   |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)                                      | Tier 1 |   |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte)  | Tier 1 |   |
| XOFLUZA ORAL TABLET 20 MG, 40 MG  | Tier 2 | QL (4 EA per 180 days)  |
| XOFLUZA ORAL TABLET 80 MG   | Tier 2 | QL (2 EA per 180 days)  |
| <b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>                                      |        |   |
| APTIVUS ORAL CAPSULE 250 MG   | Tier 2 | SP; QL (4 EA per 1 day)   |
| <i>darunavir oral tablet 600 mg</i> (Prezista)  | Tier 1 | SP; QL (2 EA per 1 day)   |
| <i>darunavir oral tablet 800 mg</i> (Prezista)  | Tier 1 | SP; QL (1 EA per 1 day)   |
| PREZISTA ORAL SUSPENSION 100 MG/ML  | Tier 2 | SP; QL (400 ML per 30 days)   |
| PREZISTA ORAL TABLET 150 MG   | Tier 2 | SP; QL (8 EA per 1 day)   |
| PREZISTA ORAL TABLET 75 MG  | Tier 2 | SP; QL (16 EA per 1 day)  |
| <b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>                                     |        |   |
| CIMDUO ORAL TABLET 300-300 MG   | Tier 2 | SP; QL (1 EA per 1 day)   |
| DESCOVY ORAL TABLET 120-15 MG   | Tier 2 | SP; QL (1 EA per 1 day)   |
| DESCOVY ORAL TABLET 200-25 MG   | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | Tier 1 | SP; QL (1 EA per 1 day)   |

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

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i>           | Tier 1        | SP; QL (3 EA per 1 day)   |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i>           | Tier 1        | SP; QL (1 EA per 1 day)   |
| <b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>               |               |   |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen)                       | Tier 1        | SP; QL (960 ML per 30 days)   |
| <i>abacavir oral tablet 300 mg</i>                                    | Tier 1        | SP; QL (2 EA per 1 day)   |
| <i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i> | Tier 1        | SP; QL (1 EA per 1 day)   |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva)                    | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML  | Tier 2        | SP; QL (850 ML per 30 days)   |
| <i>lamivudine oral solution 10 mg/ml</i> (EpiVir)                     | Tier 1        | SP; QL (960 ML per 30 days)   |
| <i>lamivudine oral tablet 150 mg</i> (EpiVir)                         | Tier 1        | SP; QL (2 EA per 1 day)   |
| <i>lamivudine oral tablet 300 mg</i> (EpiVir)                         | Tier 1        | SP; QL (1 EA per 1 day)   |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>              | Tier 1        | SP; QL (2 EA per 1 day)   |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir)                      | Tier 1        | SP; QL (6 EA per 1 day)   |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)                      | Tier 1        | SP; QL (1920 ML per 30 days)  |
| <i>zidovudine oral tablet 300 mg</i>                                  | Tier 1        | SP; QL (2 EA per 1 day)   |
| <b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>               |               |   |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)      | \$0           | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |

| Drug   | Status | Notes                       |
|--|--------|-----------------------------|
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)                        | Tier 2 | SP; QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                          | Tier 2 | SP; QL (1 EA per 1 day)     |
| <b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>           |        |                             |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | Tier 1 | SP; QL (480 ML per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)         | Tier 1 | SP; QL (10 EA per 1 day)    |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)         | Tier 1 | SP; QL (4 EA per 1 day)     |
| <b>Antivirals, Hiv-Specific, Protease Inhibitors</b>               |        |                             |
| <i>atazanavir oral capsule 150 mg</i>                              | Tier 1 | SP; QL (2 EA per 1 day)     |
| <i>atazanavir oral capsule 200 mg</i> (Reyataz)                    | Tier 1 | SP; QL (2 EA per 1 day)     |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz)                    | Tier 1 | SP; QL (1 EA per 1 day)     |
| EVOTAZ ORAL TABLET 300-150 MG                                      | Tier 2 | SP; QL (1 EA per 1 day)     |
| <i>fosamprenavir oral tablet 700 mg</i>                            | Tier 1 | SP; QL (4 EA per 1 day)     |
| NORVIR ORAL POWDER IN PACKET 100 MG                                | Tier 2 | SP; QL (12 EA per 1 day)    |
| REYATAZ ORAL POWDER IN PACKET 50 MG                                | Tier 2 | SP; QL (5 EA per 1 day)     |
| <i>ritonavir oral tablet 100 mg</i> (Norvir)                       | Tier 1 | SP; QL (12 EA per 1 day)    |
| VIRACEPT ORAL TABLET 250 MG, 625 MG                                | Tier 2 | SP                          |

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| Drug   | Status | Notes   |
|--|--------|---|
| <b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>  |        |   |
| APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)        | \$0    | ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| <i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude) | \$0    | ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG  | Tier 2 | SP; QL (2 EA per 1 day)   |
| ISENTRESS ORAL POWDER IN PACKET 100 MG   | Tier 2 | SP; QL (2 EA per 1 day)   |
| ISENTRESS ORAL TABLET 400 MG   | Tier 2 | SP; QL (2 EA per 1 day)   |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG   | Tier 2 | SP; QL (6 EA per 1 day)   |
| TIVICAY ORAL TABLET 50 MG  | Tier 2 | SP; QL (2 EA per 1 day)   |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG   | Tier 2 | SP; QL (6 EA per 1 day)   |

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

| Drug   | Status | Notes   |
|--|--------|---|
| HARVONI ORAL PELLETS IN PACKET<br>33.75-150 MG, 45-200 MG    | Tier 2 | PA; SP  |
| HARVONI ORAL TABLET 45-200 MG                                | Tier 2 | PA; SP  |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)        | Tier 2 | PA; SP  |
| <b>Hep C Virus,Nucleotide Analog Ns5b<br/>Polymerase Inh</b> |        |   |
| SOVALDI ORAL PELLETS IN PACKET<br>150 MG, 200 MG             | Tier 3 | PA; SP  |
| SOVALDI ORAL TABLET 200 MG, 400<br>MG                        | Tier 3 | PA; SP  |
| <b>Hepatitis B Treatment Agents</b>                          |        |   |
| <i>adefovir oral tablet 10 mg</i> (Hepsera)                  | Tier 1 | SP; QL (1 EA per 1 day)   |
| BARACLUDGE ORAL SOLUTION 0.05<br>MG/ML                       | Tier 2 | SP; QL (630 ML per 30<br>days)  |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)        | Tier 1 | SP; QL (1 EA per 1 day)   |
| <i>lamivudine oral tablet 100 mg</i>                         | Tier 1 | QL (1 EA per 1 day)   |
| VEMLIDY ORAL TABLET 25 MG                                    | Tier 2 | SP; ST: Requires prior<br>prescription for Tenofovir<br>Disoproxil Fumarate within<br>the past 120 days; QL (1<br>EA per 1 day) |
| <b>Hepatitis C Treatment Agents</b>                          |        |   |
| PEGASYS SUBCUTANEOUS<br>SOLUTION 180 MCG/ML                  | Tier 2 | PA; SP  |
| PEGASYS SUBCUTANEOUS SYRINGE<br>180 MCG/0.5 ML               | Tier 2 | PA; SP  |
| <i>ribavirin oral capsule 200 mg</i>                         | Tier 1 |   |
| <i>ribavirin oral tablet 200 mg</i>                          | Tier 1 |   |
| <b>Hepatitis C Virus- Ns5a And Ns3/4A<br/>Inhibitor Comb</b> |        |   |
| MAVYRET ORAL PELLETS IN PACKET<br>50-20 MG                   | Tier 3 | PA; SP  |
| MAVYRET ORAL TABLET 100-40 MG                                | Tier 3 | PA; SP  |
| <b>Inflammatory Disease</b>                                  |        |   |
| <b>Anti-Arthritic And Chelating Agents</b>                   |        |   |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)                | Tier 3 | PA; SP  |

| Drug   | Status | Notes                   |
|--|--------|-------------------------|
| D-PENAMINE ORAL TABLET 125 MG  | Tier 1 | PA; SP                  |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine)   | Tier 1 | PA; SP                  |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)  | Tier 1 | PA; SP                  |
| <b>Anti-Arthritic, Folate Antagonist Agents</b>  |        |                         |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 2 | QL (1.6 ML per 28 days) |
| <b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>  |        |                         |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG  | Tier 3 | PA; SP                  |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML  | Tier 3 | PA; SP                  |
| <b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>   |        |                         |
| <i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)  | Tier 2 | PA; SP                  |
| <i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))   | Tier 2 | PA; SP                  |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML  | Tier 2 | PA; SP                  |
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML   | Tier 2 | PA; SP                  |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)   | Tier 3 | PA; SP                  |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)  | Tier 3 | PA; SP                  |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)  | Tier 3 | PA; SP                  |
| CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML   | Tier 2 | PA; SP                  |

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| Drug   | Status | Notes  |
|--|--------|--------|
| CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm)<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML          | Tier 2 | PA; SP |
| CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm)<br>PEN INJECTOR KIT 40 MG/0.8 ML                          | Tier 2 | PA; SP |
| CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm)<br>SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4<br>ML, 40 MG/0.8 ML    | Tier 2 | PA; SP |
| ENBREL MINI SUBCUTANEOUS<br>CARTRIDGE 50 MG/ML (1 ML)  | Tier 2 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION<br>25 MG/0.5 ML   | Tier 2 | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE<br>25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)                                       | Tier 2 | PA; SP |
| ENBREL SURECLICK<br>SUBCUTANEOUS PEN INJECTOR 50<br>MG/ML (1 ML)   | Tier 2 | PA; SP |
| HUMIRA PEN CROHNS-UC-HS START<br>SUBCUTANEOUS PEN INJECTOR KIT<br>40 MG/0.8 ML                           | Tier 2 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN<br>INJECTOR KIT 40 MG/0.8 ML   | Tier 2 | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE<br>KIT 40 MG/0.8 ML  | Tier 2 | PA; SP |
| HUMIRA(CF) PEDI CROHNS STARTER<br>SUBCUTANEOUS SYRINGE KIT 80<br>MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4<br>ML | Tier 2 | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                             | Tier 2 | PA; SP |
| HUMIRA(CF) PEN PEDIATRIC UC<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML                             | Tier 2 | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS<br>SUBCUTANEOUS PEN INJECTOR KIT<br>80 MG/0.8 ML-40 MG/0.4 ML             | Tier 2 | PA; SP |

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| Drug   | Status | Notes  |
|--|--------|--------|
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML                      | Tier 2 | PA; SP |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML                 | Tier 2 | PA; SP |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML                        | Tier 2 | PA; SP |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)      | Tier 2 | PA; SP |
| HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML   | Tier 2 | PA; SP |
| HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML  | Tier 2 | PA; SP |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML | Tier 2 | PA; SP |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML (adalimumab-adaz)                     | Tier 2 | PA; SP |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML                                       | Tier 2 | PA; SP |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML                                  | Tier 2 | PA; SP |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-adaz)                              | Tier 2 | PA; SP |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML                                    | Tier 3 | PA; SP |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML   | Tier 3 | PA; SP |
| <b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>                                     |        |        |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)  | Tier 1 |        |
| <b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>                                   |        |        |
| OTEZLA ORAL TABLET 30 MG   | Tier 2 | PA; SP |

| Drug  | Status | Notes  |
|---|--------|--------|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) | Tier 2 | PA; SP |
| <b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>   |        |        |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)                                      | Tier 2 | PA     |
| SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML  | Tier 2 | PA     |
| SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML  | Tier 2 | PA     |
| <b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>  |        |        |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML  | Tier 3 | PA; SP |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML                                | Tier 3 | PA; SP |
| <b>Bradykinin B2 Receptor Antagonists</b>   |        |        |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)  | Tier 1 | PA; SP |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)   | Tier 1 | PA; SP |
| <b>C1 Esterase Inhibitors</b>   |        |        |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)   | Tier 3 | PA; SP |
| BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)  | Tier 3 | PA; SP |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)  | Tier 3 | PA; SP |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT   | Tier 3 | PA; SP |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT  | Tier 3 | PA; SP |

| Drug   | Status | Notes   |
|--|--------|---|
| <b>Glucocorticoids</b>   |        |   |
| AGAMREE ORAL SUSPENSION 40 MG/ML   | Tier 3 | PA; SP  |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG                 | Tier 3 | PA; SP  |
| BETALOAN SUIK KIT 6 MG/ML  | Tier 3 |   |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i>                    | Tier 1 |   |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)            | Tier 1 | ST: Requires prior prescription for Balsalazide Disodium within the past 120 days |
| <i>cortisone oral tablet 25 mg</i>   | Tier 1 |   |
| <i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)               | Tier 1 | PA; SP  |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML  | Tier 3 |   |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i>                                     | Tier 1 |   |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i>                                   | Tier 1 |   |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 |   |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 %   | Tier 3 |   |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML  | Tier 3 | PA; SP  |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)                      | Tier 3 | PA; SP  |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)                    | Tier 1 |   |
| MEDROL ORAL TABLET 2 MG  | Tier 2 |   |
| MEDROLOAN II SUIK KIT 40 MG/ML   | Tier 3 |   |
| MEDROLOAN SUIK KIT 40 MG/ML  | Tier 3 |   |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)                 | Tier 1 |   |
| <i>methylprednisolone oral tablet 32 mg</i>                                      | Tier 1 |   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))   | Tier 1        |              |
| <i>prednisolone oral solution 15 mg/5 ml</i>   | Tier 1        |              |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i> | Tier 1        |              |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)  | Tier 1        |              |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)                                  | Tier 1        |              |
| <i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)                            | Tier 1        |              |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML   | Tier 2        |              |
| <i>prednisone oral solution 5 mg/5 ml</i>  | Tier 1        |              |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>  | Tier 1        |              |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>   | Tier 1        |              |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML   | Tier 3        |              |
| SOLU-CORTEF INJECTION RECON SOLN 100 MG  | Tier 3        |              |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG   | Tier 3        | PA; SP       |
| TRILOAN II SUIK KIT 40 MG/ML   | Tier 3        |              |
| TRILOAN SUIK KIT 40 MG/ML  | Tier 3        |              |
| <b>Gold Salts</b>  |               |              |
| RIDAURA ORAL CAPSULE 3 MG  | Tier 3        |              |
| <b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>  |               |              |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML  | Tier 3        | PA; SP       |



| Drug   | Status | Notes  |
|--|--------|--------|
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML  | Tier 3 | PA; SP |
| <b>Interleukin-6 (Il-6) Receptor Inhibitors</b>  |        |        |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML   | Tier 3 | PA; SP |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML   | Tier 3 | PA; SP |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML  | Tier 3 | PA; SP |
| <b>Janus Kinase (Jak) Inhibitors</b>   |        |        |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG  | Tier 3 | PA; SP |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG                                  | Tier 2 | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML  | Tier 2 | PA; SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG  | Tier 2 | PA; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG                                     | Tier 2 | PA; SP |
| <b>Mineralocorticoids</b>  |        |        |
| <i>fludrocortisone oral tablet 0.1 mg</i>  | Tier 1 |        |
| <b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>                                       |        |        |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML   | Tier 2 | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML  | Tier 2 | PA; SP |
| <b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>                                  |        |        |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Tier 1 |        |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Tier 1 |        |

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| Drug  | Status | Notes |
|---|--------|-------|
| <b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>                                  |        |       |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)            | Tier 1 |       |
| <b>Nsaids, Cyclooxygenase Inhibitor-Type</b>                                      |        |       |
| <i>diclofenac potassium oral tablet 50 mg</i>                                     | Tier 1 |       |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>                | Tier 1 |       |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 1 |       |
| EC-NAPROXEN ORAL (naproxen)<br>TABLET, DELAYED RELEASE (DR/EC)<br>375 MG, 500 MG  | Tier 1 |       |
| <i>etodolac oral capsule 200 mg, 300 mg</i>                                       | Tier 1 |       |
| <i>etodolac oral tablet 400 mg</i> (Lodine)                                       | Tier 1 |       |
| <i>etodolac oral tablet 500 mg</i>  | Tier 1 |       |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>         | Tier 1 |       |
| <i>flurbiprofen oral tablet 100 mg</i>  | Tier 1 |       |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)                                | Tier 1 |       |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)                   | Tier 1 |       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)                         | Tier 1 |       |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                     | Tier 1 |       |
| <i>indomethacin oral capsule, extended release 75 mg</i>                          | Tier 1 |       |
| <i>indomethacin rectal suppository 100 mg</i>                                     | Tier 1 |       |
| <i>ketoprofen oral capsule 25 mg</i> (Kiprofen)                                   | Tier 1 |       |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                                       | Tier 1 |       |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>                     | Tier 1 |       |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>           | Tier 1 |       |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>                             | Tier 1 |       |

| Drug  | Status | Notes                 |
|---|--------|-----------------------|
| <i>ketorolac intramuscular solution 60 mg/2 ml</i>                                | Tier 1 |                       |
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i>                                 | Tier 1 |                       |
| <i>ketorolac oral tablet 10 mg</i>  | Tier 1 | QL (20 EA per 5 days) |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i>                                   | Tier 1 |                       |
| <i>mefenamic acid oral capsule 250 mg</i>   | Tier 1 |                       |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i>                                      | Tier 1 |                       |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>  | Tier 1 |                       |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                      | Tier 1 |                       |
| <i>naproxen oral tablet 250 mg, 375 mg</i>  | Tier 1 |                       |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn)                                     | Tier 1 |                       |
| <i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naproxen) | Tier 1 |                       |
| <i>naproxen sodium oral tablet 275 mg</i>   | Tier 1 |                       |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)                            | Tier 1 |                       |
| <i>oxaprozin oral tablet 600 mg</i> (Daypro)                                      | Tier 1 |                       |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)                              | Tier 1 |                       |
| <i>sulindac oral tablet 150 mg, 200 mg</i>  | Tier 1 |                       |
| TORONOVA II SUIK KIT 30 MG/ML   | Tier 3 |                       |
| TORONOVA SUIK KIT 30 MG/ML  | Tier 3 |                       |
| <b>Plasma Kallikrein Inhibitors</b>   |        |                       |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG  | Tier 3 | PA; SP                |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)                            | Tier 3 | PA; SP                |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)                  | Tier 3 | PA; SP                |
| <b>Local Anesthesia</b>   |        |                       |
| <b>Local Anesthetics</b>  |        |                       |
| GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)                     | Tier 1 |                       |

| Drug   | Status | Notes |
|--|--------|-------|
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML                             | Tier 3 |       |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)           | Tier 1 |       |
| <i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)          | Tier 1 |       |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>                   | Tier 1 |       |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)                 | Tier 1 |       |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)  | Tier 3 |       |
| <b>Periodontal Anesthetics</b>   |        |       |
| ORAQIX DENTAL CARTRIDGE 2.5-2.5 %  | Tier 3 |       |
| <b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>                   |        |       |
| <b>Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment</b> |        |       |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)                           | Tier 1 |       |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa)                         | Tier 1 |       |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)   | Tier 1 |       |
| <b>Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates</b> |        |       |
| <i>balsalazide oral capsule 750 mg</i> (Colazal)                               | Tier 1 |       |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)              | Tier 1 |       |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)      | Tier 1 |       |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)       | Tier 1 |       |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>                  | Tier 1 |       |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                  | Tier 2 |       |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)                           | Tier 1 |       |

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| Drug  | Status | Notes  |
|---|--------|--------|
| <i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)       | Tier 1 |        |
| <b>Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth</b>                                  |        |        |
| ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-<br>aloe)                            | Tier 1 |        |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)                   | Tier 1 |        |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)             | Tier 1 |        |
| <i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>                                 | Tier 1 |        |
| <i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>                        | Tier 1 |        |
| <i>lidocaine hcl-hydrocortisone ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i> | Tier 1 |        |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>                                  | Tier 1 |        |
| <i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>                            | Tier 1 |        |
| PROCORT RECTAL CREAM 1.85-1.15 %  | Tier 3 |        |
| PROCTOFOAM HC RECTAL FOAM 1-1 %   | Tier 2 |        |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %   | Tier 3 |        |
| <b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>                                  |        |        |
| VIBERZI ORAL TABLET 100 MG, 75 MG   | Tier 3 | PA     |
| <b>Integrin Receptor Antagonist, Monoclonal Antibody</b>                                    |        |        |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML  | Tier 3 | PA; SP |

| Drug   | Status | Notes               |
|--|--------|---------------------|
| <b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>                         |        |                     |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG                                    | Tier 2 | QL (1 EA per 1 day) |
| <b>Local Anorectal Nitrate Preparations</b>                                      |        |                     |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)                        | Tier 1 |                     |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)                               | Tier 3 |                     |
| <b>Rectal Preparations</b>   |        |                     |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)                     | Tier 1 |                     |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)              | Tier 1 |                     |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)             | Tier 1 |                     |
| <b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>                          |        |                     |
| <i>budesonide rectal foam 2 mg/actuation</i> (Uceris)                            | Tier 1 |                     |
| CORTIFOAM RECTAL FOAM 10 % (80 MG)   | Tier 3 |                     |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)                      | Tier 1 |                     |
| <b>Lower Gastrointestinal Disorders - Other</b>                                  |        |                     |
| <b>Ammonia Inhibitors</b>  |        |                     |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)                        | Tier 3 | PA; SP              |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)                 | Tier 1 | PA; SP              |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)                                  | Tier 1 |                     |
| LITHOSTAT ORAL TABLET 250 MG   | Tier 3 |                     |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | Tier 3 | PA; SP              |
| PHEBURANE ORAL GRANULES 483 MG/GRAM  | Tier 3 | PA; SP              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>  |
|--|---------------|---|
| RAVICTI ORAL LIQUID 1.1 GRAM/ML                                    | Tier 3        | PA; SP  |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl) | Tier 1        | PA; SP  |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)         | Tier 1        | PA; SP  |
| <b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>            |               |   |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG                 | Tier 2        | SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day) |
| <b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>            |               |   |
| XERMELO ORAL TABLET 250 MG   | Tier 2        | PA; SP  |
| <b>Antidiarrheals</b>  |               |   |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>        | Tier 1        |   |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)   | Tier 1        |   |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))  | Tier 1        |   |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i>            | Tier 1        |   |
| <b>Bile Salts</b>  |               |   |
| CHENODAL ORAL TABLET 250 MG  | Tier 3        | PA; SP  |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG                                 | Tier 3        | PA; SP  |
| <i>ursodiol oral capsule 300 mg</i>                                | Tier 1        |   |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250)                      | Tier 1        |   |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte)                    | Tier 1        |   |
| <b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>          |               |   |
| OCALIVA ORAL TABLET 10 MG, 5 MG                                    | Tier 2        | PA; SP  |

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



| Drug  | Status | Notes   |
|---|--------|---|
| <i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G)<br><i>236-22.74-6.74 -5.86 gram</i>   | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)  |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)       | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)  |
| <i>peg-electrolyte soln oral recon soln 420 gram</i>  | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)  |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM   | \$0    | ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL) |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)  |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM  | \$0    | ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL) |

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| Drug   | Status | Notes  |
|--|--------|--|
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM   | \$0    | \$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL) |
| <b>Narcotic Antagonists, Peripherally-Acting</b>   |        |  |
| <i>alvimopan oral capsule 12 mg</i> (Entereg)  | Tier 1 |  |
| ENTEREG ORAL CAPSULE 12 MG (alvimopan)   | Tier 3 |  |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG  | Tier 2 | QL (1 EA per 1 day)  |
| RELISTOR ORAL TABLET 150 MG  | Tier 3 | PA   |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML  | Tier 3 | PA   |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML  | Tier 3 | PA   |
| <b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>   |        |  |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG   | Tier 2 | PA; SP   |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG  | Tier 2 | PA; SP   |
| <b>Medical Supplies</b>  |        |  |
| <b>Bandages And Related Supplies</b>   |        |  |
| ACESO AG TOPICAL BANDAGE 4 X 4 "   | Tier 3 |  |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "                    | Tier 3 |  |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " | Tier 3 |  |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL  | Tier 3 |  |
| CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "   | Tier 3 |  |
| CURAFIL GEL WOUND TOPICAL GEL  | Tier 3 |  |

| Drug   | Status | Notes |
|--|--------|-------|
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"   | Tier 3 |       |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET  | Tier 3 |       |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "  | Tier 3 |       |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD | Tier 3 |       |
| DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "  | Tier 3 |       |
| DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "  | Tier 3 |       |
| KERAGEL TOPICAL GEL  | Tier 3 |       |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD  | Tier 3 |       |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"  | Tier 3 |       |
| MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "   | Tier 3 |       |
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "  | Tier 3 |       |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM  | Tier 3 |       |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM                                   | Tier 3 |       |
| PETROLEUM GAUZE TOPICAL BANDAGE  | Tier 3 |       |
| PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "                       | Tier 3 |       |

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| Drug   | Status | Notes |
|--|--------|-------|
| PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "  | Tier 3 |       |
| RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "   | Tier 3 |       |
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "  | Tier 3 |       |
| SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "   | Tier 3 |       |
| SILINOIN TOPICAL SHEET 5 CM X 14 CM  | Tier 3 |       |
| SPECTRAGEL TOPICAL GEL   | Tier 3 |       |
| STRATACTX TOPICAL GEL  | Tier 3 |       |
| STRATAGRT TOPICAL GEL  | Tier 3 |       |
| STRATAVRT TOPICAL GEL  | Tier 3 |       |
| THERAHONEY TOPICAL BANDAGE 4 X 5 "   | Tier 3 |       |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "  | Tier 3 |       |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 "  | Tier 3 |       |
| ZENPHOR TOPICAL GEL  | Tier 3 |       |
| <b>Blood Administration Sets</b>   |        |       |
| IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET  | Tier 3 |       |
| <b>Catheters And Related Devices</b>   |        |       |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" | Tier 3 |       |
| ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"  | Tier 3 |       |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"   | Tier 3 |       |
| APOGEE IC INTERMIT CATHETER 14-6 FR-"  | Tier 3 |       |

| Drug  | Status | Notes |
|---|--------|-------|
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-"           | Tier 3 |       |
| BARDEX I.C. FOLEY CATHETER 24 FR                    | Tier 3 |       |
| CURITY DRAINAGE BAG 2,000 ML                        | Tier 3 |       |
| DOVER COATED LATEX FOLEY COMBO PACK                 | Tier 3 |       |
| DOVER FOLEY CATHETER 24 FR                          | Tier 3 |       |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR             | Tier 3 |       |
| DOVER RED RUBBER ROBINSON CATH 8 FR                 | Tier 3 |       |
| DOVER UNIVERSAL TRAY (catheterization tray)         | Tier 3 |       |
| FEMALE CATHETER 14 FR                               | Tier 3 |       |
| KENGUARD FOLEY CATHETER 18-16 FR-"                  | Tier 3 |       |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray) | Tier 3 |       |
| LOFRIC 12-16 FR-"                                   | Tier 3 |       |
| LOFRIC 14-16 FR-" (catheter)                        | Tier 3 |       |
| LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"              | Tier 3 |       |
| LOFRIC ORIGO 14-16 FR-" (catheter)                  | Tier 3 |       |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-"            | Tier 3 |       |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-"             | Tier 3 |       |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" | Tier 3 |       |
| MONO-FLO DRAINAGE BAG 2,000 ML                      | Tier 3 |       |
| ROBINSON CLEAR VINYL CATHETER 16 FR                 | Tier 3 |       |
| SELF-CATHETER, FEMALE 14 FR                         | Tier 3 |       |
| SILASTIC FOLEY CATHETER 20 FR                       | Tier 3 |       |
| SPEEDICATH (FEMALE) 16 FR                           | Tier 3 |       |
| TOUCH-TROL 10 FR                                    | Tier 3 |       |

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| Drug  | Status | Notes |
|---|--------|-------|
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" | Tier 3 |       |
| <b>Durable Medical Equipment,Misc</b>                                     |        |       |
| ALL FLOW 1000 KIT (nebulizer accessories)                                 | Tier 3 |       |
| ALL FLOW 1000 PFT FILTER (nebulizer accessories)                          | Tier 3 |       |
| ALL FLOW 3000 KIT (nebulizer accessories)                                 | Tier 3 |       |
| ALL FLOW 3000 PFT FILTER (nebulizer accessories)                          | Tier 3 |       |
| ALL FLOW 4000 KIT (nebulizer accessories)                                 | Tier 3 |       |
| ALL FLOW 4000 PFT FILTER (nebulizer accessories)                          | Tier 3 |       |
| ALL FLOW 5000 KIT (nebulizer accessories)                                 | Tier 3 |       |
| ALL FLOW 5000 PFT FILTER (nebulizer accessories)                          | Tier 3 |       |
| ALL FLOW 6000 PFT FILTER (nebulizer accessories)                          | Tier 3 |       |
| AMIELLE VAGINAL TRAINER KIT   | Tier 3 |       |
| ARGYLE TRACHEOSTOMY CARE TRAY   | Tier 3 |       |
| CEFALY COMBO PACK   | Tier 3 |       |
| CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)                       | Tier 3 |       |
| CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)                       | Tier 3 |       |
| INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)                      | Tier 3 |       |
| INSPIRATION ELITE FILTER (nebulizer accessories)                          | Tier 3 |       |
| NOSE CLIP (nebulizer accessories)   | Tier 3 |       |
| PARI BABY CONV KIT - SIZE 1 KIT   | Tier 3 |       |
| PARI BABY CONV KIT - SIZE 2 KIT   | Tier 3 |       |
| PARI BABY CONV KIT - SIZE 3 KIT   | Tier 3 |       |
| PARI TREK S PORTABLE PWR KIT (nebulizer accessories)                      | Tier 3 |       |
| PILLOW MASK CHILD (nebulizer accessories)                                 | Tier 3 |       |
| PRO COMFORT TENS ELECTRODE PAD  | Tier 3 |       |
| PRO COMFORT TENS UNIT COMBO PACK  | Tier 3 |       |
| PRO-CEPTION VAGINAL   | Tier 3 |       |
| PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)                      | Tier 3 |       |
| PTS COLLECT CAPILLARY TUBE  | Tier 3 |       |

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| Drug   | Status | Notes |
|--|--------|-------|
| REUSABLE NEBULIZER KIT KIT                                       | Tier 3 |       |
| RUBBER MOUTHPIECE (nebulizer accessories)                        | Tier 3 |       |
| SAMI THE SEAL MASK (nebulizer accessories)                       | Tier 3 |       |
| SIDESTREAM MASK (nebulizer accessories)                          | Tier 3 |       |
| SILICONE MASK (nebulizer accessories)                            | Tier 3 |       |
| TENS 502 DEVICE  | Tier 3 |       |
| TENS 504 DEVICE  | Tier 3 |       |
| <b>Durable Medical Equipment,Misc(Group 1)</b>                   |        |       |
| ACCU-CHEK FASTCLIX LANCET (lancets) DRUM                         | Tier 2 |       |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE                                    | Tier 2 |       |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE                               | Tier 2 |       |
| ACCU-CHEK SOFTCLIX LANCETS (lancets)                             | Tier 2 |       |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE                            | Tier 2 |       |
| ACTI-LANCE LANCETS 28 GAUGE (lancets)                            | Tier 2 |       |
| ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)                       | Tier 2 |       |
| ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 |       |
| ADVOCATE LANCET 23 GAUGE   | Tier 2 |       |
| ALTERNATE SITE LANCET 26 GAUGE (lancets)                         | Tier 2 |       |
| ASSURE LANCE 25 GAUGE  | Tier 2 |       |
| ASSURE LANCE 28 GAUGE (lancets)                                  | Tier 2 |       |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)                   | Tier 2 |       |
| ASSURE LANCE PLUS 25 GAUGE                                       | Tier 2 |       |
| BD MICROTAINER LANCET 1.5 X 2 MM                                 | Tier 2 |       |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)               | Tier 2 |       |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)        | Tier 2 |       |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE                                      | Tier 2        |              |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)                                  | Tier 2        |              |
| CAREONE ULTRA THIN LANCET (lancets)  | Tier 2        |              |
| CARESENS LANCETS 30 GAUGE (lancets)  | Tier 2        |              |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)                      | Tier 2        |              |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)              | Tier 2        |              |
| CLEVER CHEK LANCETS 30 GAUGE (lancets)                                     | Tier 2        |              |
| COAGUCHEK LANCETS (lancets)  | Tier 2        |              |
| COLOR LANCETS 21 GAUGE (lancets)   | Tier 2        |              |
| COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)                            | Tier 2        |              |
| COMFORT EZ LANCETS 23 GAUGE  | Tier 2        |              |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)                          | Tier 2        |              |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE                                    | Tier 2        |              |
| DROPLET LANCETS 30 GAUGE (lancets)   | Tier 2        |              |
| EASY COMFORT LANCETS 30 GAUGE (lancets)                                    | Tier 2        |              |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)                  | Tier 2        |              |
| EASY TOUCH LANCETS 32 GAUGE  | Tier 2        |              |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2        |              |
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE                               | Tier 2        |              |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)  | Tier 2        |              |
| EASY TOUCH TWIST LANCETS 32 GAUGE  | Tier 2        |              |

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| Drug  | Status | Notes |
|---|--------|-------|
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)                 | Tier 2 |       |
| EMBRACE LANCETS 30 GAUGE (lancets)                            | Tier 2 |       |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)            | Tier 2 |       |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)     | Tier 2 |       |
| E-Z JECT LANCETS 32 GAUGE                                     | Tier 2 |       |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets)                      | Tier 2 |       |
| EZ SMART LANCETS 28 GAUGE (lancets)                           | Tier 2 |       |
| FINGERSTIX LANCETS (lancets)                                  | Tier 2 |       |
| FORACARE LANCETS 30 GAUGE (lancets)                           | Tier 2 |       |
| FREESTYLE LANCETS 28 GAUGE (lancets)                          | Tier 2 |       |
| FREESTYLE UNISTIK 2 (lancets)                                 | Tier 2 |       |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)       | Tier 2 |       |
| GOJJI LANCETS 30 GAUGE (lancets)                              | Tier 2 |       |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)              | Tier 2 |       |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)               | Tier 2 |       |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)               | Tier 2 |       |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)              | Tier 2 |       |
| INVACARE LANCETS 30 GAUGE (lancets)                           | Tier 2 |       |
| <i>lancets</i> (Accu-Chek Fastclix Lancet Drum)               | Tier 2 |       |
| <i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet) | Tier 2 |       |
| <i>lancets 28 gauge</i> (Acti-Lance Lancets)                  | Tier 2 |       |
| <i>lancets 33 gauge</i> (CareTouch Twist Lancet)              | Tier 2 |       |
| LANCETS, SUPER THIN (lancets)                                 | Tier 2 |       |
| LANCETS, THIN , 28 GAUGE (lancets)                            | Tier 2 |       |
| LANCETS, ULTRA THIN (lancets)                                 | Tier 2 |       |

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| Drug   | Status | Notes |
|--|--------|-------|
| MEDISENSE THIN LANCETS 28 GAUGE (lancets)                | Tier 2 |       |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)       | Tier 2 |       |
| MEDLANCE PLUS LANCETS 25 GAUGE                           | Tier 2 |       |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM                   | Tier 2 |       |
| MICRO THIN LANCETS 33 GAUGE (lancets)                    | Tier 2 |       |
| MICRODOT LANCET 28 GAUGE (lancets)                       | Tier 2 |       |
| MICROLET LANCET (lancets)                                | Tier 2 |       |
| MOBILE LANCETS 30 GAUGE (lancets)                        | Tier 2 |       |
| MONOLET LANCETS 21 GAUGE (lancets)                       | Tier 2 |       |
| MONOLET THIN LANCETS 28 GAUGE (lancets)                  | Tier 2 |       |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)                 | Tier 2 |       |
| NOVA SAFETY LANCETS 23 GAUGE                             | Tier 2 |       |
| NOVA SAFETY LANCETS 28 GAUGE (lancets)                   | Tier 2 |       |
| NOVA SUREFLEX LANCETS (lancets)                          | Tier 2 |       |
| ON CALL LANCET 30 GAUGE (lancets)                        | Tier 2 |       |
| ON CALL PLUS LANCET 30 GAUGE (lancets)                   | Tier 2 |       |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets) | Tier 2 |       |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)         | Tier 2 |       |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)           | Tier 2 |       |
| ON-THE-GO LANCETS 30 GAUGE (lancets)                     | Tier 2 |       |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets)                  | Tier 2 |       |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)  | Tier 2 |       |
| PRO COMFORT LANCET 30 GAUGE (lancets)                    | Tier 2 |       |
| PRO COMFORT LANCET 31 GAUGE                              | Tier 2 |       |
| PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)             | Tier 2 |       |

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| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)               | Tier 2        |              |
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)                | Tier 2        |              |
| PURE COMFORT LANCETS 30 GAUGE (lancets)                    | Tier 2        |              |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)             | Tier 2        |              |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)    | Tier 2        |              |
| RELIAMED LANCET 23 GAUGE                                   | Tier 2        |              |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)               | Tier 2        |              |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)  | Tier 2        |              |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)           | Tier 2        |              |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets)                  | Tier 2        |              |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)                | Tier 2        |              |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)           | Tier 2        |              |
| SAFETY-LET LANCETS 30 GAUGE (lancets)                      | Tier 2        |              |
| SINGLE-LET (lancets)                                       | Tier 2        |              |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets) | Tier 2        |              |
| SMARTEST LANCET (lancets)                                  | Tier 2        |              |
| SOFT TOUCH LANCETS (lancets)                               | Tier 2        |              |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)              | Tier 2        |              |
| STERILANCE TL 30 GAUGE (lancets)                           | Tier 2        |              |
| STERILANCE TL 32 GAUGE                                     | Tier 2        |              |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)            | Tier 2        |              |

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| Drug   | Status | Notes |
|--|--------|-------|
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE                          | Tier 2 |       |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)      | Tier 2 |       |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)                        | Tier 2 |       |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets)                         | Tier 2 |       |
| SURE-TOUCH LANCET (lancets)                                      | Tier 2 |       |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)          | Tier 2 |       |
| TELCARE LANCETS 30 GAUGE (lancets)                               | Tier 2 |       |
| TEMPO REFILL KIT WITH GAUZE KIT                                  | Tier 2 |       |
| THIN LANCETS 26 GAUGE (lancets)                                  | Tier 2 |       |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)                   | Tier 2 |       |
| TRUE COMFORT LANCET 30 GAUGE (lancets)                           | Tier 2 |       |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)          | Tier 2 |       |
| TWIST LANCETS 30 GAUGE (lancets)                                 | Tier 2 |       |
| TWIST LANCETS 32 GAUGE   | Tier 2 |       |
| ULTILET BASIC LANCETS 30 GAUGE (lancets)                         | Tier 2 |       |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 |       |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)           | Tier 2 |       |
| ULTILET SAFETY LANCETS 23 GAUGE                                  | Tier 2 |       |
| ULTRA FINE LANCETS 30 GAUGE (lancets)                            | Tier 2 |       |
| ULTRA THIN II LANCETS 30 GAUGE (lancets)                         | Tier 2 |       |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)      | Tier 2 |       |
| ULTRA THIN LANCETS 31 GAUGE                                      | Tier 2 |       |
| ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)                       | Tier 2 |       |
| ULTRA TLC LANCETS (lancets)                                      | Tier 2 |       |
| ULTRA-CARE LANCETS 30 GAUGE (lancets)                            | Tier 2 |       |

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| Drug   | Status | Notes |
|--|--------|-------|
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)                      | Tier 2 |       |
| ULTRA-THIN II LANCETS 28 GAUGE (lancets)                             | Tier 2 |       |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)                       | Tier 2 |       |
| UNILET GP LANCET (lancets)   | Tier 2 |       |
| UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)                           | Tier 2 |       |
| UNILET LANCETS 30 GAUGE (lancets)                                    | Tier 2 |       |
| UNILET SUPER THIN LANCETS 30 GAUGE (lancets)                         | Tier 2 |       |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)                          | Tier 2 |       |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)                            | Tier 2 |       |
| UNISTIK 3 GENTLE 30 GAUGE (lancets)                                  | Tier 2 |       |
| UNISTIK 3 NORMAL LANCET 23 GAUGE                                     | Tier 2 |       |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets)                           | Tier 2 |       |
| UNISTIK CZT LANCET 23 GAUGE  | Tier 2 |       |
| UNISTIK CZT LANCET 28 GAUGE (lancets)                                | Tier 2 |       |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets)                             | Tier 2 |       |
| UNISTIK NORMAL LANCETS 23 GAUGE                                      | Tier 2 |       |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)                      | Tier 2 |       |
| UNISTIK PRO LANCET 25 GAUGE  | Tier 2 |       |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)                          | Tier 2 |       |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)         | Tier 2 |       |
| UNISTIK TOUCH LANCETS 23 GAUGE                                       | Tier 2 |       |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 |       |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)   | Tier 2 |       |

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| Drug  | Status | Notes |
|---|--------|-------|
| VERIFINE SAFETY LANCET MINI 23 GAUGE                            | Tier 2 |       |
| VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)                    | Tier 2 |       |
| VIVAGUARD LANCET 30 GAUGE (lancets)                             | Tier 2 |       |
| <b>Feeding Devices</b>  |        |       |
| ENTERAL GRAVITY BAG SET-ENFIT                                   | Tier 3 |       |
| KANGAROO 924 SAFETY SCREW (pump set)                            | Tier 3 |       |
| KANGAROO EPUMP SET  | Tier 3 |       |
| KANGAROO GRAVITY SET  | Tier 3 |       |
| RELIZORB CARTRIDGE  | Tier 3 |       |
| <b>Incontinence Supplies</b>                                    |        |       |
| FLEXI-SEAL SIGNAL FMS RECTAL                                    | Tier 3 |       |
| TENSCARE ITOUCH SURE VAGINAL DEVICE                             | Tier 3 |       |
| <b>Medical Supplies,Miscellaneous</b>                           |        |       |
| VARITHENA ADMINISTRATION PACK                                   | Tier 3 |       |
| VIBRANT ORAL CAPSULE  | Tier 3 |       |
| VIBRANT STARTER KIT COMBO PACK                                  | Tier 3 |       |
| <b>Medical Supplies,Miscellaneous(Group 2)</b>                  |        |       |
| EAR POPPER INFLATION DEVICE<br>NASAL DEVICE                     | Tier 3 |       |
| PCCA ACCUPEN-15 DEVICE  | Tier 3 |       |
| <b>Medical Supplies,Miscellaneous(Group 3)</b>                  |        |       |
| XENOVIEW EMPTY DELIVERY BAG                                     | Tier 3 |       |
| <b>Parenteral Administration Sets</b>                           |        |       |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" | Tier 3 |       |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"                    | Tier 3 |       |
| FILTERED EXTENSION SET INFUSION SET                             | Tier 3 |       |
| HALO B-LOCK CLOSED LINE ADAPTR                                  | Tier 3 |       |

| Drug  | Status | Notes |
|---|--------|-------|
| HALO CLOSED BAG ADAPTOR   | Tier 3 |       |
| HALO CLOSED LINE ADAPTOR  | Tier 3 |       |
| HALO CLOSED SYRINGE ADAPTOR   | Tier 3 |       |
| HI-VOLUME PUMPING CHAMBER SET   | Tier 3 |       |
| INSUFLON INFUSION SET 25 X 18 MM  | Tier 3 |       |
| INSYTE IV CATHETER INFUSION SET<br>14 X 1.75 ", 20 X 1.16 "   | Tier 3 |       |
| I-PORT  | Tier 3 |       |
| I-PORT ADVANCE 6 MM INJEC PORT  | Tier 3 |       |
| I-PORT ADVANCE 9 MM INJEC PORT  | Tier 3 |       |
| IVENIX ADMIN SET 2INLET 2YSITE (iv administration set)<br>INFUSION SET  | Tier 3 |       |
| IVENIX ADMIN SET 2INLET Y-SITE (iv administration set)<br>INFUSION SET  | Tier 3 |       |
| IVENIX ADMIN SET SINGLE-INLET (iv administration set)<br>INFUSION SET   | Tier 3 |       |
| MICROBORE EXTENSION SET (iv admin extension set)<br>INFUSION SET  | Tier 3 |       |
| MONOJECT LUER ADAPTER<br>INTRAVENOUS ADMIX ACCESSORY  | Tier 3 |       |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18<br>X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ",<br>20 X 1 3/4 ", 22 GAUGE X 1", 24<br>GAUGE X 3/4", 24 X 0.56 " | Tier 3 |       |
| PHASEAL ASSEMBLY FIXTURE<br>DEVICE  | Tier 3 |       |
| PHASEAL CONNECTOR LUER LOCK   | Tier 3 |       |
| PHASEAL INFUSION ADAPTER  | Tier 3 |       |
| PHASEAL INFUSION CLAMP  | Tier 3 |       |
| PHASEAL INJECTOR LUER   | Tier 3 |       |
| PHASEAL INJECTOR LUER LOCK  | Tier 3 |       |
| PHASEAL SECONDARY SET<br>INFUSION SET   | Tier 3 |       |
| PHASEAL Y-SITE  | Tier 3 |       |
| RATE FLOW REGULATOR IV SET (iv administration set)<br>INFUSION SET  | Tier 3 |       |

MedPerform Medium Formulary

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| Drug  | Status | Notes                |
|---|--------|----------------------|
| TRANSFER SET  | Tier 3 |                      |
| <b>Syringes And Accessories</b>   |        |                      |
| BD INSULIN SYRINGE (HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 5/16"   | Tier 2 |                      |
| BD INSULIN SYRINGE U-500 SYRINGE<br>1/2 ML 31 GAUGE X 15/64"  | Tier 2 |                      |
| BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u-<br>SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100)<br>ML 31 GAUGE X 5/16", 0.5 ML 30<br>GAUGE X 1/2", 0.5 ML 31 GAUGE X<br>5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31<br>GAUGE X 5/16 | Tier 2 |                      |
| BD VEO INSULIN SYR (HALF UNIT)<br>SYRINGE 0.3 ML 31 GAUGE X 15/64"  | Tier 2 |                      |
| BD VEO INSULIN SYRINGE UF (insulin syringe-needle u-<br>SYRINGE 0.3 ML 31 GAUGE X 15/64", 100)<br>1 ML 31 GAUGE X 15/64", 1/2 ML 31<br>GAUGE X 15/64"   | Tier 2 |                      |
| EXTENDED RESERVOIR 3 ML   | Tier 3 |                      |
| INTERLINK LEVER LOCK CANNULA  | Tier 3 |                      |
| KENDALL DISINFECTANT CAP  | Tier 3 |                      |
| PARADIGM RESERVOIR 1.8 ML, 3 ML   | Tier 3 |                      |
| <b>Miscellaneous Agents</b>   |        |                      |
| <b>Amyloidosis Agents-Transthyretin (Ttr)<br/>Suppression</b>   |        |                      |
| TEGSEDI SUBCUTANEOUS SYRINGE<br>284 MG/1.5 ML   | Tier 3 | PA; SP               |
| WAINUA SUBCUTANEOUS AUTO-<br>INJECTOR 45 MG/0.8 ML  | Tier 3 | PA; SP               |
| <b>Anaphylaxis Therapy Agents</b>   |        |                      |
| <i>epinephrine injection auto-injector 0.15 (Auvi-Q)<br/>mg/0.15 ml, 0.3 mg/0.3 ml</i>  | Tier 1 | QL (4 EA per 1 FILL) |
| <i>epinephrine injection auto-injector 0.15 (EpiPen Jr)<br/>mg/0.3 ml</i>   | Tier 1 | QL (4 EA per 1 FILL) |
| SYMJEPI INJECTION SYRINGE 0.15<br>MG/0.3 ML   | Tier 2 | QL (4 EA per 1 FILL) |



| Drug  | Status | Notes                |
|---|--------|----------------------|
| SYMJEPI INJECTION SYRINGE 0.3 (epinephrine)<br>MG/0.3 ML                  | Tier 2 | QL (4 EA per 1 FILL) |
| <b>Genetic D/O Tx-Exon Inclusion<br/>Antisense Oligonucle</b>             |        |                      |
| EVRYSDI ORAL RECON SOLN 0.75<br>MG/ML                                     | Tier 3 | PA; SP               |
| <b>Miscellaneous Agents</b>   |        |                      |
| NEXAVIR INJECTION SOLUTION 25.5<br>MG/ML                                  | Tier 3 |                      |
| <b>Parasympathetic Agents</b>   |        |                      |
| <i>bethanechol chloride oral tablet 10 mg,<br/>25 mg, 5 mg, 50 mg</i>     | Tier 1 |                      |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac)                             | Tier 1 |                      |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))   | Tier 1 |                      |
| <b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>                 |        |                      |
| GALAFOLD ORAL CAPSULE 123 MG  | Tier 3 | PA; SP               |
| <b>Pku Treatment Agents - Phenylalanine<br/>Ammonia Lyase</b>             |        |                      |
| PALYNZIQ SUBCUTANEOUS<br>SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5<br>ML, 20 MG/ML | Tier 2 | PA; SP               |
| <b>Pku Tx Agent-Cofactor Of<br/>Phenylalanine Hydroxylase</b>             |        |                      |
| JAVYGTOR ORAL POWDER IN (sapropterin)<br>PACKET 100 MG, 500 MG            | Tier 1 | SP                   |
| JAVYGTOR ORAL TABLET,SOLUBLE (sapropterin)<br>100 MG                      | Tier 1 | SP                   |
| KUVAN ORAL POWDER IN PACKET (sapropterin)<br>100 MG, 500 MG               | Tier 2 | SP                   |
| KUVAN ORAL TABLET,SOLUBLE 100 (sapropterin)<br>MG                         | Tier 2 | SP                   |
| <i>sapropterin oral powder in packet 100 (Javygtor)<br/>mg, 500 mg</i>    | Tier 1 | SP                   |
| <i>sapropterin oral tablet,soluble 100 mg (Javygtor)</i>                  | Tier 1 | SP                   |

| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Systemic Enzyme Inhibitors</b>  |        |        |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG                           | Tier 3 | SP     |
| JOENJA ORAL TABLET 70 MG   | Tier 3 | PA; SP |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG                                  | Tier 3 | SP     |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML                         | Tier 3 | SP     |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG           | Tier 3 | PA; SP |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG                                      | Tier 3 | SP     |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG  | Tier 3 | PA; SP |
| <b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>                       |        |        |
| QBREXZA TOPICAL TOWELETTE 2.4 %  | Tier 2 | PA     |
| <b>Neoplastic Disease</b>  |        |        |
| <b>Alkylating Agents</b>   |        |        |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                            | Tier 1 | SP     |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                             | Tier 1 | SP     |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)                      | Tier 3 | PA; SP |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea)                              | Tier 1 |        |
| LEUKERAN ORAL TABLET 2 MG  | Tier 2 | SP     |
| <i>melphalan oral tablet 2 mg</i> (Alkeran)                                  | Tier 1 |        |
| MYLERAN ORAL TABLET 2 MG   | Tier 2 | SP     |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | Tier 1 | PA; SP |
| <b>Antiandrogenic Agents</b>   |        |        |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)                       | Tier 1 | PA; SP |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex)                              | Tier 1 |        |

| Drug  | Status | Notes   |
|---|--------|---|
| ERLEADA ORAL TABLET 240 MG, 60 MG                           | Tier 2 | PA; SP  |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron)            | Tier 1 | SP; QL (2 EA per 1 day)   |
| NUBEQA ORAL TABLET 300 MG                                   | Tier 2 | PA; SP  |
| XTANDI ORAL CAPSULE 40 MG                                   | Tier 2 | PA; SP  |
| XTANDI ORAL TABLET 40 MG, 80 MG                             | Tier 2 | PA; SP  |
| YONSA ORAL TABLET 125 MG                                    | Tier 3 | PA; SP  |
| <b>Antibiotic Antineoplastics</b>                           |        |   |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2                   | Tier 3 | PA; SP  |
| <b>Antimetabolites</b>                                      |        |   |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)     | Tier 1 | PA; SP  |
| INQOVI ORAL TABLET 35-100 MG                                | Tier 2 | PA; SP  |
| JYLAMVO ORAL SOLUTION 2 MG/ML                               | Tier 3 | PA  |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG                  | Tier 2 | PA; SP  |
| <i>mercaptopurine oral tablet 50 mg</i>                     | Tier 1 |   |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | Tier 1 |   |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 |   |
| <i>methotrexate sodium injection solution 25 mg/ml</i>      | Tier 1 |   |
| <i>methotrexate sodium oral tablet 2.5 mg</i>               | Tier 1 |   |
| ONUREG ORAL TABLET 200 MG, 300 MG                           | Tier 2 | PA; SP  |
| PURIXAN ORAL SUSPENSION 20 MG/ML                            | Tier 2 | SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days |
| TABLOID ORAL TABLET 40 MG (thioguanine)                     | Tier 2 | SP  |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG              | Tier 2 |   |

| Drug  | Status | Notes   |
|---|--------|---|
| XATMEP ORAL SOLUTION 2.5 MG/ML                        | Tier 3 | ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| <b>Antineoplastic Aromatase Inhibitors</b>            |        |   |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex)        | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER   |
| <i>exemestane oral tablet 25 mg</i> (Aromasin)        | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER   |
| <i>letrozole oral tablet 2.5 mg</i> (Femara)          | Tier 1 |   |
| <b>Antineoplastic - Braf Kinase Inhibitors</b>        |        |   |
| BRAFTOVI ORAL CAPSULE 75 MG                           | Tier 2 | PA; SP  |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG                    | Tier 2 | PA; SP  |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG             | Tier 2 | PA; SP  |
| ZELBORAF ORAL TABLET 240 MG                           | Tier 2 | PA; SP  |
| <b>Antineoplastic - Hedgehog Pathway Inhibitor</b>    |        |   |
| DAURISMO ORAL TABLET 100 MG, 25 MG                    | Tier 2 | PA; SP  |
| ERIVEDGE ORAL CAPSULE 150 MG                          | Tier 2 | PA; SP  |
| ODOMZO ORAL CAPSULE 200 MG                            | Tier 2 | PA; SP  |
| <b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b> |        |   |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG   | Tier 2 | PA; SP  |
| <b>Antineoplastic - Kras Protein Inhibitor</b>        |        |   |
| KRAZATI ORAL TABLET 200 MG                            | Tier 2 | PA; SP  |
| LUMAKRAS ORAL TABLET 120 MG, 320 MG                   | Tier 2 | PA; SP  |

| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>  |        |        |
| COTELLIC ORAL TABLET 20 MG   | Tier 2 | PA; SP |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG   | Tier 2 | PA; SP |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML  | Tier 2 | PA; SP |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG  | Tier 2 | PA; SP |
| MEKTOVI ORAL TABLET 15 MG  | Tier 2 | PA; SP |
| <b>Antineoplastic - Mtor Kinase Inhibitors</b>   |        |        |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)  | Tier 1 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)                              | Tier 1 | PA; SP |
| <b>Antineoplastic - Protein Methyltransferase Inhibit</b>  |        |        |
| TAZVERIK ORAL TABLET 200 MG  | Tier 2 | PA; SP |
| <b>Antineoplastic - Topoisomerase I Inhibitors</b>   |        |        |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG  | Tier 2 | SP     |
| <b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>  |        |        |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | Tier 2 | PA; SP |
| <b>Antineoplastic Immunomodulator Agents</b>   |        |        |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)   | Tier 1 | PA; SP |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG   | Tier 2 | PA; SP |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (lenalidomide)   | Tier 2 | PA; SP |

| Drug  | Status | Notes                  |
|---|--------|------------------------|
| <b>Antineoplastic Lhrh(Gnrh)<br/>Antagonist,Pituit.Supprs</b>       |        |                        |
| FIRMAGON KIT W DILUENT SYRINGE<br>SUBCUTANEOUS RECON SOLN 120<br>MG | Tier 3 | QL (2 EA per 365 days) |
| FIRMAGON KIT W DILUENT SYRINGE<br>SUBCUTANEOUS RECON SOLN 80<br>MG  | Tier 3 | QL (1 EA per 30 days)  |
| FIRMAGON SUBCUTANEOUS RECON<br>SOLN 120 MG                          | Tier 3 | QL (2 EA per 365 days) |
| ORGOVYX ORAL TABLET 120 MG  | Tier 2 | PA; SP                 |
| <b>Antineoplastic Systemic Enzyme<br/>Inhibitors</b>                |        |                        |
| ALECENSA ORAL CAPSULE 150 MG  | Tier 2 | PA; SP                 |
| ALUNBRIG ORAL TABLET 180 MG, 30<br>MG, 90 MG                        | Tier 3 | PA; SP                 |
| ALUNBRIG ORAL TABLETS,DOSE<br>PACK 90 MG (7)- 180 MG (23)           | Tier 3 | PA; SP                 |
| AUGTYRO ORAL CAPSULE 40 MG  | Tier 3 | PA                     |
| AYVAKIT ORAL TABLET 100 MG, 200<br>MG, 25 MG, 300 MG, 50 MG         | Tier 2 | PA; SP                 |
| BALVERSA ORAL TABLET 3 MG, 4<br>MG, 5 MG                            | Tier 2 | PA; SP                 |
| BOSULIF ORAL CAPSULE 100 MG, 50<br>MG                               | Tier 2 | PA; SP                 |
| BOSULIF ORAL TABLET 100 MG, 400<br>MG, 500 MG                       | Tier 2 | PA; SP                 |
| BRUKINSA ORAL CAPSULE 80 MG   | Tier 2 | PA; SP                 |
| CABOMETYX ORAL TABLET 20 MG,<br>40 MG, 60 MG                        | Tier 2 | PA; SP                 |
| CALQUENCE (ACALABRUTINIB MAL)<br>ORAL TABLET 100 MG                 | Tier 2 | PA; SP                 |
| CAPRELSA ORAL TABLET 100 MG, (vandetanib)<br>300 MG                 | Tier 3 | PA; SP                 |

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| Drug  | Status | Notes  |
|---|--------|--------|
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 2 | PA; SP |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG  | Tier 3 | PA; SP |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)  | Tier 1 | PA; SP |
| EXKIVITY ORAL CAPSULE 40 MG   | Tier 2 | PA; SP |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG   | Tier 2 | PA; SP |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG  | Tier 2 | SP     |
| GAVRETO ORAL CAPSULE 100 MG   | Tier 2 | PA; SP |
| <i>gefitinib oral tablet 250 mg</i> (Iressa)  | Tier 1 | PA; SP |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG  | Tier 2 | PA; SP |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG  | Tier 2 | PA; SP |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG   | Tier 2 | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG  | Tier 2 | PA; SP |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)  | Tier 1 | PA; SP |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG  | Tier 2 | PA; SP |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML  | Tier 2 | PA; SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG  | Tier 2 | PA; SP |
| INLYTA ORAL TABLET 1 MG, 5 MG   | Tier 2 | PA; SP |
| INREBIC ORAL CAPSULE 100 MG   | Tier 2 | PA; SP |
| IWILFIN ORAL TABLET 192 MG  | Tier 2 | PA; SP |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG  | Tier 2 | PA; SP |

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| Drug  | Status | Notes  |
|---|--------|--------|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)   | Tier 2 | PA; SP |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb)  | Tier 1 | PA; SP |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 2 | PA; SP |
| LORBRENA ORAL TABLET 100 MG, 25 MG  | Tier 2 | PA; SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG   | Tier 2 | PA; SP |
| LYTGOBI ORAL TABLET 4 MG  | Tier 2 | PA; SP |
| NERLYNX ORAL TABLET 40 MG   | Tier 2 | PA; SP |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG   | Tier 2 | PA; SP |
| OGSIVEO ORAL TABLET 50 MG   | Tier 3 | PA; SP |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG  | Tier 2 | PA; SP |
| <i>pazopanib oral tablet 200 mg</i> (Votrient)  | Tier 1 | PA; SP |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG  | Tier 2 | PA; SP |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)  | Tier 2 | PA; SP |
| QINLOCK ORAL TABLET 50 MG   | Tier 2 | PA; SP |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG   | Tier 2 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG   | Tier 2 | PA; SP |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG  | Tier 2 | PA; SP |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG                                   | Tier 3        | PA; SP       |
| RYDAPT ORAL CAPSULE 25 MG  | Tier 2        | PA; SP       |
| SCSEMBLIX ORAL TABLET 20 MG, 40 MG   | Tier 2        | PA; SP       |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar)                                | Tier 1        | PA; SP       |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG               | Tier 2        | PA; SP       |
| STIVARGA ORAL TABLET 40 MG   | Tier 2        | PA; SP       |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | Tier 1        | PA; SP       |
| TABRECTA ORAL TABLET 150 MG, 200 MG  | Tier 2        | PA; SP       |
| TAGRISSO ORAL TABLET 40 MG, 80 MG  | Tier 2        | PA; SP       |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG        | Tier 2        | PA; SP       |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG                                   | Tier 2        | PA; SP       |
| TEPMETKO ORAL TABLET 225 MG  | Tier 2        | PA; SP       |
| TRUQAP ORAL TABLET 160 MG, 200 MG  | Tier 2        | PA; SP       |
| TUKYSA ORAL TABLET 150 MG, 50 MG   | Tier 2        | PA; SP       |
| TURALIO ORAL CAPSULE 125 MG  | Tier 2        | PA; SP       |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG  | Tier 2        | PA; SP       |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG                           | Tier 2        | PA; SP       |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG  | Tier 2        | PA; SP       |
| VITRAKVI ORAL SOLUTION 20 MG/ML  | Tier 2        | PA; SP       |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG                                     | Tier 2        | PA; SP       |
| VONJO ORAL CAPSULE 100 MG  | Tier 2        | PA; SP       |

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| Drug  | Status | Notes  |
|---|--------|--------|
| XALKORI ORAL CAPSULE 200 MG, 250 MG                               | Tier 2 | PA; SP |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG                         | Tier 2 | PA; SP |
| XOSPATA ORAL TABLET 40 MG   | Tier 2 | PA; SP |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG                         | Tier 2 | PA; SP |
| ZYDELIG ORAL TABLET 100 MG, 150 MG                                | Tier 2 | PA; SP |
| ZYKADIA ORAL TABLET 150 MG  | Tier 2 | PA; SP |
| <b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>         |        |        |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG                          | Tier 2 | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG                                       | Tier 2 | SP     |
| <b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>         |        |        |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG                        | Tier 2 | PA; SP |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 2 | PA; SP |
| <b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>            |        |        |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG                          | Tier 2 | PA; SP |
| <b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>          |        |        |
| WELIREG ORAL TABLET 40 MG   | Tier 2 | PA; SP |
| <b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>         |        |        |
| IDHIFA ORAL TABLET 100 MG, 50 MG                                  | Tier 3 | PA; SP |
| REZLIDHIA ORAL CAPSULE 150 MG                                     | Tier 2 | PA; SP |
| TIBSOVO ORAL TABLET 250 MG  | Tier 2 | PA; SP |
| <b>Antineoplastics,Miscellaneous</b>                              |        |        |
| <i>etoposide oral capsule 50 mg</i>                               | Tier 1 |        |

| Drug  | Status | Notes                      |
|---|--------|----------------------------|
| LYSODREN ORAL TABLET 500 MG   | Tier 2 | SP                         |
| MATULANE ORAL CAPSULE 50 MG   | Tier 2 | SP                         |
| RYLAZE INTRAMUSCULAR SOLUTION<br>10 MG/0.5 ML   | Tier 3 | PA; SP                     |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i>  | Tier 1 | SP                         |
| <b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>  |        |                            |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Tier 2 | PA; SP                     |
| <b>Chemotherapy Rescue/Antidote Agents</b>  |        |                            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>   | Tier 1 |                            |
| MESNEX ORAL TABLET 400 MG   | Tier 3 |                            |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM   | Tier 2 | SP; QL (24 EA per 14 days) |
| <b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>   |        |                            |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM   | Tier 3 |                            |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i>   | Tier 1 |                            |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM  | Tier 3 |                            |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM   | Tier 3 |                            |
| <b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>   |        |                            |
| AMELUZ TOPICAL GEL 10 %   | Tier 3 |                            |
| LEVULAN TOPICAL SOLUTION 20 %   | Tier 3 |                            |

| Drug   | Status | Notes   |
|--|--------|---|
| <b>Radioactive Therapeutic Agents</b>  |        |   |
| HICON ORAL KIT 1,000 MCI/ML (1 ML),<br>250 MCI/0.25 ML, 500 MCI/0.5 ML                 | Tier 3 |   |
| <i>sodium iodide-123 oral capsule 3.7 mbq<br/>(100 microci), 7.4 mbq (200 microci)</i> | Tier 1 |   |
| <i>sodium iodide-131 oral capsule 3.7 mbq<br/>(100 microci)</i>                        | Tier 1 |   |
| <b>Selective Estrogen Receptor Modulators (Serm)</b>                                   |        |   |
| ORSERDU ORAL TABLET 345 MG, 86 MG  | Tier 3 | PA; SP  |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML   | Tier 2 |   |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i>  | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| <i>toremifene oral tablet 60 mg</i> (Fareston)   | Tier 1 | PA; SP  |
| <b>Selective Retinoid X Receptor Agonists (Rxr)</b>                                    |        |   |
| <i>bexarotene oral capsule 75 mg</i> (Targretin)                                       | Tier 1 | PA; SP  |
| <b>Steroid Antineoplastics</b>   |        |   |
| EMCYT ORAL CAPSULE 140 MG  | Tier 2 | SP  |
| <i>megestrol oral tablet 20 mg, 40 mg</i>  | Tier 1 |   |
| <b>Neurological Disease - Miscellaneous</b>  |        |   |
| <b>Agents To Treat Multiple Sclerosis</b>  |        |   |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML  | Tier 2 | PA; SP  |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML                                    | Tier 2 | PA; SP  |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML   | Tier 2 | PA; SP  |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML   | Tier 2 | PA; SP  |
| BETASERON SUBCUTANEOUS KIT 0.3 MG  | Tier 2 | PA; SP  |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)                          | Tier 2 | PA; SP  |

| Drug   | Status | Notes  |
|--|--------|--------|
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)  | Tier 2 | PA; SP |
| <i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | Tier 1 | PA; SP |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya)   | Tier 1 | PA; SP |
| GILENYA ORAL CAPSULE 0.25 MG   | Tier 2 | PA; SP |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)  | Tier 1 | PA; SP |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)   | Tier 1 | PA; SP |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML  | Tier 2 | PA; SP |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG   | Tier 2 | PA; SP |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG  | Tier 2 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG  | Tier 2 | PA; SP |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)   | Tier 2 | PA; SP |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)  | Tier 2 | PA; SP |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML  | Tier 2 | PA; SP |

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| Drug   | Status | Notes  |
|--|--------|--------|
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                      | Tier 2 | PA; SP |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML                           | Tier 2 | PA; SP |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML                               | Tier 2 | PA; SP |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 2 | PA; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)                              | Tier 2 | PA; SP |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)   | Tier 1 | PA; SP |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG   | Tier 2 | PA; SP |
| <b>Agts Tx Neuromusc Transmission Dis, Pot-Chan Blkr</b>   |        |        |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)                               | Tier 1 | PA; SP |
| FIRDAPSE ORAL TABLET 10 MG   | Tier 3 | PA; SP |
| <b>Amyotrophic Lateral Sclerosis Agents</b>  |        |        |
| EXSERVAN ORAL FILM 50 MG   | Tier 3 | PA; SP |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML   | Tier 3 | PA; SP |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML  | Tier 3 | PA; SP |
| RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM  | Tier 3 | PA; SP |
| <i>riluzole oral tablet 50 mg</i> (Rilutek)  | Tier 1 |        |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML   | Tier 3 | PA; SP |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML   | Tier 3 | PA; SP |

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| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Glypromate (Gpe) Analogs</b>  |        |        |
| DAYBUE ORAL SOLUTION 200 MG/ML   | Tier 3 | PA; SP |
| <b>Metabolic Disease Enzyme Replacement, Mocd</b>  |        |        |
| NULIBRY INTRAVENOUS RECON SOLN 9.5 MG  | Tier 3 | PA; SP |
| <b>Movement Disorders(Drug Therapy)</b>  |        |        |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG  | Tier 2 | PA; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG                                   | Tier 2 | PA; SP |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) | Tier 2 | PA; SP |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)                              | Tier 3 | PA; SP |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG  | Tier 3 | PA; SP |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)   | Tier 1 | PA; SP |
| <b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>  |        |        |
| SKYCLARYS ORAL CAPSULE 50 MG   | Tier 3 | PA; SP |
| <b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>  |        |        |
| NUDEXTA ORAL CAPSULE 20-10 MG  | Tier 3 | PA     |
| <b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>  |        |        |
| ZEPOSIA ORAL CAPSULE 0.92 MG   | Tier 3 | PA; SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)                  | Tier 3 | PA; SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)                       | Tier 3 | PA; SP |

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| Drug   | Status | Notes |
|--|--------|-------|
| <b>Oral/Pharyngeal Disorders</b>   |        |       |
| <b>Dental Aids And Preparations</b>  |        |       |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)          | Tier 1 |       |
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)                                 | Tier 1 |       |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)                 | Tier 1 |       |
| Q-CARE RX Q2 KIT 0.12 %  | Tier 3 |       |
| Q-CARE RX Q4 KIT 0.12 %  | Tier 3 |       |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)                          | Tier 1 |       |
| <b>Nose Preparations, Miscellaneous (Rx)</b>   |        |       |
| <i>cocaine nasal solution 4 %</i> (Numbrino)   | Tier 1 |       |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | Tier 1 |       |
| NUMBRINO NASAL SOLUTION 4 % (cocaine)  | Tier 1 |       |
| <b>Periodontal Collagenase Inhibitors</b>  |        |       |
| <i>doxycycline hyclate oral tablet 20 mg</i>   | Tier 1 |       |
| <b>Other Drugs</b>   |        |       |
| <b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>                           |        |       |
| MIFEPREX ORAL TABLET 200 MG (mifepristone)   | Tier 3 |       |
| <i>mifepristone oral tablet 200 mg</i> (Mifeprex)                                    | Tier 1 |       |
| <b>Agents For Stomatological Use</b>   |        |       |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %  | Tier 3 |       |
| DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %  | Tier 3 |       |
| <b>Antivenins</b>  |        |       |
| ANASCORP INTRAVENOUS RECON SOLN 120 MG   | Tier 3 |       |
| <b>Appetite Stim. For Anorexia, Cachexia, Wasting Synd.</b>                          |        |       |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>                             | Tier 1 |       |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>   |
|--|---------------|--|
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>   | Tier 1        | ST: Requires prior prescription for Megestrol Acetate within the past 120 days |
| <b>Blood Collection Set With Local Anesthetics</b>   |               |  |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %                                       | Tier 3        |  |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %  | Tier 3        |  |
| <b>Blood Testing Preparations,In-Vitro</b>   |               |  |
| COAGUCHEK XS   | Tier 3        |  |
| <b>Cardioplegic Solutions</b>  |               |  |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)                     | Tier 1        |  |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)                          | Tier 1        |  |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)                        | Tier 1        |  |
| CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)                         | Tier 1        |  |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)                        | Tier 1        |  |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM) | Tier 1        |  |
| CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)                           | Tier 1        |  |
| CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)                        | Tier 1        |  |

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| Drug   | Status | Notes |
|--|--------|-------|
| CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)                             | Tier 3 |       |
| CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)                             | Tier 1 |       |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)          | Tier 1 |       |
| CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)                                | Tier 1 |       |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)                              | Tier 1 |       |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM) | Tier 3 |       |
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)                                | Tier 3 |       |
| <i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>                       | Tier 1 |       |
| <i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>                            | Tier 1 |       |
| <i>cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)</i>                                   | Tier 1 |       |
| <i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>                              | Tier 1 |       |
| CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L   | Tier 3 |       |
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>                           | Tier 1 |       |
| <i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>                      | Tier 1 |       |

| Drug  | Status | Notes                                    |
|---|--------|--|
| <b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b> |        |  |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML    | Tier 3 |  |
| <b>Cholinesterase Reactivating,Organophos. Antidotes</b>      |        |  |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>     | Tier 3 |  |
| <b>Conception Assistance Supplies</b>                         |        |  |
| CONCEPTION KIT  | Tier 3 |  |
| <b>Condoms</b>  |        |  |
| AIMSCO LATEX CONDOM DEVICE                                    | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| DUREX AVANTI BARE REAL FEEL                                   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FANTASY CONDOM DEVICE   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| FC2 FEMALE CONDOM   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO CONDOMS(NON-LUBRICATED) DEVICE                         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO LUBRICATED CONDOMS DEVICE                              | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE                         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN CONDOMS DEVICE                               | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE                         | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| KIMONO TEXTURED CONDOMS DEVICE                                | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LATEX CONDOM DEVICE                                   | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX LUBRICATED CONDOMS DEVICE                             | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |
| TRUSTEX NON-LUB CONDOMS DEVICE                                | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60 |

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| Drug  | Status | Notes  |
|---|--------|--|
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE                                 | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60   |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE                             | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60   |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE                                | \$0    | \$0 COPAY IF QUANTITY DOES NOT EXCEED 60   |
| <b>Cryopreservative Agents</b>                                    |        |  |
| CRYOSERV SOLUTION 99 %  | Tier 3 |  |
| <b>Cystic Fibrosis - Inhaled Osmotic Agents</b>                   |        |  |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG          | Tier 3 | SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| <b>Diluent Solutions</b>  |        |  |
| DILUENT FOR ROTARIX ORAL SYRINGE                                  | Tier 3 |  |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION                    | Tier 3 |  |
| STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION         | Tier 3 |  |
| <b>Drugs To Treat Hereditary Tyrosinemia</b>                      |        |  |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin) | Tier 1 | PA; SP   |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG                               | Tier 2 | PA; SP   |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)        | Tier 2 | PA; SP   |
| ORFADIN ORAL SUSPENSION 4 MG/ML                                   | Tier 2 | PA; SP   |
| <b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>          |        |  |
| CERDELGA ORAL CAPSULE 84 MG                                       | Tier 2 | SP   |
| <i>miglustat oral capsule 100 mg</i> (Yargesa)                    | Tier 1 | PA; SP   |
| OPFOLDA ORAL CAPSULE 65 MG  | Tier 3 | PA; SP   |

| Drug  | Status | Notes  |
|---|--------|--------|
| YARGESA ORAL CAPSULE 100 MG (miglustat)                                     | Tier 1 | PA; SP |
| <b>Environment Allergens And Irritants, Other</b>                           |        |        |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED                    | Tier 3 |        |
| <b>General Anesthetics - Benzodiazepine, Injectable</b>                     |        |        |
| <i>midazolam (pf) injection solution 5 mg/ml</i>                            | Tier 1 |        |
| <i>midazolam injection solution 5 mg/ml</i>                                 | Tier 1 |        |
| <b>General Anesthetics, Inhalant</b>  |        |        |
| <i>desflurane inhalation liquid 100 %</i> (Suprane)                         | Tier 1 |        |
| <i>isoflurane inhalation liquid 99.9 %</i> (Terrell)                        | Tier 1 |        |
| <i>sevoflurane inhalation liquid</i> (Ultane)                               | Tier 1 |        |
| SUPRANE INHALATION LIQUID 100 % (desflurane)                                | Tier 3 |        |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane)                               | Tier 1 |        |
| <b>General Inhalation Agents</b>  |        |        |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                        | Tier 3 |        |
| NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %          | Tier 1 |        |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %                            | Tier 3 |        |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>     | Tier 1 |        |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)   | Tier 1 |        |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | Tier 1 |        |
| <b>Homeopathic Drugs</b>  |        |        |
| AURUMHEEL ORAL DROPS  | Tier 3 |        |
| CANTHARIS COMPOSITUM ORAL DROPS   | Tier 3 |        |
| CRALONIN ORAL DROPS   | Tier 3 |        |
| EYE ORAL TABLET, SOLUBLE  | Tier 3 |        |
| LAMIOFLUR ORAL DROPS  | Tier 3 |        |

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| Drug   | Status | Notes  |
|--|--------|--------|
| PLANTAGO-HOMACCORD ORAL DROPS  | Tier 3 |        |
| POPULUS COMPOSITUM ORAL DROPS  | Tier 3 |        |
| PSORINOHEEL ORAL DROPS   | Tier 3 |        |
| RENEEL ORAL TABLET,SOLUBLE   | Tier 3 |        |
| SABAL-HOMACCORD ORAL DROPS   | Tier 3 |        |
| SYZYGIUM COMPOSITUM ORAL DROPS   | Tier 3 |        |
| VERTIGOHEEL ORAL DROPS   | Tier 3 |        |
| VERTIGOHEEL ORAL TABLET,SOLUBLE  | Tier 3 |        |
| <b>Intra-Uterine Devices (IUD's)</b>                                     |        |        |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG | \$0    |        |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG   | \$0    |        |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG    | \$0    |        |
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM           | \$0    |        |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG     | \$0    |        |
| <b>Metabolic Deficiency Agents</b>                                       |        |        |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane)                      | Tier 1 | PA; SP |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)            | Tier 3 |        |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)     | Tier 1 |        |
| <i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))     | Tier 1 |        |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor)                       | Tier 1 |        |

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| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>                          |        |        |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | Tier 2 | PA; SP |
| <b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>                          |        |        |
| REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)                           | Tier 3 | PA; SP |
| <b>Metallic Poison,Agents To Treat</b>   |        |        |
| CHEMET ORAL CAPSULE 100 MG   | Tier 3 |        |
| CUVRIOR ORAL TABLET 300 MG   | Tier 3 | PA; SP |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | Tier 1 | PA; SP |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)                      | Tier 1 | PA; SP |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)        | Tier 1 | PA; SP |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)                        | Tier 1 | PA; SP |
| <i>deferoxamine injection recon soln 2 gram</i>                                    | Tier 1 | PA     |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal)                         | Tier 1 | PA     |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)                                     | Tier 3 |        |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM   | Tier 3 |        |
| <i>trientine oral capsule 250 mg</i> (Syprine)                                     | Tier 1 | PA; SP |
| <i>trientine oral capsule 500 mg</i>   | Tier 1 | PA; SP |
| WILZIN ORAL CAPSULE 25 MG (ZINC)   | Tier 3 |        |
| <b>Muscarinic Receptor Antagonists</b>   |        |        |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML                      | Tier 3 |        |
| <b>Needles/Needleless Devices</b>  |        |        |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"                               | Tier 2 |        |

| Drug   | Status | Notes  |
|--|--------|--------|
| BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"     | Tier 2 |        |
| BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 1/4"  | Tier 2 |        |
| BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 3/16"  | Tier 2 |        |
| BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 32 GAUGE X 5/32"  | Tier 2 |        |
| BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 29 GAUGE X 1/2"   | Tier 2 |        |
| BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic)<br>NEEDLE 31 GAUGE X 5/16" | Tier 2 |        |
| HALO VIAL CONVERTER DEVICE 13<br>MM  | Tier 3 |        |
| <b>Ointment/Cream Bases</b>  |        |        |
| RADIAGEL TOPICAL GEL   | Tier 3 |        |
| <b>Oral Lipid Supplements</b>  |        |        |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML  | Tier 3 | PA; SP |
| <b>Oral Mucositis/Stomatitis Agents</b>  |        |        |
| FIRST-MOUTHWASH BLM MUCOUS<br>MEMBRANE MOUTHWASH 200-25-<br>400-40 MG/30 ML      | Tier 3 |        |
| GELX MUCOUS MEMBRANE GEL   | Tier 3 |        |
| ORAMAGICRX MUCOUS MEMBRANE<br>MOUTHWASH  | Tier 3 |        |
| <b>Saliva Stimulant Agents</b>   |        |        |
| NUMOISYN MUCOUS MEMBRANE<br>LOZENGE 0.3 GRAM                                     | Tier 3 |        |
| <b>Saliva Substitute Agents</b>  |        |        |
| NUMOISYN MUCOUS MEMBRANE<br>LIQUID   | Tier 3 |        |
| <b>Sexual Dysfunction Devices</b>  |        |        |
| RAPPORT VACUUM THERAPY KIT   | Tier 3 |        |
| <b>Skin Tissue Replacement</b>   |        |        |
| APLIGRAF TOPICAL DISK  | Tier 3 |        |

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

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|--|--------|--------|
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)           | Tier 1 | SP     |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>     | Tier 1 | SP     |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)                    | Tier 3 | PA; SP |
| <b>Support Hosiery</b>   |        |        |
| T.E.D. ANTI-EMBOLISM STOCKING  | Tier 3 |        |
| T.E.D. KNEE LENGTH-M-LONG  | Tier 3 |        |
| T.E.D. KNEE LENGTH-S-REGULAR   | Tier 3 |        |
| <b>Suspending Agents</b>   |        |        |
| GELFILM IMPLANT FILM   | Tier 3 |        |
| <i>hydroxypropyl cellulose powder</i>  | Tier 3 |        |
| <b>Tissue/Wound Adhesives</b>  |        |        |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Tier 3 |        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML  | Tier 3 |        |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML  | Tier 3 |        |
| <b>Vehicles</b>  |        |        |
| <i>citric acid anhydrous (bulk) granules 100 %</i>   | Tier 3 |        |
| GEL VEHICLE FOR NEXOBRID TOPICAL GEL   | Tier 3 |        |
| <b>Wound Healing Agents, Local</b>   |        |        |
| FILSUVEZ TOPICAL GEL 10 %  | Tier 3 | PA; SP |
| <b>Other Respiratory Disorders</b>   |        |        |
| <b>Antifibrotic Therapy - Pyridone Analogs</b>   |        |        |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet)   | Tier 1 | PA; SP |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)  | Tier 1 | PA; SP |
| <i>pirfenidone oral tablet 534 mg</i>  | Tier 1 | PA; SP |

| Drug  | Status | Notes  |
|---|--------|--------|
| <b>Cystic Fib.Transmemb<br/>Conduct.Reg.(Cftr)Potentiator</b>   |        |        |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG                                 | Tier 2 | PA; SP |
| KALYDECO ORAL TABLET 150 MG   | Tier 2 | PA; SP |
| <b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>   |        |        |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG                                      | Tier 2 | PA; SP |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG  | Tier 2 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)                  | Tier 2 | PA; SP |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | Tier 2 | PA; SP |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)            | Tier 2 | PA; SP |
| <b>Lung Surfactants</b>   |        |        |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML  | Tier 3 |        |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML  | Tier 3 |        |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML  | Tier 3 |        |
| <b>Mucolytics</b>   |        |        |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>                                     | Tier 1 |        |
| PULMOZYME INHALATION SOLUTION 1 MG/ML   | Tier 2 | PA; SP |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>                    |        |   |
| OFEV ORAL CAPSULE 100 MG, 150 MG  | Tier 2 | PA; SP  |
| <b>Pain Management - Analgesics</b>                                       |        |   |
| <b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>                  |        |   |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)             | Tier 1 | ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)            | Tier 1 |   |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)                   | Tier 1 |   |
| <b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>             |        |   |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>              | Tier 1 |   |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>               | Tier 1 |   |
| <b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>         |        |   |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet) | Tier 1 |   |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)    | Tier 1 |   |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)     | Tier 1 |   |
| FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)        | Tier 1 |   |
| <b>Analgesic/Antipyretics, Salicylates</b>                                |        |   |
| <i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)                         | \$0    |   |
| <i>aspirin oral tablet, delayed release (drlec) 325 mg</i> (Aspir-Trin)   | \$0    |   |

| Drug  | Status | Notes  |
|---|--------|--|
| ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)   | \$0    |  |
| BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)  | \$0    |  |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)  | \$0    |  |
| <i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>   | Tier 1 |  |
| <i>diflunisal oral tablet 500 mg</i>  | Tier 1 |  |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)  | \$0    |  |
| <i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)  | Tier 1 |  |
| <b>Analgesics, Narcotic Agonist And Nsaid Combination</b>   |        |  |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>  | Tier 1 |  |
| <b>Analgesics,Narcotics</b>   |        |  |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)                    | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)   |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>   | Tier 1 |  |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i>   | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i>  | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                        |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |

| Drug  | Status | Notes  |
|---|--------|--|
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>  | Tier 1 |  |
| <i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>   | Tier 1 |  |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i>   | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years)   |
| <i>codeine sulfate oral tablet 60 mg</i>  | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)  |
| DEMEROL (PF) INJECTION SYRINGE<br>100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML   | Tier 3 |  |
| DILAUDID (PF) INJECTION SYRINGE<br>0.5 MG/0.5 ML  | Tier 3 |  |
| DILAUDID (PF) INJECTION SYRINGE 1 (hydromorphone (pf))<br>MG/ML, 2 MG/ML, 4 MG/ML   | Tier 3 |  |
| <i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>   | Tier 1 |  |
| <i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)</i>                                    | Tier 1 |  |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>                                   | Tier 1 | PA   |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription                  |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>                                       | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)             | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |

| Drug  | Status | Notes   |
|---|--------|---|
| <i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>   | Tier 1 |   |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)   | Tier 1 |   |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)  | Tier 1 |   |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>                       | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>hydromorphone rectal suppository 3 mg</i>  | Tier 1 |   |
| <i>levorphanol tartrate oral tablet 2 mg</i>  | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription     |
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>                                 | Tier 1 |   |
| <i>meperidine oral solution 50 mg/5 ml</i>  | Tier 1 | QL (30 ML per 1 day)  |
| <i>meperidine oral tablet 50 mg</i>   | Tier 1 | QL (6 EA per 1 day)   |
| <i>methadone injection solution 10 mg/ml</i>  | Tier 1 | QL (4 ML per 1 day)   |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)  | Tier 1 | QL (4 ML per 1 day)   |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)   | Tier 1 | QL (4 ML per 1 day)   |
| <i>methadone oral solution 10 mg/5 ml</i>   | Tier 1 | QL (20 ML per 1 day)  |
| <i>methadone oral solution 5 mg/5 ml</i>  | Tier 1 | QL (40 ML per 1 day)  |
| <i>methadone oral tablet 10 mg</i>  | Tier 1 | QL (4 EA per 1 day)   |
| <i>methadone oral tablet 5 mg</i>   | Tier 1 | QL (8 EA per 1 day)   |
| <i>methadone oral tablet, soluble 40 mg</i> (Methadose)   | Tier 1 | QL (1 EA per 1 day)   |
| METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)  | Tier 1 | QL (1 EA per 1 day)   |
| <i>morphine (pf) intravenous syringe 1 mg/2 ml</i>  | Tier 1 |   |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>  | Tier 1 | PA  |
| <i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i> | Tier 1 |   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>   |
|--|---------------|--|
| <i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>                  | Tier 1        |  |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i>                                      | Tier 1        |  |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i>                                     | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>          | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>                               | Tier 1        |  |
| <i>morphine oral tablet 15 mg</i>  | Tier 1        |  |
| <i>morphine oral tablet 30 mg</i>  | Tier 2        |  |
| <i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>                                 | Tier 1        |  |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>                                      | Tier 1        |  |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG          | Tier 3        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG   | Tier 3        | QL (6 EA per 1 day)  |
| <i>oxycodone oral capsule 5 mg</i>   | Tier 1        |  |
| <i>oxycodone oral concentrate 20 mg/ml</i>   | Tier 1        | PA   |
| <i>oxycodone oral solution 5 mg/5 ml</i>   | Tier 1        |  |



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

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| <i>tramadol oral tablet 50 mg</i>   | Tier 1        | QL (8 EA per 1 day); Age (Min 12 Years)  |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i>                 | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>         | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>                   | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>           | Tier 1        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>13.5 MG, 18 MG, 9 MG | Tier 3        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)                     |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>27 MG                | Tier 3        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)                     |
| XTAMPZA ER ORAL<br>CAP,SPRINKL,ER12HR(DONT CRUSH)<br>36 MG                | Tier 3        | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)                     |

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| Drug  | Status | Notes  |
|---|--------|--|
| <b>Antimigraine Preparations</b>  |        |  |
| AIMOVIG AUTOINJECTOR<br>SUBCUTANEOUS AUTO-INJECTOR<br>140 MG/ML, 70 MG/ML               | Tier 2 | PA   |
| <i>almotriptan malate oral tablet 12.5 mg,<br/>6.25 mg</i>                              | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>dihydroergotamine injection solution 1 mg/ml</i>                                     | Tier 1 | QL (15 ML per 14 days)   |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal) | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)  |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)                                     | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)   | Tier 3 | PA   |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML  | Tier 2 | PA   |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML   | Tier 2 | PA   |
| ERGOMAR SUBLINGUAL TABLET 2 MG  | Tier 3 | QL (10 EA per 7 days)  |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>   | Tier 1 | QL (10 EA per 7 days)  |

| Drug   | Status | Notes  |
|--|--------|--|
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova)   | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)                     |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i>  | Tier 1 | QL (18 EA per 30 days)   |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG  | Tier 2 | PA   |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG  | Tier 2 | PA   |
| REYVOW ORAL TABLET 100 MG, 50 MG   | Tier 2 | PA   |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt)  | Tier 1 | QL (18 EA per 30 days)   |
| <i>rizatriptan oral tablet 5 mg</i>  | Tier 1 | QL (18 EA per 30 days)   |
| <i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)                                       | Tier 1 | QL (18 EA per 30 days)   |
| <i>rizatriptan oral tablet,disintegrating 5 mg</i>   | Tier 1 | QL (18 EA per 30 days)   |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>                             | Tier 1 | QL (6 EA per 15 days)  |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)  | Tier 1 | QL (9 EA per 30 days)  |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)  | Tier 1 | QL (3 EA per 5 days)   |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Tier 1 | QL (4 ML per 28 days)  |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | Tier 1 | QL (4 ML per 28 days)  |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)                               | Tier 1 | QL (5 ML per 28 days)  |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>  | Tier 1 | QL (4 ML per 28 days)  |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)   | Tier 3 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |

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| Drug  | Status | Notes  |
|---|--------|--|
| UBRELVY ORAL TABLET 100 MG, 50 MG   | Tier 2 | PA   |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION   | Tier 3 | PA   |
| <i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)                                 | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)  |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)                                      | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>                              | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)   | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>                                  |        |  |
| EMGALITY SYRINGE<br>SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)                      | Tier 2 | PA   |
| <b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>                     |        |  |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)  |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                         | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years)  |

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

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| Drug  | Status | Notes                                    |
|---|--------|--|
| <i>oxycodone-acetaminophen oral solution</i><br>5-325 mg/5 ml                                       | Tier 1 | QL (61 ML per 1 day)                     |
| <i>oxycodone-acetaminophen oral tablet</i> (Endocet)<br>10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | Tier 1 | QL (12 EA per 1 day)                     |
| PERCOCET ORAL TABLET 10-325 MG, (oxycodone-acetaminophen)<br>2.5-325 MG, 5-325 MG, 7.5-325 MG       | Tier 1 | QL (12 EA per 1 day)                     |
| <i>tramadol-acetaminophen oral tablet</i><br>37.5-325 mg  | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| <b>Narcotic Withdrawal Therapy Agents</b>   |        |  |
| <i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg   | Tier 1 | QL (3 EA per 1 day)                      |
| <i>buprenorphine-naloxone sublingual film</i> (Suboxone)<br>12-3 mg, 8-2 mg                         | Tier 1 | QL (2 EA per 1 day)                      |
| <i>buprenorphine-naloxone sublingual film</i> (Suboxone)<br>2-0.5 mg, 4-1 mg                        | Tier 1 | QL (1 EA per 1 day)                      |
| <i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg                                    | Tier 1 | QL (3 EA per 1 day)                      |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG            | Tier 2 | QL (1 EA per 1 day)                      |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG  | Tier 2 | QL (2 EA per 1 day)                      |
| <b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>   |        |  |
| LUCEMYRA ORAL TABLET 0.18 MG  | Tier 3 | PA                                       |
| <b>Skeletal Muscle Relaxant, Salicylate, Narc Analgesic</b>   |        |  |
| <i>carisoprodol-aspirin-codeine oral tablet</i><br>200-325-16 mg                                    | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years)  |
| <b>Parkinsons Disease</b>   |        |  |
| <b>Antiparkinsonism Drugs, Anticholinergic</b>  |        |  |
| <i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg   | Tier 1 |  |
| <i>trihexyphenidyl oral elixir</i> 0.4 mg/ml  | Tier 1 |  |
| <i>trihexyphenidyl oral tablet</i> 2 mg, 5 mg   | Tier 1 |  |

| Drug  | Status | Notes   |
|---|--------|---|
| <b>Antiparkinsonism Drugs,Other</b>   |        |   |
| <i>amantadine hcl oral capsule 100 mg</i>   | Tier 1 |   |
| <i>amantadine hcl oral solution 50 mg/5 ml</i>  | Tier 1 |   |
| <i>amantadine hcl oral tablet 100 mg</i>  | Tier 1 |   |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)   | Tier 1 | PA; SP  |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel)   | Tier 1 |   |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)  | Tier 1 |   |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)   | Tier 1 |   |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)   | Tier 1 |   |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i>   | Tier 1 |   |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>   | Tier 1 |   |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>   | Tier 1 |   |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | Tier 1 |   |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML   | Tier 3 | PA; SP  |
| <i>entacapone oral tablet 200 mg</i>  | Tier 1 |   |
| INBRIJA INHALATION CAPSULE 42 MG  | Tier 3 | PA; SP  |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG   | Tier 3 | PA; SP  |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR                               | Tier 2 | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>   |
|--|---------------|--|
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG   | Tier 3        | PA   |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>  | Tier 1        |  |
| <i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | Tier 1        | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)          |
| <i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>   | Tier 1        | QL (1 EA per 1 day)  |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>  | Tier 1        |  |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>   | Tier 1        | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)          |
| <i>selegiline hcl oral capsule 5 mg</i>  | Tier 1        |  |
| <i>selegiline hcl oral tablet 5 mg</i>   | Tier 1        |  |
| <i>tolcapone oral tablet 100 mg (Tasmar)</i>   | Tier 1        | ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)   |
| XADAGO ORAL TABLET 100 MG, 50 MG   | Tier 3        | ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG  | Tier 3        | ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)                                 |

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| Drug   | Status | Notes  |
|--|--------|--|
| <b>Decarboxylase Inhibitors</b>  |        |  |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn)   | Tier 1 |  |
| <b>Seizure Disorder</b>  |        |  |
| <b>Anticonvulsant - Benzodiazepine Type</b>  |        |  |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)   | Tier 1 | QL (480 ML per 30 days)  |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)  | Tier 1 | QL (2 EA per 1 day)  |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)  | Tier 1 |  |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>  | Tier 1 |  |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>   | Tier 1 |  |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)  | Tier 3 | QL (10 EA per 30 days)   |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 3 | QL (10 EA per 30 days)   |
| <b>Anticonvulsant - Cannabinoid Type</b>   |        |  |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML  | Tier 2 | SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days |
| <b>Anticonvulsants</b>   |        |  |
| APTIOM ORAL TABLET 200 MG, 400 MG  | Tier 3 | QL (1 EA per 1 day)  |
| APTIOM ORAL TABLET 600 MG, 800 MG  | Tier 3 | QL (2 EA per 1 day)  |
| BRIVIACT ORAL SOLUTION 10 MG/ML  | Tier 2 | QL (600 ML per 30 days)  |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG  | Tier 2 | QL (2 EA per 1 day)  |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)  | Tier 1 |  |

| Drug   | Status | Notes  |
|--|--------|--------|
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)                                  | Tier 1 |        |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol)   | Tier 1 |        |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | Tier 1 |        |
| <i>carbamazepine oral tablet, chewable 100 mg</i>  | Tier 1 |        |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)           | Tier 3 |        |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)                   | Tier 3 |        |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)            | Tier 3 |        |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)                    | Tier 3 |        |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG   | Tier 3 | PA; SP |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG  | Tier 3 | PA; SP |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)                            | Tier 3 |        |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)                                    | Tier 3 |        |
| DILANTIN ORAL CAPSULE 30 MG  | Tier 3 |        |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)   | Tier 3 |        |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)             | Tier 1 |        |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)            | Tier 1 |        |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)     | Tier 1 |        |
| EPITOL ORAL TABLET 200 MG (carbamazepine)  | Tier 1 |        |

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

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| Drug  | Status | Notes   |
|---|--------|---|
| FYCOMPA ORAL TABLET 2 MG  | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (120 EA per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG  | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide within the past 365 days; QL (60 EA per 30 days)  |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)                   | Tier 1 |   |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)                             | Tier 1 |   |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>                                  | Tier 1 |   |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)                            | Tier 1 |   |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat)                                   | Tier 1 | QL (1200 ML per 30 days)  |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)                | Tier 1 | QL (2 EA per 1 day)   |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | Tier 3 |   |

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| Drug  | Status | Notes               |
|---|--------|---------------------|
| LAMICTAL XR STARTER (GREEN)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 50 MG(14)-100MG (14)-200 MG<br>(7)                           | Tier 3 |                     |
| LAMICTAL XR STARTER (ORANGE)<br>ORAL TABLET EXTENDED REL,DOSE<br>PACK 25MG (14)-50 MG (14)-100MG<br>(7)                           | Tier 3 |                     |
| <i>lamotrigine oral tablet 100 mg, 150 mg,<br/>200 mg, 25 mg</i> (Lamictal)   | Tier 1 |                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter<br>(Blue))                 | Tier 1 |                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 25 mg(14)-50 mg (14)-100 mg<br/>(7)</i> (Lamictal ODT Starter<br>(Orange)) | Tier 1 |                     |
| <i>lamotrigine oral tablet disintegrating,<br/>dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter<br>(Green))              | Tier 1 |                     |
| <i>lamotrigine oral tablet extended release<br/>24hr 100 mg</i> (Lamictal XR)   | Tier 1 | QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet extended release<br/>24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)                                     | Tier 1 | QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet extended release<br/>24hr 25 mg, 50 mg</i> (Lamictal XR)   | Tier 1 | QL (6 EA per 1 day) |
| <i>lamotrigine oral tablet, chewable<br/>dispersible 25 mg, 5 mg</i> (Lamictal)   | Tier 1 |                     |
| <i>lamotrigine oral tablet,disintegrating 100<br/>mg</i> (Lamictal ODT)   | Tier 1 | QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet,disintegrating 200<br/>mg</i> (Lamictal ODT)   | Tier 1 | QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet,disintegrating 25<br/>mg, 50 mg</i> (Lamictal ODT)   | Tier 1 | QL (6 EA per 1 day) |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(35)</i> (Lamictal Starter (Blue) Kit)  | Tier 1 |                     |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(42) -100 mg (7)</i> (Lamictal Starter (Orange)<br>Kit)                           | Tier 1 |                     |
| <i>lamotrigine oral tablets,dose pack 25 mg<br/>(84) -100 mg (14)</i> (Lamictal Starter (Green)<br>Kit)                           | Tier 1 |                     |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra)   | Tier 1 |                     |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>         |
|---|---------------|----------------------|
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)                          | Tier 1        |                      |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)                  | Tier 1        |                      |
| <i>methsuximide oral capsule 300 mg</i> (Celontin)  | Tier 1        |                      |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)                             | Tier 1        |                      |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)                                 | Tier 1        |                      |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG                                       | Tier 3        | QL (1 EA per 1 day)  |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG   | Tier 3        | QL (4 EA per 1 day)  |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)                                    | Tier 3        |                      |
| <i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)   | Tier 1        |                      |
| <i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)                                    | Tier 1        |                      |
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)                            | Tier 1        |                      |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)                             | Tier 1        |                      |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica) | Tier 1        |                      |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica)   | Tier 1        |                      |
| <i>primidone oral tablet 125 mg</i>   | Tier 1        |                      |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)   | Tier 1        |                      |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel)   | Tier 1        | QL (80 ML per 1 day) |
| <i>rufinamide oral tablet 200 mg</i> (Banzel)   | Tier 1        | QL (16 EA per 1 day) |
| <i>rufinamide oral tablet 400 mg</i> (Banzel)   | Tier 1        | QL (8 EA per 1 day)  |
| SABRIL ORAL TABLET 500 MG (vigabatrin)  | Tier 3        | PA; SP               |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)  | Tier 3        |                      |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine)   | Tier 3        |                      |

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| Drug  | Status | Notes               |
|---|--------|---------------------|
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine) | Tier 3 |                     |
| tiagabine oral tablet 12 mg, 2 mg, 4 mg   | Tier 1 | QL (4 EA per 1 day) |
| tiagabine oral tablet 16 mg   | Tier 1 | QL (3 EA per 1 day) |
| topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)                              | Tier 1 |                     |
| topiramate oral capsule, extended release 24hr 100 mg, 200 mg (Trokendi XR)           | Tier 1 | QL (2 EA per 1 day) |
| topiramate oral capsule, extended release 24hr 25 mg (Trokendi XR)                    | Tier 1 | QL (8 EA per 1 day) |
| topiramate oral capsule, extended release 24hr 50 mg (Trokendi XR)                    | Tier 1 | QL (4 EA per 1 day) |
| topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg (Qudexy XR)           | Tier 1 | QL (1 EA per 1 day) |
| topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg (Qudexy XR)                 | Tier 1 | QL (2 EA per 1 day) |
| topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)                         | Tier 1 |                     |
| valproic acid (as sodium salt) oral solution 250 mg/5 ml                              | Tier 1 |                     |
| valproic acid oral capsule 250 mg   | Tier 1 |                     |
| vigabatrin oral powder in packet 500 mg (Vigadrone)                                   | Tier 1 | PA; SP              |
| vigabatrin oral tablet 500 mg (Vigadrone)   | Tier 1 | PA; SP              |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)                                   | Tier 1 | PA; SP              |
| VIGADRONE ORAL TABLET 500 MG (vigabatrin)   | Tier 1 | PA; SP              |
| VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)                                    | Tier 1 | PA; SP              |
| VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)                                | Tier 2 |                     |

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

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| Drug   | Status | Notes  |
|--|--------|--|
| XCOPRI ORAL TABLET 200 MG  | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML   | Tier 3 | PA   |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)  | Tier 1 |  |
| <i>zonisamide oral capsule 50 mg</i>   | Tier 1 |  |
| <b>Neuroactive Steroid Gaba-A Receptor Modulator</b>   |        |  |
| ZTALMY ORAL SUSPENSION 50 MG/ML  | Tier 3 | PA; SP   |
| <b>Skeletal Muscle Disorder</b>  |        |  |
| <b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>  |        |  |
| <i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)  | Tier 1 | PA; SP   |
| KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)   | Tier 2 | PA; SP   |
| <b>Retinoic Acid Receptor (Rar) Agonists</b>   |        |  |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG   | Tier 3 | PA; SP   |

| Drug   | Status | Notes                |
|--|--------|----------------------|
| <b>Skeletal Muscle Relaxants</b>                                     |        |                      |
| <i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)       | Tier 1 | PA                   |
| <i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)                     | Tier 1 | PA                   |
| <i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)      | Tier 1 | PA                   |
| <i>baclofen oral tablet 10 mg</i>                                    | Tier 1 | QL (8 EA per 1 day)  |
| <i>baclofen oral tablet 20 mg</i>                                    | Tier 1 | QL (4 EA per 1 day)  |
| <i>baclofen oral tablet 5 mg</i>                                     | Tier 1 | QL (16 EA per 1 day) |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)                | Tier 1 | QL (4 EA per 1 day)  |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i>                   | Tier 1 |                      |
| <i>chlorzoxazone oral tablet 500 mg</i>                              | Tier 1 | QL (4 EA per 1 day)  |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                       | Tier 1 | QL (3 EA per 1 day)  |
| <i>dantrolene oral capsule 100 mg</i>                                | Tier 1 | QL (4 EA per 1 day)  |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium)                      | Tier 1 | QL (3 EA per 1 day)  |
| <i>dantrolene oral capsule 50 mg</i>                                 | Tier 1 | QL (3 EA per 1 day)  |
| <i>metaxalone oral tablet 400 mg</i>                                 | Tier 1 | QL (8 EA per 1 day)  |
| <i>metaxalone oral tablet 800 mg</i>                                 | Tier 1 | QL (4 EA per 1 day)  |
| <i>methocarbamol oral tablet 500 mg</i>                              | Tier 1 | QL (8 EA per 1 day)  |
| <i>methocarbamol oral tablet 750 mg</i>                              | Tier 1 | QL (6 EA per 1 day)  |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i>      | Tier 1 | QL (2 EA per 1 day)  |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic) | Tier 1 | QL (8 EA per 1 day)  |
| <i>tizanidine oral capsule 2 mg</i> (Zanaflex)                       | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral capsule 4 mg</i> (Zanaflex)                       | Tier 1 | QL (9 EA per 1 day)  |
| <i>tizanidine oral capsule 6 mg</i> (Zanaflex)                       | Tier 1 | QL (6 EA per 1 day)  |
| <i>tizanidine oral tablet 2 mg</i>                                   | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex)                        | Tier 1 | QL (9 EA per 1 day)  |

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| Drug   | Status | Notes   |
|--|--------|---|
| <b>Smoking Cessation</b>   |        |   |
| <b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>                                     |        |   |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)  | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)  | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)                                    | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)                                    | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)                      | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>                     | \$0    | \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER  |

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| Drug   | Status | Notes   |
|--|--------|---|
| NICOTROL INHALATION CARTRIDGE<br>10 MG                             | \$0    | \$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML                      | \$0    | \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)     |
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))                     | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))                 | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))                     | \$0    | \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))                 | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex)) | \$0    | \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                             |

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| Drug  | Status | Notes   |
|---|--------|---|
| <b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>   |        |   |
| <i>varenicline oral tablet 0.5 mg</i>   | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline oral tablet 1 mg</i> (Chantix)   | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)   | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <b>Smoking Deterrents, Other</b>  |        |   |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>  | \$0    | \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER                      |
| <b>Upper Gastrointestinal Disorders - Digestive</b>   |        |   |
| <b>Gastric Enzymes</b>  |        |   |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML   | Tier 3 | PA; SP  |
| <b>Pancreatic Enzymes</b>   |        |   |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 2 |   |

| Drug   | Status | Notes |
|--|--------|-------|
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT  | Tier 3 |       |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | Tier 2 |       |
| <b>Upper Gastrointestinal Disorders - Spastic Disease</b>  |        |       |
| <b>Anticholinergics/Antispasmodics</b>   |        |       |
| <i>dicyclomine oral capsule 10 mg</i>  | Tier 1 |       |
| <i>dicyclomine oral solution 10 mg/5 ml</i>  | Tier 1 |       |
| <i>dicyclomine oral tablet 20 mg</i>   | Tier 1 |       |
| <b>Belladonna Alkaloids</b>  |        |       |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)  | Tier 1 |       |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)  | Tier 1 |       |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)   | Tier 1 |       |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)  | Tier 1 |       |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)  | Tier 1 |       |
| <i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)   | Tier 1 |       |
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)   | Tier 1 |       |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)   | Tier 1 |       |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)  | Tier 1 |       |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i>  | Tier 1 |       |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)   | Tier 1 |       |

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| Drug  | Status | Notes  |
|---|--------|--|
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)                                       | Tier 1 |  |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate) | Tier 3 |  |
| <b>Upper Gastrointestinal Disorders - Ulcer Disease</b>   |        |  |
| <b>Anticholinergics, Quaternary Ammonium</b>  |        |  |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))                 | Tier 1 |  |
| DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG   | Tier 3 | ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)                   | Tier 1 |  |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)                               | Tier 1 |  |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul)  | Tier 1 |  |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)  | Tier 1 |  |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))                          | Tier 3 |  |
| <b>Anti-Ulcer Preparations</b>  |        |  |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)   | Tier 1 |  |
| <i>sucralfate oral suspension 100 mg/ml</i> (Carafate)  | Tier 1 |  |
| <i>sucralfate oral tablet 1 gram</i> (Carafate)   | Tier 1 |  |
| <b>Anti-Ulcer-H. Pylori Agents</b>  |        |  |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>                               | Tier 1 | QL (112 EA per 10 days)  |
| <i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)                        | Tier 1 |  |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)   | Tier 3 |  |



| Drug  | Status | Notes  |
|---|--------|--|
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG                | Tier 3 | QL (168 EA per 14 days); Age (Min 18 Years)  |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)                 | Tier 3 | PA   |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG                         | Tier 3 | PA   |
| <b>Histamine H2-Receptor Inhibitors</b>                                   |        |  |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))          | Tier 1 |  |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                      | Tier 1 |  |
| <i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i> | Tier 1 |  |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller)                     | Tier 1 |  |
| <i>famotidine oral tablet 40 mg</i> (Pepcid)                              | Tier 1 |  |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                             | Tier 1 |  |
| <b>Intestinal Motility Stimulants</b>                                     |        |  |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY                                  | Tier 3 | PA; SP   |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i>                         | Tier 1 |  |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)                | Tier 1 |  |
| <b>Potassium-Competitive Acid Blockers (Pcabs)</b>                        |        |  |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG   | Tier 3 | PA   |
| <b>Proton-Pump Inhibitors</b>   |        |  |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)   | Tier 3 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |

| Drug   | Status | Notes  |
|--|--------|--|
| ACIPHEX SPRINKLE ORAL CAPSULE,<br>DELAYED REL SPRINKLE 5 MG                                    | Tier 3 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule,biphase</i> (Dexilant)<br><i>delayed releas 30 mg, 60 mg</i>   | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)    |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Nexium)               | Tier 1 | QL (1 EA per 1 day)  |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)               | Tier 1 | QL (2 EA per 1 day)  |
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | Tier 1 | QL (1 EA per 1 day)  |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)        | Tier 1 | QL (2 EA per 1 day)  |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))    | Tier 1 |  |
| <i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)                       | Tier 1 |  |
| <i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)         | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days                         |
| NEXIUM PACKET ORAL GRANULES<br>DR FOR SUSP IN PACKET 2.5 MG, 5 MG                              | Tier 2 | QL (1 EA per 1 day)  |
| <i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>                      | Tier 1 |  |

| Drug   | Status | Notes  |
|--|--------|--|
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)    |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)                   | Tier 1 | ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days        |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)           | Tier 1 |  |
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)             | Tier 1 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)                    | Tier 1 | QL (1 EA per 1 day)  |
| <b>Urinary Tract - Functional Disorders</b>  |        |  |
| <b>Benign Prostatic Hypertrophy/Micturition Agents</b>                                     |        |  |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)                      | Tier 1 |  |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart)   | Tier 1 |  |
| <i>finasteride oral tablet 5 mg</i> (Proscar)  | Tier 1 |  |
| <i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)   | Tier 1 |  |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax)   | Tier 1 |  |

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

| Drug   | Status | Notes  |
|--|--------|--------|
| <b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>   |        |        |
| JYNARQUE ORAL TABLET 15 MG, 30 MG  | Tier 2 | PA; SP |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | Tier 2 | PA; SP |
| <b>Urinary Ph Modifiers</b>  |        |        |
| K-PHOS NO 2 ORAL TABLET 305-700 MG   | Tier 3 |        |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG  | Tier 3 |        |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)  | Tier 3 |        |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)  | Tier 1 |        |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)   | Tier 1 |        |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)  | Tier 1 |        |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML   | Tier 3 |        |
| <i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)   | Tier 1 |        |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG  | Tier 3 |        |
| <b>Urinary Tract Analgesic Agents</b>  |        |        |
| ELMIRON ORAL CAPSULE 100 MG  | Tier 2 | PA     |
| <b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>   |        |        |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)   | Tier 1 |        |

| Drug   | Status | Notes  |
|--|--------|--|
| <b>Urinary Tract Antispasmodic, M(3)<br/>Selective Antag.</b>                        |        |  |
| <i>darifenacin oral tablet extended release<br/>24 hr 15 mg, 7.5 mg</i>              | Tier 1 |  |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)                                | Tier 1 |  |
| <b>Urinary Tract<br/>Antispasmodic/Antiincontinence Agent</b>                        |        |  |
| <i>fesoterodine oral tablet extended release</i> (Toviaz)<br><i>24 hr 4 mg, 8 mg</i> | Tier 1 | QL (1 EA per 1 day)  |
| <i>flavoxate oral tablet 100 mg</i>  | Tier 1 |  |
| GELNIQUE TRANSDERMAL GEL IN<br>PACKET 10 % (100 MG/GRAM)                             | Tier 3 | ST: Requires prior<br>prescriptions for Myrbetriq<br>and Oxybutynin Chloride<br>within the past 365 days;<br>QL (1 GM per 1 day) |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i>                                      | Tier 1 |  |
| <i>oxybutynin chloride oral tablet 2.5 mg, 5<br/>mg</i>                              | Tier 1 |  |
| <i>oxybutynin chloride oral tablet extended<br/>release 24hr 10 mg, 15 mg, 5 mg</i>  | Tier 1 |  |
| OXYTROL TRANSDERMAL PATCH<br>SEMIWEEKLY 3.9 MG/24 HR                                 | Tier 3 | ST: Requires prior<br>prescriptions for Myrbetriq<br>and Oxybutynin Chloride<br>within the past 365 days                         |
| <i>tolterodine oral capsule,extended<br/>release 24hr 2 mg, 4 mg</i> (Detrol LA)     | Tier 1 |  |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)                                   | Tier 1 |  |
| <i>tropium oral capsule,extended release<br/>24hr 60 mg</i>                          | Tier 1 |  |
| <i>tropium oral tablet 20 mg</i>   | Tier 1 |  |

| Drug   | Status | Notes   |
|--|--------|---|
| <b>Vaginal Disorders</b>   |        |   |
| <b>Vaginal Antibiotics</b>   |        |   |
| CLEOCIN VAGINAL SUPPOSITORY<br>100 MG                                  | Tier 3 | ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)               | Tier 1 |   |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %                           | Tier 3 | ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days  |
| <i>metronidazole vaginal gel 0.75 %</i> (Vandazole)<br>(37.5mg/5 gram) | Tier 1 |   |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)                               | Tier 3 |   |
| <b>Vaginal Antifungals</b>   |        |   |
| GNAZOLE-1 VAGINAL CREAM 2 %  | Tier 2 |   |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG                                | Tier 1 |   |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                          | Tier 1 |   |
| <i>terconazole vaginal suppository 80 mg</i>                           | Tier 1 |   |
| <b>Vaginal Antiseptics</b>   |        |   |
| FEM PH VAGINAL GEL 0.9-0.025 %   | Tier 3 |   |
| RELAGARD VAGINAL GEL 0.9-0.025 %                                       | Tier 3 |   |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %                               | Tier 3 |   |

| Drug   | Status | Notes  |
|--|--------|--|
| <b>Vaginal Estrogen For Sexual Dysfunction</b>                               |        |  |
| IMVEXXY MAINTENANCE PACK<br>VAGINAL INSERT 10 MCG, 4 MCG                     | Tier 3 | ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG                 | Tier 3 | ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days) |
| <b>Vaginal Estrogen Preparations</b>   |        |  |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)                | Tier 1 |  |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)                             | Tier 1 |  |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM   | Tier 2 |  |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol)                                    | Tier 1 |  |
| <b>Vitamin And/Or Mineral Deficiency</b>                                     |        |  |
| <b>Fluoride Preparations</b>   |        |  |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))                          | Tier 3 |  |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))                       | Tier 1 |  |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))                                | Tier 1 |  |
| FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML       | Tier 3 |  |
| <i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)                | Tier 1 |  |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)                         | Tier 1 |  |
| <i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth) | Tier 1 |  |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)                   | Tier 1 |  |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>           | \$0    | \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS   |

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| Drug  | Status | Notes                                   |
|---|--------|---|
| <i>fluoride (sodium) oral tablet, chewable</i> (Ludent Fluoride)<br>0.25 mg(0.55 mg sod. fluoride), 0.5 mg<br>(1.1 mg sodium fluorid), 1 mg (2.2 mg<br>sod. fluoride) | \$0    | \$0 COPAY IF AGE 6<br>MONTHS TO 6 YEARS |
| FLUORIDEX DAILY DEFENSE DENTAL (fluoride (sodium))<br>PASTE 1.1 %   | Tier 3 |   |
| FLUORIDEX SENSITIVITY RELIEF (sodium fluoride-pot<br>DENTAL PASTE 1.1-5 % nitrate)  | Tier 3 |   |
| FLUORIMAX 5000 DENTAL PASTE 1.1 (fluoride (sodium))<br>%  | Tier 3 |   |
| FLUORIMAX 5000 SENSITIVE DENTAL (sodium fluoride-pot<br>PASTE 1.1-5 % nitrate)  | Tier 3 |   |
| GEL-KAM DENTAL GEL 0.4 % (stannous fluoride)  | Tier 1 |   |
| JUST RIGHT 5000 DENTAL PASTE 1.1 (fluoride (sodium))<br>%   | Tier 3 |   |
| PERIO MED DENTAL SOLUTION 0.63 (stannous fluoride)<br>%   | Tier 3 |   |
| PHOS-FLUR DENTAL SOLUTION 0.02<br>% (0.044 % SOD. FLUORIDE)   | Tier 3 |   |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))   | Tier 1 |   |
| SF DENTAL GEL 1.1 % (fluoride (sodium))   | Tier 1 |   |
| SODIUM FLUORIDE 5000 DRY MOUTH (fluoride (sodium))<br>DENTAL PASTE 1.1 %  | Tier 1 |   |
| SODIUM FLUORIDE 5000 PLUS (fluoride (sodium))<br>DENTAL CREAM 1.1 %   | Tier 1 |   |
| <i>sodium fluoride-pot nitrate dental paste</i> (Fluoridex Sensitivity<br>1.1-5 % Relief)   | Tier 1 |   |
| <b>Folic Acid Preparations</b>  |        |   |
| <i>folic acid injection solution 5 mg/ml</i>  | Tier 1 |   |
| <i>folic acid oral tablet 1 mg</i>  | Tier 1 |   |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>  | \$0    |   |
| <b>Iron Replacement</b>   |        |   |
| TRIFERIC HEMODIALYSIS POWDER (Tier 3)<br>IN PACKET 272 MG IRON  |        |   |
| TRIFERIC HEMODIALYSIS SOLUTION (Tier 3)<br>27.2 MG IRON/5 ML  |        |   |

| Drug   | Status | Notes                                   |
|--|--------|---|
| <b>Vitamin D Preparations</b>  |        |   |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)   | Tier 1 |   |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)   | Tier 1 |   |
| <b>Weight Reduction</b>  |        |   |
| <b>Anorexic Agents</b>   |        |   |
| <i>benzphetamine oral tablet 50 mg</i>   | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>diethylpropion oral tablet 25 mg</i>  | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>diethylpropion oral tablet extended release 75 mg</i>   | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| LOMAIRA ORAL TABLET 8 MG (phentermine)   | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>  | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>phendimetrazine tartrate oral tablet 35 mg</i>  | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| <i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>  | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>phentermine oral tablet 37.5 mg</i> (Adipex-P)  | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <b>Anti-Obesity - Incretin Mimetics Combination</b>  |        |   |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 2 | PA                                      |
| <b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>   |        |   |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML  | Tier 3 | PA; SP                                  |
| <b>Anti-Obesity Glucagon-Like Peptide-1 Recept Agonist</b>   |        |   |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)   | Tier 2 | PA                                      |

| Drug   | Status | Notes |
|--|--------|-------|
| WEGOVY SUBCUTANEOUS PEN<br>INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5<br>ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4<br>MG/0.75 ML | Tier 2 | PA    |
| <b>Fat Absorption Decreasing Agents</b>  |        |       |
| <i>orlistat oral capsule 120 mg</i> (Xenical)  | Tier 1 | PA    |

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|   |          |   |     |   |      |
|---|----------|---|-----|---|------|
| <i>abacavir</i> .....                   | 177      | <i>adefovir</i> .....                   | 181 | AFLURIA QUAD 2023-2024(6MO<br>UP).....        | 156  |
| <i>abacavir-lamivudine</i> .....        | 176      | ADEINZDE.....                           | 74  | AFREZZA.....                                  | 114  |
| <i>abiraterone</i> .....                | 213      | ADEMPAS.....                            | 47  | AFSTYLA.....                                  | 138  |
| ABRYSVO.....                            | 159      | ADTHYZA.....                            | 126 | AFTER PILL.....                               | 58   |
| <i>acamprosate</i> .....                | 28       | ADULT ASPIRIN REGIMEN.....              | 146 | AFTERA.....                                   | 58   |
| <i>acarbose</i> .....                   | 104      | ADULT LOW DOSE ASPIRIN.....             | 146 | AGAMREE.....                                  | 186  |
| ACCU-CHEK FASTCLIX LANCET<br>DRUM.....  | 202      | ADVAIR HFA.....                         | 10  | AIMOVIG AUTOINJECTOR.....                     | 246  |
| ACCU-CHEK SAFE-T-PRO.....               | 202      | ADVANCE PLUS INTERMITTENT.....          | 199 | AIMSCO LATEX CONDOM.....                      | 230  |
| ACCU-CHEK SAFE-T-PRO PLUS.....          | 202      | ADVANCED ALLERGY COLLECT<br>KIT.....    | 84  | AIRS DISPOSABLE NEBULIZER...<br>AIRSUPRA..... | 13   |
| ACCU-CHEK SOFTCLIX<br>LANCETS.....      | 202      | ADVANCED TRAVEL LANCETS..               | 202 | AKEEGA.....                                   | 221  |
| AC CUTANE.....                          | 73       | ADVATE.....                             | 138 | AKTEN (PF).....                               | 130  |
| ACD SOLUTION A.....                     | 140      | ADVOCATE LANCET.....                    | 202 | AKYNZEO (NETUPITANT).....                     | 7    |
| ACD-A.....                              | 140      | ADYNOVATE.....                          | 138 | ALA-CORT.....                                 | 84   |
| ACE AEROSOL CLOUD<br>ENHANCER.....      | 12       | AEMCOLO.....                            | 171 | ALA-SCALP.....                                | 84   |
| <i>acebutolol</i> .....                 | 42       | AEROBIKA OSCILLATING PEP<br>SYSTEM..... | 12  | <i>albendazole</i> .....                      | 172  |
| ACESO AG.....                           | 197      | AEROCHAMBER MINI.....                   | 13  | <i>albuterol sulfate</i> .....                | 8, 9 |
| <i>acetaminophen-codeine</i> .....      | 249      | AEROCHAMBER MV.....                     | 13  | ALCAINE.....                                  | 130  |
| <i>acetazolamide</i> .....              | 133      | AEROCHAMBER PLUS FLOW-VU.....           | 13  | <i>alclometasone</i> .....                    | 84   |
| <i>acetic acid</i> .....                | 94, 116  | AEROCHAMBER PLUS FLOW-<br>VU,L MSK..... | 13  | ALECENSA.....                                 | 217  |
| <i>acetylcysteine</i> .....             | 238      | AEROCHAMBER PLUS FLOW-<br>VU,M MSK..... | 13  | <i>alendronate</i> .....                      | 123  |
| ACIOXIA.....                            | 84       | AEROCHAMBER PLUS FLOW-<br>VU,S MSK..... | 13  | ALFERON N.....                                | 161  |
| ACIOXIAY.....                           | 74       | AEROCHAMBER PLUS Z STAT.....            | 13  | <i>alfuzosin</i> .....                        | 270  |
| ACIPHEX SPRINKLE.....                   | 268, 269 | AEROCHAMBER PLUS Z STAT<br>LG MSK.....  | 13  | ALINIA.....                                   | 173  |
| <i>acitretin</i> .....                  | 100      | AEROCHAMBER PLUS Z STAT<br>MD MSK.....  | 13  | <i>aliskiren</i> .....                        | 49   |
| ACTEMRA.....                            | 188      | AEROCHAMBER PLUS Z STAT<br>SM MSK.....  | 13  | ALKINDI SPRINKLE.....                         | 186  |
| ACTEMRA ACTPEN.....                     | 188      | AEROCHAMBER Z-STAT PLUS-<br>FLW SG..... | 13  | ALL FLOW 1000 KIT.....                        | 201  |
| ACTHAR.....                             | 121      | AEROECLIPSE II NEBULIZER.....           | 13  | ALL FLOW 1000 PFT FILTER.....                 | 201  |
| ACTICOAT DRESSING.....                  | 197      | AEROECLIPSE XL NEBULIZER.....           | 13  | ALL FLOW 3000 KIT.....                        | 201  |
| ACTI-LANCE LANCETS.....                 | 202      | AEROGEAR ACTION ASTHMA<br>KIT.....      | 13  | ALL FLOW 3000 PFT FILTER.....                 | 201  |
| ACTIMMUNE.....                          | 161      | AERONEB GO NEBULIZER.....               | 13  | ALL FLOW 4000 KIT.....                        | 201  |
| ACUVAIL (PF).....                       | 128      | AEROTRACH PLUS.....                     | 13  | ALL FLOW 4000 PFT FILTER.....                 | 201  |
| <i>acyclovir</i> .....                  | 82, 174  | AEROVENT PLUS.....                      | 13  | ALL FLOW 5000 KIT.....                        | 201  |
| ADACEL(TDAP<br>ADOLESN/ADULT)(PF).....  | 157, 158 | AFIRMELLE.....                          | 58  | ALL FLOW 5000 PFT FILTER.....                 | 201  |
| ADAINZDE.....                           | 74       | AFLURIA QD 2023-24(3YR<br>UP)(PF).....  | 156 | ALL FLOW 6000 PFT FILTER.....                 | 201  |
| ADAINZOXIA.....                         | 74       |   |     | ALLEVYN LIFE DRESSING.....                    | 197  |
| <i>adalimumab-adaz</i> .....            | 182      |   |     | <i>allopurinol</i> .....                      | 137  |
| <i>adapalene</i> .....                  | 78       |   |     | <i>almotriptan malate</i> .....               | 246  |
| <i>adapalene-benzoyl peroxide</i> ..... | 74       |   |     | ALOCRIAL.....                                 | 132  |
| ADASUVE.....                            | 30       |   |     | ALOMIDE.....                                  | 132  |
| ADBRY.....                              | 83       |   |     | <i>alosetron</i> .....                        | 195  |
| ADDYI.....                              | 33       |   |     | ALPHANATE.....                                | 138  |
|   |          |   |     | ALPHANINE SD.....                             | 141  |
|   |          |   |     | <i>alprazolam</i> .....                       | 28   |

|   |          |   |          |                                      |     |
|---|----------|---|----------|--------------------------------------|-----|
| ALPRAZOLAM INTENSOL.....                    | 28       | <i>anagrelide</i> .....                     | 146      | ASTRINGYN.....                       | 148 |
| ALPROLIX.....                               | 141      | ANA-LEX KIT.....                            | 192      | <i>atazanavir</i> .....              | 178 |
| ALTABAX.....                                | 82       | ANALPRAM-HC.....                            | 97       | <i>atenolol</i> .....                | 42  |
| ALTACAINE.....                              | 130      | ANASCORP.....                               | 227      | <i>atenolol-chlorthalidone</i> ..... | 44  |
| ALTAFLUOR BENOX.....                        | 130      | ANASTIA.....                                | 98       | <i>atomoxetine</i> .....             | 36  |
| ALTAVERA (28).....                          | 58       | <i>anastrozole</i> .....                    | 215      | ATORVALIQ.....                       | 50  |
| ALTERA NEBULIZER HANDSET... 13              |          | ANDRODERM.....                              | 150      | <i>atorvastatin</i> .....            | 50  |
| ALTERA NEBULIZER SYSTEM..... 13             |          | ANGELIQ.....                                | 151      | <i>atovaquone</i> .....              | 173 |
| ALTERNATE SITE LANCET..... 202              |          | ANNOVERA.....                               | 57       | <i>atovaquone-proguanil</i> .....    | 173 |
| ALTOPREV.....                               | 50       | ANORO ELLIPTA.....                          | 9        | ATRAPRO CP.....                      | 93  |
| ALTRENO.....                                | 78       | <i>anticoag citrate phos dextrose</i> ..... | 140      | ATROPEN.....                         | 234 |
| ALTUVIIIO.....                              | 138      | ANUCORT-HC.....                             | 193      | <i>atropine</i> .....                | 135 |
| ALUNBRIG.....                               | 217      | ANZEMET.....                                | 7        | <i>atropine sulfate (pf)</i> .....   | 135 |
| ALVAIZ.....                                 | 147      | APADAZ.....                                 | 249      | ATROVENT HFA.....                    | 8   |
| <i>alvimopan</i> .....                      | 197      | APLIGRAF.....                               | 235      | AUBRA.....                           | 59  |
| ALYACEN 1/35 (28).....                      | 59       | APOGEE IC INTERMIT                          |          | AUBRA EQ.....                        | 59  |
| ALYACEN 7/7/7 (28).....                     | 59       | CATHETER.....                               | 199      | AUGTYRO.....                         | 217 |
| ALYQ.....                                   | 47       | APOGEE PLUS INTERMITT                       |          | AURA PORTANEB.....                   | 13  |
| AMABELZ.....                                | 151      | CATHETER.....                               | 200      | AUROVELA 1.5/30 (21).....            | 59  |
| <i>amantadine hcl</i> .....                 | 251      | <i>apomorphine</i> .....                    | 251      | AUROVELA 1/20 (21).....              | 59  |
| <i>ambrisentan</i> .....                    | 47       | <i>apraclonidine</i> .....                  | 133      | AUROVELA 24 FE.....                  | 59  |
| AMELUZ.....                                 | 222      | <i>aprepitant</i> .....                     | 7        | AUROVELA FE 1.5/30 (28).....         | 59  |
| AMETHIA.....                                | 59       | APRETUDE.....                               | 179      | AUROVELA FE 1-20 (28).....           | 59  |
| AMETHYST (28).....                          | 59       | APRI.....                                   | 59       | AURUMHEEL.....                       | 232 |
| AMIELLE VAGINAL TRAINER..... 201            |          | APTIOM.....                                 | 253      | AUSTEDO.....                         | 226 |
| <i>amiloride</i> .....                      | 46       | APTIVUS.....                                | 175      | AUSTEDO XR.....                      | 226 |
| <i>amiloride-hydrochlorothiazide</i> .....  | 46       | ARAKODA.....                                | 172      | AUSTEDO XR TITRATION                 |     |
| <i>aminocaproic acid</i> .....              | 137, 138 | ARALAST NP.....                             | 213      | KT(WK1-4).....                       | 226 |
| <i>amiodarone</i> .....                     | 37       | ARANELLE (28).....                          | 59       | AUTOJECT 2 INJECTION DEVICE          |     |
| <i>amitriptyline</i> .....                  | 25       | ARCALYST.....                               | 182      | .....                                | 107 |
| <i>amitriptyline-chlordiazepoxide</i> ..... | 24       | AREXVY (PF).....                            | 159      | AUTOPEN 1 TO 21 UNITS.....           | 107 |
| AMJEVITA(CF).....                           | 182      | <i>arformoterol</i> .....                   | 9        | AUTOPEN 2 TO 42 UNITS.....           | 108 |
| AMJEVITA(CF) AUTOINJECTOR..... 182          |          | ARGYLE TRACHEOSTOMY                         |          | AUTOSOFT 30.....                     | 108 |
| <i>amlodipine</i> .....                     | 44       | CARE TRAY.....                              | 201      | AUTOSOFT 90.....                     | 108 |
| <i>amlodipine-atorvastatin</i> .....        | 56       | ARIKAYCE.....                               | 170      | AUTOSOFT XC INFUSION SET             |     |
| <i>amlodipine-benazepril</i> .....          | 38       | <i>aripiprazole</i> .....                   | 30       | 23".....                             | 108 |
| <i>amlodipine-olmesartan</i> .....          | 40       | <i>armodafinil</i> .....                    | 33       | AUTOSOFT XC INFUSION SET             |     |
| <i>amlodipine-valsartan</i> .....           | 40       | ARNUITY ELLIPTA.....                        | 11       | 32".....                             | 108 |
| <i>amlodipine-valsartan-hcthiazid</i> ..... | 40       | ARTISS.....                                 | 237      | AUTOSOFT XC INFUSION SET             |     |
| <i>ammonium lactate</i> .....               | 93       | ASCOMP WITH CODEINE.....                    | 249      | 43".....                             | 108 |
| AMNESTEEM.....                              | 73       | <i>asenapine maleate</i> .....              | 30       | AUVELITY.....                        | 22  |
| <i>amoxapine</i> .....                      | 25       | ASHLYNA.....                                | 59       | AVEIDA.....                          | 76  |
| <i>amoxicil-clarithromy-lansopraz</i> ..... | 267      | <i>aspirin</i> .....                        | 146, 239 | AVEIDAOXIA.....                      | 76  |
| <i>amoxicillin</i> .....                    | 166      | ASPIRIN CHILDRENS.....                      | 146      | AVIANE.....                          | 59  |
| <i>amoxicillin-pot clavulanate</i> .....    | 166, 167 | <i>aspirin-dipyridamole</i> .....           | 146      | AVITA.....                           | 78  |
| <i>amphetamine sulfate</i> .....            | 25       | ASPIR-TRIN.....                             | 240      | AVITENE.....                         | 148 |
| <i>ampicillin</i> .....                     | 167      | ASSURE LANCE.....                           | 202      | AVITENE FLOUR.....                   | 148 |
| <i>amyl nitrite</i> .....                   | 56       | ASSURE LANCE PLUS.....                      | 202      | AVONEX.....                          | 223 |
| ANACAINE.....                               | 98       | ASTHMAPACK CHILDREN'S..... 13               |          | AYUNA.....                           | 59  |

|   |          |   |          |   |         |
|---|----------|---|----------|---|---------|
| AYVAKIT .....                           | 217      | BELSOMRA .....                              | 34       | BIGFOOT UNITY PEN CAP-                      |         |
| <i>azathioprine</i> .....               | 161      | <i>benazepril</i> .....                     | 41       | TOUJEO .....                                | 108     |
| <i>azelaic acid</i> .....               | 76       | <i>benazepril-hydrochlorothiazide</i> ..... | 39       | BIGFOOT UNITY PEN CAP-                      |         |
| <i>azelastine</i> .....                 | 5, 128   | BENEFIX .....                               | 142      | TOUJEOMX .....                              | 108     |
| <i>azelastine-fluticasone</i> .....     | 6        | BENLYSTA .....                              | 187, 188 | BIGFOOT UNITY PEN CAP-                      |         |
| <i>azithromycin</i> .....               | 164, 165 | <i>benzhydrocodone-acetaminophen</i> .....  | 249      | TRESIBA .....                               | 108     |
| AZOPT .....                             | 133      | <i>benznidazole</i> .....                   | 173      | BIJUVA .....                                | 151     |
| AZURETTE (28) .....                     | 59       | <i>benzonatate</i> .....                    | 71       | BIKTARVY .....                              | 180     |
| <i>bacitracin</i> .....                 | 131      | <i>benzoyl peroxide</i> .....               | 95       | <i>bimatoprost</i> .....                    | 133     |
| <i>bacitracin-polymyxin b</i> .....     | 131      | <i>benzphetamine</i> .....                  | 277      | BIMZELX .....                               | 100     |
| <i>baclofen</i> .....                   | 262      | <i>benztropine</i> .....                    | 250      | BIMZELX AUTOINJECTOR .....                  | 100     |
| <i>balsalazide</i> .....                | 191      | BERINERT .....                              | 185      | <i>bismuth subcit k-metronidz-tcn</i> ..... | 267     |
| BALVERSA .....                          | 217      | BESIVANCE .....                             | 131      | <i>bisoprolol fumarate</i> .....            | 42      |
| BALZIVA (28) .....                      | 60       | BESREMI .....                               | 161      | <i>bisoprolol-hydrochlorothiazide</i> ..... | 44      |
| BARACLUDE .....                         | 181      | BETADINE OPHTHALMIC PREP .....              | 131      | BLISOVI 24 FE .....                         | 60      |
| BARDEX I.C. FOLEY CATHETER .....        | 200      | <i>betaine</i> .....                        | 233      | BLISOVI FE 1.5/30 (28) .....                | 60      |
| BASADROX .....                          | 77       | BETALOAN SUIK .....                         | 186      | BLISOVI FE 1/20 (28) .....                  | 60      |
| BAXDELA .....                           | 167      | <i>betamethasone dipropionate</i> .....     | 84       | BOOSTRIX TDAP .....                         | 158     |
| BAYER ASPIRIN .....                     | 240      | <i>betamethasone valerate</i> .....         | 84, 85   | <i>bosentan</i> .....                       | 47      |
| BAYER LOW DOSE ASPIRIN .....            | 146      | <i>betamethasone, augmented</i> .....       | 85       | BOSULIF .....                               | 217     |
| BD AUTOSHIELD DUO PEN                   |          | BETASERON .....                             | 223      | BP 10-1 .....                               | 82      |
| NEEDLE .....                            | 234      | <i>betaxolol</i> .....                      | 42, 133  | BPO .....                                   | 95      |
| BD INSULIN SYRINGE (HALF                |          | <i>bethanechol chloride</i> .....           | 212      | BRAFTOVI .....                              | 215     |
| UNIT) .....                             | 211      | BETOPTIC S .....                            | 133      | BREATHERITE MDI SPACER .....                | 14      |
| BD INSULIN SYRINGE U-500 .....          | 211      | <i>bexarotene</i> .....                     | 97, 223  | BREATHERITE SPACER-MASK,                    |         |
| BD INSULIN SYRINGE ULTRA-               |          | BEXSERO .....                               | 155      | NEO .....                                   | 14      |
| FINE .....                              | 211      | <i>bicalutamide</i> .....                   | 213      | BREATHERITE SPACER-                         |         |
| BD INSYTE AUTOGUARD .....               | 209      | BIGFOOT UNITY .....                         | 108      | MASK,ADULT .....                            | 14      |
| BD MICROTAINER LANCET .....             | 202      | BIGFOOT UNITY PEN CAP-                      |          | BREATHERITE SPACER-                         |         |
| BD NANO 2ND GEN PEN                     |          | ADMELOG .....                               | 108      | MASK,CHILD .....                            | 14      |
| NEEDLE .....                            | 235      | BIGFOOT UNITY PEN CAP-                      |          | BREATHERITE SPACER-                         |         |
| BD POSIFLUSH NORMAL SALINE              |          | APIDRA .....                                | 108      | MASK,INFANT .....                           | 14      |
| 0.9 .....                               | 119      | BIGFOOT UNITY PEN CAP-                      |          | BREATHERITE SPACER-                         |         |
| BD SAF-T-INTIMA .....                   | 209      | ASPART .....                                | 108      | MASK,S.CHLD .....                           | 14      |
| BD ULTRA-FINE MICRO PEN                 |          | BIGFOOT UNITY PEN CAP-                      |          | BREATHERITE SPACER-                         |         |
| NEEDLE .....                            | 235      | BASAGLAR .....                              | 108      | MASK,VALVED MDI                             |         |
| BD ULTRA-FINE MINI PEN                  |          | BIGFOOT UNITY PEN CAP-FIASP                 |          | CHAMBER .....                               | 14      |
| NEEDLE .....                            | 235      | .....                                       | 108      | BREATHERITE VALVED MDI                      |         |
| BD ULTRA-FINE NANO PEN                  |          | BIGFOOT UNITY PEN CAP-                      |          | SPACER .....                                | 14      |
| NEEDLE .....                            | 235      | HUMALOG .....                               | 108      | BREO ELLIPTA .....                          | 10      |
| BD ULTRA-FINE ORIG PEN                  |          | BIGFOOT UNITY PEN CAP-                      |          | BREXAFEMME .....                            | 170     |
| NEEDLE .....                            | 235      | LANTUS .....                                | 108      | BREYNA .....                                | 10      |
| BD ULTRA-FINE SHORT PEN                 |          | BIGFOOT UNITY PEN CAP-                      |          | BREZTRI AEROSPHERE .....                    | 10      |
| NEEDLE .....                            | 235      | LISPRO .....                                | 108      | BRIELLYN .....                              | 60      |
| BD VEO INSULIN SYR (HALF                |          | BIGFOOT UNITY PEN CAP-                      |          | BRILINTA .....                              | 146     |
| UNIT) .....                             | 211      | LYUMJEV .....                               | 108      | <i>brimonidine</i> .....                    | 77, 133 |
| BD VEO INSULIN SYRINGE UF .....         | 211      | BIGFOOT UNITY PEN CAP-                      |          | <i>brimonidine-timolol</i> .....            | 133     |
| BELBUCA .....                           | 240      | NOVOLOG .....                               | 108      | BRIVIACT .....                              | 253     |
| <i>belladonna alkaloids-opium</i> ..... | 240      |   |          | BROMFED DM .....                            | 73      |
|   |          |   |          | <i>bromfenac</i> .....                      | 128     |

|   |              |   |          |   |          |
|---|--------------|---|----------|---|----------|
| <i>bromocriptine</i> .....                  | 251          | <i>capecitabine</i> .....                   | 214      | <i>carisoprodol-aspirin</i> .....         | 262      |
| <i>brompheniramine-pseudoeph-dm</i> ...     | 73           | CAPEX .....                                 | 85       | <i>carisoprodol-aspirin-codeine</i> ..... | 250      |
| BRONCHITOL .....                            | 231          | CAPLYTA .....                               | 30       | CARNITOR (SUGAR-FREE) .....               | 233      |
| BRUKINSA .....                              | 217          | CAPRELSA .....                              | 217      | CARRASYN HYDROGEL WOUND<br>DRESS .....    | 197      |
| <i>budesonide</i> .....                     | 11, 186, 193 | <i>captopril</i> .....                      | 41       | <i>carteolol</i> .....                    | 133      |
| <i>budesonide-formoterol</i> .....          | 10           | <i>captopril-hydrochlorothiazide</i> .....  | 39       | CARTIA XT .....                           | 44       |
| BULLSEYE MINI SAFETY<br>LANCETS .....       | 202, 203     | CARBAGLU .....                              | 193      | <i>carvedilol</i> .....                   | 39       |
| <i>bumetanide</i> .....                     | 46           | <i>carbamazepine</i> .....                  | 253, 254 | <i>carvedilol phosphate</i> .....         | 39       |
| <i>buprenorphine</i> .....                  | 240          | CARBATROL .....                             | 254      | CAVERJECT .....                           | 119      |
| <i>buprenorphine hcl</i> .....              | 240, 250     | <i>carbidopa</i> .....                      | 253      | CAVERJECT IMPULSE .....                   | 119      |
| <i>buprenorphine-naloxone</i> .....         | 250          | <i>carbidopa-levodopa</i> .....             | 251      | CAYA CONTOURED .....                      | 70       |
| <i>bupropion hcl</i> .....                  | 22           | <i>carbidopa-levodopa-entacapone</i> ..     | 251      | CAYSTON .....                             | 163      |
| <i>bupropion hcl (smoking deter)</i> .....  | 265          | <i>carbinoxamine maleate</i> .....          | 4        | CAZIAN (28) .....                         | 60       |
| <i>buspirone</i> .....                      | 29           | CARDIOPLEGIA DEL NIDO<br>FORMULA .....      | 228      | <i>cefacor</i> .....                      | 163      |
| BUTALBITAL COMPOUND<br>W/CODEINE .....      | 249          | CARDIOPLEGIA HIGH<br>POTASSIUM .....        | 228      | <i>cefadroxil</i> .....                   | 163      |
| <i>butalbital-acetaminop-caf-cod</i> .....  | 248          | CARDIOPLEGIA IND 4:1<br>PLASMALYT .....     | 228      | CEFALY .....                              | 201      |
| <i>butalbital-acetaminophen</i> .....       | 239          | CARDIOPLEGIA IND 4:1 RINGER .....           | 228      | <i>cefdinir</i> .....                     | 163      |
| <i>butalbital-acetaminophen-caff</i> .....  | 239          | CARDIOPLEGIA IND 8:1 NON-<br>ENRCH .....    | 228      | <i>cefixime</i> .....                     | 163, 164 |
| <i>butalbital-aspirin-caffeine</i> .....    | 239          | CARDIOPLEGIA INDUCTION 4:1 .....            | 228      | <i>cefpodoxime</i> .....                  | 164      |
| <i>butorphanol</i> .....                    | 241          | CARDIOPLEGIA INDUCTION 8:1 .....            | 228      | <i>cefprozil</i> .....                    | 163      |
| BUTTERFLY TOUCH LANCET .....                | 203          | CARDIOPLEGIA MAIN 8:1 NO-<br>ENRCH .....    | 228      | <i>cefuroxime axetil</i> .....            | 163      |
| BYDUREON BCISE .....                        | 102          | CARDIOPLEGIA MAINT 4:1<br>PLASMA .....      | 229      | <i>celecoxib</i> .....                    | 189      |
| BYETTA .....                                | 103          | CARDIOPLEGIA MAINT 4:1<br>RINGER .....      | 229      | CEM-UREA .....                            | 95       |
| BYLVAY .....                                | 195          | CARDIOPLEGIA MAINT 4:1<br>RINGER .....      | 229      | CENTANY AT .....                          | 78       |
| <i>cabergoline</i> .....                    | 126          | CARDIOPLEGIA MAINTENANCE<br>4:1 .....       | 229      | <i>cephalexin</i> .....                   | 163      |
| CABLVI .....                                | 137          | CARDIOPLEGIA MAINTENANCE<br>8:1 .....       | 229      | CEQUR SIMPLICITY .....                    | 109      |
| CABOMETYX .....                             | 217          | CARDIOPLEGIA REPERFUSATE<br>4:1 .....       | 229      | CEQUR SIMPLICITY INSERTER .....           | 109      |
| <i>cabotegravir</i> .....                   | 179          | CARDIOPLEGIA WARM INDUCT<br>4:1 .....       | 229      | CERDELGA .....                            | 231      |
| CABTREO .....                               | 74           | <i>cardioplegic no.17(induct 4:1)</i> ..... | 229      | CERVIDIL .....                            | 71       |
| CADIRA COMPLIANT BLOOD<br>STAT .....        | 228          | <i>cardioplegic no.19 (maint 4:1)</i> ..... | 229      | CETACAINE .....                           | 98       |
| <i>caffeine citrate</i> .....               | 19           | <i>cardioplegic soln</i> .....              | 229      | CETACAINE ANESTHETIC .....                | 98       |
| <i>calcipotriene</i> .....                  | 101          | <i>cardioplegic solution no.25</i> .....    | 229      | <i>cetirizine</i> .....                   | 5        |
| <i>calcipotriene-betamethasone</i> .....    | 102          | CARDURA XL .....                            | 39       | <i>cetorelix</i> .....                    | 125      |
| <i>calcitonin (salmon)</i> .....            | 123          | CAREONE ULTRA THIN LANCET .....             | 203      | <i>cevimeline</i> .....                   | 212      |
| <i>calcitriol</i> .....                     | 101, 277     | CARESENS LANCETS .....                      | 203      | CHARLOTTE 24 FE .....                     | 60       |
| <i>calcium acetate(phosphat bind)</i> ..... | 117          | CARETOUCH SAFETY LANCETS .....              | 203      | CHATEAL (28) .....                        | 60       |
| CALQUENCE (ACALABRUTINIB<br>MAL) .....      | 217          | CARETOUCH TWIST LANCET .....                | 203      | CHATEAL EQ (28) .....                     | 60       |
| CAMILA .....                                | 60           | <i>carglumic acid</i> .....                 | 193      | CHEMET .....                              | 234      |
| CAMRESE .....                               | 60           | <i>carisoprodol</i> .....                   | 262      | CHENODAL .....                            | 194      |
| CAMRESE LO .....                            | 60           |   |          | CHILDREN'S ASPIRIN .....                  | 146      |
| CAMZYOS .....                               | 56           |   |          | CHLOHUX .....                             | 85       |
| <i>candesartan</i> .....                    | 41           |   |          | CHLOOXIA .....                            | 85       |
| <i>candesartan-hydrochlorothiazid</i> ..... | 40           |   |          | <i>chlordiazepoxide hcl</i> .....         | 28       |
| <i>cantharidin in acetone</i> .....         | 94           |   |          | <i>chlordiazepoxide-clidinium</i> .....   | 267      |
| CANTHARIS COMPOSITUM .....                  | 232          |   |          | <i>chlorhexidine gluconate</i> .....      | 227      |
|   |              |   |          | <i>chloroquine phosphate</i> .....        | 173      |
|   |              |   |          | <i>chlorpromazine</i> .....               | 32       |
|   |              |   |          | <i>chlorthalidone</i> .....               | 49       |

|   |               |   |             |  |          |
|---|---------------|---|-------------|--|----------|
| <i>chlorzoxazone</i> .....                  | 262           | CLEVER CHOICE WHISPER AIRE<br>PED .....   | 14          | COMFORTSEAL LARGE MASK .....             | 14       |
| CHOLBAM .....                               | 194           | CLIMARA PRO .....                         | 151         | COMFORTSEAL MEDIUM MASK ...              | 14       |
| <i>cholestyramine (with sugar)</i> .....    | 54            | <i>clindamycin hcl</i> .....              | 171         | COMFORTSEAL SMALL MASK .....             | 14       |
| CHOLESTYRAMINE LIGHT .....                  | 54            | <i>clindamycin palmitate hcl</i> .....    | 171         | COMPACT SPACE CHAMBER .....              | 14       |
| <i>cholestyramine-aspartame</i> .....       | 54            | CLINDAMYCIN PEDIATRIC .....               | 171         | COMPACT SPACE CHAMBER-<br>LRG MASK ..... | 14       |
| <i>choline,magnesium salicylate</i> .....   | 240           | <i>clindamycin phosphate</i> .....        | 78, 79, 274 | COMPACT SPACE CHAMBER-<br>MED MASK ..... | 15       |
| <i>chorionic gonadotropin, human</i> .....  | 121           | <i>clindamycin-benzoyl peroxide</i> ..... | 74          | COMPACT SPACE CHAMBER-<br>SM MASK .....  | 15       |
| CICLODAN KIT .....                          | 80            | CLINDESSE .....                           | 274         | COMP-AIR NEBULIZER                       |          |
| <i>ciclopirox</i> .....                     | 80            | CLINPRO 5000 .....                        | 275         | COMPRESSOR .....                         | 15       |
| <i>ciclopirox-ure-camph-menth-euc</i> ..... | 80            | <i>clobazam</i> .....                     | 253         | COMPRO .....                             | 7        |
| <i>cilostazol</i> .....                     | 146           | <i>clobetasol</i> .....                   | 85          | CONCEPTION .....                         | 230      |
| CILOXAN .....                               | 131           | <i>clobetasol-emollient</i> .....         | 85          | CONJUPRI .....                           | 44       |
| CIMDUO .....                                | 175           | <i>clocortolone pivalate</i> .....        | 85          | CONSTULOSE .....                         | 195      |
| <i>cimetidine</i> .....                     | 268           | CLODAN KIT .....                          | 86          | COPAXONE .....                           | 224      |
| CIMZIA .....                                | 182           | CLOMID .....                              | 120         | COPIKTRA .....                           | 218      |
| CIMZIA POWDER FOR RECONST<br>.....          | 182           | <i>clomiphene citrate</i> .....           | 120         | CORDRAN .....                            | 86       |
| CIMZIA STARTER KIT .....                    | 182           | <i>clomipramine</i> .....                 | 25          | CORDRAN TAPE LARGE ROLL .....            | 86       |
| <i>cinacalcet</i> .....                     | 124           | <i>clonazepam</i> .....                   | 253         | CORIFACT .....                           | 142      |
| CINRYZE .....                               | 185           | <i>clonidine</i> .....                    | 42          | CORLANOR .....                           | 56       |
| CIPRO .....                                 | 167           | <i>clonidine hcl</i> .....                | 35, 42      | CORTANE-B .....                          | 116      |
| <i>ciprofloxacin</i> .....                  | 167           | <i>clopidogrel</i> .....                  | 146         | CORTIFOAM .....                          | 193      |
| <i>ciprofloxacin hcl</i> .....              | 116, 131, 167 | <i>clorazepate dipotassium</i> .....      | 28          | <i>cortisone</i> .....                   | 186      |
| <i>ciprofloxacin-dexamethasone</i> .....    | 116           | <i>clotrimazole</i> .....                 | 80, 169     | CORTISPORIN-TC .....                     | 116      |
| <i>ciprofloxacin-fluocinolone</i> .....     | 116           | <i>clotrimazole-betamethasone</i> .....   | 79          | CORTROPHIN GEL .....                     | 121      |
| <i>citalopram</i> .....                     | 22            | <i>clozapine</i> .....                    | 30          | COTELLIC .....                           | 216      |
| <i>citric acid anhydrous (bulk)</i> .....   | 237           | COAGADEX .....                            | 142         | COVARYX .....                            | 151      |
| <i>citric-sod citrat-sod phos-dex</i> ..... | 140           | COAGUCHEK LANCETS .....                   | 203         | COVARYX H.S. ....                        | 151      |
| CLARAVIS .....                              | 73            | COAGUCHEK XS .....                        | 228         | CRALONIN .....                           | 232      |
| CLARINEX-D 12 HOUR .....                    | 3             | COARTEM .....                             | 173         | CREON .....                              | 265      |
| <i>clarithromycin</i> .....                 | 165           | <i>cocaine</i> .....                      | 227         | CRESEMBA .....                           | 169      |
| CLEANSING WASH .....                        | 82            | <i>codeine sulfate</i> .....              | 241         | CRINONE .....                            | 121, 153 |
| CLEARSHIELD SODIUM CHLOR<br>FLUSH .....     | 119           | <i>codeine-butalbital-asa-caff</i> .....  | 249         | <i>cromolyn</i> .....                    | 12, 133  |
| <i>clemastine</i> .....                     | 4             | <i>codeine-guaifenesin</i> .....          | 72          | CRYDOSE TA MEDIUM<br>STREAM SPR .....    | 98       |
| CLENPIQ .....                               | 195           | CODITUSSIN AC .....                       | 73          | CRYDOSE TA MIST SPRAY .....              | 98       |
| CLEOCIN .....                               | 274           | CODITUSSIN DAC .....                      | 72          | CRYOSERV .....                           | 231      |
| CLEVER CHEK LANCETS .....                   | 203           | <i>colchicine</i> .....                   | 136         | CRYSSELLE (28) .....                     | 60       |
| CLEVER CHOICE CHAMBER-<br>LRG MASK .....    | 14            | <i>colesevelam</i> .....                  | 54          | CUPRIMINE .....                          | 181      |
| CLEVER CHOICE CHAMBER-<br>MED MASK .....    | 14            | COLESTID FLAVORED .....                   | 54          | CURAD XEROFORM<br>PETROLATM DRESS .....  | 197      |
| CLEVER CHOICE CHAMBER-SM<br>MASK .....      | 14            | <i>colestipol</i> .....                   | 54          | CURAFIL GEL WOUND .....                  | 197      |
| CLEVER CHOICE NEB KIT-<br>ADULT .....       | 201           | COLOR LANCETS .....                       | 203         | CURITY AMD .....                         | 198      |
| CLEVER CHOICE NEB KIT-CHILD<br>.....        | 201           | COMBIPATCH .....                          | 152         | CURITY AMD (WITH<br>POLYHEXAMETH) .....  | 198      |
| CLEVER CHOICE NEBULIZER .....               | 14            | COMBIVENT RESPIMAT .....                  | 9           | CURITY DRAINAGE BAG .....                | 200      |
|   |               | COMETRIQ .....                            | 218         |  |          |
|   |               | COMFORT EZ LANCETS .....                  | 203         |  |          |
|   |               | COMFORT TOUCH PLUS<br>SAFETY LANC .....   | 203         |  |          |
|   |               | COMFORT TOUCH ULT THIN<br>LANCETS .....   | 203         |  |          |



|   |         |  |          |  |                  |
|---|---------|--|----------|--|------------------|
| CURITY IODOFORM PACKING STRIP .....         | 198     | <i>deferoxamine</i> .....                  | 234      | <i>dexmethylphenidate</i> .....        | 35               |
| CUROSURF .....                              | 238     | <i>deflazacort</i> .....                   | 186      | DEXONTO .....                          | 186              |
| CUSTODIOL HTK .....                         | 229     | <i>demeclocycline</i> .....                | 167      | DEXTENZA .....                         | 128              |
| CUTAQUIG .....                              | 154     | DEMEROL (PF) .....                         | 241      | <i>dextroamphetamine sulfate</i> ..... | 25, 26           |
| CUVITRU .....                               | 154     | DENTA 5000 PLUS .....                      | 275      | <i>dextroamphetamine-amphetamine</i>   | 26, 27           |
| CUVRIOR .....                               | 234     | DENTAGEL .....                             | 275      | DIACOMIT .....                         | 254              |
| <i>cyclobenzaprine</i> .....                | 262     | DEOXIA .....                               | 74       | DIADIMAXIA .....                       | 74               |
| CYCLOMYDRIL .....                           | 135     | DEOXIADENTAR .....                         | 74       | DIAOXIA .....                          | 75               |
| <i>cyclopentolate</i> .....                 | 135     | DEOXIATAR .....                            | 74       | DIASAXIATAR .....                      | 75               |
| <i>cyclopen-tropic-phenyleph-watr</i> ..... | 135     | DEOXIAVAR .....                            | 74       | DIASDIMAXIA .....                      | 75               |
| <i>cyclopen-tropic-phen-ketr-wat</i> .....  | 135     | DEPAKOTE .....                             | 254      | DIASOXIA .....                         | 75               |
| <i>cyclophosphamide</i> .....               | 213     | DEPAKOTE ER .....                          | 254      | <i>diazepam</i> .....                  | 28, 253          |
| <i>cyclop-trop-propa-phen-ket-wat</i> ..... | 135     | DEPAKOTE SPRINKLES .....                   | 254      | DIAZEPAM INTENSOL .....                | 28               |
| <i>cycloserine</i> .....                    | 171     | DEPO-ESTRADIOL .....                       | 152      | <i>diazoxide</i> .....                 | 113              |
| CYCLOSET .....                              | 104     | DEPO-SUBQ PROVERA 104 .....                | 58       | <i>dichlorphenamide</i> .....          | 261              |
| <i>cyclosporine</i> .....                   | 161     | DERMACINRX LIDOCAN .....                   | 98       | <i>diclofenac epolamine</i> .....      | 92               |
| <i>cyclosporine modified</i> .....          | 161     | DERMACINRX LIDOGEL .....                   | 98       | <i>diclofenac potassium</i> .....      | 189              |
| CYLTEZO(CF) .....                           | 183     | DERMACINRX LIDOREX .....                   | 98       | <i>diclofenac sodium</i> .....         | 92, 97, 128, 189 |
| CYLTEZO(CF) PEN .....                       | 183     | DERMAZENE .....                            | 77       | <i>diclofenac-misoprostol</i> .....    | 188              |
| CYLTEZO(CF) PEN CROHN'S-UC-HS .....         | 182     | DESCOVY .....                              | 175      | <i>dicloxacillin</i> .....             | 167              |
| CYLTEZO(CF) PEN PSORIASIS-UV .....          | 183     | <i>desflurane</i> .....                    | 232      | <i>dicyclomine</i> .....               | 266              |
| <i>cyproheptadine</i> .....                 | 4       | <i>desipramine</i> .....                   | 25       | <i>didanosine</i> .....                | 177              |
| CYRED .....                                 | 60      | <i>desloratadine</i> .....                 | 5        | <i>diethylpropion</i> .....            | 277              |
| CYRED EQ .....                              | 60      | <i>desmopressin</i> .....                  | 121, 122 | DIFICID .....                          | 165              |
| CYSTADROPS .....                            | 136     | <i>desog-e.estradiol/e.estradiol</i> ..... | 61       | <i>diflunisal</i> .....                | 240              |
| CYSTAGON .....                              | 271     | <i>desonide</i> .....                      | 86       | <i>difluprednate</i> .....             | 129              |
| CYSTARAN .....                              | 136     | <i>desoximetasone</i> .....                | 86, 87   | DIFMETIOXRIME .....                    | 80               |
| <i>dabigatran etexilate</i> .....           | 147     | <i>desvenlafaxine</i> .....                | 23       | DIGITEK .....                          | 38               |
| <i>dalfampridine</i> .....                  | 225     | <i>desvenlafaxine succinate</i> .....      | 23       | DIGOX .....                            | 38               |
| <i>danazol</i> .....                        | 126     | DEVILBISS DISPOSABLE NEBULIZER .....       | 15       | <i>digoxin</i> .....                   | 38               |
| <i>dantrolene</i> .....                     | 262     | DEVILBISS PULMO-AIDE COMPRESSR .....       | 15       | <i>dihydroergotamine</i> .....         | 246              |
| <i>dapsone</i> .....                        | 74, 170 | DEVILBISS PULMOMATE COMPRESSOR .....       | 15       | DILANTIN .....                         | 254              |
| <i>darifenacin</i> .....                    | 273     | DEVILBISS PULMOMATE COMPRESSOR .....       | 15       | DILANTIN EXTENDED .....                | 254              |
| DARTISLA .....                              | 267     | DEVILBISS PULMONEB LT COMP-NEB .....       | 15       | DILANTIN INFATABS .....                | 254              |
| <i>darunavir</i> .....                      | 175     | DEVILBISS TRAVELER COMPRESSOR .....        | 15       | DILANTIN-125 .....                     | 254              |
| DASETTA 1/35 (28) .....                     | 60      | <i>dexamethasone</i> .....                 | 186      | DILAUDID (PF) .....                    | 241              |
| DASETTA 7/7/7 (28) .....                    | 60      | DEXAMETHASONE INTENSOL ..                  | 186      | <i>diltiazem hcl</i> .....             | 44, 45           |
| DAURISMO .....                              | 215     | <i>dexamethasone sodium phosphate</i>      | 128      | DILT-XR .....                          | 45               |
| DAYBUE .....                                | 226     | DEXCOM G6 RECEIVER .....                   | 109      | DILUENT FOR ROTARIX .....              | 231              |
| DAYSEE .....                                | 61      | DEXCOM G6 SENSOR .....                     | 109      | DILUTING MEDIUM FOR NOVOLOG .....      | 231              |
| DAZAVEIDAOXIA .....                         | 77      | DEXCOM G6 TRANSMITTER .....                | 109      | <i>dimethyl fumarate</i> .....         | 224              |
| DAZOMON .....                               | 77      | DEXCOM G7 RECEIVER .....                   | 109      | DIMOXIA .....                          | 75               |
| DEBACTEROL .....                            | 227     | DEXCOM G7 SENSOR .....                     | 109      | DIOCHLOY .....                         | 102              |
| DEBLITANE .....                             | 61      | <i>dexlansoprazole</i> .....               | 269      | DIOOXIA .....                          | 101              |
| <i>deferasirox</i> .....                    | 234     |  |          | DIPHEN .....                           | 4                |
| <i>deferiprone</i> .....                    | 234     |  |          | <i>diphenoxylate-atropine</i> .....    | 194              |
|   |         |  |          | <i>dipyridamole</i> .....              | 146              |

|   |               |   |  |          |
|---|---------------|---|--|----------|
| <i>disopyramide phosphate</i> .....         | 37            | DUREX AVANTI BARE REAL                      | ELINEST.....                               | 61       |
| <i>disulfiram</i> .....                     | 28            | FEEL.....                                   | ELIQUIS.....                               | 141      |
| DIURIL.....                                 | 49            | <i>dutasteride</i> .....                    | ELIQUIS DVT-PE TREAT 30D                   |          |
| <i>divalproex</i> .....                     | 254           | <i>dutasteride-tamsulosin</i> .....         | START.....                                 | 141      |
| <i>dofetilide</i> .....                     | 37            | DUZALLO.....                                | ELIXOPHYLLIN.....                          | 19       |
| DOJOLVI.....                                | 235           | DYANAVEL XR.....                            | ELLA.....                                  | 61       |
| DOLISHALE.....                              | 61            | DYNAFOAM AG.....                            | ELMIRON.....                               | 272      |
| <i>donepezil</i> .....                      | 20            | DYNAGINATE AG.....                          | ELOCTATE.....                              | 138      |
| DOPTELET (10 TAB PACK).....                 | 148           | E.E.S. 400.....                             | ELURYNG.....                               | 58       |
| DOPTELET (15 TAB PACK).....                 | 148           | EAR POPPER INFLATION                        | ELYXYB.....                                | 246      |
| DOPTELET (30 TAB PACK).....                 | 148           | DEVICE.....                                 | EMBRACE LANCETS.....                       | 204      |
| <i>dorzolamide</i> .....                    | 133           | EASIVENT HOLDING CHAMBER...15               | EMBRACE SAFETY LANCET.....                 | 204      |
| <i>dorzolamide-timolol</i> .....            | 133           | EASIVENT MASK LARGE.....                    | EMCYT.....                                 | 223      |
| <i>dorzolamide-timolol (pf)</i> .....       | 133           | EASIVENT MASK MEDIUM.....                   | EMEND.....                                 | 7        |
| DOTTI.....                                  | 152           | EASIVENT MASK SMALL.....                    | EMFLAZA.....                               | 186      |
| DOVATO.....                                 | 174           | EASY COMFORT LANCETS.....                   | EMGALITY PEN.....                          | 246      |
| DOVER COATED LATEX FOLEY.....               | 200           | EASY NEB COMPRESSOR                         | EMGALITY SYRINGE.....                      | 246, 248 |
| DOVER FOLEY CATHETER.....                   | 200           | NEBULIZER.....                              | EMPAVELI.....                              | 141      |
| DOVER LATEX FOLEY                           |               | EASY TOUCH LANCETS.....                     | EMSAM.....                                 | 22       |
| CATHETER.....                               | 200           | EASY TOUCH SAFETY LANCETS                   | <i>emtricitabine</i> .....                 | 177      |
| DOVER RED RUBBER                            |               | .....                                       | <i>emtricitabine-tenofovir (tdf)</i> ....  | 175, 176 |
| ROBINSON CATH.....                          | 200           | EASY TOUCH TWIST LANCETS.....               | EMTRIVA.....                               | 177      |
| DOVER UNIVERSAL.....                        | 200           | EASY TWIST AND CAP LANCETS                  | EMVERM.....                                | 172      |
| <i>doxazosin</i> .....                      | 39            | .....                                       | <i>enalapril maleate</i> .....             | 41       |
| <i>doxepin</i> .....                        | 25, 34        | EBASE CONTROLLER.....                       | <i>enalapril-hydrochlorothiazide</i> ..... | 39       |
| <i>doxercalciferol</i> .....                | 125           | ECEOXIA.....                                | ENBREL.....                                | 183      |
| <i>doxycycline hyclate</i> .....            | 167, 168, 227 | EC-NAPROXEN.....                            | ENBREL MINI.....                           | 183      |
| <i>doxycycline monohydrate</i> .....        | 168           | <i>econazole</i> .....                      | ENBREL SURECLICK.....                      | 183      |
| <i>doxylamine-pyridoxine (vit b6)</i> ..... | 7             | ECONTRA EZ.....                             | ENDARI.....                                | 147      |
| D-PENAMINE.....                             | 182           | ECONTRA ONE-STEP.....                       | ENDO AVITENE.....                          | 148      |
| DRAXACE.....                                | 75            | ECOTRIN.....                                | ENDOCET.....                               | 249      |
| DRAXACEY.....                               | 75            | ECOZA.....                                  | ENDOMETRIN.....                            | 121      |
| DRITHOCREME HP.....                         | 101           | EDEX.....                                   | ENGERIX-B (PF).....                        | 159      |
| DRIXECE.....                                | 75            | ED-SPAZ.....                                | ENILLORING.....                            | 58       |
| <i>dronabinol</i> .....                     | 6             | EDURANT.....                                | <i>enoxaparin</i> .....                    | 143      |
| DROPLET LANCETS.....                        | 203           | EEMT.....                                   | ENPRESSE.....                              | 61       |
| <i>drospirenone-e.estradiol-1m.fa</i> ..... | 61            | EEMT HS.....                                | ENSKYCE.....                               | 61       |
| <i>drospirenone-ethinyl estradiol</i> ..... | 61            | <i>efavirenz</i> .....                      | ENSPRYNG.....                              | 188      |
| DROXIA.....                                 | 147           | <i>efavirenz-emtricitabin-tenofov</i> ..... | ENSTILAR.....                              | 102      |
| <i>droxidopa</i> .....                      | 55            | <i>efavirenz-lamivu-tenofov disop</i> ..... | <i>entacapone</i> .....                    | 251      |
| DRYSOL.....                                 | 92            | EFFER-K.....                                | <i>entecavir</i> .....                     | 181      |
| DRYSOL DAB-O-MATIC.....                     | 92            | EGATEN.....                                 | ENTERAL GRAVITY BAG SET-                   |          |
| DUAVEE.....                                 | 151           | EGRIFTA SV.....                             | ENFIT.....                                 | 209      |
| <i>duloxetine</i> .....                     | 23            | ELESTRIN.....                               | ENTEREG.....                               | 197      |
| DUODOTE.....                                | 230           | <i>eletriptan</i> .....                     | ENTRESTO.....                              | 56       |
| DUOPA.....                                  | 251           | ELIGARD.....                                | ENTYVIO PEN.....                           | 192      |
| DUPIXENT PEN.....                           | 11            | ELIGARD (3 MONTH).....                      | ENULOSE.....                               | 193      |
| DUPIXENT SYRINGE.....                       | 11            | ELIGARD (4 MONTH).....                      | ENZNONUTY.....                             | 98       |
|   |               | ELIGARD (6 MONTH).....                      | EPCLUSA.....                               | 180      |

|  |          |  |     |  |     |
|--|----------|--|-----|--|-----|
| EPIDIOLEX.....                             | 253      | EVAMIST.....                             | 152 | <i>fentanyl citrate (pf)-0.9%nacl.....</i> | 241 |
| EPIFIX AMNIOTIC MEMBRANE...                | 236      | EVARREST.....                            | 148 | <i>fesoterodine.....</i>                   | 273 |
| EPIFOAM.....                               | 97       | <i>everolimus (antineoplastic).....</i>  | 216 | FETZIMA.....                               | 24  |
| <i>epinastine.....</i>                     | 128      | <i>everolimus (immunosuppressive) ..</i> | 161 | FILSPARI.....                              | 271 |
| <i>epinephrine.....</i>                    | 38, 211  | EVERSENSE E3 SMART                       |     | FILSUVEZ.....                              | 237 |
| <i>epinephrine hcl.....</i>                | 73       | TRANSMITTER.....                         | 109 | FILTERED EXTENSION SET.....                | 209 |
| EPITOL.....                                | 254      | EVICEL.....                              | 148 | FINACEA.....                               | 77  |
| <i>eplerenone.....</i>                     | 46       | EVOTAZ.....                              | 178 | <i>finasteride.....</i>                    | 270 |
| EPRONTIA.....                              | 255      | EVRYSDI.....                             | 212 | FINGERSTIX LANCETS.....                    | 204 |
| <i>eprosartan.....</i>                     | 41       | EXELDERM.....                            | 80  | <i> fingolimod.....</i>                    | 224 |
| EQUETRO.....                               | 29       | <i>exemestane.....</i>                   | 215 | FINTEPLA.....                              | 255 |
| <i>ergoloid.....</i>                       | 57       | EXKIVITY.....                            | 218 | FINZALA.....                               | 62  |
| ERGOMAR.....                               | 246      | EXODERM.....                             | 80  | FIORICET.....                              | 239 |
| <i>ergotamine-caffeine.....</i>            | 246      | EXSERVAN.....                            | 225 | FIRDAPSE.....                              | 225 |
| ERIVEDGE.....                              | 215      | EXTENDED RESERVOIR.....                  | 211 | FIRMAGON.....                              | 217 |
| ERLEADA.....                               | 214      | EYE.....                                 | 232 | FIRMAGON KIT W DILUENT                     |     |
| <i>erlotinib.....</i>                      | 218      | E-Z JECT LANCETS.....                    | 204 | SYRINGE.....                               | 217 |
| ERMEZA.....                                | 126      | E-Z JECT THIN LANCETS.....               | 204 | FIRST-MOUTHWASH BLM.....                   | 235 |
| ERRIN.....                                 | 61       | EZ SMART LANCETS.....                    | 204 | <i>flavoxate.....</i>                      | 273 |
| ERY PADS.....                              | 79       | EZALLOR SPRINKLE.....                    | 50  | <i>flecainide.....</i>                     | 37  |
| ERY-TAB.....                               | 165      | <i>ezetimibe.....</i>                    | 55  | FLEXICHAMBER.....                          | 15  |
| ERYTHROCIN (AS STEARATE) ...               | 165      | <i>ezetimibe-simvastatin.....</i>        | 49  | FLEXICHAMBER-LG CHILD                      |     |
| <i>erythromycin.....</i>                   | 131, 165 | FABHALTA.....                            | 145 | MASK.....                                  | 15  |
| <i>erythromycin ethylsuccinate.....</i>    | 165      | FACTIVE.....                             | 167 | FLEXICHAMBER-SM ADULT                      |     |
| <i>erythromycin with ethanol.....</i>      | 79       | FALMINA (28).....                        | 61  | MASK.....                                  | 15  |
| <i>erythromycin-benzoyl peroxide.....</i>  | 79       | <i>famciclovir.....</i>                  | 174 | FLEXICHAMBER-SM CHILD                      |     |
| <i>escitalopram oxalate.....</i>           | 22       | <i>famotidine.....</i>                   | 268 | MASK.....                                  | 15  |
| <i>esomeprazole magnesium.....</i>         | 269      | FANAPT.....                              | 30  | FLEXI-SEAL SIGNAL FMS.....                 | 209 |
| ESPEROCT.....                              | 138      | FANTASY CONDOM.....                      | 230 | FLOLIPID.....                              | 50  |
| ESTARYLLA.....                             | 61       | FARXIGA.....                             | 103 | FLORIVA (FLUORIDE-VITAMIN                  |     |
| <i>estazolam.....</i>                      | 34       | FARYDAK.....                             | 221 | D3).....                                   | 275 |
| <i>estradiol.....</i>                      | 152, 275 | FASENRA.....                             | 11  | FLOSEAL.....                               | 148 |
| <i>estradiol valerate.....</i>             | 152      | FASENRA PEN.....                         | 11  | FLUAD QUAD 2023-24(65Y                     |     |
| <i>estradiol-norethindrone acet.....</i>   | 152      | FC2 FEMALE CONDOM.....                   | 230 | UP)(PF).....                               | 156 |
| <i>estrogens-methyltestosterone.....</i>   | 151      | <i>febuxostat.....</i>                   | 137 | FLUARIX QUAD 2023-2024 (PF) ..             | 157 |
| <i>eszopiclone.....</i>                    | 34       | FEIBA NF.....                            | 139 | FLUBLOK QUAD 2023-2024 (PF) .              | 157 |
| <i>ethacrynic acid.....</i>                | 46       | <i>felbamate.....</i>                    | 255 | FLUCELVAX QUAD 2023-2024 ...               | 157 |
| <i>ethambutol.....</i>                     | 171      | <i>felodipine.....</i>                   | 45  | FLUCELVAX QUAD 2023-2024                   |     |
| <i>ethosuximide.....</i>                   | 255      | FEM PH.....                              | 274 | (PF).....                                  | 157 |
| ETHOXIA.....                               | 78       | FEMALE CATHETER.....                     | 200 | <i>fluconazole.....</i>                    | 169 |
| <i>ethyl chloride.....</i>                 | 98       | FEMCAP.....                              | 70  | <i>flucytosine.....</i>                    | 169 |
| <i>ethynodiol diac-eth estradiol.....</i>  | 61       | <i>fenofibrate.....</i>                  | 55  | <i>fludrocortisone.....</i>                | 188 |
| <i>etodolac.....</i>                       | 189      | <i>fenofibrate micronized.....</i>       | 55  | FLULAVAL QUAD 2023-2024 (PF)               | 157 |
| <i>etonogestrel-ethinyl estradiol.....</i> | 58       | <i>fenofibrate nanocrystallized.....</i> | 55  | FLUMIST QUAD 2023-2024.....                | 157 |
| <i>etoposide.....</i>                      | 221      | <i>fenofibric acid.....</i>              | 55  | <i>flunisolide.....</i>                    | 6   |
| <i>etravirine.....</i>                     | 176      | <i>fenofibric acid (choline).....</i>    | 55  | <i>fluocinolone.....</i>                   | 87  |
| EUCRISA.....                               | 83       | <i>fentanyl.....</i>                     | 241 | <i>fluocinolone acetonide oil.....</i>     | 116 |
| EUFLEXXA.....                              | 185      | <i>fentanyl citrate.....</i>             | 241 | <i>fluocinolone and shower cap.....</i>    | 87  |
| EUTHYROX.....                              | 126      | <i>fentanyl citrate (pf).....</i>        | 241 | <i>fluocinonide.....</i>                   | 87  |

|   |           |                              |          |  |          |
|---|-----------|------------------------------|----------|--|----------|
| FLUOCINONIDE-E .....                        | 87        | FREESTYLE LIBRE 2 READER...  | 109      | <i>gentamicin</i> .....                  | 79, 131  |
| <i>fluocinonide-emollient</i> .....         | 87        | FREESTYLE LIBRE 2 SENSOR...  | 110      | GENVOYA .....                            | 180      |
| <i>fluorescein-benoxinate</i> .....         | 130       | FREESTYLE LIBRE 3 READER...  | 110      | GILENYA .....                            | 224      |
| <i>fluorescein-proparacaine</i> .....       | 130       | FREESTYLE LIBRE 3 SENSOR...  | 110      | GILOTRIF .....                           | 218      |
| <i>fluoride (sodium)</i> .....              | 275, 276  | FREESTYLE LITE STRIPS .....  | 107      | GIMOTI .....                             | 268      |
| FLUORIDEX DAILY DEFENSE .....               | 276       | FREESTYLE PRECISION NEO      |          | <i>glatiramer</i> .....                  | 224      |
| FLUORIDEX SENSITIVITY                       |           | STRIPS .....                 | 107      | GLATOPA .....                            | 224      |
| RELIEF .....                                | 276       | FREESTYLE TEST .....         | 107      | GLEOSTINE .....                          | 213      |
| FLUORIMAX 5000 .....                        | 276       | FREESTYLE UNISTIK 2 .....    | 204      | <i>glimepiride</i> .....                 | 104      |
| FLUORIMAX 5000 SENSITIVE .....              | 276       | <i>frovatriptan</i> .....    | 247      | <i>glipizide</i> .....                   | 104, 105 |
| <i>fluorometholone</i> .....                | 129       | FRUZAQLA .....               | 218      | <i>glipizide-metformin</i> .....         | 106      |
| FLUOROPLEX .....                            | 98        | FUROSCIX .....               | 46       | GLOPERBA .....                           | 137      |
| <i>fluorouracil</i> .....                   | 98        | <i>furosemide</i> .....      | 46       | GLUCAGON (HCL) EMERGENCY                 |          |
| <i>fluoxetine</i> .....                     | 22        | FUZEON .....                 | 176      | KIT .....                                | 113      |
| FLUOXIA .....                               | 87        | FYAVOLV .....                | 153      | GLUCAGON EMERGENCY KIT                   |          |
| <i>fluphenazine hcl</i> .....               | 32        | FYCOMPA .....                | 255, 256 | (HUMAN) .....                            | 113      |
| <i>flurandrenolide</i> .....                | 88        | FYREMADEL .....              | 125      | GLUCOCOM AUTOLINK .....                  | 110      |
| <i>flurazepam</i> .....                     | 34        | G TUSSIN AC .....            | 73       | GLUCOCOM LANCETS .....                   | 204      |
| <i>flurbiprofen</i> .....                   | 189       | <i>gabapentin</i> .....      | 256      | <i>glyburide</i> .....                   | 105      |
| <i>flurbiprofen sodium</i> .....            | 129       | GALAFOLD .....               | 212      | <i>glyburide micronized</i> .....        | 105      |
| <i>fluticasone propionate</i> .....         | 6, 11, 88 | <i>galantamine</i> .....     | 21       | <i>glyburide-metformin</i> .....         | 106      |
| <i>fluticasone propion-salmeterol</i> ..... | 10        | GALZIN .....                 | 234      | <i>glycine urologic solution</i> .....   | 170      |
| <i>fluvastatin</i> .....                    | 50, 51    | GAMMAGARD LIQUID .....       | 154      | <i>glycopyrrolate</i> .....              | 267      |
| <i>fluvoxamine</i> .....                    | 22        | GAMMAKED .....               | 154      | <i>glycopyrrolate (pf)</i> .....         | 267      |
| FLUZONE HIGHDOSE QUAD 23-                   |           | GAMUNEX-C .....              | 154      | GLYDO .....                              | 190      |
| 24 PF .....                                 | 157       | <i>ganirelix</i> .....       | 126      | GLYRX-PF .....                           | 267      |
| FLUZONE QUAD 2023-2024 .....                | 157       | GARDASIL 9 (PF) .....        | 159      | GLYXAMBI .....                           | 105      |
| FLUZONE QUAD 2023-2024 (PF)                 | 157       | <i>gatifloxacin</i> .....    | 131      | GOJJI LANCETS .....                      | 204      |
| <i>folic acid</i> .....                     | 276       | GATTEX 30-VIAL .....         | 197      | GONAL-F .....                            | 120      |
| FOLLISTIM AQ .....                          | 120       | GATTEX ONE-VIAL .....        | 197      | GONAL-F RFF .....                        | 120      |
| <i>fondaparinux</i> .....                   | 143       | GAVILYTE-C .....             | 195      | GONAL-F RFF REDI-JECT .....              | 120      |
| FORACARE LANCETS .....                      | 204       | GAVILYTE-G .....             | 195      | GRAFIX CORE .....                        | 236      |
| <i>formoterol fumarate</i> .....            | 9         | GAVRETO .....                | 218      | GRAFIX PRIME .....                       | 236      |
| FOSAMAX PLUS D .....                        | 122       | <i>gefitinib</i> .....       | 218      | GRAFIX XC .....                          | 236      |
| <i>fosamprenavir</i> .....                  | 178       | GEL VEHICLE FOR NEXOBRID ... | 237      | <i>granisetron hcl</i> .....             | 7        |
| <i>fosfomycin tromethamine</i> .....        | 164       | GELFILM .....                | 136, 237 | GRASTEK .....                            | 3        |
| <i>fosinopril</i> .....                     | 41        | GELFOAM .....                | 148      | <i>griseofulvin microsize</i> .....      | 170      |
| <i>fosinopril-hydrochlorothiazide</i> ..... | 39        | GELFOAM JMI POWDER .....     | 148      | <i>griseofulvin ultramicrosize</i> ..... | 170      |
| FOSRENOL .....                              | 117       | GELFOAM JMI SPONGE .....     | 148      | <i>guaiaicol</i> .....                   | 93       |
| FOTIVDA .....                               | 218       | GELFOAM SPONGE SIZE 200 .... | 148      | GUAIFENESIN AC .....                     | 73       |
| FRAGMIN .....                               | 143, 144  | GEL-KAM .....                | 276      | GUAIFENESIN DAC .....                    | 72       |
| FREESTYLE INSULINX .....                    | 107       | GELNIQUE .....               | 273      | <i>guanfacine</i> .....                  | 35, 42   |
| FREESTYLE INSULINX TEST                     |           | GELX .....                   | 235      | GUARDIAN 4 GLUCOSE                       |          |
| STRIPS .....                                | 107       | <i>gemfibrozil</i> .....     | 55       | SENSOR .....                             | 110      |
| FREESTYLE LANCETS .....                     | 204       | GEMMILY .....                | 62       | GUARDIAN 4 TRANSMITTER .....             | 110      |
| FREESTYLE LIBRE 14 DAY                      |           | GENADUR (WITH LEXINAL) ..... | 96       | GUARDIAN LINK 3                          |          |
| READER .....                                | 109       | GENGRAF .....                | 161      | TRANSMITTER .....                        | 110      |
| FREESTYLE LIBRE 14 DAY                      |           | GENOTROPIN .....             | 124      | GUARDIAN SENSOR 3 .....                  | 110      |
| SENSOR .....                                | 109       | GENOTROPIN MINIQUICK .....   | 124      | GVOKE .....                              | 113      |

|   |          |   |     |   |              |
|---|----------|---|-----|---|--------------|
| GVOKE HYPOPEN 1-PACK.....                   | 113      | HICON.....                                | 223 | <i>hydrocodone-homatropine</i> .....        | 72           |
| GVOKE HYPOPEN 2-PACK.....                   | 113      | HISTEX-AC.....                            | 71  | <i>hydrocodone-ibuprofen</i> .....          | 240          |
| GVOKE PFS 1-PACK SYRINGE...                 | 113      | HI-VOLUME PUMPING                         |     | <i>hydrocortisone</i> .....                 | 90, 186, 193 |
| GVOKE PFS 2-PACK SYRINGE...                 | 113      | CHAMBER SET.....                          | 210 | <i>hydrocortisone acetate</i> .....         | 193          |
| GYNAZOLE-1.....                             | 274      | HIXDEFRIMA.....                           | 80  | <i>hydrocortisone butyrate</i> .....        | 89, 90       |
| HAEGARDA.....                               | 185      | HIZENTRA.....                             | 154 | <i>hydrocortisone butyr-emollient</i> ..... | 90           |
| HAILEY.....                                 | 62       | HOMATROPAIRE.....                         | 135 | <i>hydrocortisone valerate</i> .....        | 90           |
| HAILEY 24 FE.....                           | 62       | HOME NEBULIZER PLUS                       |     | <i>hydrocortisone-acetic acid</i> .....     | 116          |
| HAILEY FE 1.5/30 (28).....                  | 62       | SIDESTREAM.....                           | 15  | <i>hydrocortisone-iodoquinol</i> .....      | 77           |
| HAILEY FE 1/20 (28).....                    | 62       | HUMALOG KWIKPEN INSULIN....               | 114 | <i>hydrocortisone-iodoquinol-aloe</i> ..... | 77           |
| <i>halcinonide</i> .....                    | 88       | HUMALOG MIX 50-50 INSULN U-               |     | <i>hydrocortisone-pramoxine</i> .....       | 97, 192      |
| HALO B-LOCK CLOSED LINE                     |          | 100.....                                  | 114 | <i>hydrogen peroxide</i> .....              | 96           |
| ADAPTR.....                                 | 209      | HUMALOG MIX 50-50 KWIKPEN.                | 114 | HYDROMET.....                               | 72           |
| HALO CLOSED BAG ADAPTOR..                   | 210      | HUMALOG MIX 75-25(U-                      |     | <i>hydromorphone</i> .....                  | 242          |
| HALO CLOSED LINE ADAPTOR..                  | 210      | 100)INSULN.....                           | 114 | <i>hydromorphone (pf)-0.9 % nacl</i> ....   | 242          |
| HALO CLOSED SYRINGE                         |          | HUMALOG U-100 INSULIN.....                | 114 | <i>hydroxychloroquine</i> .....             | 173          |
| ADAPTOR.....                                | 210      | HUMATE-P.....                             | 139 | <i>hydroxypropyl cellulose</i> .....        | 237          |
| HALO VIAL CONVERTER.....                    | 235      | HUMIRA.....                               | 183 | <i>hydroxyurea</i> .....                    | 213          |
| <i>halobetasol propionate</i> .....         | 88       | HUMIRA PEN.....                           | 183 | <i>hydroxyzine hcl</i> .....                | 4            |
| HALOETTE.....                               | 58       | HUMIRA PEN CROHNS-UC-HS                   |     | <i>hydroxyzine pamoate</i> .....            | 4            |
| HALOG.....                                  | 89       | START.....                                | 183 | HYFTOR.....                                 | 101          |
| <i>haloperidol</i> .....                    | 32       | HUMIRA(CF).....                           | 184 | <i>hyoscyamine sulfate</i> .....            | 266          |
| <i>haloperidol lactate</i> .....            | 32       | HUMIRA(CF) PEDI CROHNS                    |     | HYOSYNE.....                                | 266          |
| HARVONI.....                                | 181      | STARTER.....                              | 183 | HYPER-SAL.....                              | 232          |
| HAVRIX (PF).....                            | 159      | HUMIRA(CF) PEN.....                       | 184 | HYQVIA.....                                 | 155          |
| HAXCHLO.....                                | 79       | HUMIRA(CF) PEN CROHNS-UC-                 |     | HYQVIA HY COMPONENT.....                    | 99           |
| HAXCHLODREX.....                            | 79       | HS.....                                   | 183 | HYQVIA IG COMPONENT.....                    | 154          |
| HAXDRAX.....                                | 80       | HUMIRA(CF) PEN PEDIATRIC UC               |     | HYRIMOZ.....                                | 184          |
| HEALTHY ACCENTS UNILET                      |          | .....                                     | 183 | HYRIMOZ PEN.....                            | 184          |
| LANCET.....                                 | 204      | HUMIRA(CF) PEN PSOR-UV-                   |     | HYRIMOZ PEN CROHN'S-UC                      |              |
| HEATHER.....                                | 62       | ADOL HS.....                              | 183 | STARTER.....                                | 184          |
| HEMANGEOL.....                              | 43       | HUMULIN 70/30 U-100 INSULIN..             | 114 | HYRIMOZ PEN PSORIASIS                       |              |
| HEMLIBRA.....                               | 143      | HUMULIN 70/30 U-100 KWIKPEN               | 114 | STARTER.....                                | 184          |
| HEMOFIL M HIGH.....                         | 139      | HUMULIN N NPH INSULIN                     |     | HYRIMOZ(CF).....                            | 184          |
| HEMOFIL M LOW.....                          | 139      | KWIKPEN.....                              | 114 | HYRIMOZ(CF) PEDI CROHN                      |              |
| HEMOFIL M MID.....                          | 139      | HUMULIN N NPH U-100 INSULIN               | 114 | STARTER.....                                | 184          |
| HEMOFIL M SUPER HIGH.....                   | 139      | HUMULIN R REGULAR U-100                   |     | HYRIMOZ(CF) PEN.....                        | 184          |
| HEP FLUSH-10 (PF).....                      | 144      | INSULN.....                               | 114 | <i>ibandronate</i> .....                    | 123          |
| <i>heparin (porcine)</i> .....              | 144      | HUMULIN R U-500 (CONC)                    |     | IBRANCE.....                                | 218          |
| <i>heparin (porcine) in 0.9% nacl</i> ..... | 144      | INSULIN.....                              | 114 | IBU.....                                    | 189          |
| <i>heparin (porcine) in 5 % dex</i> .....   | 144      | HUMULIN R U-500 (CONC)                    |     | <i>ibuprofen</i> .....                      | 189          |
| <i>heparin lock flush (porcine)</i> .....   | 144      | KWIKPEN.....                              | 115 | <i>icatibant</i> .....                      | 185          |
| HEPARIN                                     |          | HYCANTIN.....                             | 216 | ICLEVIA.....                                | 62           |
| LOCKFLUSH(PORCINE)(PF).....                 | 144      | <i>hydralazine</i> .....                  | 42  | ICLUSIG.....                                | 218          |
| <i>heparin, porcine (pf)</i> .....          | 144, 145 | HYDRO 35.....                             | 95  | IDARAN.....                                 | 77           |
| HEPLISAV-B (PF).....                        | 160      | <i>hydrochlorothiazide</i> .....          | 49  | IDELVION.....                               | 142          |
| HER STYLE.....                              | 62       | <i>hydrocodone bitartrate</i> .....       | 241 | IDHIFA.....                                 | 221          |
| HETLIOZ LQ.....                             | 33       | <i>hydrocodone-acetaminophen</i> .....    | 249 | IDYYXIATAR.....                             | 75           |
| HEXIOUNYL.....                              | 80       | <i>hydrocodone-chlorpheniramine</i> ..... | 72  | IFE-BIMIX 30/1.....                         | 120          |

|   |     |   |        |                             |               |
|---|-----|---|--------|-----------------------------|---------------|
| IHEEZO (PF).....                            | 130 | INTELENCE.....                              | 176    | JANUMET XR.....             | 102           |
| ILEVRO.....                                 | 129 | INTERLINK LEVER LOCK                        |        | JANUVIA.....                | 104           |
| <i>imatinib</i> .....                       | 218 | CANNULA.....                                | 211    | JARDIANCE.....              | 103           |
| IMBRUVICA.....                              | 218 | INVACARE LANCETS.....                       | 204    | JASMIEL (28).....           | 62            |
| IMCIVREE.....                               | 277 | INZDEAXIATAR.....                           | 75     | JAVYGTOR.....               | 212           |
| IMIOXIA.....                                | 80  | INZDEAXIAVAR.....                           | 75     | JAYPIRCA.....               | 218           |
| <i>imipramine hcl</i> .....                 | 25  | INZDEOXIA.....                              | 75     | JELMYTO.....                | 214           |
| <i>imipramine pamoate</i> .....             | 25  | IODOFLEX.....                               | 77     | JENCYCLA.....               | 62            |
| <i>imiquimod</i> .....                      | 161 | IODOSORB.....                               | 77     | JESDUVROQ.....              | 145           |
| IMPAVIDO.....                               | 173 | IOPIDINE.....                               | 133    | JINTELI.....                | 153           |
| IMVEXXY MAINTENANCE PACK.....               | 275 | IPOL.....                                   | 155    | JIVI.....                   | 139           |
| IMVEXXY STARTER PACK.....                   | 275 | I-PORT.....                                 | 210    | JOENJA.....                 | 213           |
| INBRIJA.....                                | 251 | I-PORT ADVANCE 6 MM INJEC                   |        | JOLESSA.....                | 62            |
| INCASSIA.....                               | 62  | PORT.....                                   | 210    | JOYEAUX.....                | 62            |
| INCONTROL SUPER THIN                        |     | I-PORT ADVANCE 9 MM INJEC                   |        | JULEBER.....                | 62            |
| LANCETS.....                                | 204 | PORT.....                                   | 210    | JULUCA.....                 | 174           |
| INCONTROL ULTRA THIN                        |     | <i>ipratropium bromide</i> .....            | 8, 227 | JUNEL 1.5/30 (21).....      | 62            |
| LANCETS.....                                | 204 | <i>ipratropium-albuterol</i> .....          | 9      | JUNEL 1/20 (21).....        | 63            |
| INCRELEX.....                               | 125 | <i>irbesartan</i> .....                     | 42     | JUNEL FE 1.5/30 (28).....   | 63            |
| <i>indapamide</i> .....                     | 49  | <i>irbesartan-hydrochlorothiazide</i> ..... | 40     | JUNEL FE 1/20 (28).....     | 63            |
| <i>indomethacin</i> .....                   | 189 | ISENTRESS.....                              | 179    | JUNEL FE 24.....            | 63            |
| INFASURF.....                               | 238 | ISENTRESS HD.....                           | 179    | JUST RIGHT 5000.....        | 276           |
| INGREZZA.....                               | 226 | ISIBLOOM.....                               | 62     | JUXTAPID.....               | 53            |
| INGREZZA INITIATION PACK.....               | 226 | <i>isoflurane</i> .....                     | 232    | JYLAMVO.....                | 214           |
| INJECT EASE LANCETS.....                    | 204 | <i>isoniazid</i> .....                      | 171    | JYNARQUE.....               | 272           |
| INLYTA.....                                 | 218 | <i>isopropyl alcohol</i> .....              | 236    | KAITLIB FE.....             | 63            |
| INNOSPIRE DELUXE.....                       | 15  | <i>isosorbide dinitrate</i> .....           | 57     | KALLIGA.....                | 63            |
| INNOSPIRE ELEGANCE.....                     | 15  | <i>isosorbide mononitrate</i> .....         | 57     | KALYDECO.....               | 238           |
| INNOSPIRE ESSENCE.....                      | 16  | <i>isosorbide-hydralazine</i> .....         | 49     | KANGAROO 924 SAFETY         |               |
| INNOSPIRE GO NEBULIZER.....                 | 16  | <i>isotretinoin</i> .....                   | 73     | SCREW.....                  | 209           |
| INNOSPIRE MINI.....                         | 16  | <i>isradipine</i> .....                     | 45     | KANGAROO EPUMP SET.....     | 209           |
| INNOSPIRE REPLACEMENT                       |     | ISTURISA.....                               | 121    | KANGAROO GRAVITY SET.....   | 209           |
| FILTER.....                                 | 201 | ITHOXIA.....                                | 78     | KAPSPARGO SPRINKLE.....     | 43            |
| INPEN (FOR HUMALOG) BLUE..                  | 110 | <i>itraconazole</i> .....                   | 169    | KARBINAL ER.....            | 5             |
| INPEN (FOR HUMALOG) GREY..                  | 110 | IVENIX ADMIN SET 2INLET                     |        | KARIVA (28).....            | 63            |
| INPEN (FOR HUMALOG) PINK...                 | 110 | 2YSITE.....                                 | 210    | KELNOR 1/35 (28).....       | 63            |
| INPEN (NOVOLOG OR FIASP)                    |     | IVENIX ADMIN SET 2INLET Y-                  |        | KELNOR 1-50 (28).....       | 63            |
| BLUE.....                                   | 110 | SITE.....                                   | 210    | KENDALL DISINFECTANT CAP... | 211           |
| INPEN (NOVOLOG OR FIASP)                    |     | IVENIX ADMIN SET SINGLE-                    |        | KENGUARD FOLEY CATHETER.    | 200           |
| GREY.....                                   | 110 | INLET.....                                  | 210    | KERAGEL.....                | 198           |
| INPEN (NOVOLOG OR FIASP)                    |     | IVENIX BLOOD PRODUCT                        |        | KERALYT SCALP COMPLETE..... | 95            |
| PINK.....                                   | 110 | ADMIN SET.....                              | 199    | KERASTAT.....               | 93            |
| INQOVI.....                                 | 214 | <i>ivermectin</i> .....                     | 172    | KERLIX AMD.....             | 198           |
| INREBIC.....                                | 218 | IWILFIN.....                                | 218    | KESIMPTA PEN.....           | 224           |
| INSPIRATION ELITE FILTER.....               | 201 | IXINITY.....                                | 142    | <i>ketoconazole</i> .....   | 80, 169       |
| INSUFLON.....                               | 210 | JAIMIESS.....                               | 62     | KETODAN KIT.....            | 80            |
| <i>insulin lispro</i> .....                 | 115 | JAKAFI.....                                 | 215    | <i>ketoprofen</i> .....     | 189           |
| <i>insulin lispro protamin-lispro</i> ..... | 115 | JANTOVEN.....                               | 137    | <i>ketorolac</i> .....      | 129, 189, 190 |
| INSYTE IV CATHETER.....                     | 210 | JANUMET.....                                | 102    | KEVEYIS.....                | 261           |

|   |     |   |          |   |         |
|---|-----|---|----------|---|---------|
| KIMONO CONDOMS(NON-LUBRICATED).....         | 230 | <i>lamivudine</i> .....                     | 177, 181 | LICART.....                                 | 92      |
| KIMONO LUBRICATED CONDOMS.....              | 230 | <i>lamivudine-zidovudine</i> .....          | 176      | LIDO BDK.....                               | 228     |
| KIMONO MICROTHIN AQUA LUBE CON.....         | 230 | <i>lamotrigine</i> .....                    | 257      | <i>lidocaine</i> .....                      | 99      |
| KIMONO MICROTHIN CONDOMS.....               | 230 | LAMPIT.....                                 | 173      | <i>lidocaine hcl</i> .....                  | 99, 191 |
| KIMONO MICROTHIN LARGE CONDOMS.....         | 230 | <i>lancets</i> .....                        | 204      | <i>lidocaine hcl-hydrocortison ac.</i>      | 97, 192 |
| KIMONO TEXTURED CONDOMS.....                | 230 | LANCETS, SUPER THIN.....                    | 204      | LIDOCAINE VISCOUS.....                      | 191     |
| KINERET.....                                | 182 | LANCETS, THIN.....                          | 204      | <i>lidocaine-hydrocortisone-aloe</i> .....  | 192     |
| KISQALI.....                                | 219 | LANCETS, ULTRA THIN.....                    | 204      | <i>lidocaine-prilocaine</i> .....           | 99      |
| KISQALI FEMARA CO-PACK.....                 | 216 | LANOXIN.....                                | 38       | <i>lidocaine-racepinep-tetracaine</i> ..... | 99      |
| KLAYESTA.....                               | 80  | <i>lansoprazole</i> .....                   | 269      | LIDOCAN III.....                            | 99      |
| KLISYRI.....                                | 98  | <i>lanthanum</i> .....                      | 117      | LIDOPIN.....                                | 99      |
| KLOR-CON M10.....                           | 118 | <i>lapatinib</i> .....                      | 219      | LIDTOPIC MAX.....                           | 99      |
| KLOR-CON M15.....                           | 118 | LARIN 1.5/30 (21).....                      | 63       | LIKMEZ.....                                 | 172     |
| KLOR-CON M20.....                           | 118 | LARIN 1/20 (21).....                        | 63       | LILETTA.....                                | 233     |
| KLOXXADO.....                               | 33  | LARIN 24 FE.....                            | 63       | <i>linezolid</i> .....                      | 166     |
| KOATE.....                                  | 139 | LARIN FE 1.5/30 (28).....                   | 63       | LINZESS.....                                | 193     |
| KOGENATE FS.....                            | 139 | LARIN FE 1/20 (28).....                     | 64       | <i>liothyronine</i> .....                   | 127     |
| KORLYM.....                                 | 106 | <i>latanoprost</i> .....                    | 133      | LIQREV.....                                 | 47      |
| KOSELUGO.....                               | 216 | LAYOLIS FE.....                             | 64       | <i>lisdexamfetamine</i> .....               | 27      |
| KOVALTRY.....                               | 139 | LC PLUS.....                                | 16       | <i>lisinopril</i> .....                     | 41      |
| KOVANAZE.....                               | 191 | LC PLUS NEBULIZER-PED MASK.....             | 16       | <i>lisinopril-hydrochlorothiazide</i> ..... | 39      |
| K-PHOS NO 2.....                            | 272 | LEENA 28.....                               | 64       | LITE TOUCH-MEDIUM MASK.....                 | 16      |
| K-PHOS ORIGINAL.....                        | 272 | <i>leflunomide</i> .....                    | 184      | LITEAIRE MDI CHAMBER.....                   | 16      |
| KRAZATI.....                                | 215 | <i>lenalidomide</i> .....                   | 216      | LITETOUCH-LARGE MASK.....                   | 16      |
| KRINTAFEL.....                              | 173 | LENVIMA.....                                | 219      | LITETOUCH-SMALL MASK.....                   | 16      |
| KURVELO (28).....                           | 63  | LESSINA.....                                | 64       | LITFULO.....                                | 94      |
| KUVAN.....                                  | 212 | <i>letrozole</i> .....                      | 215      | <i>lithium carbonate</i> .....              | 29      |
| KYLEENA.....                                | 233 | <i>leucovorin calcium</i> .....             | 222      | <i>lithium citrate</i> .....                | 29      |
| KYZATREX.....                               | 150 | LEUKERAN.....                               | 213      | LITHOSTAT.....                              | 193     |
| <i>l norgest/e.estradiol-e.estrad</i> ..... | 63  | LEUKINE.....                                | 145      | LIVALO.....                                 | 51      |
| L.E.T. (LIDO-EPINEPH-TETRA).....            | 98  | <i>leuprolide</i> .....                     | 122      | LIVMARLI.....                               | 195     |
| L.E.T.(LIDO-EPINEPH BIT-TETRA).....         | 99  | <i>levabuterol hcl</i> .....                | 9        | LIVTENCITY.....                             | 174     |
| <i>labetalol</i> .....                      | 39  | <i>levabuterol tartrate</i> .....           | 9        | L-MESITRAN SOFT.....                        | 101     |
| <i>lacosamide</i> .....                     | 256 | <i>levamlodipine</i> .....                  | 45       | LO LOESTRIN FE.....                         | 64      |
| <i>lactated ringers</i> .....               | 94  | <i>levetiracetam</i> .....                  | 257, 258 | LOFRIC.....                                 | 200     |
| <i>lactulose</i> .....                      | 195 | <i>levobunolol</i> .....                    | 134      | LOFRIC HYDRO-KIT.....                       | 200     |
| LAGEVRIO (EUA).....                         | 174 | <i>levocarnitine</i> .....                  | 233      | LOFRIC ORIGO.....                           | 200     |
| LAMICTAL XR STARTER (BLUE).....             | 256 | <i>levocarnitine (with sugar)</i> .....     | 233      | LOFRIC PRIMO NELATON CATHETER.....          | 200     |
| LAMICTAL XR STARTER (GREEN).....            | 257 | <i>levocetirizine</i> .....                 | 5        | LOFRIC SENSE NELATON CATHETER.....          | 200     |
| LAMICTAL XR STARTER (ORANGE).....           | 257 | <i>levofloxacin</i> .....                   | 131, 167 | LOJAIMIESS.....                             | 64      |
| LAMIOFLUR.....                              | 232 | LEVONEST (28).....                          | 64       | LOKELMA.....                                | 117     |
|   |     | <i>levonorgest-eth.estradiol-iron</i> ..... | 64       | LOMAIRA.....                                | 277     |
|   |     | <i>levonorgestrel</i> .....                 | 64       | LONSURF.....                                | 214     |
|   |     | <i>levonorgestrel-ethinyl estrad</i> .....  | 64       | <i>loperamide</i> .....                     | 194     |
|   |     | <i>levonorg-eth estrad triphasic</i> .....  | 64       | <i>lopinavir-ritonavir</i> .....            | 178     |
|   |     | LEVORA-28.....                              | 64       | <i>lorazepam</i> .....                      | 28      |
|   |     | <i>levorphanol tartrate</i> .....           | 242      | LORAZEPAM INTENSOL.....                     | 28      |
|   |     | <i>levothyroxine</i> .....                  | 126, 127 |   |         |
|   |     | LEVULAN.....                                | 222      |   |         |

|   |         |                                  |  |              |
|---|---------|----------------------------------|--|--------------|
| LORBRENA.....                             | 219     | MAVENCLAD (7 TABLET PACK) ..224  | <i>meprobamate</i> .....                     | 29           |
| LORYNA (28).....                          | 64      | MAVENCLAD (8 TABLET PACK) ..224  | <i>mercaptopurine</i> .....                  | 214          |
| <i>losartan</i> .....                     | 42      | MAVENCLAD (9 TABLET PACK) ..224  | MERZEE .....                                 | 65           |
| <i>losartan-hydrochlorothiazide</i> ..... | 40      | MAVYRET .....                    | <i>mesalamine</i> .....                      | 191          |
| LOTEMAX.....                              | 129     | MAXIDEX.....                     | <i>mesalamine with cleansing wipe</i> ...    | 191          |
| LOTEMAX SM.....                           | 129     | MAXI-TUSS AC.....                | MESNEX.....                                  | 222          |
| <i>loteprednol etabonate</i> .....        | 129     | MAXI-TUSS CD.....                | <i>metaxalone</i> .....                      | 262          |
| LOTREXONE.....                            | 33      | MAXORB EXTRA.....                | METDRAY .....                                | 95           |
| <i>lovastatin</i> .....                   | 52      | MAYZENT.....                     | <i>metformin</i> .....                       | 105          |
| LOW-OGESTREL (28).....                    | 64      | MAYZENT STARTER(FOR 1MG          | <i>methadone</i> .....                       | 242          |
| <i>loxapine succinate</i> .....           | 30      | MAINT).....                      | METHADONE INTENSOL.....                      | 242          |
| LO-ZUMANDIMINE (28).....                  | 65      | MAYZENT STARTER(FOR 2MG          | METHADOSE.....                               | 242          |
| <i>lubiprostone</i> .....                 | 195     | MAINT).....                      | <i>methamphetamine</i> .....                 | 27           |
| LUCEMYRA.....                             | 250     | MB HYDROGEL.....                 | <i>methazolamide</i> .....                   | 133          |
| LUGOLS.....                               | 77, 126 | MC 300 NEBULIZER W-              | <i>methenamine hippurate</i> .....           | 164          |
| <i>luliconazole</i> .....                 | 81      | MOUTHPIECE.....                  | <i>methenamine mandelate</i> .....           | 164          |
| LUMAKRAS.....                             | 215     | MC 300 NEBULIZER-UNVRSL          | <i>methen-sod phos-meth blue-hyos</i> .      | 164          |
| LUMIGAN.....                              | 134     | TUBING.....                      | <i>methimazole</i> .....                     | 126          |
| LUMRYZ.....                               | 29      | <i>meclizine</i> .....           | METHITEST .....                              | 150          |
| LUPKYNIS.....                             | 161     | <i>meclofenamate</i> .....       | <i>methocarbamol</i> .....                   | 262          |
| <i>lurasidone</i> .....                   | 31      | MEDIHONEY (HYDROCOLLOID-         | <i>methotrexate sodium</i> .....             | 214          |
| LUTERA (28).....                          | 65      | HONEY).....                      | <i>methotrexate sodium (pf)</i> .....        | 214          |
| LYLEQ.....                                | 65      | MEDISENSE THIN LANCETS.....      | <i>methoxsalen</i> .....                     | 100          |
| LYLLANA.....                              | 153     | MEDLANCE PLUS LANCETS.....       | <i>methscopolamine</i> .....                 | 266          |
| LYNPARZA.....                             | 219     | MEDLANCE PLUS SPECIAL            | <i>methsuximide</i> .....                    | 258          |
| LYSODREN.....                             | 222     | BLADE.....                       | <i>methyl salicylate</i> .....               | 94           |
| LYTGOBI.....                              | 219     | MEDROL.....                      | <i>methyl dopa</i> .....                     | 42           |
| LYUMJEV KWIKPEN U-100                     |         | MEDROLOAN II SUIK.....           | <i>methyl dopa-hydrochlorothiazide</i> ..... | 42           |
| INSULIN.....                              | 115     | MEDROLOAN SUIK.....              | <i>methyl ergonovine</i> .....               | 71           |
| LYUMJEV KWIKPEN U-200                     |         | <i>medroxyprogesterone</i> ..... | <i>methylphenidate</i> .....                 | 36           |
| INSULIN.....                              | 115     | 58, 153                          | <i>methylphenidate hcl</i> .....             | 35, 36       |
| LYUMJEV U-100 INSULIN.....                | 115     | MEDTRONIC EXT INFUSION SET       | <i>methylprednisolone</i> .....              | 186, 187     |
| LYZA.....                                 | 65      | 23".....                         | <i>methyltestosterone</i> .....              | 150          |
| <i>mafenide acetate</i> .....             | 82      | MEDTRONIC EXT INFUSION SET       | <i>metoclopramide hcl</i> .....              | 268          |
| MAGIC3 INTERMITTENT                       |         | 32".....                         | <i>metolazone</i> .....                      | 49           |
| CATHETER.....                             | 200     | <i>mefenamic acid</i> .....      | <i>metoprolol succinate</i> .....            | 43           |
| <i>malathion</i> .....                    | 81      | <i>mefloquine</i> .....          | <i>metoprolol ta-hydrochlorothiaz</i> .....  | 44           |
| <i>maraviroc</i> .....                    | 176     | <i>megestrol</i> .....           | <i>metoprolol tartrate</i> .....             | 43           |
| MAR-COF BP.....                           | 71      | 223, 227, 228                    | <i>metronidazole</i> .....                   | 77, 172, 274 |
| MAR-COF CG.....                           | 73      | MEKINIST .....                   | <i>metyrosine</i> .....                      | 42           |
| MARLISSA (28).....                        | 65      | MEKTOVI.....                     | <i>mexiletine</i> .....                      | 37           |
| MARPLAN.....                              | 21      | <i>meloxicam</i> .....           | MIBELAS 24 FE.....                           | 65           |
| MARVONA SUIK (PF).....                    | 191     | <i>melphalan</i> .....           | <i>miconazole nitrate-zinc ox-pet</i> .....  | 81           |
| MATULANE.....                             | 222     | <i>memantine</i> .....           | MICONAZOLE-3.....                            | 274          |
| MATZIM LA.....                            | 45      | MENOPUR.....                     | MICRO THIN LANCETS.....                      | 205          |
| MAVENCLAD (10 TABLET PACK) ..224          |         | MENOSTAR.....                    | MICROAIR MESH NEBULIZER.....                 | 16           |
| MAVENCLAD (4 TABLET PACK) ..224           |         | MENQUADFI (PF).....              | MICROBORE EXTENSION SET ...                  | 210          |
| MAVENCLAD (5 TABLET PACK) ..224           |         | MENTAX.....                      | MICROCHAMBER.....                            | 16           |
| MAVENCLAD (6 TABLET PACK) ..224           |         | MENVEO A-C-Y-W-135-DIP (PF) .    | MICRODOT LANCET .....                        | 205          |
|   |         | 155                              |  |              |
|   |         | <i>mepерidine</i> .....          |  |              |
|   |         | <i>mepерidine (pf)</i> .....     |  |              |
|   |         | 242                              |  |              |
|   |         | 242                              |  |              |



|  |          |                                       |          |  |          |
|--|----------|---------------------------------------|----------|--|----------|
| MICROGESTIN 1.5/30 (21).....                 | 65       | <i>mitomycin (pf) in water</i> .....  | 136      | <i>naltrexone</i> .....                    | 33       |
| MICROGESTIN 1/20 (21).....                   | 65       | MITOSOL.....                          | 136      | NAMENDA XR.....                            | 20       |
| MICROGESTIN 24 FE.....                       | 65       | M-M-R II (PF).....                    | 158      | NAMZARIC.....                              | 20       |
| MICROGESTIN FE 1.5/30 (28).....              | 65       | MOBILE LANCETS.....                   | 205      | NANRAN.....                                | 79       |
| MICROGESTIN FE 1/20 (28).....                | 65       | <i>modafinil</i> .....                | 33       | <i>naproxen</i> .....                      | 190      |
| MICROLET LANCET.....                         | 205      | <i>moexipril</i> .....                | 41       | <i>naproxen sodium</i> .....               | 190      |
| <i>microplegic solution no. 1</i> .....      | 229      | <i>molindone</i> .....                | 32       | <i>naratriptan</i> .....                   | 247      |
| <i>microplegic solution no. 1-cp2d</i> ..... | 229      | <i>mometasone</i> .....               | 6, 90    | NATACYN.....                               | 132      |
| MICROSPACER.....                             | 16       | MONDOXYNE NL.....                     | 169      | NATAZIA.....                               | 65       |
| <i>midazolam</i> .....                       | 34, 232  | MONO-FLO DRAINAGE BAG.....            | 200      | <i>nateglinide</i> .....                   | 105      |
| <i>midazolam (pf)</i> .....                  | 232      | MONOJECT LUER ADAPTER.....            | 210      | NAYZILAM.....                              | 253      |
| <i>midodrine</i> .....                       | 55       | MONOLET LANCETS.....                  | 205      | <i>nebivolol</i> .....                     | 43       |
| MIFEPREX.....                                | 227      | MONOLET THIN LANCETS.....             | 205      | <i>nebulizer and compressor</i> .....      | 16       |
| <i>mifepristone</i> .....                    | 106, 227 | MONO-LINYAH.....                      | 65       | NEBUSAL.....                               | 232      |
| <i>miglitol</i> .....                        | 104      | MONSEL'S.....                         | 148      | NECON 0.5/35 (28).....                     | 66       |
| <i>miglustat</i> .....                       | 231      | <i>montelukast</i> .....              | 12       | <i>nefazodone</i> .....                    | 23       |
| MILI.....                                    | 65       | <i>morphine</i> .....                 | 243      | NENDRUX.....                               | 95       |
| MIMVEY.....                                  | 153      | <i>morphine (pf)</i> .....            | 242      | <i>neomycin</i> .....                      | 170      |
| MINI PLUS NEBULIZER.....                     | 16       | <i>morphine concentrate</i> .....     | 242      | <i>neomycin-bacitracin-poly-hc</i> .....   | 127      |
| MINI WRIGHT PEAK FLOW                        |          | <i>morphine in 0.9 % sodium chlor</i> | 242, 243 | <i>neomycin-bacitracin-polymyxin</i> ..... | 131      |
| METER.....                                   | 16       | .....                                 |          | <i>neomycin-polymyxin b gu</i> .....       | 94       |
| MINIMED 630G INSULIN PUMP...                 | 110      | MOUNJARO.....                         | 104      | <i>neomycin-polymyxin b-dexameth</i>       | 127, 128 |
| MINIMED 770G INSULIN PUMP...                 | 110      | MOVANTIK.....                         | 197      | <i>neomycin-polymyxin-gramicidin</i> ..... | 131      |
| MINIMED 780G INSULIN PUMP...                 | 111      | MOXATAG.....                          | 167      | <i>neomycin-polymyxin-hc</i> .....         | 116, 128 |
| MINIMED MIO ADVANCE INF                      |          | <i>moxifloxacin</i> .....             | 131, 167 | NEO-POLYCIN.....                           | 131      |
| SET23".....                                  | 111      | MULPLETA.....                         | 148      | NEO-POLYCIN HC.....                        | 128      |
| MINIMED MIO ADVANCE INF                      |          | MULTAQ.....                           | 37       | NEORAL.....                                | 162      |
| SET43".....                                  | 111      | <i>mupirocin</i> .....                | 79       | NEOSYNALAR.....                            | 84       |
| MINIMED QUICK SET 18".....                   | 111      | <i>mupirocin calcium</i> .....        | 79       | NEOSYNALAR KIT.....                        | 84       |
| MINIMED QUICK SET 23".....                   | 111      | MURI-LUBE.....                        | 236      | NERLYNX.....                               | 219      |
| MINIMED QUICK SET 32".....                   | 111      | MUSCUSOLICE.....                      | 101      | NEUAC.....                                 | 75       |
| MINIMED QUICK SET 43".....                   | 111      | MUSE.....                             | 120      | NEULASTA.....                              | 145      |
| MINIMED SILHOUETTE 18".....                  | 111      | MY CHOICE.....                        | 65       | NEULASTA ONPRO.....                        | 145      |
| MINIMED SILHOUETTE 23".....                  | 111      | MY WAY.....                           | 65       | NEUPOGEN.....                              | 145      |
| MINIMED SILHOUETTE 32".....                  | 111      | MYALEPT.....                          | 125      | NEUPRO.....                                | 251      |
| MINIMED SILHOUETTE 43".....                  | 111      | MYCAPSSA.....                         | 236      | NEURAPTINE.....                            | 101      |
| MINIMED SURE T 18".....                      | 111      | <i>mycophenolate mofetil</i> .....    | 162      | <i>nevirapine</i> .....                    | 176, 177 |
| MINIMED SURE T 23".....                      | 111      | <i>mycophenolate sodium</i> .....     | 162      | NEW DAY.....                               | 66       |
| MINIMED SURE T 32".....                      | 111      | MYFEMBREE.....                        | 125      | NEXAVIR.....                               | 212      |
| <i>minocycline</i> .....                     | 169      | MYGLUCOHEALTH LANCETS....             | 205      | NEXIUM PACKET.....                         | 269      |
| <i>minoxidil</i> .....                       | 42       | MYLERAN.....                          | 213      | NEXIVA.....                                | 210      |
| MIRCERA.....                                 | 142      | MYRBETRIQ.....                        | 271      | NEXLETOL.....                              | 49       |
| MIRENA.....                                  | 233      | MYTESI.....                           | 194      | NEXLIZET.....                              | 54       |
| MIRO3D.....                                  | 236      | <i>nabumetone</i> .....               | 190      | NEXOBRID.....                              | 100      |
| MIRODERM FENESTRATED.....                    | 236      | <i>nadolol</i> .....                  | 43       | NEXOBRID POWDER                            |          |
| MIRODERM FENESTRATED                         |          | <i>naftifine</i> .....                | 81       | COMPONENT.....                             | 100      |
| PLUS.....                                    | 236      | <i>nalbuphine</i> .....               | 243      | NEXPLANON.....                             | 58       |
| <i>mirtazapine</i> .....                     | 21       | <i>naloxone</i> .....                 | 33       | NEXTSTELLIS.....                           | 66       |
| <i>misoprostol</i> .....                     | 267      | NALTREX.....                          | 33       |  |          |

|   |         |                                     |               |   |        |
|---|---------|-------------------------------------|---------------|---|--------|
| <i>niacin</i> .....                         | 55      | NOVA SAFETY LANCETS.....            | 205           | OJJAARA.....                                | 219    |
| NIACOR.....                                 | 55      | NOVA SUREFLEX LANCETS.....          | 205           | <i>olanzapine</i> .....                     | 31     |
| <i>nicardipine</i> .....                    | 45      | NOVAREL.....                        | 121           | <i>olanzapine-fluoxetine</i> .....          | 34     |
| <i>nicotine</i> .....                       | 263     | NOVOEIGHT.....                      | 139           | <i>olmesartan</i> .....                     | 42     |
| <i>nicotine (polacrilex)</i> .....          | 263     | NOVOPEN ECHO.....                   | 111           | <i>olmesartan-amlodipin-hcthiazyd</i> ..... | 40     |
| NICOTROL.....                               | 264     | NOVOSEVEN RT.....                   | 139           | <i>olmesartan-hydrochlorothiazide</i> ..... | 40     |
| NICOTROL NS.....                            | 264     | NOXAFIL.....                        | 169           | <i>olopatadine</i> .....                    | 5, 128 |
| <i>nifedipine</i> .....                     | 45      | NP THYROID.....                     | 127           | OLPRUVA.....                                | 193    |
| NIKKI (28).....                             | 66      | NUBEQA.....                         | 214           | OLUMIANT.....                               | 188    |
| <i>nilutamide</i> .....                     | 214     | NUCALA.....                         | 12            | OMBRA COMPRESSOR SYSTEM.....                | 16     |
| <i>nimodipine</i> .....                     | 45      | NUCORT.....                         | 90            | OMECLAMOX-PAK.....                          | 267    |
| NINJACOF-XG.....                            | 73      | NUCYNTA.....                        | 243           | <i>omega-3 acid ethyl esters</i> .....      | 55     |
| NINLARO.....                                | 219     | NUCYNTA ER.....                     | 243           | <i>omeprazole</i> .....                     | 269    |
| <i>nisoldipine</i> .....                    | 45      | NUEDEXTA.....                       | 226           | <i>omeprazole-sodium bicarbonate</i> ... .. | 270    |
| <i>nitazoxanide</i> .....                   | 173     | NUJO.....                           | 101           | OMEZA.....                                  | 101    |
| <i>nitisinone</i> .....                     | 231     | NUJU.....                           | 101           | OMNIFLEX DIAPHRAGM.....                     | 70     |
| NITRO-BID.....                              | 57      | NULIBRY.....                        | 226           | OMNIPOD 5 G6 INTRO KIT (GEN                 |        |
| NITRO-DUR.....                              | 57      | NUMBONEX.....                       | 99            | 5).....                                     | 111    |
| <i>nitrofurantoin</i> .....                 | 166     | NUMBRINO.....                       | 227           | OMNIPOD 5 G6 PODS (GEN 5)... ..             | 111    |
| <i>nitrofurantoin macrocrystal</i> .....    | 165     | NUMOISYN.....                       | 235           | OMNIPOD CLASSIC PODS (GEN                   |        |
| <i>nitrofurantoin monohyd/m-cryst</i> ....  | 166     | NUPLAZID.....                       | 34            | 3).....                                     | 111    |
| <i>nitroglycerin</i> .....                  | 57, 193 | NURTEC ODT.....                     | 247           | OMNIPOD DASH INTRO KIT                      |        |
| NITROMIST.....                              | 57      | NUVESSA.....                        | 274           | (GEN 4).....                                | 111    |
| NITRO-TIME.....                             | 57      | NUWIQ.....                          | 140           | OMNIPOD DASH PDM KIT (GEN                   |        |
| NITYR.....                                  | 231     | NUZYRA.....                         | 169           | 4).....                                     | 111    |
| NIVESTYM.....                               | 145     | NYAMYC.....                         | 81            | OMNIPOD DASH PODS (GEN 4).....              | 111    |
| <i>nizatidine</i> .....                     | 268     | NYLIA 1/35 (28).....                | 67            | OMNIPOD GO PODS.....                        | 112    |
| NOCDURNA (MEN).....                         | 122     | NYLIA 7/7/7 (28).....               | 67            | OMNIPOD GO PODS 10                          |        |
| NOCDURNA (WOMEN).....                       | 122     | NYMALIZE.....                       | 45            | UNITS/DAY.....                              | 112    |
| NOCTIVA.....                                | 122     | NYMYO.....                          | 67            | OMNIPOD GO PODS 15                          |        |
| NORA-BE.....                                | 66      | NYNUTEY.....                        | 99            | UNITS/DAY.....                              | 112    |
| NORDITROPIN FLEXPRO.....                    | 124     | <i>nystatin</i> .....               | 81, 170       | OMNIPOD GO PODS 20                          |        |
| <i>norelgestromin-ethin.estradiol</i> ..... | 70      | <i>nystatin-triamcinolone</i> ..... | 81            | UNITS/DAY.....                              | 112    |
| <i>noreth-ethinyl estradiol-iron</i> .....  | 66      | NYSTOP.....                         | 81            | OMNIPOD GO PODS 25                          |        |
| <i>norethindrone (contraceptive)</i> .....  | 66      | NYVEPRIA.....                       | 145           | UNITS/DAY.....                              | 112    |
| <i>norethindrone acetate</i> .....          | 153     | OASIS WOUND MATRIX                  |               | OMNIPOD GO PODS 30                          |        |
| <i>norethindrone ac-eth estradiol</i> ..... | 66, 153 | FENESTRATED.....                    | 198           | UNITS/DAY.....                              | 112    |
| <i>norethindrone-e.estradiol-iron</i> ..... | 66      | OASIS WOUND MATRIX                  |               | OMNIPOD GO PODS 40                          |        |
| <i>norgestimate-ethinyl estradiol</i> ..... | 67      | MESHED.....                         | 198           | UNITS/DAY.....                              | 112    |
| NORMAL SALINE FLUSH.....                    | 119     | OBIZUR.....                         | 140           | OMNITROPE.....                              | 124    |
| NORMLGEL AG.....                            | 77      | OCALIVA.....                        | 194           | ON CALL LANCET.....                         | 205    |
| NORPACE CR.....                             | 37      | OCELLA.....                         | 67            | ON CALL PLUS LANCET.....                    | 205    |
| NORTREL 0.5/35 (28).....                    | 67      | <i>octeotide acetate</i> .....      | 236, 237      | <i>ondansetron</i> .....                    | 7      |
| NORTREL 1/35 (21).....                      | 67      | ODACTRA.....                        | 3             | <i>ondansetron hcl</i> .....                | 7      |
| NORTREL 1/35 (28).....                      | 67      | ODEFSEY.....                        | 180           | ONETOUCH DELICA PLUS                        |        |
| NORTREL 7/7/7 (28).....                     | 67      | ODOMZO.....                         | 215           | LANCET.....                                 | 205    |
| <i>nortriptyline</i> .....                  | 25      | OFEV.....                           | 239           | ONETOUCH DELICA SAFETY                      |        |
| NORVIR.....                                 | 178     | <i>ofloxacin</i> .....              | 116, 132, 167 | LANCET.....                                 | 205    |
| NOSE CLIP.....                              | 201     | OGSIVEO.....                        | 219           |   |        |

|                                   |     |                                       |          |
|-----------------------------------|-----|---------------------------------------|----------|
| ONETOUCH ULTRASOFT 2              |     |                                       |          |
| LANCET                            | 205 | <i>orlistat</i>                       | 278      |
| ONEXTON                           | 75  | <i>orphenadrine citrate</i>           | 262      |
| ONGENTYS                          | 252 | <i>orphenadrine-asa-caffeine</i>      | 262      |
| ON-THE-GO LANCETS                 | 205 | ORSERDU                               | 223      |
| ONUREG                            | 214 | OSCIMIN                               | 266      |
| ONZDEAXIADEMTAR                   | 75  | OSCIMIN SL                            | 267      |
| ONZDEAXIADEMVAR                   | 75  | <i>oseltamivir</i>                    | 174      |
| ONZDEAXIATAR                      | 75  | OTEZLA                                | 184      |
| ONZDEAXIAVAR                      | 76  | OTEZLA STARTER                        | 185      |
| ONZDEAXIAZAR                      | 76  | OTREXUP (PF)                          | 182      |
| ONZDEOXIA                         | 76  | OVACE PLUS                            | 93       |
| OPCICON ONE-STEP                  | 67  | OVACE PLUS SHAMPOO                    | 93       |
| OPFOLDA                           | 231 | OVIDREL                               | 121      |
| <i>opium tincture</i>             | 194 | <i>oxaprozin</i>                      | 190      |
| OPSUMIT                           | 47  | <i>oxazepam</i>                       | 29       |
| OPTICHAMBER ADULT MASK-<br>LARGE  | 16  | OXBRYTA                               | 147      |
| OPTICHAMBER DIAMOND LG<br>MASK    | 16  | <i>oxcarbazepine</i>                  | 258      |
| OPTICHAMBER DIAMOND VHC           | 16  | OXERVATE                              | 132      |
| OPTICHAMBER DIAMOND-MED<br>MSK    | 16  | OXIAICE                               | 82       |
| OPTICHAMBER DIAMOND-SML<br>MASK   | 16  | OXIANUJO                              | 102      |
| OPTION-2                          | 67  | OXIANUJO (WITH<br>HYALURONATE)        | 102      |
| OPVEE                             | 34  | OXIATAR                               | 76       |
| OPZELURA                          | 92  | OXIAVAR                               | 76       |
| ORACIT                            | 272 | OXIAVARRY                             | 76       |
| ORALAIR                           | 3   | OXIAVARY                              | 76       |
| ORALONE                           | 227 | OXIAZAR                               | 76       |
| ORAMAGICRX                        | 235 | <i>oxiconazole</i>                    | 81       |
| ORAQIX                            | 191 | OXISTAT                               | 81       |
| ORAVIG                            | 169 | OXTELLAR XR                           | 258      |
| ORENCIA                           | 185 | <i>oxybutynin chloride</i>            | 273      |
| ORENCIA CLICKJECT                 | 185 | <i>oxycodone</i>                      | 243, 244 |
| ORENITRAM                         | 48  | <i>oxycodone-acetaminophen</i>        | 250      |
| ORENITRAM MONTH 1<br>TITRATION KT | 47  | OXYCONTIN                             | 244      |
| ORENITRAM MONTH 2<br>TITRATION KT | 48  | <i>oxymorphone</i>                    | 244      |
| ORENITRAM MONTH 3<br>TITRATION KT | 48  | OXYTROL                               | 273      |
| ORFADIN                           | 231 | OZEMPIC                               | 103      |
| ORGOVYX                           | 217 | PACERONE                              | 38       |
| ORIAHNN                           | 125 | PACNEX HP                             | 95       |
| ORLISSA                           | 126 | PACNEX LP                             | 95       |
| ORKAMBI                           | 238 | PALFORZIA (LEVEL 1)                   | 3        |
| ORLADEYO                          | 190 | PALFORZIA (LEVEL 2)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 3)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 4)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 5)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 6)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 7)                   | 3        |
|                                   |     | PALFORZIA (LEVEL 8)                   | 4        |
|                                   |     | PALFORZIA (LEVEL 9)                   | 4        |
|                                   |     | PALFORZIA (LEVEL 10)                  | 4        |
|                                   |     | PALFORZIA (LEVEL 11 UP-<br>DOSE)      | 4        |
|                                   |     | PALFORZIA INITIAL DOSE                | 4        |
|                                   |     | PALFORZIA LEVEL 11<br>MAINTENANCE     | 4        |
|                                   |     | <i>paliperidone</i>                   | 31       |
|                                   |     | PALYNZIQ                              | 212      |
|                                   |     | PANDEL                                | 91       |
|                                   |     | PANRETIN                              | 98       |
|                                   |     | <i>pantoprazole</i>                   | 270      |
|                                   |     | <i>papaverine</i>                     | 57       |
|                                   |     | PARADIGM RESERVOIR                    | 211      |
|                                   |     | PARAGARD T 380A                       | 233      |
|                                   |     | PARI BABY CONV KIT - SIZE 1           | 201      |
|                                   |     | PARI BABY CONV KIT - SIZE 2           | 201      |
|                                   |     | PARI BABY CONV KIT - SIZE 3           | 201      |
|                                   |     | PARI LC SPRINT NEBULIZER<br>SET       | 16       |
|                                   |     | PARI LC SPRINT SINUS                  | 17       |
|                                   |     | PARI SINUS AEROSOL SYSTEM             | 17       |
|                                   |     | PARI TREK S COMBO PACK                | 17       |
|                                   |     | PARI TREK S COMPACT<br>COMPRESSOR     | 17       |
|                                   |     | PARI TREK S PORTABLE PWR<br>KIT       | 201      |
|                                   |     | <i>paricalcitol</i>                   | 125      |
|                                   |     | <i>paromomycin</i>                    | 172      |
|                                   |     | <i>paroxetine hcl</i>                 | 23       |
|                                   |     | <i>paroxetine mesylate(menop.sym)</i> | 153      |
|                                   |     | PASER                                 | 171      |
|                                   |     | PAXLOVID                              | 174      |
|                                   |     | <i>pazopanib</i>                      | 219      |
|                                   |     | PCCA ACCUPEN-15                       | 209      |
|                                   |     | PEDIATRIC BEAR NEBULIZER              | 17       |
|                                   |     | PEDIATRIC COMP-AIR<br>COMPRES NEB     | 17       |
|                                   |     | PEDIATRIC DINOSAUR<br>NEBULIZER       | 17       |
|                                   |     | PEDIATRIC DOG NEBULIZER               | 17       |
|                                   |     | PEDIATRIC FROG NEBULIZER              | 17       |
|                                   |     | <i>peg 3350-electrolytes</i>          | 196      |
|                                   |     | <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 196      |
|                                   |     | PEGASYS                               | 181      |
|                                   |     | <i>peg-electrolyte soln</i>           | 196      |
|                                   |     | PEMAZYRE                              | 219      |
|                                   |     | PENBRAYA (PF)                         | 155      |
|                                   |     | <i>penicillamine</i>                  | 182      |
|                                   |     | <i>penicillin v potassium</i>         | 167      |

|   |     |  |          |   |          |
|---|-----|--|----------|---|----------|
| <i>pentamidine</i> .....                    | 173 | <i>phytonadione (vitamin k1)</i> .....     | 149      | <i>prednisolone</i> .....                     | 187      |
| PENTASA.....                                | 191 | PILLOW MASK CHILD.....                     | 201      | <i>prednisolone acetate</i> .....             | 129      |
| <i>pentazocine-naloxone</i> .....           | 244 | <i>pilocarpine hcl</i> .....               | 134, 212 | <i>prednisolone sod ph-bromf (pf)</i> .....   | 129      |
| <i>pentoxifylline</i> .....                 | 143 | <i>pimecrolimus</i> .....                  | 102      | <i>prednisolone sodium phosphate</i><br>..... | 129, 187 |
| PERCOCET.....                               | 250 | <i>pimozide</i> .....                      | 29       | <i>prednisolon-moxiflox-bromf(pf)</i> .....   | 127      |
| <i>perindopril erbumine</i> .....           | 41  | PIMTREA (28).....                          | 67       | <i>prednisone</i> .....                       | 187      |
| PERIO MED.....                              | 276 | <i>pindolol</i> .....                      | 43       | PREDNISONE INTENSOL.....                      | 187      |
| PERIOGARD.....                              | 227 | <i>pioglitazone</i> .....                  | 105      | <i>pregabalin</i> .....                       | 258      |
| <i>permethrin</i> .....                     | 82  | <i>pioglitazone-glimepiride</i> .....      | 106      | PREGNYL.....                                  | 121      |
| <i>perphenazine</i> .....                   | 32  | <i>pioglitazone-metformin</i> .....        | 107      | PREHEVBRIO (PF).....                          | 160      |
| <i>perphenazine-amitriptyline</i> .....     | 25  | PIP LANCET.....                            | 205      | PREMARIN.....                                 | 153, 275 |
| PETROLEUM GAUZE.....                        | 198 | PIQRAY.....                                | 219      | PREMPHASE.....                                | 153      |
| PFLEX INSPIRATORY TRAINER... 17             |     | <i>pirfenidone</i> .....                   | 237      | PREMPRO.....                                  | 153      |
| PHARMABASE BARRIER.....                     | 96  | <i>piroxicam</i> .....                     | 190      | PREPIDIL.....                                 | 71       |
| PHASEAL ASSEMBLY FIXTURE.....               | 210 | PIVOT SILVER ALGINATE.....                 | 198      | PRESERA.....                                  | 93       |
| PHASEAL CONNECTOR LUER<br>LOCK.....         | 210 | PLANTAGO-HOMACCORD.....                    | 233      | PRESSURE ACTIVATED<br>LANCETS.....            | 205      |
| PHASEAL INFUSION ADAPTER.....               | 210 | PLEGRIDY.....                              | 224, 225 | <i>pretomanid</i> .....                       | 171      |
| PHASEAL INFUSION CLAMP.....                 | 210 | PLENVU.....                                | 196      | PREVALITE.....                                | 54, 55   |
| PHASEAL INJECTOR LUER.....                  | 210 | PLEXION NS.....                            | 93       | PREVNAR 20 (PF).....                          | 156      |
| PHASEAL INJECTOR LUER<br>LOCK.....          | 210 | PNEUMOVAX-23.....                          | 156      | PREVYMIS.....                                 | 174      |
| PHASEAL SECONDARY SET.....                  | 210 | POCKET CHAMBER.....                        | 17       | PREZISTA.....                                 | 175      |
| PHASEAL Y-SITE.....                         | 210 | PODOCON.....                               | 95       | PRIFTIN.....                                  | 171      |
| PHEBURANE.....                              | 193 | <i>podofilox</i> .....                     | 95       | <i>primaquine</i> .....                       | 173      |
| PHEDRAX.....                                | 81  | POLYCYN.....                               | 132      | PRIMEAIRE.....                                | 17       |
| <i>phenazopyridine</i> .....                | 272 | <i>polymyxin b sulf-trimethoprim</i> ..... | 132      | <i>primidone</i> .....                        | 258      |
| <i>phendimetrazine tartrate</i> .....       | 277 | POLY-TUSSIN AC.....                        | 72       | PRIMSOL.....                                  | 164      |
| <i>phenelzine</i> .....                     | 21  | POMALYST.....                              | 216      | PRIORIX (PF).....                             | 158      |
| <i>phenobarbital</i> .....                  | 32  | POPULUS COMPOSITUM.....                    | 233      | PRO COMFORT LANCET.....                       | 205      |
| <i>phenoxybenzamine</i> .....               | 40  | PORTABLE NEBULIZER SYSTEM.....             | 17       | PRO COMFORT SAFETY<br>LANCET.....             | 205      |
| <i>phentermine</i> .....                    | 277 | PORTIA 28.....                             | 67       | PRO COMFORT TENS<br>ELECTRODE.....            | 201      |
| <i>phenylephrine hcl</i> .....              | 130 | <i>posaconazole</i> .....                  | 169      | PRO COMFORT TENS UNIT.....                    | 201      |
| <i>phenyleph-tropicamide in water</i> ..... | 136 | <i>potassium chloride</i> .....            | 118, 119 | <i>probenecid</i> .....                       | 137      |
| PHENYTEK.....                               | 258 | <i>potassium citrate</i> .....             | 272      | <i>probenecid-colchicine</i> .....            | 137      |
| <i>phenytoin</i> .....                      | 258 | <i>potassium iodide</i> .....              | 126      | PROCARE COMPRESSOR<br>NEBULIZER.....          | 17       |
| <i>phenytoin sodium extended</i> .....      | 258 | <i>povidone-iodine</i> .....               | 94       | PROCARE PEDIATRIC<br>NEBULIZER.....           | 17       |
| PHEODOYO.....                               | 79  | PR BENZOYL PEROXIDE.....                   | 95       | PROCARE SPACER WITH ADULT<br>MASK.....        | 17       |
| PHEOXIA.....                                | 81  | PR CREAM.....                              | 96       | PROCARE SPACER WITH CHILD<br>MASK.....        | 17       |
| PHEYO.....                                  | 79  | PRADAXA.....                               | 147      | PRO-CEPTION.....                              | 201      |
| PHILITH.....                                | 67  | PRAKETAMIDE.....                           | 99       | PROCHAMBER.....                               | 17       |
| PHOS-FLUR.....                              | 276 | <i>pralidoxime</i> .....                   | 230      | <i>prochlorperazine</i> .....                 | 8        |
| PHOSPHOLINE IODIDE.....                     | 134 | PRALUENT PEN.....                          | 53       | <i>prochlorperazine maleate</i> .....         | 8        |
| PHOTREXA.....                               | 136 | <i>pramipexole</i> .....                   | 252      |   |          |
| PHOTREXA CROSS-LINKING KIT<br>.....         | 136 | PRAMOSONE.....                             | 97       |   |          |
| PHOTREXA VISCOUS.....                       | 136 | <i>prasugrel</i> .....                     | 146      |   |          |
| PHYSIOLYTE.....                             | 94  | <i>pravastatin</i> .....                   | 52       |   |          |
| PHYSIOSOL IRRIGATION.....                   | 94  | <i>praziquantel</i> .....                  | 172      |   |          |
|   |     | <i>prazosin</i> .....                      | 40       |   |          |
|   |     | PRECISION XTRA TEST.....                   | 107      |   |          |
|   |     | <i>prednicarbate</i> .....                 | 91       |   |          |

|   |      |  |        |                              |          |
|---|------|--|--------|------------------------------|----------|
| PROCORT .....                               | 192  | PUSH BUTTON SAFETY                         |        | REBIF TITRATION PACK.....    | 225      |
| PROCTOFOAM HC .....                         | 192  | LANCETS .....                              | 206    | REBINYN .....                | 142      |
| PROCTO-MED HC .....                         | 91   | <i>pyrazinamide</i> .....                  | 171    | REBYOTA .....                | 164      |
| PROCTOSOL HC .....                          | 91   | <i>pyridostigmine bromide</i> .....        | 21     | RECEDO .....                 | 97       |
| PROCTOZONE-HC .....                         | 91   | <i>pyrimethamine</i> .....                 | 173    | RECLIPSEN (28) .....         | 67       |
| PROCYSBI .....                              | 271  | PYRUKYND .....                             | 147    | RECOMBINATE .....            | 140      |
| PRODIGY LANCETS .....                       | 206  | QBRELIS .....                              | 41     | RECOMBIVAX HB (PF) .....     | 160      |
| PRODIGY MINI-MIST NEBULIZER ..              | 17   | QBREXZA .....                              | 213    | RECORLEV .....               | 121      |
| PRODIGY TWIST TOP LANCET ..                 | 206  | Q-CARE RX Q2 .....                         | 227    | RECOTHROM .....              | 149      |
| PROFILNINE .....                            | 141  | Q-CARE RX Q4 .....                         | 227    | RECOTHROM SPRAY KIT .....    | 149      |
| <i>progesterone</i> .....                   | 154  | QELBREE .....                              | 36, 37 | RECTIV .....                 | 193      |
| <i>progesterone micronized</i> .....        | 154  | QINLOCK .....                              | 219    | REGENECARE .....             | 99       |
| PROGRAF .....                               | 162  | QNASL .....                                | 6      | REGIOCIT (EUA) .....         | 140      |
| PROLASTIN-C .....                           | 213  | QUAKE VIBRATORY PEP .....                  | 18     | REGRANEX .....               | 112      |
| PROMACTA .....                              | 148  | <i>quazepam</i> .....                      | 34     | RELAGARD .....               | 274      |
| <i>promethazine</i> .....                   | 5, 8 | <i>quetiapine</i> .....                    | 31     | RELENZA DISKHALER .....      | 174      |
| PROMETHAZINE VC .....                       | 71   | QUIDROXZAR .....                           | 161    | RELIAMED LANCET .....        | 206      |
| PROMETHAZINE VC-CODEINE .....               | 72   | QUIHOXAXIA .....                           | 161    | RELIAMED SAFETY SEAL         |          |
| <i>promethazine-codeine</i> .....           | 72   | QUIHOXVAR .....                            | 161    | LANCETS .....                | 206      |
| <i>promethazine-dm</i> .....                | 73   | QUILLICHEW ER .....                        | 36     | RELIAMED TWIST AND CAP       |          |
| PROMETHEGAN .....                           | 8    | QUILLIVANT XR .....                        | 36     | LANCET .....                 | 206      |
| PRONAL .....                                | 95   | <i>quinapril</i> .....                     | 41     | RELISTOR .....               | 197      |
| PRONEB MAX COMPRESSOR-                      |      | <i>quinapril-hydrochlorothiazide</i> ..... | 39     | RELIZORB .....               | 209      |
| LC PLUS .....                               | 18   | <i>quinidine gluconate</i> .....           | 38     | RELYVRIO .....               | 225      |
| PRONEB MAX COMPRESSR-LC                     |      | <i>quinidine sulfate</i> .....             | 38     | RENACIDIN .....              | 272      |
| SPRINT .....                                | 18   | <i>quinine sulfate</i> .....               | 173    | RENEEL .....                 | 233      |
| PRONEB ULTRA II FILTER                      |      | QUIT 2 .....                               | 264    | <i>repaglinide</i> .....     | 105      |
| ASSEM .....                                 | 201  | QUIT 4 .....                               | 264    | REPATHA PUSHTRONEX .....     | 53       |
| <i>propafenone</i> .....                    | 38   | QULIPTA .....                              | 247    | REPATHA SURECLICK .....      | 53       |
| <i>proparacaine</i> .....                   | 130  | QUTENZA .....                              | 94     | REPATHA SYRINGE .....        | 54       |
| <i>propranolol</i> .....                    | 43   | <i>rabeprazole</i> .....                   | 270    | RESPA-AR .....               | 71       |
| <i>propranolol-hydrochlorothiazid</i> ..... | 44   | RADIAGEL .....                             | 235    | RESTASIS .....               | 132      |
| <i>propylthiouracil</i> .....               | 126  | RADICAVA ORS .....                         | 225    | RESTASIS MULTIDOSE .....     | 132      |
| <i>protriptyline</i> .....                  | 25   | RADICAVA ORS STARTER KIT                   |        | RESTORE .....                | 199      |
| PROVENT .....                               | 18   | SUSP .....                                 | 225    | RESTORE CALCIUM ALGINATE ..  | 199      |
| PROVENT STARTER .....                       | 18   | RADIOGARDASE .....                         | 234    | RETACRIT .....               | 142      |
| PSORINOHEEL .....                           | 233  | RAGWITEK .....                             | 4      | RETEVMO .....                | 219      |
| PTS COLLECT CAPILLARY TUBE                  |      | <i>raloxifene</i> .....                    | 123    | REUSABLE NEBULIZER KIT ..... | 202      |
| .....                                       | 201  | <i>ramipril</i> .....                      | 41     | REVCovi .....                | 234      |
| PULMO-AIDE COMPRESSOR .....                 | 18   | <i>ranolazine</i> .....                    | 56     | REVLIMID .....               | 216      |
| PULMONEB LT COMPRESSOR                      |      | RAPAMUNE .....                             | 162    | REXULTI .....                | 30       |
| NEBUL .....                                 | 18   | RAPPORT VACUUM THERAPY ..                  | 235    | REYATAZ .....                | 178      |
| PULMOZYME .....                             | 238  | <i>rasagiline</i> .....                    | 252    | REYVOW .....                 | 247      |
| PURACOL PLUS AG .....                       | 199  | RATE FLOW REGULATOR IV                     |        | REZLIDHIA .....              | 221      |
| PURE COMFORT LANCETS .....                  | 206  | SET .....                                  | 210    | REZUROCK .....               | 162      |
| PURE COMFORT SAFETY                         |      | RAVICTI .....                              | 194    | RHOPRESSA .....              | 134      |
| LANCETS .....                               | 206  | RAYALDEE .....                             | 125    | <i>ribavirin</i> .....       | 174, 181 |
| PUREAIR MINI NEBULIZER .....                | 18   | REBIF (WITH ALBUMIN) .....                 | 225    | RIDAURA .....                | 187      |
| PURIXAN .....                               | 214  | REBIF REBIDOSE .....                       | 225    | <i>rifabutin</i> .....       | 171      |

|                                       |        |   |     |   |                  |
|---------------------------------------|--------|---|-----|---|------------------|
| <i>rifampin</i> .....                 | 171    | SALVAX DUO PLUS.....                        | 96  | <i>silodosin</i> .....                      | 270              |
| RIGHTEST GL300 LANCETS.....           | 206    | SAMI THE SEAL.....                          | 18  | SILVASORB.....                              | 77               |
| <i>riluzole</i> .....                 | 225    | SAMI THE SEAL MASK.....                     | 202 | <i>silver nitrate</i> .....                 | 77, 96           |
| <i>rimantadine</i> .....              | 175    | SANCUSO.....                                | 8   | <i>silver nitrate applicators</i> .....     | 96               |
| <i>ringer's</i> .....                 | 94     | SANDIMMUNE.....                             | 162 | <i>silver sulfadiazine</i> .....            | 82               |
| RINVOQ.....                           | 188    | SANTYL.....                                 | 100 | SIMBRINZA.....                              | 134              |
| RIOMET ER.....                        | 105    | <i>sapropterin</i> .....                    | 212 | SIMLIYA (28).....                           | 68               |
| <i>risedronate</i> .....              | 123    | SAROXIA.....                                | 76  | SIMPESSE.....                               | 68               |
| <i>risperidone</i> .....              | 31     | SAXENDA.....                                | 277 | SIMPONI.....                                | 184              |
| RITEFLO AEROCHAMBER.....              | 18     | SCALACORT DK.....                           | 91  | <i>simvastatin</i> .....                    | 52, 53           |
| <i>ritonavir</i> .....                | 178    | SCEMBLIX.....                               | 220 | SINGLE-LET.....                             | 206              |
| <i>rivastigmine</i> .....             | 21     | SCLEROSOL INTRAPLEURAL.....                 | 222 | SINUSTAR NEBULIZER.....                     | 18               |
| <i>rivastigmine tartrate</i> .....    | 21     | <i>scopolamine base</i> .....               | 8   | <i>sirolimus</i> .....                      | 162              |
| RIVELSA.....                          | 67     | SECUADO.....                                | 31  | SIRTURO.....                                | 171              |
| RIVFLOZA.....                         | 271    | <i>selegiline hcl</i> .....                 | 252 | SIVEXTRO.....                               | 166              |
| RIXUBIS.....                          | 142    | <i>selenium sulfide</i> .....               | 93  | SKYCLARYS.....                              | 226              |
| <i>rizatriptan</i> .....              | 247    | SELF-CATHETER, FEMALE.....                  | 200 | SKYLA.....                                  | 233              |
| ROAOXIA.....                          | 92     | SELZENTRY.....                              | 176 | SKYRIZI.....                                | 100, 101         |
| ROBINSON CLEAR VINYL<br>CATHETER..... | 200    | SEMGLEE(INSULIN GLARGINE-<br>YFGN).....     | 115 | SKYTROFA.....                               | 125              |
| ROCKLATAN.....                        | 134    | SEMGLEE(INSULIN GLARG-<br>YFGN)PEN.....     | 115 | SLYND.....                                  | 68               |
| <i>roflumilast</i> .....              | 12     | SEREVENT DISKUS.....                        | 9   | SMART SENSE LANCETS.....                    | 206              |
| <i>ropinirole</i> .....               | 252    | SERNIVO.....                                | 91  | SMARTEST LANCET.....                        | 206              |
| ROSDAN.....                           | 77     | SEROQUEL XR.....                            | 31  | SMARTNEB COMPRESSOR<br>NEBULIZER.....       | 18               |
| ROSULA.....                           | 82     | SEROSTIM.....                               | 124 | <i>sodium chlor 0.9% bacteriostat</i> ..... | 119              |
| ROSULA CLEANSING CLOTHS.....          | 82     | <i>sertraline</i> .....                     | 23  | <i>sodium chloride</i> .....                | 94, 99, 119, 232 |
| <i>rosuvastatin</i> .....             | 52     | SETLAKIN.....                               | 68  | <i>sodium chloride 0.45 %</i> .....         | 119              |
| ROXYBOND.....                         | 244    | <i>sevelamer carbonate</i> .....            | 117 | <i>sodium chloride 0.9 %</i> .....          | 119              |
| ROZLYTREK.....                        | 219    | <i>sevelamer hcl</i> .....                  | 117 | <i>sodium chloride 0.9 % (flush)</i> .....  | 119              |
| RUBBER MOUTHPIECE.....                | 202    | SEVENFACT.....                              | 140 | <i>sodium citrate</i> .....                 | 141              |
| RUBRACA.....                          | 220    | <i>sevoflurane</i> .....                    | 232 | <i>sodium citrate in 0.9 % nacl</i> .....   | 141              |
| RUCONEST.....                         | 185    | SF.....                                     | 276 | <i>sodium citrate-citric acid</i> .....     | 272              |
| <i>rufinamide</i> .....               | 258    | SF 5000 PLUS.....                           | 276 | SODIUM FLUORIDE 5000 DRY<br>MOUTH.....      | 276              |
| RUKOBIA.....                          | 176    | SHAROBEL.....                               | 68  | SODIUM FLUORIDE 5000 PLUS.....              | 276              |
| RYBELSUS.....                         | 103    | SHINGRIX (PF).....                          | 160 | <i>sodium fluoride-pot nitrate</i> .....    | 276              |
| RYDAPT.....                           | 220    | SIDESTREAM.....                             | 18  | <i>sodium iodide-123</i> .....              | 223              |
| RYDEX.....                            | 72     | SIDESTREAM MASK.....                        | 202 | <i>sodium iodide-131</i> .....              | 223              |
| RYLAZE.....                           | 222    | SIDESTREAM NEBULIZER.....                   | 18  | <i>sodium oxybate</i> .....                 | 29               |
| RYPLAZIM.....                         | 145    | SIDESTREAM PLUS.....                        | 18  | <i>sodium phenylbutyrate</i> .....          | 194              |
| SABAL-HOMACCORD.....                  | 233    | SIGNIFOR.....                               | 237 | <i>sodium polystyrene sulfonate</i> .....   | 117              |
| SABRIL.....                           | 258    | SIKLOS.....                                 | 147 | <i>sodium,potassium,mag sulfates</i> ....   | 196              |
| SAFETY LANCETS.....                   | 206    | SILASTIC FOLEY CATHETER.....                | 200 | SOFT TOUCH LANCETS.....                     | 206              |
| SAFETY SEAL LANCETS.....              | 206    | <i>sildenafil</i> .....                     | 120 | SOHONOS.....                                | 261              |
| SAFETY-LET LANCETS.....               | 206    | <i>sildenafil (pulm.hypertension)</i> ..... | 47  | <i>solifenacin</i> .....                    | 273              |
| SAJAZIR.....                          | 185    | SILICONE MASK.....                          | 202 | SOLIQUA 100/33.....                         | 105              |
| <i>salicylic acid</i> .....           | 95, 96 | SILICONE MASK - INFANT.....                 | 18  | SOLOSEC.....                                | 172              |
| SALIMEZ FORTE.....                    | 96     | SILIGENTLE AG.....                          | 199 | SOLTAMOX.....                               | 223              |
| <i>salsalate</i> .....                | 240    | SILINOIN.....                               | 199 | SOLU-CORTEF.....                            | 187              |
| SALVAX.....                           | 96     |   |     |   |                  |

|                                       |     |                                      |          |                                       |          |
|---------------------------------------|-----|--------------------------------------|----------|---------------------------------------|----------|
| SOLU-CORTEF ACT-O-VIAL (PF)           | 187 | STOP SMOKING AID                     | 264      | SYMITUZA                              | 174      |
| SOLUS V2 LANCETS                      | 206 | STRATACTX                            | 199      | SYNALAR CREAM KIT                     | 91       |
| SOMAVERT                              | 124 | STRATAGRAFT                          | 236      | SYNALAR OINTMENT KIT                  | 91       |
| SOOLANTRA                             | 77  | STRATAGRT                            | 199      | SYNALAR TS                            | 91       |
| SOOTHENEB COMPRESSOR<br>NEBULIZER     | 18  | STRATAXRT                            | 199      | SYNAREL                               | 125      |
| SOOTHENEB MESH NEBULIZER              | 18  | STRAVIX                              | 236      | SYNDROS                               | 7        |
| <i>sorafenib</i>                      | 220 | STRENSIQ                             | 234      | SYNJARDY                              | 106      |
| <i>sorbitol</i>                       | 94  | STRIBILD                             | 180      | SYNJARDY XR                           | 106      |
| <i>sorbitol-mannitol</i>              | 94  | STRIVE PEAK FLOW METER               | 18       | SYNVISC                               | 185      |
| <i>sotalol</i>                        | 43  | STRIVERDI RESPIMAT                   | 9        | SYNVISC-ONE                           | 185      |
| SOTALOL AF                            | 43  | STRONG IODINE                        | 78, 126  | SYRINGE AVITENE                       | 149      |
| SOTYKTU                               | 100 | SUCRAID                              | 265      | SYZYGIUM COMPOSITUM                   | 233      |
| SOTYLIZE                              | 43  | <i>sucralfate</i>                    | 267      | T.E.D. ANTI-EMBOLISM<br>STOCKING      | 237      |
| SOVALDI                               | 181 | SUFLAVE                              | 196      | T.E.D. KNEE LENGTH-M-LONG             | 237      |
| SPACE CHAMBER                         | 18  | <i>sulconazole</i>                   | 81       | T.E.D. KNEE LENGTH-S-<br>REGULAR      | 237      |
| SPACE CHAMBER WITH LARGE<br>MASK      | 18  | <i>sulfacetamide sodium</i>          | 93, 130  | T.R.U.E. TEST ALLERGEN                | 232      |
| SPACE CHAMBER WITH<br>MEDIUM MASK     | 18  | <i>sulfacetamide sodium (acne)</i>   | 76       | T:FLEX                                | 112      |
| SPACE CHAMBER WITH SMALL<br>MASK      | 18  | <i>sulfacetamide sodium-sulfur</i>   | 82, 83   | T:SLIM X2                             | 112      |
| SPECTRAGEL                            | 199 | <i>sulfacetamide sod-sulfur-urea</i> | 83       | T:SLIM X2 BASAL-IQ INSULIN<br>PMP     | 112      |
| SPEEDICATH (FEMALE)                   | 200 | <i>sulfacetamide-prednisolone</i>    | 130      | T:SLIM X2 CONTROL-IQ                  | 112      |
| <i>spinosad</i>                       | 82  | <i>sulfadiazine</i>                  | 162      | TABLOID                               | 214      |
| SPIRIVA RESPIMAT                      | 8   | <i>sulfamethoxazole-trimethoprim</i> | 162, 163 | TABRECTA                              | 220      |
| SPIRIVA WITH HANDIHALER               | 8   | SULFAMYLON                           | 83       | TACHOSIL                              | 149      |
| <i>spironolactone</i>                 | 46  | <i>sulfasalazine</i>                 | 191, 192 | <i>tacrolimus</i>                     | 102, 162 |
| <i>spironolacton-hydrochlorothiaz</i> | 47  | SULFATRIM                            | 163      | <i>tadalafil</i>                      | 120      |
| SPRAVATO                              | 21  | <i>sulindac</i>                      | 190      | <i>tadalafil (pulm. hypertension)</i> | 47       |
| SPRAY AND STRETCH                     | 99  | SUMADAN XLT                          | 83       | TAFINLAR                              | 215      |
| SPRINTEC (28)                         | 68  | <i>sumatriptan</i>                   | 247      | <i>tafluprost (pf)</i>                | 134      |
| SPRYCEL                               | 220 | <i>sumatriptan succinate</i>         | 247      | TAGRISSO                              | 220      |
| SPS (WITH SORBITOL)                   | 118 | <i>sunitinib malate</i>              | 220      | TAKE ACTION                           | 68       |
| SRONYX                                | 68  | SUNLENCA                             | 173      | TAKHZYRO                              | 190      |
| SSD                                   | 82  | SUNOSI                               | 33       | TALICIA                               | 268      |
| SSKI                                  | 126 | SUNRISE COMPRESSOR-<br>NEBULIZER     | 19       | TALTZ AUTOINJECTOR                    | 100      |
| SSS 10-5                              | 82  | SUPER THIN LANCETS                   | 206      | TALTZ AUTOINJECTOR (2 PACK)           | 100      |
| ST JOSEPH ASPIRIN                     | 146 | SUPRANE                              | 232      | TALTZ AUTOINJECTOR (3 PACK)           | 100      |
| ST. JOSEPH ASPIRIN                    | 146 | SURE COMFORT LANCETS                 | 207      | .....                                 | 100      |
| <i>stavudine</i>                      | 177 | SURE-LANCE                           | 207      | TALTZ SYRINGE                         | 100      |
| STELARA                               | 188 | SURE-LANCE ULTRA THIN                | 207      | TALZENNA                              | 220      |
| STERILANCE TL                         | 206 | SURE-TOUCH LANCET                    | 207      | <i>tamoxifen</i>                      | 223      |
| STERILE HYDROGEL FOR<br>JELMYTO       | 231 | SURVANTA                             | 238      | <i>tamsulosin</i>                     | 270      |
| <i>sterile talc</i>                   | 222 | SUTAB                                | 197      | TARDEOXIA                             | 76       |
| STERITALC                             | 222 | SYEDA                                | 68       | TARDIMAXIA                            | 76       |
| STIOLTO RESPIMAT                      | 10  | SYMAY DUOTAB                         | 267      | TARINA 24 FE                          | 68       |
| STIVARGA                              | 220 | SYMDEKO                              | 238      | TARINA FE 1/20 (28)                   | 68       |
|                                       |     | SYMJEPI                              | 211, 212 | TARINA FE 1-20 EQ (28)                | 68       |
|                                       |     | SYMLINPEN 120                        | 104      |                                       |          |
|                                       |     | SYMLINPEN 60                         | 104      |                                       |          |

|   |     |   |              |   |          |
|---|-----|---|--------------|---|----------|
| TAROXIA.....                                | 76  | <i>tetracycline</i> .....               | 169          | TOPCARE UNIVERSAL1 LANCET                   | 207      |
| TARPEYO.....                                | 187 | TEXACORT.....                           | 92           | <i>topiramate</i> .....                     | 259      |
| TASIGNA.....                                | 220 | TEZSPIRE.....                           | 19           | <i>toremifene</i> .....                     | 223      |
| <i>tasimelteon</i> .....                    | 33  | THALOMID.....                           | 170          | TORONOVA II SUIK.....                       | 190      |
| <i>tavaborole</i> .....                     | 81  | THEO-24.....                            | 19           | TORONOVA SUIK.....                          | 190      |
| TAVALISSE.....                              | 147 | <i>theophylline</i> .....               | 19, 20       | <i>torseamide</i> .....                     | 46       |
| TAVNEOS.....                                | 145 | THERAHONEY.....                         | 199          | TOUCH-TROL.....                             | 200      |
| <i>tazarotene</i> .....                     | 101 | THIN LANCETS.....                       | 207          | TOUJEO MAX U-300 SOLOSTAR                   | 115      |
| TAZTIA XT.....                              | 45  | THIOLA EC.....                          | 271          | TOUJEO SOLOSTAR U-300                       |          |
| TAZVERIK.....                               | 216 | <i>thioridazine</i> .....               | 32           | INSULIN.....                                | 115      |
| TDVAX.....                                  | 158 | <i>thiothixene</i> .....                | 32           | TPOXX (NATIONAL STOCKPILE)                  | 175      |
| TECHLITE LANCETS.....                       | 207 | THRESHOLD IMT TRAINER.....              | 19           | TRACLEER.....                               | 47       |
| TEGLUTIK.....                               | 225 | THRESHOLD PEP DEVICE.....               | 19           | <i>tramadol</i> .....                       | 244, 245 |
| TEGRETOL.....                               | 258 | THROMBI-GEL.....                        | 149          | <i>tramadol-acetaminophen</i> .....         | 250      |
| TEGRETOL XR.....                            | 259 | THROMBIN-JMI.....                       | 149          | <i>trandolapril</i> .....                   | 41       |
| TEGSEDI.....                                | 211 | THROMBI-PAD.....                        | 149          | <i>trandolapril-verapamil</i> .....         | 39       |
| TELCARE LANCETS.....                        | 207 | THYQUIDITY.....                         | 127          | <i>tranexamic acid</i> .....                | 138      |
| <i>telmisartan</i> .....                    | 42  | <i>thyroid (pork)</i> .....             | 127          | TRANSFER SET.....                           | 211      |
| <i>telmisartan-amlodipine</i> .....         | 40  | TIADYLT ER.....                         | 46           | <i>tranylcypromine</i> .....                | 21       |
| <i>telmisartan-hydrochlorothiazid</i> ..... | 40  | <i>tiagabine</i> .....                  | 259          | TRANZAREL.....                              | 99       |
| <i>temazepam</i> .....                      | 34  | TIBSOVO.....                            | 221          | <i>travoprost</i> .....                     | 135      |
| TEMBEXA.....                                | 175 | TIGLUTIK.....                           | 225          | <i>trazodone</i> .....                      | 23       |
| <i>temozolomide</i> .....                   | 213 | TILIA FE.....                           | 68           | TRECTOR.....                                | 171      |
| TEMPO REFILL KIT WITH GAUZE                 |     | <i>timolol maleate</i> .....            | 43, 134, 135 | TRELEGY ELLIPTA.....                        | 10, 11   |
| .....                                       | 207 | <i>timolol maleate (pf)</i> .....       | 134          | TREMFYA.....                                | 100      |
| TEMPO SMART BUTTON.....                     | 112 | <i>tinidazole</i> .....                 | 172          | <i>treprostinil sodium</i> .....            | 48       |
| TEMPO WELCOME KIT.....                      | 112 | <i>tiopronin</i> .....                  | 271          | TRESIBA FLEXTOUCH U-100.....                | 115      |
| TENCON.....                                 | 239 | TIROSINT.....                           | 127          | TRESIBA FLEXTOUCH U-200.....                | 116      |
| TENIVAC (PF).....                           | 158 | TIROSINT-SOL.....                       | 127          | TRESIBA U-100 INSULIN.....                  | 116      |
| <i>tenofovir disoproxil fumarate</i> .....  | 177 | TISSEEL VHSD (APROTININ,                |              | <i>tretinoin</i> .....                      | 78       |
| TENS 502.....                               | 202 | SYN).....                               | 237          | <i>tretinoin (antineoplastic)</i> .....     | 222      |
| TENS 504.....                               | 202 | TIS-U-SOL PENTALYTE.....                | 94           | <i>tretinoin microspheres</i> .....         | 78       |
| TENSCARE ITOUCH SURE.....                   | 209 | TIVICAY.....                            | 179          | TRETTEN.....                                | 142      |
| TEPMETKO.....                               | 220 | TIVICAY PD.....                         | 179          | TREXALL.....                                | 214      |
| <i>terazosin</i> .....                      | 40  | <i>tizanidine</i> .....                 | 262          | <i>triamcinolone acetonide</i> .....        | 92, 227  |
| <i>terbinafine hcl</i> .....                | 170 | TLANDO.....                             | 150          | <i>triamterene</i> .....                    | 46       |
| <i>terbutaline</i> .....                    | 9   | TOBI PODHALER.....                      | 170          | <i>triamterene-hydrochlorothiazid</i> ..... | 47       |
| <i>terconazole</i> .....                    | 274 | TOBRADEX.....                           | 128          | <i>triazolam</i> .....                      | 34       |
| <i>teriflunomide</i> .....                  | 225 | <i>tobramycin</i> .....                 | 132, 170     | TRIDERM.....                                | 92       |
| <i>teriparatide</i> .....                   | 122 | <i>tobramycin in 0.225 % nacl</i> ..... | 170          | <i>trientine</i> .....                      | 234      |
| TERRELL.....                                | 232 | <i>tobramycin with nebulizer</i> .....  | 170          | TRI-ESTARYLLA.....                          | 68       |
| TERSİ FOAM.....                             | 93  | <i>tobramycin-dexamethasone</i> .....   | 128          | TRIFERIC.....                               | 276      |
| <i>testosterone</i> .....                   | 150 | TOBREX.....                             | 132          | <i>trifluoperazine</i> .....                | 32       |
| <i>testosterone cypionate</i> .....         | 150 | TOLAK.....                              | 98           | <i>trifluridine</i> .....                   | 130      |
| <i>testosterone enanthate</i> .....         | 150 | <i>tolcapone</i> .....                  | 252          | <i>trihexyphenidyl</i> .....                | 250      |
| TETOXIA.....                                | 91  | <i>tolterodine</i> .....                | 273          | TRIJARDY XR.....                            | 107      |
| <i>tetrabenazine</i> .....                  | 226 | <i>tolvaptan</i> .....                  | 117          | TRIKAFTA.....                               | 238      |
| <i>tetracaine hcl</i> .....                 | 130 |   |              | TRI-LEGEST FE.....                          | 68       |
| <i>tetracaine hcl (pf)</i> .....            | 130 |   |              |   |          |



|                                 |     |                              |     |                                     |     |
|---------------------------------|-----|------------------------------|-----|-------------------------------------|-----|
| TRI-LINYAH.....                 | 68  | TWINRIX (PF).....            | 160 | URAMAXIN.....                       | 96  |
| TRILOAN II SUIK.....            | 187 | TWIRLA.....                  | 70  | URAMAXIN GT.....                    | 96  |
| TRILOAN SUIK.....               | 187 | TWIST LANCETS.....           | 207 | urea.....                           | 96  |
| TRI-LO-ESTARYLLA.....           | 68  | TYBLUME.....                 | 69  | UREA NAIL STICK.....                | 96  |
| TRI-LO-MARZIA.....              | 69  | TYBOST.....                  | 180 | URETRON D-S.....                    | 164 |
| TRI-LO-MILI.....                | 69  | TYDEMY.....                  | 69  | URIBEL TABS.....                    | 164 |
| TRI-LO-SPRINTEC.....            | 69  | TYMLOS.....                  | 122 | URIMAR-T.....                       | 164 |
| trimethobenzamide.....          | 8   | TYVASO.....                  | 48  | URO-458.....                        | 164 |
| trimethoprim.....               | 164 | TYVASO DPI.....              | 48  | UROGESIC-BLUE.....                  | 164 |
| TRI-MILI.....                   | 69  | TYVASO INSTITUTIONAL START   |     | URO-MP.....                         | 164 |
| trimipramine.....               | 25  | KIT.....                     | 48  | UROQID-ACID NO.2.....               | 272 |
| TRI-MIX (PAPAVRN-PHNTLMN-       |     | TYVASO REFILL KIT.....       | 48  | ursodiol.....                       | 194 |
| PGE1).....                      | 120 | TYVASO STARTER KIT.....      | 48  | VAGINAL CONTRACEPTIVE FILM          | 58  |
| TRIMO-SAN JELLY.....            | 274 | UBRELVY.....                 | 248 | valacyclovir.....                   | 175 |
| TRINTELLIX.....                 | 24  | ULESFIA.....                 | 82  | VALCHLOR.....                       | 98  |
| TRI-NYMYO.....                  | 69  | ULTILET BASIC LANCETS.....   | 207 | valganciclovir.....                 | 175 |
| TRI-SPRINTEC (28).....          | 69  | ULTILET CLASSIC LANCETS..... | 207 | valproic acid.....                  | 259 |
| TRIUMEQ.....                    | 180 | ULTILET LANCETS.....         | 207 | valproic acid (as sodium salt)..... | 259 |
| TRIUMEQ PD.....                 | 180 | ULTILET SAFETY LANCETS.....  | 207 | valsartan.....                      | 42  |
| TRIVORA (28).....               | 69  | ULTRA FINE LANCETS.....      | 207 | valsartan-hydrochlorothiazide.....  | 40  |
| TRI-VYLIBRA.....                | 69  | ULTRA THIN II LANCETS.....   | 207 | VALTOCO.....                        | 253 |
| TRI-VYLIBRA LO.....             | 69  | ULTRA THIN LANCETS.....      | 207 | vancomycin.....                     | 172 |
| tropicamide.....                | 136 | ULTRA THIN PLUS LANCETS..... | 207 | vancomycin in 0.9 % sodium chl...   | 132 |
| tropium.....                    | 273 | ULTRA TLC LANCETS.....       | 207 | VANFLYTA.....                       | 220 |
| TRUDHESA.....                   | 247 | ULTRA-CARE LANCETS.....      | 207 | VANOXIDE-HC.....                    | 76  |
| TRUE COMFORT LANCET.....        | 207 | ULTRAFOAM.....               | 149 | VAPRO PLUS INTERMITT                |     |
| TRUEPLUS LANCETS.....           | 207 | ULTRALANCE LANCETS.....      | 208 | CATHETER.....                       | 201 |
| TRULICITY.....                  | 103 | ULTRASAL-ER.....             | 96  | VAQTA (PF).....                     | 160 |
| TRUMENBA.....                   | 156 | ULTRA-THIN II LANCETS.....   | 208 | VARDIMAXIA.....                     | 76  |
| TRUNEB NEBULIZER.....           | 19  | UNILET COMFORTOUCH           |     | varenicline.....                    | 265 |
| TRUQAP.....                     | 220 | LANCET.....                  | 208 | VARISOFT INFUSION SET 23" ...       | 112 |
| TRUSKIN.....                    | 236 | UNILET GP LANCET.....        | 208 | VARISOFT INFUSION SET 32" ...       | 112 |
| TRUSTEEL INFUSION SET 23" ...   | 112 | UNILET LANCET.....           | 208 | VARISOFT INFUSION SET 43" ...       | 112 |
| TRUSTEEL INFUSION SET 32" ...   | 112 | UNILET LANCETS.....          | 208 | VARITHENA ADMINISTRATION            |     |
| TRUSTEX LATEX CONDOM.....       | 230 | UNILET SUPER THIN LANCETS .. | 208 | PACK.....                           | 209 |
| TRUSTEX LUBRICATED              |     | UNISTIK 3 COMFORT LANCET ..  | 208 | VARIVAX (PF).....                   | 161 |
| CONDOMS.....                    | 230 | UNISTIK 3 EXTRA LANCET.....  | 208 | VAROXIA.....                        | 76  |
| TRUSTEX NON-LUB CONDOMS.....    | 230 | UNISTIK 3 GENTLE.....        | 208 | VARUBI.....                         | 8   |
| TRUSTEX-RIA LUB/SPERMICIDE..... | 231 | UNISTIK 3 NORMAL LANCET..... | 208 | VASCEPA.....                        | 55  |
| TRUSTEX-RIA LUBRICATED          |     | UNISTIK COMFORT LANCETS..... | 208 | VASELINE WHITE PETROLEUM...         | 97  |
| CONDOMS.....                    | 231 | UNISTIK CZT LANCET.....      | 208 | VASHE.....                          | 94  |
| TRUSTEX-RIA NON-LUB             |     | UNISTIK EXTRA LANCETS.....   | 208 | VAXCHORA BUFFER                     |     |
| CONDOMS.....                    | 231 | UNISTIK NORMAL LANCETS.....  | 208 | COMPONENT.....                      | 117 |
| TRUZONE PEAK FLOW METER....     | 19  | UNISTIK PRO LANCET.....      | 208 | VAXNEUVANCE (PF).....               | 156 |
| TUKYSA.....                     | 220 | UNISTIK SAFETY.....          | 208 | VCF CONTRACEPTIVE FILM.....         | 58  |
| TULANA.....                     | 69  | UNISTIK TOUCH LANCETS.....   | 208 | VCF CONTRACEPTIVE GEL.....          | 58  |
| TURALIO.....                    | 220 | UNIVERSAL 1 LANCETS.....     | 208 | VELIVET TRIPHASIC REGIMEN           |     |
| TURQOZ (28).....                | 69  | UPNEEQ (PF).....             | 130 | (28).....                           | 69  |
| TUXARIN ER.....                 | 72  | UPTRAVI.....                 | 48  | VELPHORO.....                       | 118 |

|                              |          |  |     |                            |          |
|------------------------------|----------|--|-----|----------------------------|----------|
| VELTASSA.....                | 118      | VIXONE NEBULIZER-PEDIATRIC                 |     | WINTERGREEN OIL.....       | 94       |
| VEMLIDY.....                 | 181      | MSK.....                                   | 19  | WIXELA INHUB.....          | 10       |
| VENCLEXTA.....               | 221      | VIZIMPRO.....                              | 220 | WOUNDGELHA MATRIX.....     | 97       |
| VENCLEXTA STARTING PACK...   | 221      | VOCABRIA.....                              | 180 | WYMZYA FE.....             | 70       |
| <i>venlafaxine</i> .....     | 24       | VOLNEA (28).....                           | 69  | WYNZORA.....               | 102      |
| VENTAVIS.....                | 48       | VONJO.....                                 | 220 | XADAGO.....                | 252      |
| VEOZAH.....                  | 153      | VONVENDI.....                              | 140 | XALIX.....                 | 96       |
| <i>verapamil</i> .....       | 46       | VOQUEZNA.....                              | 268 | XALKORI.....               | 221      |
| VERIFINE SAFETY LANCET MINI  |          | VOQUEZNA DUAL PAK.....                     | 268 | XARELTO.....               | 141      |
| .....                        | 208, 209 | VOQUEZNA TRIPLE PAK.....                   | 268 | XARELTO DVT-PE TREAT 30D   |          |
| VERIFINE UNIVERSAL LANCET .. | 209      | <i>voriconazole</i> .....                  | 170 | START.....                 | 141      |
| VERKAZIA.....                | 132      | VORTEX HOLDING CHAMBER.....                | 19  | XATMEP.....                | 215      |
| VERQUVO.....                 | 56       | VORTEX VHC FROG MASK-                      |     | XCLAIR.....                | 93       |
| VERSACLOZ.....               | 31       | CHILD.....                                 | 19  | XCOPRI.....                | 260, 261 |
| VERTIGOHEEL.....             | 233      | VORTEX VHC LADYBUG MASK-                   |     | XCOPRI MAINTENANCE PACK... | 260      |
| VERZENIO.....                | 220      | TODDLR.....                                | 19  | XCOPRI TITRATION PACK..... | 261      |
| VESTURA (28).....            | 69       | VOSEVI.....                                | 180 | XDEMVY.....                | 131      |
| V-GO 20.....                 | 112      | VOWST.....                                 | 164 | XELJANZ.....               | 188      |
| V-GO 30.....                 | 112      | VOXZOGO.....                               | 126 | XELJANZ XR.....            | 188      |
| V-GO 40.....                 | 112      | VRAYLAR.....                               | 29  | XELPROS.....               | 135      |
| VIBERZI.....                 | 192      | VUITY.....                                 | 135 | XEMBIFY.....               | 155      |
| VIBRANT.....                 | 209      | VUMERITY.....                              | 225 | XENLETA.....               | 167      |
| VIBRANT STARTER KIT.....     | 209      | VYFEMLA (28).....                          | 70  | XENOVIEW EMPTY DELIVERY    |          |
| VICTOZA 2-PAK.....           | 103      | VYLEESI.....                               | 33  | BAG.....                   | 209      |
| VICTOZA 3-PAK.....           | 103      | VYLIBRA.....                               | 70  | XEPI.....                  | 79       |
| VIENVA.....                  | 69       | VYNDAMAX.....                              | 56  | XERMELO.....               | 194      |
| <i>vigabatrin</i> .....      | 259      | VYNDAQEL.....                              | 56  | XEROFORM PETROLATUM        |          |
| VIGADRONE.....               | 259      | VYVANSE.....                               | 27  | DRESSING.....              | 199      |
| VIGPODER.....                | 259      | VYZULTA.....                               | 135 | XHANCE.....                | 6        |
| VIJOICE.....                 | 213      | WAINUA.....                                | 211 | XIFAXAN.....               | 171      |
| <i>vilazodone</i> .....      | 24       | WAKIX.....                                 | 33  | XIGDUO XR.....             | 106      |
| VIMPAT.....                  | 259      | <i>warfarin</i> .....                      | 137 | XIIDRA.....                | 132      |
| VIOKACE.....                 | 266      | <i>water for irrigation, sterile</i> ..... | 94  | XOFLUZA.....               | 175      |
| VIORELE (28).....            | 69       | WEGOVY.....                                | 278 | XOLAIR.....                | 12       |
| VIOS AEROSOL DELIVERY        |          | WELIREG.....                               | 221 | XOSPATA.....               | 221      |
| SYSTEM.....                  | 19       | WERA (28).....                             | 70  | XPHOZAH.....               | 118      |
| VIRACEPT.....                | 178      | WIDE-SEAL DIAPHRAGM 60.....                | 70  | XPOVIO.....                | 222      |
| VIREAD.....                  | 178      | WIDE-SEAL DIAPHRAGM 65.....                | 70  | XTAMPZA ER.....            | 245      |
| VISTASEAL-FIBRIN SEALANT.... | 149      | WIDE-SEAL DIAPHRAGM 70.....                | 71  | XTANDI.....                | 214      |
| VISTOGARD.....               | 222      | WIDE-SEAL DIAPHRAGM 75.....                | 71  | XULANE.....                | 70       |
| VITAMIN K.....               | 150      | WIDE-SEAL DIAPHRAGM 80.....                | 71  | XULTOPHY 100/3.6.....      | 105      |
| VITAMIN K1.....              | 150      | WIDE-SEAL DIAPHRAGM 85.....                | 71  | XURIDEN.....               | 136      |
| VITRAKVI.....                | 220      | WIDE-SEAL DIAPHRAGM 90.....                | 71  | XYNTHA.....                | 140      |
| VIVAGUARD LANCET.....        | 209      | WIDE-SEAL DIAPHRAGM 95.....                | 71  | XYNTHA SOLOFUSE.....       | 140      |
| VIVJOA.....                  | 170      | WILATE.....                                | 140 | XYOSTED.....               | 150      |
| VIXONE NEBULIZER.....        | 19       | WILLIS THE WHALE                           |     | XYWAV.....                 | 29       |
| VIXONE NEBULIZER-ADULT       |          | COMPRESSR NEB.....                         | 19  | YARGESA.....               | 232      |
| MASK.....                    | 19       | WILZIN.....                                | 234 | YCANTH.....                | 94       |
|                              |          | WINLEVI.....                               | 77  | YONSA.....                 | 214      |

|                                       |     |
|---------------------------------------|-----|
| YUVAFEM.....                          | 275 |
| ZAFEMY.....                           | 70  |
| <i>zafirlukast</i> .....              | 12  |
| <i>zaleplon</i> .....                 | 34  |
| ZARAH.....                            | 70  |
| ZAVZPRET.....                         | 248 |
| ZEGALOGUE AUTOINJECTOR...             | 113 |
| ZEGALOGUE SYRINGE.....                | 113 |
| ZEJULA.....                           | 221 |
| ZELAPAR.....                          | 252 |
| ZELBORAF.....                         | 215 |
| ZEMAIRA.....                          | 213 |
| ZENATANE.....                         | 73  |
| ZENPEP.....                           | 266 |
| ZENPHOR.....                          | 199 |
| ZENZEDI.....                          | 28  |
| ZEPBOUND.....                         | 277 |
| ZEPOSIA.....                          | 226 |
| ZEPOSIA STARTER KIT (28-DAY)<br>..... | 226 |
| ZEPOSIA STARTER PACK (7-<br>DAY)..... | 226 |
| <i>zidovudine</i> .....               | 177 |
| ZILBRYSQ.....                         | 145 |
| ZIMHI.....                            | 34  |
| <i>zinc oxide</i> .....               | 97  |
| <i>ziprasidone hcl</i> .....          | 31  |
| ZITHRANOL.....                        | 101 |
| ZITUVIO.....                          | 104 |
| ZOKINVY.....                          | 213 |
| ZOLINZA.....                          | 221 |
| <i>zolmitriptan</i> .....             | 248 |
| <i>zolpidem</i> .....                 | 34  |
| ZOMIG.....                            | 248 |
| ZONISADE.....                         | 261 |
| <i>zonisamide</i> .....               | 261 |
| ZONTIVITY.....                        | 146 |
| ZOVIA 1-35 (28).....                  | 70  |
| ZTALMY.....                           | 261 |
| ZUBSOLV.....                          | 250 |
| ZUMANDIMINE (28).....                 | 70  |
| ZURZUVAE.....                         | 21  |
| ZYDELIG.....                          | 221 |
| ZYKADIA.....                          | 221 |
| ZYPRAM.....                           | 192 |