



# 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

Coverage as of January 1, 2026



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**View your drug list online, 24/7**

- **Cigna.com/ifp-drug-list.** Choose **Texas** from the dropdown list and pick your search method. Then type in your medication name or view the full list.
- **myCigna® App<sup>1</sup> or myCigna.com®.** Starting January 1, 2026, log into your account and use the Price a Medication tool to see how your medication is covered.

**Questions?**

Call **866.494.2III** or the toll-free number on your Cigna Healthcare® ID card. We're here 24/7/365.

If you need language assistance, or have a disability, please call us at **800.244.6224 (For TTY services, dial 7II)**. Accommodations are available and provided at no cost to you.

\* Drug list originally created: 10/21/2013

Last updated: 07/01/2025, for changes starting 01/01/2026

Next planned update: 07/01/2026, for changes starting 01/01/2027

## About this drug list

This is a list of the prescription medications covered on the Cigna Healthcare Plus Texas 5-Tier Prescription Drug List as of January 1, 2026. All medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed in alphabetical order (A-Z). If you don't see a certain medication listed here, log in to the myCigna App or **myCigna.com** to see all of the medications your plan covers.

## How to read this drug list

Use the table below to understand how medications are covered on the Cigna Healthcare Plus Texas 5-Tier Prescription Drug List.

| Medication Name                       | Tier | Notes        |
|---------------------------------------|------|--------------|
| ACETAMINOPHEN-CODEINE #4 TABLET       | 2    | PA           |
| ACETAZOLAMIDE 125 MG TABLET           | 2    |              |
| ACETAZOLAMIDE 250 MG TABLET           | 2    |              |
| ACETAZOLAMIDE ER 500 MG CAPSULE       | 2    |              |
| ACETIC ACID 0.25% IRRIGATION SOLUTION | 2    |              |
| ACETIC ACID 2% EAR SOLUTION           | 2    |              |
| ACETYLCYSTEINE 10% VIAL               | 2    |              |
| ACETYLCYSTEINE 20% VIAL               | 2    |              |
| ACITRETIN 10 MG CAPSULE               | 4    |              |
| ACITRETIN 17.5 MG CAPSULE             | 4    |              |
| ACITRETIN 25 MG CAPSULE               | 4    |              |
| ACTEMRA 162 MG/0.9 ML SYRINGE         | 5    | PA, QL, SRX  |
| ACTEMRA ACTPEN                        | 5    | PA, QL, SRX  |
| ACTHIB VACCINE VIAL                   | 3    |              |
| ACTHIB VACCINE WITH DILUENT           | 3    |              |
| ACTIMMUNE 100 MCG/0.5 ML VIAL         | 5    | PA, LDD, SRX |
| ACYCLOVIR 200 MG CAPSULE              | 1    |              |
| ACYCLOVIR 200 MG/5 ML SUSPENSION      | 2    |              |
| ACYCLOVIR 400 MG TABLET               | 1    |              |
| ACYCLOVIR 800 MG TABLET               | 1    |              |
| ADACEL TDAP SYRINGE                   | 3    |              |
| ADACEL TDAP VIAL                      | 3    |              |
| ADALIMUMAB-ADBIM                      | 5    | PA, QL, SRX  |
| ADALIMUMAB-RYVK                       | 5    | PA, QL, SRX  |
| ADAPALENE 0.1% CREAM                  | 2    | PA, AGE      |
| ADAPALENE 0.1% GEL                    | 2    | PA, AGE      |
| ADAPALENE 0.1% SOLUTION               | 2    | PA, AGE      |
| ADAPALENE 0.3% GEL                    | 2    | PA, AGE      |
| ADAPALENE 0.3% GEL PUMP               | 2    | PA, AGE      |
| ADEFOVIR DIPVOXIL 10 MG TAB           | 5    | SRX          |

Medications are listed in **alphabetical** order (A-Z)

**Tier** (cost-share level) gives you an idea of how much you may pay for a medication

Medications that have extra coverage rules (requirements) have **letters (acronyms)** listed next to them in the Notes column

**Specialty medications** have SRX listed next to them in the Notes column

\*This table is just an example. It may not show how these medications are currently covered on this drug list.

## Tiers

We put covered medications into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay for the medication.

|               |                                                                                                                                                                                                                                                                |            |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Tier 1</b> | <b>Preferred Generic Medications.</b> Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. <sup>2</sup><br><i>These medications are covered at your plan's lowest cost-share.</i> | \$         |
| <b>Tier 2</b> | <b>Generic Medications</b> (and some low-cost brand-name medications).<br>Generics work in the same way and provide the same clinical benefits as their brand-name versions – and typically cost much less. <sup>2</sup>                                       | \$\$       |
| <b>Tier 3</b> | <b>Preferred Brand Medications</b> (and some high-cost generics).                                                                                                                                                                                              | \$\$\$     |
| <b>Tier 4</b> | <b>Non-Preferred Brand Medications</b> (and some high-cost generics).                                                                                                                                                                                          | \$\$\$\$   |
| <b>Tier 5</b> | <b>Specialty and Other High-Cost Generic and Brand-Name Medications.</b><br>Your plan covers Tier 5 medications in up to a 30-day supply.<br><i>These medications are covered at your plan's highest cost-share.</i>                                           | \$\$\$\$\$ |

## Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PA</b>  | <b>Prior Authorization</b> – This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure you meet the medication's coverage rules (requirements).                                                                                                                                                                                                                                             |
| <b>QL</b>  | <b>Quantity Limit</b> – Your plan will only cover so much of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask us to cover more.                                                                                                                                                                                                                                                                                                 |
| <b>ST</b>  | <b>Step Therapy</b> – This high-cost medication is part of a prior authorization (approval) program. It has a lower-cost alternative(s) that treats the same condition.<br><br>Your plan won't cover this medication until you try at least one preferred medication first (typically a generic or preferred brand) and can show that it didn't work for you. If your doctor feels a preferred medication isn't right for you, your doctor's office can ask us to cover the higher-cost medication. |
| <b>AGE</b> | <b>Age Requirement</b> – Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to use the medication, your doctor's office can ask us to cover it.                                                                                                                                                                                                                                  |
| <b>SRX</b> | This is a <b>specialty medication</b> , which is used to treat rare and/or complex medical conditions. They're typically injected or infused and may need special handling, such as refrigeration.                                                                                                                                                                                                                                                                                                  |
| <b>LDD</b> | This is a <b>"limited distribution drug."</b> It's a high-cost specialty medication that treats medical conditions that are very hard to manage and need special handling, patient support and monitoring. It can only be filled at a select number of specialty pharmacies in the United States.                                                                                                                                                                                                   |

## Plan exclusions

There are certain medications and products that your plan won't cover for any reason. They're known as a "plan (or benefit) exclusion." This means they aren't on your plan's drug list and there's no option to ask us to cover them through our medication review process.

For example, your plan doesn't cover, or "excludes," medications that the FDA hasn't approved.

## How to find your medication

Use the table below to find the page your medication is listed on.

| Letter* your medication starts with | Page  | Letter* your medication starts with | Page   | Letter* your medication starts with | Page   |
|-------------------------------------|-------|-------------------------------------|--------|-------------------------------------|--------|
| I                                   | 6     | I                                   | 37-39  | S                                   | 61-64  |
| 2                                   | 6     | J                                   | 39     | T                                   | 64-70  |
| A                                   | 6-11  | K                                   | 39, 40 | U                                   | 70-72  |
| B                                   | 11-14 | L                                   | 40-44  | V                                   | 72-74  |
| C                                   | 14-20 | M                                   | 44-49  | W                                   | 74     |
| D                                   | 20-25 | N                                   | 49-51  | X                                   | 74     |
| E                                   | 25-30 | O                                   | 51-53  | Y                                   | 74, 75 |
| F                                   | 30-33 | P                                   | 53-59  | Z                                   | 75     |
| G                                   | 33-35 | Q                                   | 59     |                                     |        |
| H                                   | 35-37 | R                                   | 59, 61 |                                     |        |

\* Some medications start with a number instead of a letter.

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                                           | Tier | Notes   |
|-----------------------------------------------------------|------|---------|
| 1ST TIER UNIFINE PENTIP 29G 1/2"                          | 3    |         |
| 1ST TIER UNIFINE PENTIP 29G 12MM                          | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 1/4"                          | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 3/16"                         | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 5/16"                         | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 5MM                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 6MM                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 31G 8MM                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 32G 4MM                           | 3    |         |
| 1ST TIER UNIFINE PENTIP 32G 5/32"                         | 3    |         |
| 2TEK CONTROL SOLUTION                                     | 3    |         |
| ABACAVIR 20 MG/ML ORAL SOLUTION                           | 2    | SRX     |
| ABACAVIR 300 MG TABLET                                    | 2    | SRX     |
| ABACAVIR-LAMIVUDINE 600-300 MG TABLET                     | 2    | SRX     |
| ABIRATERONE 250 MG TABLET                                 | 5    | PA, SRX |
| ABIRATERONE 500 MG TABLET                                 | 5    | PA, SRX |
| ABRYVO ACT-O-VIAL                                         | 3    |         |
| ABRYVO VIAL WITH DILUENT SYRINGE                          | 3    |         |
| ACAMPROSATE DR 333 MG TABLET                              | 3    |         |
| ACARBOSE 100 MG TABLET                                    | 2    |         |
| ACARBOSE 25 MG TABLET                                     | 2    |         |
| ACARBOSE 50 MG TABLET                                     | 2    |         |
| ACCU-CHEK AVIVA SOLUTION                                  | 3    |         |
| ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION                    | 3    |         |
| ACCU-CHEK SMARTVIEW CONTROL SOLUTION                      | 3    |         |
| ACCUTANE 10 MG CAPSULE                                    | 4    |         |
| ACCUTANE 20 MG CAPSULE                                    | 4    |         |
| ACCUTANE 30 MG CAPSULE                                    | 4    |         |
| ACCUTANE 40 MG CAPSULE                                    | 4    |         |
| ACCUTREND GLUCOSE CONTROL                                 | 3    |         |
| ACE AEROSOL CLOUD ENHANCER                                | 3    | QL      |
| ACEBUTOLOL 200 MG CAPSULE                                 | 2    |         |
| ACEBUTOLOL 400 MG CAPSULE                                 | 2    |         |
| ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5-30 MG CAPSULE | 2    | PA      |
| ACETAMINOPHEN-CODEINE #2 TABLET                           | 2    | PA      |
| ACETAMINOPHEN-CODEINE #3 TABLET                           | 2    | PA      |
| ACETAMINOPHEN-CODEINE #4 TABLET                           | 2    | PA      |
| ACETAMINOPHEN-CODEINE 120-12 MG/5 ML ORAL SOLUTION        | 2    |         |
| ACETAMINOPHEN-CODEINE 300-30 MG/12.5 ML ORAL SOLUTION     | 2    |         |

| Medication Name                                   | Tier | Notes            |
|---------------------------------------------------|------|------------------|
| ACETAZOLAMIDE 125 MG TABLET                       | 2    |                  |
| ACETAZOLAMIDE 250 MG TABLET                       | 2    |                  |
| ACETAZOLAMIDE ER 500 MG CAPSULE                   | 2    |                  |
| ACETIC ACID 0.25% IRRIGATION SOLUTION             | 2    |                  |
| ACETIC ACID 2% EAR SOLUTION                       | 2    |                  |
| ACETYLCYSTEINE 10% VIAL                           | 2    |                  |
| ACETYLCYSTEINE 20% VIAL                           | 2    |                  |
| ACITRETIN 10 MG CAPSULE                           | 4    |                  |
| ACITRETIN 17.5 MG CAPSULE                         | 4    |                  |
| ACITRETIN 25 MG CAPSULE                           | 4    |                  |
| ACTEMRA 162 MG/0.9 ML SYRINGE                     | 5    | PA, QL, LDD, SRX |
| ACTEMRA ACTPEN 162 MG/0.9 ML                      | 5    | PA, QL, LDD, SRX |
| ACTHIB VACCINE VIAL                               | 3    |                  |
| ACTHIB VACCINE WITH DILUENT                       | 3    |                  |
| ACTIMMUNE 100 MCG/0.5 ML VIAL                     | 5    | PA, LDD, SRX     |
| ACYCLOVIR 200 MG CAPSULE                          | 1    |                  |
| ACYCLOVIR 200 MG/5 ML ORAL SUSPENSION             | 2    |                  |
| ACYCLOVIR 400 MG TABLET                           | 1    |                  |
| ACYCLOVIR 800 MG TABLET                           | 1    |                  |
| ADACEL TDAP SYRINGE                               | 3    |                  |
| ADACEL TDAP VIAL                                  | 3    |                  |
| ADALIMUMAB-ADBIM (CF) 40 MG CROHN'S PEN           | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADBIM (CF) 40 MG PEN                   | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADBIM (CF) 40 MG PSORIASIS-UVEITIS PEN | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADBIM (CF) 10 MG SYRINGE               | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADBIM (CF) 20 MG SYRINGE               | 5    | PA, QL, SRX      |
| ADALIMUMAB-ADBIM (CF) 40 MG SYRINGE               | 5    | PA, QL, SRX      |
| ADALIMUMAB-RYVK (CF) 40 MG AUTO-INJECTOR          | 5    | PA, QL, SRX      |
| ADALIMUMAB-RYVK (CF) 40 MG SYRINGE                | 5    | PA, QL, SRX      |
| ADAPALENE 0.1% CREAM                              | 3    | PA, AGE          |
| ADAPALENE 0.1% LOTION                             | 3    | PA, AGE          |
| ADAPALENE 0.3% GEL                                | 3    | PA, AGE          |
| ADAPALENE 0.3% GEL PUMP                           | 3    | PA, AGE          |
| ADAPALENE 0.1% TOPICAL SOLUTION                   | 3    | PA, AGE          |
| ADEFOVIR 10 MG TABLET                             | 5    | SRX              |
| ADEMPAS 0.5 MG TABLET                             | 5    | PA, LDD, SRX     |
| ADEMPAS 1 MG TABLET                               | 5    | PA, LDD, SRX     |
| ADEMPAS 1.5 MG TABLET                             | 5    | PA, LDD, SRX     |
| ADEMPAS 2 MG TABLET                               | 5    | PA, LDD, SRX     |
| ADEMPAS 2.5 MG TABLET                             | 5    | PA, LDD, SRX     |
| ADVOCATE HIGH CONTROL SOLUTION                    | 3    |                  |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                           | Tier | Notes  | Medication Name                             | Tier | Notes            |
|-------------------------------------------|------|--------|---------------------------------------------|------|------------------|
| ADVOCATE INSULIN SYRINGE 0.3 ML 29G 1/2"  | 3    |        | ALBUSTIX REAGENT TEST STRIP                 | 3    |                  |
| ADVOCATE INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |        | ALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |        | ALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 29G 1/2"  | 3    |        | ALBUTEROL 2.5 MG/0.5 ML INHALATION SOLUTION | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 30G 5/16" | 3    |        | ALBUTEROL 2.5 MG/3 ML INHALATION SOLUTION   | 2    |                  |
| ADVOCATE INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |        | ALBUTEROL 5 MG/ML INHALATION SOLUTION       | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 29G 1/2"    | 3    |        | ALBUTEROL 15 MG/3 ML INHALATION SOLUTION    | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 30G 5/16"   | 3    |        | ALBUTEROL 25 MG/5 ML INHALATION SOLUTION    | 2    |                  |
| ADVOCATE INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |        | ALBUTEROL 75 MG/15 ML INHALATION SOLUTION   | 2    |                  |
| ADVOCATE LOW CONTROL SOLUTION             | 3    |        | ALBUTEROL 100 MG/20 ML INHALATION SOLUTION  | 2    |                  |
| ADVOCATE PEN NEEDLE 29G 12.7MM            | 3    |        | ALBUTEROL 2 MG/5 ML SYRUP                   | 2    |                  |
| ADVOCATE PEN NEEDLE 31G 5MM               | 3    |        | ALBUTEROL 2 MG TABLET                       | 2    |                  |
| ADVOCATE PEN NEEDLE 31G 8MM               | 3    |        | ALBUTEROL 4 MG TABLET                       | 2    |                  |
| ADVOCATE PEN NEEDLE 32G 4MM               | 3    |        | ALBUTEROL ER 4 MG TABLET                    | 2    |                  |
| ADVOCATE PEN NEEDLE 33G 4MM               | 3    |        | ALBUTEROL ER 8 MG TABLET                    | 2    |                  |
| ADVOCATE REDI-CODE+ CONTROL SOLUTION      | 3    |        | ALBUTEROL HFA 90 MCG INHALER                | 2    | QL               |
| AEROCHAMBER MECHANICAL VENT               | 3    | QL     | ALCLOMETASONE 0.05% CREAM                   | 2    |                  |
| AEROCHAMBER MINI                          | 3    | QL     | ALCLOMETASONE 0.05% OINTMENT                | 2    |                  |
| AEROCHAMBER MV HOLD CHAMBER               | 3    | QL     | ALCOHOL PREP PAD                            | 3    |                  |
| AEROCHAMBER PLUS FLOW-VU                  | 3    | QL     | ALECENSA 150 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| AEROCHAMBER PLUS FLOW-VU LARGE            | 3    | QL     | ALENDRONATE 70 MG/75 ML ORAL SOLUTION       | 2    |                  |
| AEROCHAMBER PLUS FLOW-VU MEDIUM           | 3    | QL     | ALENDRONATE 5 MG TABLET                     | 1    |                  |
| AEROCHAMBER PLUS FLOW-VU SMALL            | 3    | QL     | ALENDRONATE 10 MG TABLET                    | 1    |                  |
| AEROCHAMBER Z-STAT PLUS LARGE             | 3    | QL     | ALENDRONATE 35 MG TABLET                    | 1    |                  |
| AEROCHAMBER Z-STAT PLUS-MEDIUM            | 3    | QL     | ALENDRONATE 70 MG TABLET                    | 2    |                  |
| AEROCHAMBER Z-STAT PLUS-SMALL             | 3    | QL     | ALFUZOSIN ER 10 MG TABLET                   | 2    |                  |
| AEROCHAMBER Z-STAT PLUS W-FLOW            | 3    | QL     | ALINIA 100 MG/5 ML ORAL SUSPENSION          | 4    |                  |
| AEROGear ASTHMA ACTION KIT                | 3    |        | ALISKIREN 150 MG TABLET                     | 4    | QL               |
| AEROTRACH HOLDING CHAMBER                 | 3    | QL     | ALISKIREN 300 MG TABLET                     | 4    | QL               |
| AEROVENT PLUS HOLDING CHAMBER             | 3    | QL     | ALLOPURINOL 100 MG TABLET                   | 1    |                  |
| AFIRMELLE-28 TABLET                       | 1    |        | ALLOPURINOL 300 MG TABLET                   | 1    |                  |
| AFLURIA                                   | 3    |        | ALMOTRIPTAN 6.25 MG TABLET                  | 3    | QL               |
| AFLURIA                                   | 3    |        | ALMOTRIPTAN 12.5 MG TABLET                  | 3    | QL               |
| AFTER PILL 1.5 MG TABLET                  | 1    |        | ALOCRIL 2% EYE DROPS                        | 4    |                  |
| AFTERA 1.5 MG TABLET                      | 4    |        | ALOSETRON 0.5 MG TABLET                     | 5    | SRX              |
| AGAMATRIX HIGH CONTROL SOLUTION           | 3    |        | ALOSETRON 1 MG TABLET                       | 5    | SRX              |
| AGAMATRIX NORM-HI CONTROL SOLUTION        | 3    |        | ALPRAZOLAM 0.25 MG ODT TABLET               | 2    |                  |
| AIRZONE PEAK FLOW METER                   | 3    |        | ALPRAZOLAM 0.5 MG ODT TABLET                | 2    |                  |
| AK-POLY-BAC EYE OINTMENT                  | 2    |        | ALPRAZOLAM 1 MG ODT TABLET                  | 2    |                  |
| AKYNZEO 300-0.5 MG CAPSULE                | 5    | PA, QL | ALPRAZOLAM 2 MG ODT TABLET                  | 2    |                  |
| ALBENDAZOLE 200 MG TABLET                 | 4    | PA     | ALPRAZOLAM 0.25 MG TABLET                   | 2    |                  |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                              | Tier | Notes        |
|----------------------------------------------|------|--------------|
| ALPRAZOLAM 0.5 MG TABLET                     | 2    |              |
| ALPRAZOLAM 1 MG TABLET                       | 2    |              |
| ALPRAZOLAM 2 MG TABLET                       | 2    |              |
| ALPRAZOLAM ER 0.5 MG TABLET                  | 2    |              |
| ALPRAZOLAM ER 1 MG TABLET                    | 2    |              |
| ALPRAZOLAM ER 2 MG TABLET                    | 2    |              |
| ALPRAZOLAM ER 3 MG TABLET                    | 2    |              |
| ALPRAZOLAM INTENSOL 1 MG/ML ORAL CONCENTRATE | 2    |              |
| ALPRAZOLAM XR 0.5 MG TABLET                  | 2    |              |
| ALPRAZOLAM XR 1 MG TABLET                    | 2    |              |
| ALPRAZOLAM XR 2 MG TABLET                    | 2    |              |
| ALPRAZOLAM XR 3 MG TABLET                    | 2    |              |
| ALTABAX 1% OINTMENT                          | 4    |              |
| ALTACAIN 0.5% EYE DROPS                      | 2    |              |
| ALTAVERA-28 TABLET                           | 1    |              |
| ALVESCO 80 MCG INHALER                       | 3    |              |
| ALVESCO 160 MCG INHALER                      | 3    |              |
| ALYACEN 1-35 28 TABLET                       | 1    |              |
| ALYACEN 7-7-7-28 TABLET                      | 1    |              |
| ALYQ 20 MG TABLET                            | 5    | PA, SRX      |
| AMABELZ 0.5 MG-0.1 MG TABLET                 | 2    |              |
| AMABELZ 1 MG-0.5 MG TABLET                   | 2    |              |
| AMANTADINE 100 MG CAPSULE                    | 2    |              |
| AMANTADINE 50 MG/5 ML ORAL SOLUTION          | 2    |              |
| AMANTADINE 100 MG/10 ML ORAL SOLUTION        | 2    |              |
| AMANTADINE 100 MG TABLET                     | 2    |              |
| AMBRISANTAN 5 MG TABLET                      | 5    | PA, LDD, SRX |
| AMBRISANTAN 10 MG TABLET                     | 5    | PA, LDD, SRX |
| AMCINONIDE 0.1% CREAM                        | 4    |              |
| AMETHIA 0.15-0.03-0.01 MG TABLET             | 1    |              |
| AMETHYST 90-20 MCG TABLET                    | 1    |              |
| AMILORIDE 5 MG TABLET                        | 2    |              |
| AMILORIDE-HCTZ 5-50 MG TABLET                | 2    |              |
| AMINOCAPROIC ACID 0.25 GM/ML ORAL SOLUTION   | 5    | PA, SRX      |
| AMINOCAPROIC ACID 1,000 MG TABLET            | 5    | PA, SRX      |
| AMINOCAPROIC ACID 500 MG TABLET              | 5    | PA, SRX      |
| AMIODARONE 100 MG TABLET                     | 2    |              |
| AMIODARONE 200 MG TABLET                     | 2    |              |
| AMIODARONE 400 MG TABLET                     | 2    |              |
| AMITRIPTYLINE 10 MG TABLET                   | 1    |              |
| AMITRIPTYLINE 25 MG TABLET                   | 1    |              |

| Medication Name                                 | Tier | Notes |
|-------------------------------------------------|------|-------|
| AMITRIPTYLINE 50 MG TABLET                      | 1    |       |
| AMITRIPTYLINE 75 MG TABLET                      | 1    |       |
| AMITRIPTYLINE 100 MG TABLET                     | 2    |       |
| AMITRIPTYLINE 150 MG TABLET                     | 2    |       |
| AMLODIPINE 2.5 MG TABLET                        | 2    |       |
| AMLODIPINE 5 MG TABLET                          | 2    |       |
| AMLODIPINE 10 MG TABLET                         | 2    |       |
| AMLODIPINE-ATORVASTATIN 2.5-10 MG TABLET        | 2    |       |
| AMLODIPINE-ATORVASTATIN 2.5-20 MG TABLET        | 2    |       |
| AMLODIPINE-ATORVASTATIN 2.5-40 MG TABLET        | 2    |       |
| AMLODIPINE-ATORVASTATIN 5-10 MG TABLET          | 2    |       |
| AMLODIPINE-ATORVASTATIN 5-20 MG TABLET          | 2    |       |
| AMLODIPINE-ATORVASTATIN 5-40 MG TABLET          | 2    |       |
| AMLODIPINE-ATORVASTATIN 5-80 MG TABLET          | 2    |       |
| AMLODIPINE-ATORVASTATIN 10-10 MG TABLET         | 2    |       |
| AMLODIPINE-ATORVASTATIN 10-20 MG TABLET         | 2    |       |
| AMLODIPINE-ATORVASTATIN 10-40 MG TABLET         | 2    |       |
| AMLODIPINE-ATORVASTATIN 10-80 MG TABLET         | 2    |       |
| AMLODIPINE-BENAZEPRIL 2.5-10 MG CAPSULE         | 2    |       |
| AMLODIPINE-BENAZEPRIL 5-10 MG CAPSULE           | 2    |       |
| AMLODIPINE-BENAZEPRIL 5-20 MG CAPSULE           | 2    |       |
| AMLODIPINE-BENAZEPRIL 5-40 MG CAPSULE           | 2    |       |
| AMLODIPINE-BENAZEPRIL 10-20 MG CAPSULE          | 2    |       |
| AMLODIPINE-BENAZEPRIL 10-40 MG CAPSULE          | 2    |       |
| AMLODIPINE-OLMESARTAN 5-20 MG TABLET            | 2    |       |
| AMLODIPINE-OLMESARTAN 5-40 MG TABLET            | 2    |       |
| AMLODIPINE-OLMESARTAN 10-20 MG TABLET           | 2    |       |
| AMLODIPINE-OLMESARTAN 10-40 MG TABLET           | 2    |       |
| AMLODIPINE-VALSARTAN 5-160 MG TABLET            | 2    |       |
| AMLODIPINE-VALSARTAN 5-320 MG TABLET            | 2    |       |
| AMLODIPINE-VALSARTAN 10-160 MG TABLET           | 2    |       |
| AMLODIPINE-VALSARTAN 10-320 MG TABLET           | 2    |       |
| AMLODIPINE-VALSARTAN-HCTZ 5-160-12.5 MG TABLET  | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 5-160-25 MG TABLET    | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-12.5 MG TABLET | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-160-25 MG TABLET   | 3    |       |
| AMLODIPINE-VALSARTAN-HCTZ 10-320-25 MG TABLET   | 3    |       |

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| Medication Name                                          | Tier | Notes | Medication Name                    | Tier | Notes        |
|----------------------------------------------------------|------|-------|------------------------------------|------|--------------|
| AMMONIUM LACTATE 12% CREAM                               | 2    |       | ANNOVERA VAGINAL RING              | 4    |              |
| AMMONIUM LACTATE 12% LOTION                              | 2    |       | ANORO ELLIPTA 62.5-25 MCG INHALER  | 3    | QL           |
| AMNESTEEM 10 MG CAPSULE                                  | 4    |       | ANUCORT-HC 25 MG SUPPOSITORY       | 2    |              |
| AMNESTEEM 20 MG CAPSULE                                  | 4    |       | ANZEMET 50 MG TABLET               | 5    | PA, QL       |
| AMNESTEEM 40 MG CAPSULE                                  | 4    |       | APIDRA 100 UNIT/ML SOLOSTAR        | 4    | QL, ST       |
| AMOXAPINE 25 MG TABLET                                   | 2    |       | APIDRA 100 UNIT/ML VIAL            | 4    | QL, ST       |
| AMOXAPINE 50 MG TABLET                                   | 2    |       | APRACLONIDINE 0.5% DROPS           | 2    |              |
| AMOXAPINE 100 MG TABLET                                  | 2    |       | APREPITANT 40 MG CAPSULE           | 3    | QL           |
| AMOXAPINE 150 MG TABLET                                  | 2    |       | APREPITANT 80 MG CAPSULE           | 3    | QL           |
| AMOXICILLIN 250 MG CAPSULE                               | 1    |       | APREPITANT 125 MG CAPSULE          | 3    | QL           |
| AMOXICILLIN 500 MG CAPSULE                               | 1    |       | APREPITANT 125-80-80 MG PACK       | 3    | QL           |
| AMOXICILLIN 125 MG CHEWABLE TABLET                       | 1    |       | APRETUDE ER 600 MG/3 ML VIAL       | 5    | PA, LDD, SRX |
| AMOXICILLIN 250 MG CHEWABLE TABLET                       | 2    |       | APRI 28 DAY TABLET                 | 1    |              |
| AMOXICILLIN 125 MG/5 ML ORAL SUSPENSION                  | 1    |       | APTIOM 200 MG TABLET               | 4    | PA, QL       |
| AMOXICILLIN 200 MG/5 ML ORAL SUSPENSION                  | 1    |       | APTIOM 400 MG TABLET               | 4    | PA, QL       |
| AMOXICILLIN 250 MG/5 ML ORAL SUSPENSION                  | 1    |       | APTIOM 600 MG TABLET               | 4    | PA, QL       |
| AMOXICILLIN 400 MG/5 ML ORAL SUSPENSION                  | 1    |       | APTIOM 800 MG TABLET               | 4    | PA, QL       |
| AMOXICILLIN 500 MG TABLET                                | 1    |       | APTIVUS 250 MG CAPSULE             | 3    | SRX          |
| AMOXICILLIN 875 MG TABLET                                | 1    |       | AQ INSULIN SYRINGE 0.5 ML 30G 8MM  | 3    |              |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET      | 2    |       | AQ INSULIN SYRINGE 1 ML 29G 12MM   | 3    |              |
| AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET        | 2    |       | AQ INSULIN SYRINGE 1 ML 31G 8MM    | 3    |              |
| AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML ORAL SUSPENSION | 2    |       | AQINJECT PEN NEEDLE 31G 5MM        | 3    |              |
| AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML ORAL SUSPENSION | 2    |       | AQINJECT PEN NEEDLE 32G 4MM        | 3    |              |
| AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML ORAL SUSPENSION   | 2    |       | AQUA CARE 0.9% NACL IRRIGATION     | 2    |              |
| AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML ORAL SUSPENSION | 2    |       | AQUA CARE STERILE WATER IRRIGATION | 2    |              |
| AMOXICILLIN-CLAVULANATE 250-125 MG TABLET                | 1    |       | ARANELLE 28 TABLET                 | 1    |              |
| AMOXICILLIN-CLAVULANATE 500-125 MG TABLET                | 1    |       | ARANESP 10 MCG/0.4 ML SYRINGE      | 5    | PA, SRX      |
| AMOXICILLIN-CLAVULANATE 875-125 MG TABLET                | 1    |       | ARANESP 25 MCG/0.42 ML SYRINGE     | 5    | PA, SRX      |
| AMOXICILLIN-CLAVULANATE ER 1,000-62.5 MG TABLET          | 3    |       | ARANESP 40 MCG/0.4 ML SYRINGE      | 5    | PA, SRX      |
| AMPHETAMINE 5 MG TABLET                                  | 3    | QL    | ARANESP 60 MCG/0.3 ML SYRINGE      | 5    | PA, SRX      |
| AMPHETAMINE 10 MG TABLET                                 | 3    | QL    | ARANESP 100 MCG/0.5 ML SYRINGE     | 5    | PA, SRX      |
| AMPICILLIN 500 MG CAPSULE                                | 2    |       | ARANESP 150 MCG/0.3 ML SYRINGE     | 5    | PA, SRX      |
| ANAGRELIDE 0.5 MG CAPSULE                                | 4    |       | ARANESP 200 MCG/0.4 ML SYRINGE     | 5    | PA, SRX      |
| ANAGRELIDE 1 MG CAPSULE                                  | 4    |       | ARANESP 300 MCG/0.6 ML SYRINGE     | 5    | PA, SRX      |
| ANALPRAM HC 2.5%-1% LOTION                               | 4    |       | ARANESP 500 MCG/1 ML SYRINGE       | 5    | PA, SRX      |
| ANASTROZOLE 1 MG TABLET                                  | 2    |       | ARANESP 25 MCG/ML VIAL             | 5    | PA, SRX      |
|                                                          |      |       | ARANESP 40 MCG/ML VIAL             | 5    | PA, SRX      |
|                                                          |      |       | ARANESP 60 MCG/ML VIAL             | 5    | PA, SRX      |
|                                                          |      |       | ARANESP 100 MCG/ML VIAL            | 5    | PA, SRX      |
|                                                          |      |       | ARANESP 200 MCG/ML VIAL            | 5    | PA, SRX      |
|                                                          |      |       | ARCALYST 220 MG VIAL               | 5    | PA, LDD, SRX |

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| Medication Name                                | Tier | Notes  |
|------------------------------------------------|------|--------|
| AREXVY VIAL KIT                                | 3    |        |
| ARFORMOTEROL 15 MCG/2 ML INHALATION SOLUTION   | 4    | QL     |
| ARIPIRAZOLE 10 MG ODT TABLET                   | 4    |        |
| ARIPIRAZOLE 15 MG ODT TABLET                   | 4    |        |
| ARIPIRAZOLE 1 MG/ML ORAL SOLUTION              | 3    |        |
| ARIPIRAZOLE 2 MG TABLET                        | 2    |        |
| ARIPIRAZOLE 5 MG TABLET                        | 2    |        |
| ARIPIRAZOLE 10 MG TABLET                       | 2    |        |
| ARIPIRAZOLE 15 MG TABLET                       | 2    |        |
| ARIPIRAZOLE 20 MG TABLET                       | 2    |        |
| ARIPIRAZOLE 30 MG TABLET                       | 2    |        |
| ARMODAFINIL 50 MG TABLET                       | 2    | PA     |
| ARMODAFINIL 150 MG TABLET                      | 2    | PA     |
| ARMODAFINIL 200 MG TABLET                      | 2    | PA     |
| ARMODAFINIL 250 MG TABLET                      | 2    | PA     |
| ARMOUR THYROID 15 MG TABLET                    | 3    |        |
| ARMOUR THYROID 30 MG TABLET                    | 3    |        |
| ARMOUR THYROID 60 MG TABLET                    | 3    |        |
| ARMOUR THYROID 90 MG TABLET                    | 3    |        |
| ARMOUR THYROID 120 MG TABLET                   | 3    |        |
| ARMOUR THYROID 180 MG TABLET                   | 3    |        |
| ARMOUR THYROID 240 MG TABLET                   | 3    |        |
| ARMOUR THYROID 300 MG TABLET                   | 3    |        |
| ARNUITY ELLIPTA 50 MCG INHALER                 | 3    |        |
| ARNUITY ELLIPTA 100 MCG INHALER                | 3    |        |
| ARNUITY ELLIPTA 200 MCG INHALER                | 3    |        |
| ASCOMP WITH CODEINE CAPSULE                    | 3    | PA     |
| ASENAPINE 2.5 MG SUBLINGUAL TABLET             | 4    | QL     |
| ASENAPINE 5 MG SUBLINGUAL TABLET               | 4    | QL     |
| ASENAPINE 10 MG SUBLINGUAL TABLET              | 4    | QL     |
| ASHLYNA 0.15-0.03-0.01 MG TABLET               | 1    |        |
| ASMANEX 110 MCG #30 TWISTHALER                 | 4    | QL, ST |
| ASMANEX 220 MCG #14 TWISTHALER                 | 4    | ST     |
| ASMANEX 220 MCG #30 TWISTHALER                 | 4    | QL, ST |
| ASMANEX 220 MCG #60 TWISTHALER                 | 4    | QL, ST |
| ASMANEX 220 MCG #120 TWISTHALER                | 4    | QL, ST |
| ASMANEX HFA 50 MCG INHALER                     | 4    | QL, ST |
| ASMANEX HFA 100 MCG INHALER                    | 4    | QL, ST |
| ASMANEX HFA 200 MCG INHALER                    | 4    | QL, ST |
| ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE | 3    | PA     |

| Medication Name                           | Tier | Notes |
|-------------------------------------------|------|-------|
| ASPIRIN-DIPYRIDAMOLE ER 25-200 MG CAPSULE | 2    |       |
| ASSURE 4 CONTROL SOLUTION                 | 3    |       |
| ASSURE DOSE CONTROL SOLUTION              | 3    |       |
| ASSURE ID DUO PRO NEEDLE 31G 5MM          | 3    |       |
| ASSURE ID PEN NEEDLE 30G 5/16"            | 3    |       |
| ASSURE ID PEN NEEDLE 31G 3/16"            | 3    |       |
| ASSURE ID PRO PEN NEEDLE 30G 5MM          | 3    |       |
| ASSURE ID SYRINGE 0.5 ML 31G 15/64"       | 3    |       |
| ASSURE ID SYRINGE 1 ML 31G 15/64"         | 3    |       |
| ASSURE PRISM CONTROL SOLUTION             | 3    |       |
| ASTAGRAF XL 0.5 MG CAPSULE                | 5    | SRX   |
| ASTAGRAF XL 1 MG CAPSULE                  | 5    | SRX   |
| ASTAGRAF XL 5 MG CAPSULE                  | 5    | SRX   |
| ASTHMA CHECK PEAK FLOW METER              | 3    |       |
| ASTHMAPACK CHILDREN'S CARE KIT            | 3    |       |
| ATAZANAVIR 150 MG CAPSULE                 | 2    | SRX   |
| ATAZANAVIR 200 MG CAPSULE                 | 2    | SRX   |
| ATAZANAVIR 300 MG CAPSULE                 | 2    | SRX   |
| ATENOLOL 25 MG TABLET                     | 1    |       |
| ATENOLOL 50 MG TABLET                     | 1    |       |
| ATENOLOL 100 MG TABLET                    | 1    |       |
| ATENOLOL-CHLORTHALIDONE 50-25 MG TABLET   | 2    |       |
| ATENOLOL-CHLORTHALIDONE 100-25 MG TABLET  | 2    |       |
| ATOMOXETINE 10 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 18 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 25 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 40 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 60 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 80 MG CAPSULE                 | 2    | QL    |
| ATOMOXETINE 100 MG CAPSULE                | 2    | QL    |
| ATORVASTATIN 10 MG TABLET                 | 2    |       |
| ATORVASTATIN 20 MG TABLET                 | 2    |       |
| ATORVASTATIN 40 MG TABLET                 | 2    |       |
| ATORVASTATIN 80 MG TABLET                 | 2    |       |
| ATOVAQUONE 750 MG/5 ML ORAL SUSPENSION    | 4    |       |
| ATOVAQUONE-PROGUANIL 62.5 MG-25 MG TABLET | 2    |       |
| ATOVAQUONE-PROGUANIL 250 MG-100 MG TABLET | 2    |       |
| ATROPINE 1% EYE DROPS                     | 2    |       |
| ATROPINE 1% EYE OINTMENT                  | 2    |       |
| AUBRA EQ-28 TABLET                        | 1    |       |
| AUBRA-28 TABLET                           | 1    |       |

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| Medication Name                              | Tier | Notes   | Medication Name                                | Tier | Notes |
|----------------------------------------------|------|---------|------------------------------------------------|------|-------|
| AUROVELA 1 MG-20 MCG TABLET                  | 1    |         | AZURETTE 28 DAY TABLET                         | 1    |       |
| AUROVELA 21 1.5 MG-30 MCG TABLET             | 1    |         | BACITRACIN 500 UNIT/GM EYE OINTMENT            | 3    |       |
| AUROVELA 24 FE 1 MG-20 MCG TABLET            | 1    |         | BACITRACIN-POLYMYXIN EYE OINTMENT              | 2    |       |
| AUROVELA FE 1 MG-20 MCG TABLET               | 1    |         | BACLOFEN 5 MG TABLET                           | 2    |       |
| AUROVELA FE 1.5 MG-30 MCG TABLET             | 1    |         | BACLOFEN 10 MG TABLET                          | 2    |       |
| AUTOJECT 2 INJECTION DEVICE                  | 3    |         | BACLOFEN 20 MG TABLET                          | 2    |       |
| AUTOPEN 1 TO 21 UNITS                        | 3    |         | BAL-CARE DHA COMBO PACK                        | 1    |       |
| AUTOPEN 2 TO 42 UNITS                        | 3    |         | BALSALAZIDE 750 MG CAPSULE                     | 2    |       |
| AUTOSHIELD DUO PEN NEEDLE 30G 5MM            | 3    |         | BALZIVA 28 TABLET                              | 1    |       |
| AUTOSOFT 30 INFUSION PACK 23" 13MM           | 3    |         | BAQSIMI 3 MG NASAL SPRAY                       | 3    | QL    |
| AUTOSOFT 30 INFUSION SET 23" 13MM            | 3    |         | BARACLUDE 0.05 MG/ML ORAL SOLUTION             | 5    | SRX   |
| AUTOSOFT 30 INFUSION SET 43" 13MM            | 3    |         | BASAGLAR 100 UNIT/ML KWIKPEN                   | 3    | QL    |
| AUTOSOFT 90 INFUSION SET 23" 6MM             | 3    |         | BASAGLAR 100 UNIT/ML TEMPO PEN                 | 3    | QL    |
| AUTOSOFT 90 INFUSION SET 23" 9MM             | 3    |         | BD AUTOSHIELD DUO PEN NEEDLE 30G 5MM           | 3    |       |
| AUTOSOFT 90 INFUSION SET 43" 6MM             | 3    |         | BD BLUNT NEEDLE 18G 1.5"                       | 3    |       |
| AUTOSOFT 90 INFUSION SET 43" 9MM             | 3    |         | BD ECLIPSE LUER-LOK SYRINGE 3 ML               | 3    |       |
| AUTOSOFT XC INFUSION PACK 5" 6MM             | 3    |         | BD ECLIPSE NEEDLE 18G 1.5"                     | 3    |       |
| AUTOSOFT XC INFUSION PACK 23" 6MM            | 3    |         | BD ECLIPSE NEEDLE 18G 40MM                     | 3    |       |
| AUTOSOFT XC INFUSION SET 23" 6MM             | 3    |         | BD ECLIPSE NEEDLE 21G 1"                       | 3    |       |
| AUTOSOFT XC INFUSION SET 23" 9MM             | 3    |         | BD ECLIPSE NEEDLE 21G 1.5"                     | 3    |       |
| AUTOSOFT XC INFUSION SET 32" 6MM             | 3    |         | BD ECLIPSE NEEDLE 22G 1"                       | 3    |       |
| AUTOSOFT XC INFUSION SET 43" 6MM             | 3    |         | BD ECLIPSE NEEDLE 23G 1"                       | 3    |       |
| AUTOSOFT XC INFUSION SET 43" 9MM             | 3    |         | BD ECLIPSE NEEDLE 23G 25MM                     | 3    |       |
| AVIANE-28 TABLET                             | 1    |         | BD ECLIPSE NEEDLE 25G 1"                       | 3    |       |
| AVONEX 30 MCG/0.5 ML PEN                     | 5    | PA, SRX | BD ECLIPSE NEEDLE 25G 1.5"                     | 3    |       |
| AVONEX 30 MCG/0.5 ML SYRINGE                 | 5    | PA, SRX | BD ECLIPSE NEEDLE 25G 16MM                     | 3    |       |
| AYUNA-28 TABLET                              | 1    |         | BD ECLIPSE NEEDLE 25G 25MM                     | 3    |       |
| AZASITE 1% EYE DROPS                         | 4    |         | BD ECLIPSE NEEDLE 25G 40MM                     | 3    |       |
| AZATHIOPRINE 50 MG TABLET                    | 2    | SRX     | BD ECLIPSE NEEDLE 30G 13MM                     | 3    |       |
| AZELAIC ACID 15% GEL                         | 3    |         | BD ECLIPSE SYRINGE 30G 1/2"                    | 3    |       |
| AZELASTINE 0.05% DROPS                       | 2    |         | BD FILTER NEEDLE                               | 3    |       |
| AZELASTINE 0.1% (137 MCG) NASAL SPRAY        | 2    |         | BD INSULIN SYRINGE 0.3 ML 29G 12.7MM           | 3    |       |
| AZELASTINE 0.15% NASAL SPRAY                 | 2    |         | BD INSULIN SYRINGE 0.3 ML 31G 8MM (1/2)        | 3    |       |
| AZELASTINE-FLUTICASONE 137-50MCG NASAL SPRAY | 3    |         | BD INSULIN SYRINGE 0.5 ML 28G 1/2"             | 3    |       |
| AZITHROMYCIN 100 MG/5 ML ORAL SUSPENSION     | 2    |         | BD INSULIN SYRINGE 0.5 ML 29G 12.7MM           | 3    |       |
| AZITHROMYCIN 200 MG/5 ML ORAL SUSPENSION     | 2    |         | BD INSULIN SYRINGE 1 ML 27G 12.7MM             | 3    |       |
| AZITHROMYCIN 1 GM POWDER PACKET              | 2    |         | BD INSULIN SYRINGE 1 ML 27G 5/8"               | 3    |       |
| AZITHROMYCIN 250 MG TABLET                   | 1    |         | BD INSULIN SYRINGE 1 ML 28G 1/2"               | 3    |       |
| AZITHROMYCIN 500 MG TABLET                   | 1    |         | BD INSULIN SYRINGE 1 ML 29G 12.7MM             | 3    |       |
| AZITHROMYCIN 600 MG TABLET                   | 2    |         | BD INSULIN SYRINGE U-500 1/2 ML 31G 6MM        | 3    |       |
|                                              |      |         | BD INSULIN SYRINGE ULTRAFINE 0.3 ML 30G 12.7MM | 3    |       |

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| Medication Name                                | Tier | Notes |
|------------------------------------------------|------|-------|
| BD INSULIN SYRINGE ULTRAFINE 0.3 ML 31G 8MM    | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.5 ML 30G 12.7MM | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 0.5 ML 31G 8MM    | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM   | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 1 ML 30G 12.7MM   | 3    |       |
| BD INSULIN SYRINGE ULTRAFINE 1 ML 31G 8MM      | 3    |       |
| BD INTEGRA NEEDLE 25G 5/8"                     | 3    |       |
| BD INTEGRA RETRA NEEDLE 23G 1"                 | 3    |       |
| BD INTEGRA SYRINGE 3 ML 21G 1.5"               | 3    |       |
| BD LUER-LOK SYRINGE 3 ML 25G 5/8"              | 3    |       |
| BD NANO 2 GEN PEN NEEDLE 32G 4MM               | 3    |       |
| BD NEEDLE 16G 1"                               | 3    |       |
| BD NEEDLE 16G 1.5"                             | 3    |       |
| BD NEEDLE 18G 1"                               | 3    |       |
| BD NEEDLE 18G 1.5"                             | 3    |       |
| BD NEEDLE 19G 1"                               | 3    |       |
| BD NEEDLE 19G 1.5"                             | 3    |       |
| BD NEEDLE 20G 1"                               | 3    |       |
| BD NEEDLE 20G 1.5"                             | 3    |       |
| BD NEEDLE 21G 1"                               | 3    |       |
| BD NEEDLE 21G 1.5"                             | 3    |       |
| BD NEEDLE 21G 2"                               | 3    |       |
| BD NEEDLE 22G 1"                               | 3    |       |
| BD NEEDLE 22G 1.5"                             | 3    |       |
| BD NEEDLE 22G 3/4"                             | 3    |       |
| BD NEEDLE 23G 0.75"                            | 3    |       |
| BD NEEDLE 23G 1"                               | 3    |       |
| BD NEEDLE 23G 1.25"                            | 3    |       |
| BD NEEDLE 23G 1.5"                             | 3    |       |
| BD NEEDLE 25G 0.625"                           | 3    |       |
| BD NEEDLE 25G 0.875"                           | 3    |       |
| BD NEEDLE 25G 1"                               | 3    |       |
| BD NEEDLE 25G 1.5"                             | 3    |       |
| BD NEEDLE 25G 5/8"                             | 3    |       |
| BD NEEDLE 26G 0.375"                           | 3    |       |
| BD NEEDLE 26G 0.5"                             | 3    |       |
| BD NEEDLE 26G 0.625"                           | 3    |       |
| BD NEEDLE 27G 0.5"                             | 3    |       |
| BD NEEDLE 27G 1 1.25"                          | 3    |       |
| BD NEEDLE 30G 0.5"                             | 3    |       |
| BD NEEDLE 30G 1"                               | 3    |       |

| Medication Name                                | Tier | Notes |
|------------------------------------------------|------|-------|
| BD NOKOR ADMIX NEEDLE 18G 1.5"                 | 3    |       |
| BD NOKOR NEEDLE 16G 1"                         | 3    |       |
| BD NOKOR NEEDLE 18G 1"                         | 3    |       |
| BD PRECISIONGLIDE 3 ML 22G 3/4"                | 3    |       |
| BD PRECISIONGLIDE NEEDLE 25G                   | 3    |       |
| BD PRECISIONGLIDE NEEDLE 27G 1.5"              | 3    |       |
| BD PRECISIONGLIDE NEEDLE 27G 3/8"              | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29G 13MM | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 6MM  | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31G 8MM  | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29G 13MM | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30G 8MM  | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31G 6MM  | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29G 13MM   | 3    |       |
| BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31G 6MM    | 3    |       |
| BD SAFETYGLIDE NEEDLE                          | 3    |       |
| BD SAFETYGLIDE NEEDLE 18G 1.5"                 | 3    |       |
| BD SAFETYGLIDE NEEDLE 21G 1"                   | 3    |       |
| BD SAFETYGLIDE NEEDLE 21G 1.5"                 | 3    |       |
| BD SAFETYGLIDE NEEDLE 22G 1.5"                 | 3    |       |
| BD SAFETYGLIDE NEEDLE 23G 40MM                 | 3    |       |
| BD SAFETYGLIDE NEEDLE 25G 1"                   | 3    |       |
| BD SAFETYGLIDE NEEDLE 27G 5/8"                 | 3    |       |
| BD SAFETYGLIDE SYRINGE 27G 5/8"                | 3    |       |
| BD SAFETYGLIDE SYRINGE 3 ML                    | 3    |       |
| BD SYRINGE 3 ML 18G 1.5"                       | 3    |       |
| BD SYRINGE 3 ML 20G 1.5"                       | 3    |       |
| BD SYRINGE 3 ML 25G 1"                         | 3    |       |
| BD SYRINGE 3 ML 25G 1.5"                       | 3    |       |
| BD SYRINGE WITH NEEDLE 3 ML                    | 3    |       |
| BD SYRINGE-SAFETY GLIDE                        | 3    |       |
| BD ULTRAFINE MICRO PEN NEEDLE 32G 6MM          | 3    |       |
| BD ULTRAFINE MINI PEN NEEDLE 31G 5MM           | 3    |       |
| BD ULTRAFINE NANO PEN NEEDLE 32G 4MM           | 3    |       |
| BD ULTRAFINE ORIGINAL PEN NEEDLE 29G 12.7MM    | 3    |       |
| BD ULTRAFINE SHORT PEN NEEDLE 31G 8MM          | 3    |       |
| BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM          | 3    |       |
| BD VEO INSULIN SYRINGE 0.3 ML 31G 6MM (1/2)    | 3    |       |

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| Medication Name                                     | Tier | Notes   | Medication Name                     | Tier | Notes            |
|-----------------------------------------------------|------|---------|-------------------------------------|------|------------------|
| BD VEO INSULIN SYRINGE 0.5 ML 31G 6MM               | 3    |         | BETHANECHOL 50 MG TABLET            | 2    |                  |
| BD VEO INSULIN SYRINGE 1 ML 31G 6MM                 | 3    |         | BEXAROTENE 1% GEL                   | 5    | PA, SRX          |
| BELLADONNA-OPIMUM 16.2-30 SUPPOSITORY               | 2    | PA      | BEXAROTENE 75 MG CAPSULE            | 5    | PA, SRX          |
| BELLADONNA-OPIMUM 16.2-60 SUPPOSITORY               | 2    | PA      | BEXSERO PREFILLED SYRINGE           | 3    |                  |
| BENAZEPRIL 5 MG TABLET                              | 1    |         | BEYFORTUS 50 MG/0.5 ML SYRINGE      | 3    |                  |
| BENAZEPRIL 10 MG TABLET                             | 1    |         | BEYFORTUS 100 MG/ML SYRINGE         | 3    |                  |
| BENAZEPRIL 20 MG TABLET                             | 1    |         | BICALUTAMIDE 50 MG TABLET           | 2    |                  |
| BENAZEPRIL 40 MG TABLET                             | 1    |         | BIKTARVY 30-120-15 MG TABLET        | 4    | QL, SRX          |
| BENAZEPRIL-HCTZ 5-6.25 MG TABLET                    | 2    |         | BIKTARVY 50-200-25 MG TABLET        | 4    | QL, SRX          |
| BENAZEPRIL-HCTZ 10-12.5 MG TABLET                   | 2    |         | BIMATOPROST 0.03% EYE DROPS         | 2    | QL               |
| BENAZEPRIL-HCTZ 20-12.5 MG TABLET                   | 2    |         | BINOSTO 70 MG EFFERVESCENT TABLET   | 4    |                  |
| BENAZEPRIL-HCTZ 20-25 MG TABLET                     | 2    |         | BISOPROLOL 5 MG TABLET              | 2    |                  |
| BENZONATATE 100 MG CAPSULE                          | 2    |         | BISOPROLOL 10 MG TABLET             | 2    |                  |
| BENZONATATE 200 MG CAPSULE                          | 2    |         | BISOPROLOL-HCTZ 2.5-6.25 MG TABLET  | 1    |                  |
| BENZTROPINE 0.5 MG TABLET                           | 2    |         | BISOPROLOL-HCTZ 5-6.25 MG TABLET    | 1    |                  |
| BENZTROPINE 1 MG TABLET                             | 2    |         | BISOPROLOL-HCTZ 10-6.25 MG TABLET   | 1    |                  |
| BENZTROPINE 2 MG TABLET                             | 2    |         | BLISOVI 24 FE TABLET                | 1    |                  |
| BEPOTASTINE 1.5% EYE DROPS                          | 4    |         | BLISOVI FE 1-20 TABLET              | 1    |                  |
| BESER 0.05% LOTION                                  | 4    |         | BLISOVI FE 1.5-30 TABLET            | 1    |                  |
| BETADINE 5% EYE SOLUTION                            | 4    |         | BLOOD GLUCOSE CONTROL SOLUTION      | 3    |                  |
| BETAINE 1 GRAM/SCOOP POWDER                         | 5    | PA, SRX | BLUNT NEEDLE                        | 3    |                  |
| BETAMETHASONE DIPROPIONATE 0.05% CREAM              | 2    |         | BOOSTRIX TDAP                       | 3    |                  |
| BETAMETHASONE DIPROPIONATE 0.05% LOTION             | 2    |         | BOSENTAN 62.5 MG TABLET             | 5    | PA, SRX          |
| BETAMETHASONE DIPROPIONATE 0.05% OINTMENT           | 2    |         | BOSENTAN 125 MG TABLET              | 5    | PA, SRX          |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% CREAM    | 2    |         | BOSULIF 50 MG CAPSULE               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% GEL      | 2    |         | BOSULIF 100 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% LOTION   | 2    |         | BOSULIF 100 MG TABLET               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE DIPROPIONATE AUGMENTED 0.05% OINTMENT | 2    |         | BOSULIF 400 MG TABLET               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE VALERATE 0.1% CREAM                   | 2    |         | BOSULIF 500 MG TABLET               | 5    | PA, QL, LDD, SRX |
| BETAMETHASONE VALERATE 0.12% FOAM                   | 3    |         | BREATHERITE MDI SPACER              | 3    | QL               |
| BETAMETHASONE VALERATE 0.1% LOTION                  | 2    |         | BREATHERITE SPACER-ADULT MASK       | 3    | QL               |
| BETAMETHASONE VALERATE 0.1% OINTMENT                | 2    |         | BREATHERITE SPACER-INFANT MASK      | 3    | QL               |
| BETAXOLOL 0.5% EYE DROPS                            | 2    |         | BREATHERITE SPACER-LARGE CHILD MASK | 3    | QL               |
| BETAXOLOL 10 MG TABLET                              | 2    |         | BREATHERITE SPACER-NEONATE MASK     | 3    | QL               |
| BETAXOLOL 20 MG TABLET                              | 2    |         | BREATHERITE SPACER-SMALL CHILD MASK | 3    | QL               |
| BETHANECHOL 5 MG TABLET                             | 2    |         | BREATHRITE VALVED MDI CHAMBER       | 3    | QL               |
| BETHANECHOL 10 MG TABLET                            | 2    |         | BREATHRITE VALVED MDI SPACER        | 3    | QL               |
| BETHANECHOL 25 MG TABLET                            | 2    |         | BREEZE 2 CONTROL SOLUTION           | 3    |                  |
|                                                     |      |         | BREO ELLIPTA 50-25 MCG INHALER      | 3    | QL               |
|                                                     |      |         | BREO ELLIPTA 100-25 MCG INHALER     | 3    | QL               |
|                                                     |      |         | BREO ELLIPTA 200-25 MCG INHALER     | 3    | QL               |

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| Medication Name                                          | Tier | Notes            |
|----------------------------------------------------------|------|------------------|
| BREYNA 80-4.5 MCG INHALER                                | 4    | QL               |
| BREYNA 160-4.5 MCG INHALER                               | 4    | QL               |
| BRIELLYN TABLET                                          | 1    |                  |
| BRIMONIDINE 0.1% DROPS                                   | 2    |                  |
| BRIMONIDINE 0.15% DROPS                                  | 2    |                  |
| BRIMONIDINE 0.2% EYE DROPS                               | 2    |                  |
| BRIMONIDINE-TIMOLOL 0.2%-0.5% EYE DROPS                  | 4    |                  |
| BRINZOLAMIDE 1% EYE DROPS                                | 3    |                  |
| BRIVIACT 10 MG/ML ORAL SOLUTION                          | 4    | PA, QL           |
| BRIVIACT 10 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 25 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 50 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 75 MG TABLET                                    | 4    | PA, QL           |
| BRIVIACT 100 MG TABLET                                   | 4    | PA, QL           |
| BROMFENAC 0.09% EYE DROPS                                | 3    |                  |
| BROMOCRIPTINE 5 MG CAPSULE                               | 2    |                  |
| BROMOCRIPTINE 2.5 MG TABLET                              | 2    |                  |
| BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM 2-30-10 MG/5 ML SYRUP | 2    |                  |
| BROOKS INSULIN SYRINGE 0.3 ML                            | 3    |                  |
| BRUKINSA 80 MG CAPSULE                                   | 5    | PA, QL, LDD, SRX |
| BUDESONIDE 0.25 MG/2 ML INHALATION SUSPENSION            | 4    | QL               |
| BUDESONIDE 0.5 MG/2 ML INHALATION SUSPENSION             | 4    | QL               |
| BUDESONIDE 1 MG/2 ML INHALATION SUSPENSION               | 4    | QL               |
| BUDESONIDE DR 3 MG CAPSULE                               | 4    |                  |
| BUDESONIDE EC 3 MG CAPSULE                               | 4    |                  |
| BUDESONIDE ER 9 MG TABLET                                | 5    | PA, QL           |
| BUDESONIDE-FORMOTEROL 80-4.5 INHALER                     | 4    | QL               |
| BUDESONIDE-FORMOTEROL 160-4.5 INHALER                    | 4    | QL               |
| BUMETANIDE 0.5 MG TABLET                                 | 2    |                  |
| BUMETANIDE 1 MG TABLET                                   | 2    |                  |
| BUMETANIDE 2 MG TABLET                                   | 2    |                  |
| BUPRENORPHINE 5 MCG/HR PATCH                             | 3    | QL               |
| BUPRENORPHINE 7.5 MCG/HR PATCH                           | 3    | QL               |
| BUPRENORPHINE 10 MCG/HR PATCH                            | 3    | QL               |
| BUPRENORPHINE 15 MCG/HR PATCH                            | 3    | QL               |
| BUPRENORPHINE 20 MCG/HR PATCH                            | 3    | QL               |
| BUPRENORPHINE 2 MG SUBLINGUAL TABLET                     | 2    |                  |
| BUPRENORPHINE 8 MG SUBLINGUAL TABLET                     | 2    |                  |
| BUPRENORPHINE-NALOXONE 2-0.5 MG FILM                     | 2    |                  |
| BUPRENORPHINE-NALOXONE 4-1 MG FILM                       | 2    |                  |

| Medication Name                                                | Tier | Notes  |
|----------------------------------------------------------------|------|--------|
| BUPRENORPHINE-NALOXONE 8-2 MG FILM                             | 2    |        |
| BUPRENORPHINE-NALOXONE 12-3 MG FILM                            | 2    |        |
| BUPRENORPHINE-NALOXONE 2-0.5 MG TABLET                         | 2    |        |
| BUPRENORPHINE-NALOXONE 8-2 MG TABLET                           | 2    |        |
| BUPROPION 75 MG TABLET                                         | 2    | QL     |
| BUPROPION 100 MG TABLET                                        | 2    | QL     |
| BUPROPION SR 100 MG TABLET                                     | 2    | QL     |
| BUPROPION SR 150 MG TABLET                                     | 2    |        |
| BUPROPION SR 150 MG TABLET (smoking cessation)                 | 2    | QL     |
| BUPROPION SR 200 MG TABLET                                     | 2    | QL     |
| BUPROPION XL 150 MG TABLET                                     | 2    | QL     |
| BUPROPION XL 300 MG TABLET                                     | 2    | QL     |
| BUSPIRONE 5 MG TABLET                                          | 1    |        |
| BUSPIRONE 7.5 MG TABLET                                        | 2    |        |
| BUSPIRONE 10 MG TABLET                                         | 1    |        |
| BUSPIRONE 15 MG TABLET                                         | 2    |        |
| BUSPIRONE 30 MG TABLET                                         | 2    |        |
| BUTALBITAL COMPOUND-CODEINE #3 CAPSULE                         | 3    | PA     |
| BUTALBITAL-ACETAMINOPHEN 50-325 MG TABLET                      | 2    |        |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-300-40 MG CAPSULE         | 2    | QL     |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE 50-325-40 MG TABLET          | 2    | QL     |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-300-30 MG CAPSULE | 2    | PA     |
| BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE 50-325-30 MG CAPSULE | 2    | PA     |
| BUTALBITAL-ASPIRIN-CAFFEINE CAPSULE                            | 2    | QL     |
| BUTALBITAL-ASPIRIN-CAFFEINE TABLET                             | 2    | QL     |
| BUTORPHANOL 10 MG/ML NASAL SPRAY                               | 2    | PA, QL |
| BYDUREON BCISE 2 MG AUTO-INJECTOR                              | 3    | PA, QL |
| BYETTA 5 MCG DOSE PEN INJECTOR                                 | 3    | PA, QL |
| BYETTA 10 MCG DOSE PEN INJECTOR                                | 3    | PA, QL |
| CA INSULIN SYRINGE 0.3 ML 29G 1/2"                             | 3    |        |
| CA INSULIN SYRINGE 0.3 ML 30G 5/16"                            | 3    |        |
| CA INSULIN SYRINGE 0.3 ML 31G 5/16"                            | 3    |        |
| CA INSULIN SYRINGE 0.5 ML 29G 1/2"                             | 3    |        |
| CA INSULIN SYRINGE 0.5 ML 30G 5/16"                            | 3    |        |
| CA INSULIN SYRINGE 0.5 ML 31G 5/16"                            | 3    |        |
| CA INSULIN SYRINGE 1 ML 29G 1/2"                               | 3    |        |
| CA INSULIN SYRINGE 1 ML 30G 5/16"                              | 3    |        |
| CA INSULIN SYRINGE 1 ML 31G 5/16"                              | 3    |        |

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| Medication Name                           | Tier | Notes            |
|-------------------------------------------|------|------------------|
| CABERGOLINE 0.5 MG TABLET                 | 2    | QL               |
| CABOMETYX 20 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| CABOMETYX 40 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| CABOMETYX 60 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| CAFFEINE CITRATE 60 MG/3 ML ORAL SOLUTION | 2    |                  |
| CALCIPOTRIENE 0.005% CREAM                | 3    |                  |
| CALCIPOTRIENE 0.005% OINTMENT             | 3    |                  |
| CALCIPOTRIENE 0.005% TOPICAL SOLUTION     | 3    |                  |
| CALCIPOTRIENE-BETAMETHASONE OINTMENT      | 4    |                  |
| CALCITONIN-SALMON 200 UNIT NASAL SPRAY    | 2    |                  |
| CALCITRIOL 0.25 MCG CAPSULE               | 2    |                  |
| CALCITRIOL 0.5 MCG CAPSULE                | 2    |                  |
| CALCITRIOL 1 MCG/ML ORAL SOLUTION         | 2    |                  |
| CALCITRIOL 3 MCG/G OINTMENT               | 2    | QL               |
| CALCIUM ACETATE 667 MG CAPSULE            | 2    |                  |
| CALCIUM ACETATE 667 MG GELCAP             | 2    |                  |
| CALCIUM ACETATE 667 MG TABLET             | 2    |                  |
| CALQUENCE 100 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| CAMILA 0.35 MG TABLET                     | 1    |                  |
| CAMRESE 0.15-0.03-0.01 MG TABLET          | 1    |                  |
| CAMRESE LO TABLET                         | 1    |                  |
| CAMZYOS 2.5 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| CAMZYOS 5 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| CAMZYOS 10 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| CAMZYOS 15 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| CANDESARTAN 4 MG TABLET                   | 2    |                  |
| CANDESARTAN 8 MG TABLET                   | 2    |                  |
| CANDESARTAN 16 MG TABLET                  | 2    |                  |
| CANDESARTAN 32 MG TABLET                  | 2    |                  |
| CANDESARTAN-HCTZ 16-12.5 MG TABLET        | 2    |                  |
| CANDESARTAN-HCTZ 32-12.5 MG TABLET        | 2    |                  |
| CANDESARTAN-HCTZ 32-25 MG TABLET          | 2    |                  |
| CAPECITABINE 150 MG TABLET                | 5    | PA, SRX          |
| CAPECITABINE 500 MG TABLET                | 5    | PA, SRX          |
| CAPRELSA 100 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| CAPRELSA 300 MG TABLET                    | 5    | PA, QL, LDD, SRX |
| CAPTAPRIL 12.5 MG TABLET                  | 2    |                  |
| CAPTAPRIL 25 MG TABLET                    | 2    |                  |
| CAPTAPRIL 50 MG TABLET                    | 2    |                  |
| CAPTAPRIL 100 MG TABLET                   | 2    |                  |
| CAPTAPRIL-HCTZ 25-15 MG TABLET            | 2    | QL               |

| Medication Name                                          | Tier | Notes |
|----------------------------------------------------------|------|-------|
| CAPTAPRIL-HCTZ 25-25 MG TABLET                           | 2    | QL    |
| CAPTAPRIL-HCTZ 50-15 MG TABLET                           | 2    | QL    |
| CAPTAPRIL-HCTZ 50-25 MG TABLET                           | 2    | QL    |
| CAPVAXIVE 0.5 ML SYRINGE                                 | 3    |       |
| CARBAMAZEPINE 100 MG CHEWABLE TABLET                     | 2    |       |
| CARBAMAZEPINE 100 MG/5 ML ORAL SUSPENSION                | 2    |       |
| CARBAMAZEPINE 200 MG TABLET                              | 2    |       |
| CARBAMAZEPINE ER 100 MG CAPSULE                          | 2    |       |
| CARBAMAZEPINE ER 200 MG CAPSULE                          | 2    |       |
| CARBAMAZEPINE ER 300 MG CAPSULE                          | 2    |       |
| CARBAMAZEPINE ER 100 MG TABLET                           | 2    |       |
| CARBAMAZEPINE ER 200 MG TABLET                           | 2    |       |
| CARBAMAZEPINE ER 400 MG TABLET                           | 2    |       |
| CARBIDOPA 25 MG TABLET                                   | 4    |       |
| CARBIDOPA-LEVODOPA 10-100 MG ODT TABLET                  | 2    |       |
| CARBIDOPA-LEVODOPA 25-100 MG ODT TABLET                  | 2    |       |
| CARBIDOPA-LEVODOPA 25-250 MG ODT TABLET                  | 2    |       |
| CARBIDOPA-LEVODOPA 10-100 TABLET                         | 2    |       |
| CARBIDOPA-LEVODOPA 25-100 TABLET                         | 2    |       |
| CARBIDOPA-LEVODOPA 25-250 TABLET                         | 2    |       |
| CARBIDOPA-LEVODOPA ER 25-100 TABLET                      | 2    |       |
| CARBIDOPA-LEVODOPA ER 50-200 TABLET                      | 2    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 12.5 MG-50 MG TABLET       | 3    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 18.75 MG-75 MG TABLET      | 3    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 25 MG-100 MG-200 MG TABLET | 3    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 31.25 MG-125 MG TABLET     | 3    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 37.5 MG-150 MG TABLET      | 3    |       |
| CARBIDOPA-LEVODOPA-ENTACAPONE 50 MG-200 MG-200 MG TABLET | 3    |       |
| CARBINOXAMINE 4 MG/5 ML ORAL LIQUID                      | 2    |       |
| CARBINOXAMINE 4 MG TABLET                                | 2    |       |
| CAREFINE PEN NEEDLE 29G 12.7MM                           | 3    |       |
| CAREFINE PEN NEEDLE 30G 8MM                              | 3    |       |
| CAREFINE PEN NEEDLE 31G 6MM                              | 3    |       |
| CAREFINE PEN NEEDLE 31G 8MM                              | 3    |       |
| CAREFINE PEN NEEDLE 32G 4MM                              | 3    |       |
| CAREFINE PEN NEEDLE 32G 5MM                              | 3    |       |
| CAREFINE PEN NEEDLE 32G 6MM                              | 3    |       |

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| Medication Name                      | Tier | Notes | Medication Name                             | Tier | Notes            |
|--------------------------------------|------|-------|---------------------------------------------|------|------------------|
| CAREONE SYRINGE 0.3 ML 30G 1/2"      | 3    |       | CARETOUCH PEN NEEDLE 29G 12MM               | 3    |                  |
| CAREONE SYRINGE 0.5 ML 30G 1/2"      | 3    |       | CARETOUCH PEN NEEDLE 31G 1/4"               | 3    |                  |
| CAREONE SYRINGE 1 ML 30G 1/2"        | 3    |       | CARETOUCH PEN NEEDLE 31G 3/16"              | 3    |                  |
| CAREONE UNIFINE PENTIP 29G 1/2"      | 3    |       | CARETOUCH PEN NEEDLE 31G 5/16"              | 3    |                  |
| CAREONE UNIFINE PENTIP 29G 12MM      | 3    |       | CARETOUCH PEN NEEDLE 32G 3/16"              | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 1/4"      | 3    |       | CARETOUCH PEN NEEDLE 32G 5/32"              | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 3/16"     | 3    |       | CARETOUCH SYRINGE 0.3 ML 31G 5/16"          | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 5/16"     | 3    |       | CARETOUCH SYRINGE 0.5 ML 30G 5/16"          | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 5MM       | 3    |       | CARETOUCH SYRINGE 0.5 ML 31G 5/16"          | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 6MM       | 3    |       | CARETOUCH SYRINGE 1 ML 28G 5/16"            | 3    |                  |
| CAREONE UNIFINE PENTIP 31G 8MM       | 3    |       | CARETOUCH SYRINGE 1 ML 29G 5/16"            | 3    |                  |
| CAREONE UNIFINE PENTIP 32G 4MM       | 3    |       | CARETOUCH SYRINGE 1 ML 30G 5/16"            | 3    |                  |
| CAREONE UNIFINE PENTIP 32G 5/32"     | 3    |       | CARETOUCH SYRINGE 1 ML 31G 5/16"            | 3    |                  |
| CAREPOINT LL SYRINGE 3 ML 20G 1.5"   | 3    |       | CARGLUMIC ACID 200 MG TABLET FOR SUSPENSION | 5    | PA, LDD, SRX     |
| CAREPOINT LL SYRINGE 3 ML 21G 1"     | 3    |       | CARISOPRODOL 250 MG TABLET                  | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 21G 1.5"   | 3    |       | CARISOPRODOL 350 MG TABLET                  | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 22G 1"     | 3    |       | CARISOPRODOL-ASPIRIN 200-325 MG TABLET      | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 22G 38MM   | 3    |       | CARISOPRODOL-ASPIRIN-CODEINE TABLET         | 2    | PA               |
| CAREPOINT LL SYRINGE 3 ML 23G 1"     | 3    |       | CARTEOLOL 1% EYE DROPS                      | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 23G 1.5"   | 3    |       | CARTIA XT 120 MG CAPSULE                    | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 25G 1"     | 3    |       | CARTIA XT 180 MG CAPSULE                    | 2    |                  |
| CAREPOINT LL SYRINGE 3 ML 25G 5/8"   | 3    |       | CARTIA XT 240 MG CAPSULE                    | 2    |                  |
| CAREPOINT PRECISION NEEDLE 21G 1"    | 3    |       | CARTIA XT 300 MG CAPSULE                    | 2    |                  |
| CARESENS CONTROL SOLUTION            | 3    |       | CARVEDILOL 3.125 MG TABLET                  | 1    |                  |
| CARETOUCH L2-L3 CONTROL SOLUTION     | 3    |       | CARVEDILOL 6.25 MG TABLET                   | 1    |                  |
| CARETOUCH HYPODERMIC NEEDLE 18G 1.5" | 3    |       | CARVEDILOL 12.5 MG TABLET                   | 1    |                  |
| CARETOUCH HYPODERMIC NEEDLE 20G 1"   | 3    |       | CARVEDILOL 25 MG TABLET                     | 1    |                  |
| CARETOUCH HYPODERMIC NEEDLE 22G 1"   | 3    |       | CAYSTON 75 MG INHALATION SOLUTION           | 5    | PA, QL, LDD, SRX |
| CARETOUCH HYPODERMIC NEEDLE 23G 1"   | 3    |       | CAZANT 28 DAY TABLET                        | 1    |                  |
| CARETOUCH HYPODERMIC NEEDLE 23G 1.5" | 3    |       | CEFACLOL 250 MG CAPSULE                     | 2    |                  |
| CARETOUCH HYPODERMIC NEEDLE 25G 1"   | 3    |       | CEFACLOL 500 MG CAPSULE                     | 2    |                  |
| CARETOUCH HYPODERMIC NEEDLE 25G 1.5" | 3    |       | CEFACLOL 125 MG/5 ML ORAL SUSPENSION        | 2    |                  |
| CARETOUCH HYPODERMIC NEEDLE 25G 5/8" | 3    |       | CEFACLOL 250 MG/5 ML ORAL SUSPENSION        | 2    |                  |
| CARETOUCH HYPODERMIC NEEDLE 26G 1"   | 3    |       | CEFACLOL 375 MG/5 ML ORAL SUSPENSION        | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 22G 1"     | 3    |       | CEFACLOL ER 500 MG TABLET                   | 3    |                  |
| CARETOUCH LL SYRINGE 3 ML 22G 1.5"   | 3    |       | CEFADROXIL 500 MG CAPSULE                   | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 23G 1"     | 3    |       | CEFADROXIL 250 MG/5 ML ORAL SUSPENSION      | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 23G 1.5"   | 3    |       | CEFADROXIL 500 MG/5 ML ORAL SUSPENSION      | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 25G 1"     | 3    |       | CEFADROXIL 1 GM TABLET                      | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 25G 1.5"   | 3    |       | CEFDINIR 300 MG CAPSULE                     | 2    |                  |
| CARETOUCH LL SYRINGE 3 ML 25G 5/8"   | 3    |       | CEFDINIR 125 MG/5 ML ORAL SUSPENSION        | 2    |                  |

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| Medication Name                         | Tier | Notes | Medication Name                                 | Tier | Notes            |
|-----------------------------------------|------|-------|-------------------------------------------------|------|------------------|
| CEFDINIR 250 MG/5 ML ORAL SUSPENSION    | 2    |       | CHLORDIAZEPOXIDE 10 MG CAPSULE                  | 2    |                  |
| CEFIXIME 400 MG CAPSULE                 | 3    |       | CHLORDIAZEPOXIDE 25 MG CAPSULE                  | 2    |                  |
| CEFIXIME 100 MG/5 ML ORAL SUSPENSION    | 3    |       | CHLORDIAZEPOXIDE-AMITRIPTYLINE 5-12.5 MG TABLET | 2    |                  |
| CEFIXIME 200 MG/5 ML ORAL SUSPENSION    | 3    |       | CHLORDIAZEPOXIDE-AMITRIPTYLINE 10-25 MG TABLET  | 2    |                  |
| CEFPODOXIME 50 MG/5 ML ORAL SUSPENSION  | 2    |       | CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE              | 2    |                  |
| CEFPODOXIME 100 MG/5 ML ORAL SUSPENSION | 2    |       | CHLORHEXIDINE 0.12% ORAL RINSE                  | 2    |                  |
| CEFPODOXIME 100 MG TABLET               | 2    |       | CHLOROQUINE 250 MG TABLET                       | 2    |                  |
| CEFPODOXIME 200 MG TABLET               | 2    |       | CHLOROQUINE 500 MG TABLET                       | 2    |                  |
| CEFPROZIL 125 MG/5 ML ORAL SUSPENSION   | 2    |       | CHLORPROMAZINE 10 MG TABLET                     | 3    |                  |
| CEFPROZIL 250 MG/5 ML ORAL SUSPENSION   | 2    |       | CHLORPROMAZINE 25 MG TABLET                     | 3    |                  |
| CEFPROZIL 250 MG TABLET                 | 2    |       | CHLORPROMAZINE 50 MG TABLET                     | 3    |                  |
| CEFPROZIL 500 MG TABLET                 | 2    |       | CHLORPROMAZINE 100 MG TABLET                    | 3    |                  |
| CEFUROXIME AXETIL 250 MG TABLET         | 2    |       | CHLORPROMAZINE 200 MG TABLET                    | 3    |                  |
| CEFUROXIME AXETIL 500 MG TABLET         | 2    |       | CHLORTHALIDONE 25 MG TABLET                     | 1    |                  |
| CELECOXIB 50 MG CAPSULE                 | 2    | QL    | CHLORTHALIDONE 50 MG TABLET                     | 1    |                  |
| CELECOXIB 100 MG CAPSULE                | 2    | QL    | CHLORZOXAZONE 500 MG TABLET                     | 2    |                  |
| CELECOXIB 200 MG CAPSULE                | 2    | QL    | CHOLESTYRAMINE LIGHT PACKET                     | 2    |                  |
| CELECOXIB 400 MG CAPSULE                | 2    | QL    | CHOLESTYRAMINE LIGHT POWDER                     | 2    |                  |
| CEPHALEXIN 250 MG CAPSULE               | 1    |       | CHOLESTYRAMINE PACKET                           | 2    |                  |
| CEPHALEXIN 500 MG CAPSULE               | 1    |       | CHOLESTYRAMINE POWDER                           | 2    |                  |
| CEPHALEXIN 750 MG CAPSULE               | 2    |       | CHORIONIC GONADOTROPIN 10,000 UNIT VIAL         | 4    | PA, SRX          |
| CEPHALEXIN 125 MG/5 ML ORAL SUSPENSION  | 2    |       | CICLODAN 0.77% CREAM                            | 2    |                  |
| CEPHALEXIN 250 MG/5 ML ORAL SUSPENSION  | 2    |       | CICLODAN 8% TOPICAL SOLUTION                    | 2    |                  |
| CEQUR SIMPLICITY INSERTER               | 3    |       | CICLOPIROX 0.77% CREAM                          | 2    |                  |
| CETIRIZINE 1 MG/ML ORAL SOLUTION        | 2    |       | CICLOPIROX 0.77% GEL                            | 2    |                  |
| CETIRIZINE 1 MG/ML SYRUP                | 2    |       | CICLOPIROX 1% SHAMPOO                           | 2    |                  |
| CEVIMELINE 30 MG CAPSULE                | 2    |       | CICLOPIROX 8% TOPICAL SOLUTION                  | 2    |                  |
| CHARLOTTE 24 FE CHEWABLE TABLET         | 1    |       | CICLOPIROX 0.77% TOPICAL SUSPENSION             | 2    |                  |
| CHATEAL EQ-28 TABLET                    | 1    |       | CILOSTAZOL 50 MG TABLET                         | 2    |                  |
| CHEK-STIX TEST STRIP                    | 3    |       | CILOSTAZOL 100 MG TABLET                        | 2    |                  |
| CHEMET 100 MG CAPSULE                   | 4    |       | CILOXAN 0.3% OINTMENT                           | 4    |                  |
| CHEMSTRIP 10 MD TEST STRIP              | 3    |       | CIMETIDINE 300 MG/5 ML ORAL SOLUTION            | 2    |                  |
| CHEMSTRIP 10 WITH SG TEST STRIP         | 3    |       | CIMETIDINE 200 MG TABLET                        | 2    |                  |
| CHEMSTRIP 2 GP TEST STRIP               | 3    |       | CIMETIDINE 300 MG TABLET                        | 2    |                  |
| CHEMSTRIP 2 LN TEST STRIP               | 3    |       | CIMETIDINE 400 MG TABLET                        | 2    |                  |
| CHEMSTRIP 50B TEST STRIP                | 3    |       | CIMETIDINE 800 MG TABLET                        | 2    |                  |
| CHEMSTRIP 7 TEST STRIP                  | 3    |       | CIMZIA 2X200 MG VIAL KIT                        | 5    | PA, QL, LDD, SRX |
| CHEMSTRIP BG DIARY                      | 3    |       | CIMZIA 2X200 MG/ML (X3) STARTER KIT             | 5    | PA, QL, LDD, SRX |
| CHEMSTRIP MICRAL TEST STRIP             | 3    |       | CIMZIA 2X200 MG/ML SYRINGE KIT                  | 5    | PA, QL, LDD, SRX |
| CHEMSTRIP-9 TEST STRIP                  | 3    |       | CINACALCET 30 MG TABLET                         | 5    | PA, SRX          |
| CHLORDIAZEPOXIDE 5 MG CAPSULE           | 2    |       |                                                 |      |                  |

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| Medication Name                             | Tier | Notes   | Medication Name                            | Tier | Notes |
|---------------------------------------------|------|---------|--------------------------------------------|------|-------|
| CINACALCET 60 MG TABLET                     | 5    | PA, SRX | CLINDAMYCIN HCL 75 MG CAPSULE              | 2    |       |
| CINACALCET 90 MG TABLET                     | 5    | PA, SRX | CLINDAMYCIN HCL 150 MG CAPSULE             | 2    |       |
| CIPROFLOXACIN 0.2% EAR SOLUTION             | 2    |         | CLINDAMYCIN HCL 300 MG CAPSULE             | 2    |       |
| CIPROFLOXACIN 0.3% EYE DROPS                | 2    |         | CLINDAMYCIN PHOSPHATE 1% FOAM              | 3    |       |
| CIPROFLOXACIN 250 MG/5 ML ORAL SUSPENSION   | 2    |         | CLINDAMYCIN PHOSPHATE 1% GEL               | 2    |       |
| CIPROFLOXACIN 500 MG/5 ML ORAL SUSPENSION   | 2    |         | CLINDAMYCIN PHOSPHATE 1% LOTION            | 2    |       |
| CIPROFLOXACIN 250 MG TABLET                 | 1    |         | CLINDAMYCIN PHOSPHATE 1% PLEDGET           | 2    |       |
| CIPROFLOXACIN 500 MG TABLET                 | 1    |         | CLINDAMYCIN PHOSPHATE 1% TOPICAL SOLUTION  | 2    |       |
| CIPROFLOXACIN 750 MG TABLET                 | 1    |         | CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5% GEL    | 2    |       |
| CIPROFLOXACIN-DEXAMETHASONE EAR SUSPENSION  | 3    |         | CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL      | 2    |       |
| CIPROFLOXACIN-FLUOCINOLONE 0.3-0.025% VIAL  | 3    | PA      | CLINDAMYCIN-BENZOYL PEROXIDE 1-5% GEL PUMP | 2    |       |
| CITALOPRAM 10 MG/5 ML ORAL SOLUTION         | 2    | QL      | CLINDAMYCIN-TRETINOIN 1.2%-0.025% GEL      | 2    |       |
| CITALOPRAM 10 MG TABLET                     | 1    | QL      | CLINDESSE 2% VAGINAL CREAM                 | 4    |       |
| CITALOPRAM 20 MG TABLET                     | 1    | QL      | CLOBAZAM 2.5 MG/ML ORAL SUSPENSION         | 4    | PA    |
| CITALOPRAM 40 MG TABLET                     | 1    | QL      | CLOBAZAM 10 MG TABLET                      | 4    | PA    |
| CLARAVIS 10 MG CAPSULE                      | 4    |         | CLOBAZAM 20 MG TABLET                      | 4    | PA    |
| CLARAVIS 20 MG CAPSULE                      | 4    |         | CLOBETASOL 0.05% CREAM                     | 2    | QL    |
| CLARAVIS 30 MG CAPSULE                      | 4    |         | CLOBETASOL 0.05% GEL                       | 2    | QL    |
| CLARAVIS 40 MG CAPSULE                      | 4    |         | CLOBETASOL 0.05% OINTMENT                  | 2    | QL    |
| CLARITHROMYCIN 125 MG/5 ML ORAL SUSPENSION  | 2    |         | CLOBETASOL 0.05% SHAMPOO                   | 2    | QL    |
| CLARITHROMYCIN 250 MG/5 ML ORAL SUSPENSION  | 2    |         | CLOBETASOL 0.05% TOPICAL LOTION            | 2    | QL    |
| CLARITHROMYCIN 250 MG TABLET                | 2    |         | CLOBETASOL 0.05% TOPICAL SOLUTION          | 2    | QL    |
| CLARITHROMYCIN 500 MG TABLET                | 2    |         | CLOBETASOL EMOLLIENT 0.05% CREAM           | 2    | QL    |
| CLARITHROMYCIN ER 500 MG TABLET             | 3    |         | CLOBETASOL EMOLLIENT 0.05% FOAM            | 3    | QL    |
| CLEMASTINE 2.68 MG TABLET                   | 2    |         | CLOBETASOL EMULSION 0.05% FOAM             | 3    | QL    |
| CLEVER CHOICE CHAMBER-LARGE MASK            | 3    | QL      | CLOBETASOL PROPIONATE 0.05% FOAM           | 2    | QL    |
| CLEVER CHOICE CHAMBER-MEDIUM MASK           | 3    | QL      | CLOBETASOL PROPIONATE 0.05% SPRAY          | 2    | QL    |
| CLEVER CHOICE CHAMBER-SMALL MASK            | 3    | QL      | CLOCORTOLONE PIVALATE 0.1% CREAM           | 4    |       |
| CLEVER CHOICE LEVEL 1 CONTROL SOLUTION      | 3    |         | CLODAN 0.05% SHAMPOO                       | 2    | QL    |
| CLEVER CHOICE LEVEL 2 CONTROL SOLUTION      | 3    |         | CLOMIPRAMINE 25 MG CAPSULE                 | 4    |       |
| CLEVER CHOICE LEVEL 3 CONTROL SOLUTION      | 3    |         | CLOMIPRAMINE 50 MG CAPSULE                 | 4    |       |
| CLEVER CHOICE PEAK FLOW METER               | 3    |         | CLOMIPRAMINE 75 MG CAPSULE                 | 4    |       |
| CLICKFINE NEEDLE 31G 1/4"                   | 3    |         | CLONAZEPAM 0.125 MG ODT TABLET             | 2    |       |
| CLICKFINE NEEDLE 31G 5/16"                  | 3    |         | CLONAZEPAM 0.25 MG ODT TABLET              | 2    |       |
| CLICKFINE PEN NEEDLE 32G 5/32"              | 3    |         | CLONAZEPAM 0.5 MG ODT TABLET               | 2    |       |
| CLICKFINE UNIVERSAL 31G 1/4"                | 3    |         | CLONAZEPAM 1 MG ODT TABLET                 | 2    |       |
| CLINDACIN 1% FOAM                           | 3    |         | CLONAZEPAM 2 MG ODT TABLET                 | 2    |       |
| CLINDACIN ETZ 1% PLEDGET                    | 2    |         | CLONAZEPAM 0.5 MG TABLET                   | 2    |       |
| CLINDACIN P 1% PLEDGET                      | 2    |         | CLONAZEPAM 1 MG TABLET                     | 2    |       |
| CLINDAMYCIN (PEDI) 75 MG/5 ML ORAL SOLUTION | 2    |         | CLONAZEPAM 2 MG TABLET                     | 2    |       |
| CLINDAMYCIN 2% VAGINAL CREAM                | 2    |         | CLONIDINE 0.1 MG/DAY PATCH                 | 2    |       |

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| Medication Name                   | Tier | Notes            |
|-----------------------------------|------|------------------|
| CLONIDINE 0.2 MG/DAY PATCH        | 2    |                  |
| CLONIDINE 0.3 MG/DAY PATCH        | 2    |                  |
| CLONIDINE 0.1 MG TABLET           | 1    |                  |
| CLONIDINE 0.2 MG TABLET           | 1    |                  |
| CLONIDINE 0.3 MG TABLET           | 1    |                  |
| CLONIDINE ER 0.1 MG TABLET        | 2    |                  |
| CLOPIDOGREL 75 MG TABLET          | 1    |                  |
| CLOPIDOGREL 300 MG TABLET         | 2    |                  |
| CLORAZEPATE 3.75 MG TABLET        | 2    |                  |
| CLORAZEPATE 7.5 MG TABLET         | 2    |                  |
| CLORAZEPATE 15 MG TABLET          | 2    |                  |
| CLOTIRMAZOLE 10 MG LOZENGE        | 2    |                  |
| CLOTIRMAZOLE 1% TOPICAL CREAM     | 2    |                  |
| CLOTIRMAZOLE 1% TOPICAL SOLUTION  | 2    |                  |
| CLOTIRMAZOLE 10 MG TROCHE         | 2    |                  |
| CLOTIRMAZOLE-BETAMETHASONE CREAM  | 2    |                  |
| CLOTIRMAZOLE-BETAMETHASONE LOTION | 2    |                  |
| CLOZAPINE 25 MG TABLET            | 2    |                  |
| CLOZAPINE 50 MG TABLET            | 2    |                  |
| CLOZAPINE 100 MG TABLET           | 2    |                  |
| CLOZAPINE 200 MG TABLET           | 2    |                  |
| CLOZAPINE 12.5 MG ODT TABLET      | 4    |                  |
| CLOZAPINE 25 MG ODT TABLET        | 4    |                  |
| CLOZAPINE 150 MG ODT TABLET       | 4    |                  |
| CLOZAPINE 100 MG ODT TABLET       | 4    |                  |
| CLOZAPINE 200 MG ODT TABLET       | 4    |                  |
| C-NATE DHA SOFTGEL                | 1    |                  |
| COARTEM TABLET                    | 4    | QL               |
| CODEINE SULFATE 15 MG TABLET      | 2    | PA               |
| CODEINE SULFATE 30 MG TABLET      | 2    | PA               |
| CODEINE SULFATE 60 MG TABLET      | 2    | PA               |
| COLCHICINE 0.6 MG TABLET          | 2    |                  |
| COLESEVELAM 3.75 G PACKET         | 3    |                  |
| COLESEVELAM 625 MG TABLET         | 3    |                  |
| COLESTIPOL GRANULES               | 2    |                  |
| COLESTIPOL GRANULES PACKET        | 2    |                  |
| COLESTIPOL 1 GM TABLET            | 2    |                  |
| COMBISTIX REAGENT TEST STRIP      | 3    |                  |
| COMETRIQ 60 MG DAILY-DOSE PACK    | 5    | PA, QL, LDD, SRX |
| COMETRIQ 100 MG DAILY-DOSE PACK   | 5    | PA, QL, LDD, SRX |
| COMETRIQ 140 MG DAILY-DOSE PACK   | 5    | PA, QL, LDD, SRX |

| Medication Name                              | Tier | Notes |
|----------------------------------------------|------|-------|
| COMFORT EZ INSULIN SYRINGE 0.3 ML            | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 1/2"   | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 30G 5/16"  | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.3 ML 31G 15/64" | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.5 ML            | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 15/64" | 3    |       |
| COMFORT EZ INSULIN SYRINGE 0.5 ML 31G 5/16"  | 3    |       |
| COMFORT EZ INSULIN SYRINGE 1 ML 31G 15/64"   | 3    |       |
| COMFORT EZ INSULIN SYRINGE 1 ML 31G 5/16"    | 3    |       |
| COMFORT EZ PEN NEEDLE 29G 12MM               | 3    |       |
| COMFORT EZ PEN NEEDLE 31G 5MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 31G 6MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 31G 8MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 32G 4MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 32G 5MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 32G 6MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 32G 8MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 33G 4MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 33G 5MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 33G 6MM                | 3    |       |
| COMFORT EZ PEN NEEDLE 33G 8MM                | 3    |       |
| COMFORT EZ PRO PEN NEEDLE 30G 8MM            | 3    |       |
| COMFORT EZ PRO PEN NEEDLE 31G 4MM            | 3    |       |
| COMFORT EZ PRO PEN NEEDLE 31G 5MM            | 3    |       |
| COMFORT EZ SYRINGE 0.3 ML 29G 1/2"           | 3    |       |
| COMFORT EZ SYRINGE 0.5 ML 28G 1/2"           | 3    |       |
| COMFORT EZ SYRINGE 0.5 ML 29G 1/2"           | 3    |       |
| COMFORT EZ SYRINGE 0.5 ML 30G 1/2"           | 3    |       |
| COMFORT EZ SYRINGE 1 ML 28G 1/2"             | 3    |       |
| COMFORT EZ SYRINGE 1 ML 29G 1/2"             | 3    |       |
| COMFORT EZ SYRINGE 1 ML 30G 5/16"            | 3    |       |
| COMFORT EZ SYRINGE 1 ML 30G 1/2"             | 3    |       |
| COMFORT POINT PEN NEEDLE 29G 1/2"            | 3    |       |
| COMFORT POINT PEN NEEDLE 31G 1/3"            | 3    |       |
| COMFORT POINT PEN NEEDLE 31G 1/4"            | 3    |       |
| COMFORT POINT PEN NEEDLE 31G 1/6"            | 3    |       |
| COMFORT TOUCH PEN NEEDLE 31G 4MM             | 3    |       |
| COMFORT TOUCH PEN NEEDLE 31G 5MM             | 3    |       |
| COMFORT TOUCH PEN NEEDLE 31G 6MM             | 3    |       |
| COMFORT TOUCH PEN NEEDLE 31G 8MM             | 3    |       |
| COMFORT TOUCH PEN NEEDLE 32G 4MM             | 3    |       |

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| Medication Name                         | Tier | Notes            |
|-----------------------------------------|------|------------------|
| COMFORT TOUCH PEN NEEDLE 32G 5MM        | 3    |                  |
| COMFORT TOUCH PEN NEEDLE 32G 6MM        | 3    |                  |
| COMFORT TOUCH PEN NEEDLE 32G 8MM        | 3    |                  |
| COMFORT TOUCH PEN NEEDLE 33G 4MM        | 3    |                  |
| COMFORT TOUCH PEN NEEDLE 33G 5MM        | 3    |                  |
| COMFORT TOUCH PEN NEEDLE 33G 6MM        | 3    |                  |
| COMFORTSEAL LARGE MASK                  | 3    | QL               |
| COMFORTSEAL MEDIUM MASK                 | 3    | QL               |
| COMFORTSEAL SMALL MASK                  | 3    | QL               |
| COMIRNATY (12Y UP) SYRINGE              | 3    |                  |
| COMIRNATY (12Y UP) VIAL                 | 3    |                  |
| COMIRNATY 30 MCG/0.3 ML VACCINE - GRAY  | 3    |                  |
| COMPACT SPACE CHAMBER                   | 3    | QL               |
| COMPACT SPACE CHAMBER-LARGE MASK        | 3    | QL               |
| COMPACT SPACE CHAMBER-MEDIUM MASK       | 3    | QL               |
| COMPACT SPACE CHAMBER-SMALL MASK        | 3    | QL               |
| COMPLETENATE CHEWABLE TABLET            | 1    |                  |
| COMPRO 25 MG SUPPOSITORY                | 3    |                  |
| CONSTULOSE 10 GM/15 ML ORAL SOLUTION    | 2    |                  |
| CONTOUR CONTROL SOLUTION                | 3    |                  |
| CONTOUR NEXT LEVEL 1 CONTROL SOLUTION   | 3    |                  |
| CONTOUR NEXT LEVEL 2 CONTROL SOLUTION   | 3    |                  |
| COOL A CONTROL SOLUTION                 | 3    |                  |
| COOL B CONTROL SOLUTION                 | 3    |                  |
| CORTISONE 25 MG TABLET                  | 2    |                  |
| CORTISPORIN-TC EAR SUSPENSION           | 4    |                  |
| COSENTYX 75 MG/0.5 ML SYRINGE           | 5    | PA, QL, SRX      |
| COSENTYX 150 MG/ML SYRINGE              | 5    | PA, QL, SRX      |
| COSENTYX 300 MG DOSE-2 SYRINGE          | 5    | PA, QL, SRX      |
| COSENTYX SENSOREADY 150 MG PEN          | 5    | PA, QL, SRX      |
| COSENTYX SENSOREADY 300 MG DOSE-2PEN    | 5    | PA, QL, SRX      |
| COSENTYX UNOREADY 300 MG PEN            | 5    | PA, QL, SRX      |
| COTELLIC 20 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| COVARYX H.S. TABLET                     | 2    |                  |
| COVARYX TABLET                          | 2    |                  |
| CRESEMBA 74.5 MG CAPSULE                | 4    | PA               |
| CRESEMBA 186 MG CAPSULE                 | 4    | PA               |
| CROMOLYN 4% EYE DROPS                   | 2    |                  |
| CROMOLYN 20 MG/2 ML INHALATION SOLUTION | 4    | QL               |
| CROMOLYN 100 MG/5 ML ORAL CONCENTRATE   | 4    |                  |
| CROTAN 10% LOTION                       | 4    | PA               |

| Medication Name                               | Tier | Notes            |
|-----------------------------------------------|------|------------------|
| CRYSSELLE-28 TABLET                           | 1    |                  |
| CVS ALKALINE BATTERIES                        | 3    |                  |
| CVS KETONE CARE TEST STRIP                    | 3    |                  |
| CYANOCOBALAMIN 1,000 MCG/ML VIAL              | 2    |                  |
| CYANOCOBALAMIN 10,000 MCG/10 ML VIAL          | 2    |                  |
| CYANOCOBALAMIN 30,000 MCG/30 ML VIAL          | 2    |                  |
| CYCLOBENZAPRINE 5 MG TABLET                   | 1    |                  |
| CYCLOBENZAPRINE 10 MG TABLET                  | 1    |                  |
| CYCLOMYDRIL EYE DROPS                         | 4    |                  |
| CYCLOPENTOLATE 0.5% EYE DROPS                 | 2    |                  |
| CYCLOPENTOLATE 1% EYE DROPS                   | 2    |                  |
| CYCLOPENTOLATE 2% EYE DROPS                   | 2    |                  |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE                | 3    | SRX              |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE                | 3    | SRX              |
| CYCLOSERINE 250 MG CAPSULE                    | 2    |                  |
| CYCLOSET 0.8 MG TABLET                        | 4    |                  |
| CYCLOSPORINE 25 MG CAPSULE                    | 2    | SRX              |
| CYCLOSPORINE 100 MG CAPSULE                   | 2    | SRX              |
| CYCLOSPORINE 0.05% EYE EMULSION               | 4    |                  |
| CYCLOSPORINE MODIFIED 25 MG CAPSULE           | 2    | SRX              |
| CYCLOSPORINE MODIFIED 50 MG CAPSULE           | 2    | SRX              |
| CYCLOSPORINE MODIFIED 100 MG CAPSULE          | 2    | SRX              |
| CYCLOSPORINE MODIFIED 100 MG/ML ORAL SOLUTION | 2    | SRX              |
| CYLTEZO (CF) 40 MG CROHN'S-UC-HS PEN          | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 40 MG/0.4 ML PEN                 | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 40 MG/0.8 ML PEN                 | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 40 MG PSORIASIS-UVEITIS PEN      | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 10 MG/0.2 ML SYRINGE             | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 20 MG/0.4 ML SYRINGE             | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 40 MG/0.4 ML SYRINGE             | 5    | PA, QL, SRX      |
| CYLTEZO (CF) 40 MG/0.8 ML SYRINGE             | 5    | PA, QL, SRX      |
| CYPROHEPTADINE 2 MG/5 ML SYRUP                | 2    |                  |
| CYPROHEPTADINE 4 MG TABLET                    | 2    |                  |
| CYRED 28 DAY TABLET                           | 1    |                  |
| CYRED EQ 28 DAY TABLET                        | 1    |                  |
| CYSTAGON 50 MG CAPSULE                        | 5    | PA, LDD, SRX     |
| CYSTAGON 150 MG CAPSULE                       | 5    | PA, LDD, SRX     |
| CYSTARAN 0.44% EYE DROPS                      | 4    | PA, QL, LDD, SRX |
| DABIGATRAN 75 MG CAPSULE                      | 4    | QL               |
| DABIGATRAN 110 MG CAPSULE                     | 4    | QL               |

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| Medication Name                          | Tier | Notes       |
|------------------------------------------|------|-------------|
| DABIGATRAN 150 MG CAPSULE                | 4    | QL          |
| DALFAMPRIDINE ER 10 MG TABLET            | 5    | PA, QL, SRX |
| DANAZOL 50 MG CAPSULE                    | 2    |             |
| DANAZOL 100 MG CAPSULE                   | 2    |             |
| DANAZOL 200 MG CAPSULE                   | 2    |             |
| DANTROLENE 25 MG CAPSULE                 | 2    |             |
| DANTROLENE 50 MG CAPSULE                 | 2    |             |
| DANTROLENE 100 MG CAPSULE                | 2    |             |
| DAPSONE 25 MG TABLET                     | 4    |             |
| DAPSONE 100 MG TABLET                    | 4    |             |
| DAPTACEL DTAP VACCINE                    | 3    |             |
| DARIFENACIN ER 7.5 MG TABLET             | 2    |             |
| DARIFENACIN ER 15 MG TABLET              | 2    |             |
| DARUNAVIR 600 MG TABLET                  | 2    | SRX         |
| DARUNAVIR 800 MG TABLET                  | 2    | SRX         |
| DASATINIB 20 MG TABLET                   | 5    | PA, QL, SRX |
| DASATINIB 50 MG TABLET                   | 5    | PA, QL, SRX |
| DASATINIB 70 MG TABLET                   | 5    | PA, QL, SRX |
| DASATINIB 80 MG TABLET                   | 5    | PA, QL, SRX |
| DASATINIB 100 MG TABLET                  | 5    | PA, QL, SRX |
| DASATINIB 140 MG TABLET                  | 5    | PA, QL, SRX |
| DASETTA 1-35-28 TABLET                   | 1    |             |
| DASETTA 7/7/7-28 TABLET                  | 1    |             |
| DAYSEE 0.15-0.03-0.01 MG TABLET          | 1    |             |
| DEBLITANE 0.35 MG TABLET                 | 1    |             |
| DEFERASIROX 90 MG GRANULE PACKET         | 5    | PA, SRX     |
| DEFERASIROX 180 MG GRANULE PACKET        | 5    | PA, SRX     |
| DEFERASIROX 360 MG GRANULE PACKET        | 5    | PA, SRX     |
| DEFERASIROX 90 MG TABLET                 | 5    | PA, SRX     |
| DEFERASIROX 180 MG TABLET                | 5    | PA, SRX     |
| DEFERASIROX 360 MG TABLET                | 5    | PA, SRX     |
| DEFERASIROX 125 MG TABLET FOR SUSPENSION | 5    | PA, SRX     |
| DEFERASIROX 250 MG TABLET FOR SUSPENSION | 5    | PA, SRX     |
| DEFERASIROX 500 MG TABLET FOR SUSPENSION | 5    | PA, SRX     |
| DEFERIPRONE 500 MG TABLET                | 5    | PA, SRX     |
| DEFERIPRONE 1,000 MG TABLET (3X/DAY)     | 5    | PA, SRX     |
| DELTEC COZMO CLEO INFUSION SET           | 3    |             |
| DEMECLOCYCLINE 150 MG TABLET             | 3    |             |
| DEMECLOCYCLINE 300 MG TABLET             | 3    |             |
| DENTA 5000 PLUS SENSITIVE TOOTHPASTE     | 2    |             |
| DENTA 5000 PLUS TOOTHPASTE               | 2    |             |

| Medication Name                                        | Tier | Notes |
|--------------------------------------------------------|------|-------|
| DENTAGEL 1.1% GEL                                      | 2    |       |
| DEPO-SUBQ PROVERA 104 SYRINGE                          | 4    |       |
| DERMACINRX LIDOCAN 5% PATCH                            | 2    |       |
| DESCOVY 120-15 MG TABLET                               | 3    | SRX   |
| DESCOVY 200-25 MG TABLET                               | 3    | SRX   |
| DESIPRAMINE 10 MG TABLET                               | 2    |       |
| DESIPRAMINE 25 MG TABLET                               | 2    |       |
| DESIPRAMINE 50 MG TABLET                               | 2    |       |
| DESIPRAMINE 75 MG TABLET                               | 2    |       |
| DESIPRAMINE 100 MG TABLET                              | 2    |       |
| DESIPRAMINE 150 MG TABLET                              | 2    |       |
| DES Loratadine 5 MG TABLET                             | 2    | QL    |
| DES Loratadine 2.5 MG ODT TABLET                       | 2    | QL    |
| DES Loratadine 5 MG ODT TABLET                         | 2    | QL    |
| DESMOPRESSIN 0.01% NASAL SPRAY                         | 2    |       |
| DESMOPRESSIN 10 MCG/0.1 ML NASAL SPRAY                 | 2    |       |
| DESMOPRESSIN 0.1 MG TABLET                             | 2    |       |
| DESMOPRESSIN 0.2 MG TABLET                             | 2    |       |
| DESOGESTREL-ETHINYL ESTRADIOL 0.15-0.03 MG TABLET      | 1    |       |
| DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL TABLET | 1    |       |
| DESONIDE 0.05% CREAM                                   | 2    |       |
| DESONIDE 0.05% LOTION                                  | 3    |       |
| DESONIDE 0.05% OINTMENT                                | 2    |       |
| DESOXIMETASONE 0.05% CREAM                             | 3    |       |
| DESOXIMETASONE 0.25% CREAM                             | 3    |       |
| DESOXIMETASONE 0.05% GEL                               | 3    |       |
| DESOXIMETASONE 0.05% OINTMENT                          | 3    |       |
| DESOXIMETASONE 0.25% OINTMENT                          | 3    |       |
| DESVENLAFAXINE SUCCINATE ER 25 MG TABLET               | 2    | QL    |
| DESVENLAFAXINE SUCCINATE ER 50 MG TABLET               | 2    | QL    |
| DESVENLAFAXINE SUCCINATE ER 100 MG TABLET              | 2    | QL    |
| DEXAMETHASONE 0.1% EYE DROPS                           | 2    |       |
| DEXAMETHASONE 0.5 MG/5 ML ELIXIR                       | 2    |       |
| DEXAMETHASONE 0.5 MG/5 ML LIQUID                       | 2    |       |
| DEXAMETHASONE 0.5 MG TABLET                            | 2    |       |
| DEXAMETHASONE 0.75 MG TABLET                           | 2    |       |
| DEXAMETHASONE 1 MG TABLET                              | 2    |       |
| DEXAMETHASONE 1.5 MG TABLET                            | 2    |       |
| DEXAMETHASONE 2 MG TABLET                              | 2    |       |
| DEXAMETHASONE 4 MG TABLET                              | 2    |       |

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| Medication Name                                 | Tier | Notes  |
|-------------------------------------------------|------|--------|
| DEXAMETHASONE 6 MG TABLET                       | 2    |        |
| DEXAMETHASONE INTENSOL 1 MG/ML ORAL CONCENTRATE | 2    |        |
| DEXCOM G6 RECEIVER                              | 3    | PA, QL |
| DEXCOM G6 SENSOR                                | 3    | PA, QL |
| DEXCOM G6 TRANSMITTER                           | 3    | PA, QL |
| DEXCOM G7 RECEIVER                              | 3    | PA, QL |
| DEXCOM G7 SENSOR                                | 3    | PA, QL |
| DEXLANSOPRAZOLE DR 30 MG CAPSULE                | 4    | QL     |
| DEXLANSOPRAZOLE DR 60 MG CAPSULE                | 4    | QL     |
| DEXMETHYLPHENIDATE 2.5 MG TABLET                | 2    | QL     |
| DEXMETHYLPHENIDATE 5 MG TABLET                  | 2    | QL     |
| DEXMETHYLPHENIDATE 10 MG TABLET                 | 2    | QL     |
| DEXMETHYLPHENIDATE ER 5 MG CAPSULE              | 3    | QL     |
| DEXMETHYLPHENIDATE ER 10 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 15 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 20 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 25 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 30 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 35 MG CAPSULE             | 3    | QL     |
| DEXMETHYLPHENIDATE ER 40 MG CAPSULE             | 3    | QL     |
| DEXTROAMPHETAMINE 5 MG/5 ML ORAL SOLUTION       | 2    | QL     |
| DEXTROAMPHETAMINE 5 MG TABLET                   | 2    | QL     |
| DEXTROAMPHETAMINE 10 MG TABLET                  | 2    | QL     |
| DEXTROAMPHETAMINE ER 5 MG CAPSULE               | 2    | QL     |
| DEXTROAMPHETAMINE ER 10 MG CAPSULE              | 2    | QL     |
| DEXTROAMPHETAMINE ER 15 MG CAPSULE              | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 5 MG TABLET       | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 7.5 MG TABLET     | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET      | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 12.5 MG TABLET    | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 15 MG TABLET      | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 20 MG TABLET      | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE 30 MG TABLET      | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 5 MG CAPSULE   | 2    | QL     |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 10 MG CAPSULE  | 2    | QL     |

| Medication Name                                | Tier | Notes |
|------------------------------------------------|------|-------|
| DEXTROAMPHETAMINE-AMPHETAMINE ER 15 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 20 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 25 MG CAPSULE | 2    | QL    |
| DEXTROAMPHETAMINE-AMPHETAMINE ER 30 MG CAPSULE | 2    | QL    |
| DIASTIX REAGENT TEST STRIP                     | 3    |       |
| DIATRUE LEVEL 1 CONTROL SOLUTION               | 3    |       |
| DIATRUE LEVEL 2 CONTROL SOLUTION               | 3    |       |
| DIATRUE LEVEL 3 CONTROL SOLUTION               | 3    |       |
| DIAZEPAM 5 MG/ML ORAL CONCENTRATE              | 2    |       |
| DIAZEPAM 25 MG/5 ML ORAL CONCENTRATE           | 2    |       |
| DIAZEPAM 5 MG/5 ML ORAL SOLUTION               | 2    |       |
| DIAZEPAM 2.5 MG RECTAL GEL (2PK)               | 2    |       |
| DIAZEPAM 10 MG RECTAL GEL (2PK)                | 2    |       |
| DIAZEPAM 20 MG RECTAL GEL (2PK)                | 2    |       |
| DIAZEPAM 10 MG RECTAL GEL SYRINGE              | 2    |       |
| DIAZEPAM 20 MG RECTAL GEL SYRINGE              | 2    |       |
| DIAZEPAM 2 MG TABLET                           | 2    |       |
| DIAZEPAM 5 MG TABLET                           | 2    |       |
| DIAZEPAM 10 MG TABLET                          | 2    |       |
| DIAZOXIDE 50 MG/ML ORAL SUSPENSION             | 4    |       |
| DICLOFENAC 0.1% EYE DROPS                      | 2    |       |
| DICLOFENAC 1.5% TOPICAL SOLUTION               | 2    |       |
| DICLOFENAC POTASSIUM 50 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM 1% GEL                       | 2    | QL    |
| DICLOFENAC SODIUM DR 25 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM DR 50 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM DR 75 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM EC 25 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM EC 50 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM EC 75 MG TABLET              | 2    |       |
| DICLOFENAC SODIUM ER 100 MG TABLET             | 2    |       |
| DICLOFENAC-MISOPROSTOL 50-0.2 MG TABLET        | 2    |       |
| DICLOFENAC-MISOPROSTOL 75-0.2 MG TABLET        | 2    |       |
| DICLOXACILLIN 250 MG CAPSULE                   | 2    |       |
| DICLOXACILLIN 500 MG CAPSULE                   | 2    |       |
| DICYCLOMINE 10 MG CAPSULE                      | 2    |       |
| DICYCLOMINE 10 MG/5 ML ORAL SOLUTION           | 2    |       |
| DICYCLOMINE 20 MG TABLET                       | 2    |       |

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| Medication Name                     | Tier | Notes  |
|-------------------------------------|------|--------|
| DIDANOSINE DR 250 MG CAPSULE        | 2    | SRX    |
| DIDANOSINE DR 400 MG CAPSULE        | 2    | SRX    |
| DIFICID 40 MG/ML ORAL SUSPENSION    | 4    | PA, QL |
| DIFICID 200 MG TABLET               | 4    | PA, QL |
| DIFLUNISAL 500 MG TABLET            | 2    |        |
| DIFLUPREDNATE 0.05% EYE DROPS       | 3    |        |
| DIGOX 125 MCG TABLET                | 2    |        |
| DIGOX 250 MCG TABLET                | 2    |        |
| DIGOXIN 0.05 MG/ML ORAL SOLUTION    | 2    |        |
| DIGOXIN 0.125 MG TABLET             | 2    |        |
| DIGOXIN 0.25 MG TABLET              | 2    |        |
| DIGOXIN 125 MCG TABLET              | 2    |        |
| DIGOXIN 250 MCG TABLET              | 2    |        |
| DIHYDROERGOTAMINE 1 MG/ML AMPULE    | 4    | QL     |
| DILT XR 120 MG CAPSULE              | 2    |        |
| DILT XR 180 MG CAPSULE              | 2    |        |
| DILT XR 240 MG CAPSULE              | 2    |        |
| DILTIAZEM 120 MG TABLET             | 1    |        |
| DILTIAZEM 12HR ER 60 MG CAPSULE     | 2    |        |
| DILTIAZEM 12HR ER 90 MG CAPSULE     | 2    |        |
| DILTIAZEM 12HR ER 120 MG CAPSULE    | 2    |        |
| DILTIAZEM 24H ER(CD) 120 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(CD) 180 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(CD) 240 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(CD) 300 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(CD) 360 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(LA) 120 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(LA) 180 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(LA) 240 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(LA) 300 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(LA) 360 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(LA) 420 MG TABLET  | 3    |        |
| DILTIAZEM 24H ER(XR) 120 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(XR) 180 MG CAPSULE | 2    |        |
| DILTIAZEM 24H ER(XR) 240 MG CAPSULE | 2    |        |
| DILTIAZEM 24HR ER 120 MG CAPSULE    | 2    |        |
| DILTIAZEM 24HR ER 180 MG CAPSULE    | 2    |        |
| DILTIAZEM 24HR ER 240 MG CAPSULE    | 2    |        |
| DILTIAZEM 24HR ER 300 MG CAPSULE    | 2    |        |
| DILTIAZEM 24HR ER 360 MG CAPSULE    | 2    |        |
| DILTIAZEM 24HR ER 420 MG CAPSULE    | 2    |        |

| Medication Name                                     | Tier | Notes       |
|-----------------------------------------------------|------|-------------|
| DILTIAZEM 30 MG TABLET                              | 1    |             |
| DILTIAZEM 60 MG TABLET                              | 1    |             |
| DILTIAZEM 90 MG TABLET                              | 1    |             |
| DIMETHYL FUMARATE 30 DAY STARTER PACK               | 4    | PA, QL, SRX |
| DIMETHYL FUMARATE DR 120 MG CAPSULE                 | 4    | PA, QL, SRX |
| DIMETHYL FUMARATE DR 240 MG CAPSULE                 | 4    | PA, QL, SRX |
| DIPENTUM 250 MG CAPSULE                             | 4    |             |
| DIPHEN 12.5 MG/5 ML ELIXIR                          | 4    |             |
| DIPHEN 12.5 MG/5 ML ORAL SOLUTION                   | 4    |             |
| DIPHENHYDRAMINE 12.5 MG/5 ML ORAL SOLUTION          | 2    |             |
| DIPHENHYDRAMINE 25 MG/10 ML ORAL SOLUTION           | 2    |             |
| DIPHENOXYLATE-ATROPINE 2.5-0.025/5 ML ORAL SOLUTION | 2    |             |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG TABLET          | 2    |             |
| DIPHTHERIA-TETANUS TOXOIDS-PEDIATRIC                | 3    |             |
| DIPYRIDAMOLE 25 MG TABLET                           | 2    |             |
| DIPYRIDAMOLE 50 MG TABLET                           | 2    |             |
| DIPYRIDAMOLE 75 MG TABLET                           | 2    |             |
| DISOPYRAMIDE 100 MG CAPSULE                         | 2    |             |
| DISOPYRAMIDE 150 MG CAPSULE                         | 2    |             |
| DISULFIRAM 250 MG TABLET                            | 2    |             |
| DISULFIRAM 500 MG TABLET                            | 2    |             |
| DIVALPROEX DR 125 MG CAPSULE SPRINKLE               | 2    |             |
| DIVALPROEX DR 125 MG TABLET                         | 2    |             |
| DIVALPROEX DR 250 MG TABLET                         | 2    |             |
| DIVALPROEX DR 500 MG TABLET                         | 2    |             |
| DIVALPROEX ER 250 MG TABLET                         | 2    |             |
| DIVALPROEX ER 500 MG TABLET                         | 2    |             |
| DODEX 10,000 MCG/10 ML VIAL                         | 2    |             |
| DODEX 30,000 MCG/30 ML VIAL                         | 2    |             |
| DOFETILIDE 125 MCG CAPSULE                          | 4    | QL          |
| DOFETILIDE 250 MCG CAPSULE                          | 4    | QL          |
| DOFETILIDE 500 MCG CAPSULE                          | 4    | QL          |
| DOLISHALE 90-20 MCG TABLET                          | 1    |             |
| DONEPEZIL 5 MG ODT TABLET                           | 2    |             |
| DONEPEZIL 10 MG ODT TABLET                          | 2    |             |
| DONEPEZIL 5 MG TABLET                               | 2    |             |
| DONEPEZIL 10 MG TABLET                              | 2    |             |
| DONEPEZIL 23 MG TABLET                              | 2    |             |
| DORZOLAMIDE 2% EYE DROPS                            | 2    |             |
| DORZOLAMIDE-TIMOLOL EYE DROPS                       | 2    |             |

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| Medication Name                           | Tier | Notes   |
|-------------------------------------------|------|---------|
| DOTTI 0.025 MG PATCH                      | 2    | QL      |
| DOTTI 0.0375 MG PATCH                     | 2    | QL      |
| DOTTI 0.05 MG PATCH                       | 2    | QL      |
| DOTTI 0.075 MG PATCH                      | 2    | QL      |
| DOTTI 0.1 MG PATCH                        | 2    | QL      |
| DOVATO 50-300 MG TABLET                   | 4    | QL, SRX |
| DOXAZOSIN 1 MG TABLET                     | 2    |         |
| DOXAZOSIN 2 MG TABLET                     | 2    |         |
| DOXAZOSIN 4 MG TABLET                     | 2    |         |
| DOXAZOSIN 8 MG TABLET                     | 2    |         |
| DOXEPIN 10 MG CAPSULE                     | 2    |         |
| DOXEPIN 25 MG CAPSULE                     | 2    |         |
| DOXEPIN 50 MG CAPSULE                     | 2    |         |
| DOXEPIN 75 MG CAPSULE                     | 2    |         |
| DOXEPIN 100 MG CAPSULE                    | 2    |         |
| DOXEPIN 150 MG CAPSULE                    | 2    |         |
| DOXEPIN 5% CREAM                          | 4    | QL      |
| DOXEPIN 10 MG/ML ORAL CONCENTRATE         | 2    |         |
| DOXEPIN 3 MG TABLET                       | 3    | QL      |
| DOXEPIN 6 MG TABLET                       | 3    | QL      |
| DOXERCALCIFEROL 0.5 MCG CAPSULE           | 2    |         |
| DOXERCALCIFEROL 1 MCG CAPSULE             | 2    |         |
| DOXERCALCIFEROL 2.5 MCG CAPSULE           | 2    |         |
| DOXYCYCLINE 25 MG/5 ML ORAL SUSPENSION    | 2    |         |
| DOXYCYCLINE HYCLATE 50 MG CAPSULE         | 1    |         |
| DOXYCYCLINE HYCLATE 100 MG CAPSULE        | 1    |         |
| DOXYCYCLINE HYCLATE 20 MG TABLET          | 2    |         |
| DOXYCYCLINE HYCLATE 100 MG TABLET         | 1    |         |
| DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE     | 1    |         |
| DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE     | 2    |         |
| DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE    | 1    |         |
| DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE    | 2    |         |
| DOXYCYCLINE MONOHYDRATE 50 MG TABLET      | 1    |         |
| DOXYCYCLINE MONOHYDRATE 75 MG TABLET      | 2    |         |
| DOXYCYCLINE MONOHYDRATE 100 MG TABLET     | 1    |         |
| DOXYCYCLINE MONOHYDRATE 150 MG TABLET     | 2    |         |
| DRONABINOL 2.5 MG CAPSULE                 | 4    |         |
| DRONABINOL 5 MG CAPSULE                   | 4    |         |
| DRONABINOL 10 MG CAPSULE                  | 4    |         |
| DROPLET INSULIN SYRINGE 0.3 ML 29G 12.5MM | 3    |         |
| DROPLET INSULIN SYRINGE 0.3 ML 30G 12.5MM | 3    |         |

| Medication Name                                 | Tier | Notes |
|-------------------------------------------------|------|-------|
| DROPLET INSULIN SYRINGE 0.3 ML 30G 6MM          | 3    |       |
| DROPLET INSULIN SYRINGE 0.3 ML 30G 8MM          | 3    |       |
| DROPLET INSULIN SYRINGE 0.3 ML 31G 6MM          | 3    |       |
| DROPLET INSULIN SYRINGE 0.3 ML 31G 8MM          | 3    |       |
| DROPLET INSULIN SYRINGE 0.5 ML 30G 6MM (1/2)    | 3    |       |
| DROPLET INSULIN SYRINGE 0.5 ML 30G 8MM (1/2)    | 3    |       |
| DROPLET INSULIN SYRINGE 0.5 ML 31G 6MM (1/2)    | 3    |       |
| DROPLET INSULIN SYRINGE 0.5 ML 31G 8MM (1/2)    | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 29G 12.5MM         | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 30G 12.5MM         | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 30G 6MM            | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 30G 8MM            | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 31G 6MM            | 3    |       |
| DROPLET INSULIN SYRINGE 1 ML 31G 8MM            | 3    |       |
| DROPLET MICRON PEN NEEDLE 34G 3.5MM             | 3    |       |
| DROPLET MICRON PEN NEEDLE 34G 9/64"             | 3    |       |
| DROPLET PEN NEEDLE 29G 10MM                     | 3    |       |
| DROPLET PEN NEEDLE 29G 12MM                     | 3    |       |
| DROPLET PEN NEEDLE 30G 8MM                      | 3    |       |
| DROPLET PEN NEEDLE 31G 5MM                      | 3    |       |
| DROPLET PEN NEEDLE 31G 6MM                      | 3    |       |
| DROPLET PEN NEEDLE 31G 8MM                      | 3    |       |
| DROPLET PEN NEEDLE 32G 4MM                      | 3    |       |
| DROPLET PEN NEEDLE 32G 5MM                      | 3    |       |
| DROPLET PEN NEEDLE 32G 6MM                      | 3    |       |
| DROPLET PEN NEEDLE 32G 8MM                      | 3    |       |
| DROPLET SYRINGE 0.5 ML 29G 12.5MM (1/2)         | 3    |       |
| DROPLET SYRINGE 0.5 ML 30G 12.5MM (1/2)         | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.3 ML 31G 6MM         | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.3 ML 31G 8MM         | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.5 ML 31G 6MM         | 3    |       |
| DROPSAFE INSULIN SYRINGE 0.5 ML 31G 8MM         | 3    |       |
| DROPSAFE INSULIN SYRINGE 1 ML 29G 12.5MM        | 3    |       |
| DROPSAFE INSULIN SYRINGE 1 ML 31G 6MM           | 3    |       |
| DROPSAFE INSULIN SYRINGE 1 ML 31G 8MM           | 3    |       |
| DROPSAFE PEN NEEDLE 31G 1/4"                    | 3    |       |
| DROPSAFE PEN NEEDLE 31G 3/16"                   | 3    |       |
| DROPSAFE PEN NEEDLE 31G 5/16"                   | 3    |       |
| DROPSAFE SICURA NEEDLE 25G 25MM                 | 3    |       |
| DROSPIRENONE-ETHINYL ESTRADIOL 3-0.02 MG TABLET | 1    |       |

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| Medication Name                                                 | Tier | Notes   |
|-----------------------------------------------------------------|------|---------|
| DROSPIRENONE-ETHINYL ESTRADIOL 3-0.03 MG TABLET                 | 1    |         |
| DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.02-0.451 TABLET | 1    |         |
| DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE 3-0.03-0.451 TABLET | 1    |         |
| DROXIA 200 MG CAPSULE                                           | 4    |         |
| DROXIA 300 MG CAPSULE                                           | 4    |         |
| DROXIA 400 MG CAPSULE                                           | 4    |         |
| DRUG MART ULTRA COMFORT SYRINGE                                 | 3    |         |
| DUAVEE 0.45-20 MG TABLET                                        | 4    |         |
| DULERA 50 MCG-5 MCG INHALER                                     | 3    | QL      |
| DULERA 100 MCG-5 MCG INHALER                                    | 3    | QL      |
| DULERA 200 MCG-5 MCG INHALER                                    | 3    | QL      |
| DULOXETINE DR 20 MG CAPSULE                                     | 2    | QL      |
| DULOXETINE DR 30 MG CAPSULE                                     | 2    | QL      |
| DULOXETINE DR 60 MG CAPSULE                                     | 2    | QL      |
| DUPIXENT 200 MG/1.14 ML PEN                                     | 5    | PA, SRX |
| DUPIXENT 300 MG/2 ML PEN                                        | 5    | PA, SRX |
| DUPIXENT 100 MG/0.67 ML SYRINGE                                 | 5    | PA, SRX |
| DUPIXENT 200 MG/1.14 ML SYRINGE                                 | 5    | PA, SRX |
| DUPIXENT 300 MG/2 ML SYRINGE                                    | 5    | PA, SRX |
| DUTASTERIDE 0.5 MG CAPSULE                                      | 2    |         |
| DUTASTERIDE-TAMSULOSIN 0.5-0.4 MG CAPSULE                       | 2    |         |
| EASIVENT HOLDING CHAMBER                                        | 3    | QL      |
| EASIVENT MASK-LARGE                                             | 3    | QL      |
| EASIVENT MASK-MEDIUM                                            | 3    | QL      |
| EASIVENT MASK-SMALL                                             | 3    | QL      |
| EASY COMFORT INSULIN SYRINGE 1 ML                               | 3    |         |
| EASY COMFORT PEN NEEDLE 31G 3/16"                               | 3    |         |
| EASY COMFORT PEN NEEDLE 31G 1/4"                                | 3    |         |
| EASY COMFORT PEN NEEDLE 31G 5/16"                               | 3    |         |
| EASY COMFORT PEN NEEDLE 32G 5/32"                               | 3    |         |
| EASY COMFORT PEN NEEDLE 33G 4MM                                 | 3    |         |
| EASY COMFORT PEN NEEDLE 33G 5MM                                 | 3    |         |
| EASY COMFORT PEN NEEDLE 33G 6MM                                 | 3    |         |
| EASY COMFORT SAFETY PEN NEEDLE 31G 5MM                          | 3    |         |
| EASY COMFORT SAFETY PEN NEEDLE 31G 6MM                          | 3    |         |
| EASY COMFORT SAFETY PEN NEEDLE 32G 4MM                          | 3    |         |
| EASY COMFORT SYRINGE 0.3 ML                                     | 3    |         |
| EASY COMFORT SYRINGE 0.3 ML 31G 5/16"                           | 3    |         |
| EASY COMFORT SYRINGE 0.3 ML 31G 1/2"                            | 3    |         |

| Medication Name                           | Tier | Notes |
|-------------------------------------------|------|-------|
| EASY COMFORT SYRINGE 0.5 ML               | 3    |       |
| EASY COMFORT SYRINGE 0.5 ML 30G 1/2"      | 3    |       |
| EASY COMFORT SYRINGE 0.5 ML 31G 5/16"     | 3    |       |
| EASY COMFORT SYRINGE 0.5 ML 32G 5/16"     | 3    |       |
| EASY COMFORT SYRINGE 1 ML 30G 1/2"        | 3    |       |
| EASY COMFORT SYRINGE 1 ML 31G 5/16"       | 3    |       |
| EASY COMFORT SYRINGE 1 ML 32G 5/16"       | 3    |       |
| EASY GLIDE INSULIN SYRINGE 0.3 ML 31G 6MM | 3    |       |
| EASY GLIDE INSULIN SYRINGE 0.5 ML 31G 6MM | 3    |       |
| EASY GLIDE INSULIN SYRINGE 1 ML 31G 6MM   | 3    |       |
| EASY GLIDE PEN NEEDLE 33G 4MM             | 3    |       |
| EASY PLUS II HIGH CONTROL SOLUTION        | 3    |       |
| EASY PLUS II LOW CONTROL SOLUTION         | 3    |       |
| EASY STEP HIGH CONTROL SOLUTION           | 3    |       |
| EASY STEP LOW CONTROL SOLUTION            | 3    |       |
| EASY STEP NORMAL CONTROL SOLUTION         | 3    |       |
| EASY TALK HIGH CONTROL SOLUTION           | 3    |       |
| EASY TALK LOW CONTROL SOLUTION            | 3    |       |
| EASY TALK PLUS II HIGH CONTROL SOLUTION   | 3    |       |
| EASY TALK PLUS II LOW CONTROL SOLUTION    | 3    |       |
| EASY TOUCH BLULINK CONTROL SOLUTION       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 18G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 18G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 19G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 19G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 20G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 20G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 21G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 21G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 22G 3/4"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 22G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 22G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 23G 5/8"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 23G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 23G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 25G 5/8"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 25G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 25G 1.5"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 26G 1"         | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 26G 1/2"       | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 27G 1"         | 3    |       |

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| Medication Name                      | Tier | Notes |
|--------------------------------------|------|-------|
| EASY TOUCH FLIPLOCK NEEDLE 27G 1/2"  | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 28G 1/2"  | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 29G 1/2"  | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 30G 1/2"  | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 30G 5/16" | 3    |       |
| EASY TOUCH FLIPLOCK NEEDLE 31G 5/16" | 3    |       |
| EASY TOUCH HIGH-LOW CONTROL SOLUTION | 3    |       |
| EASY TOUCH HYPODERMIC 16G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 16G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 18G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 18G 1.25"      | 3    |       |
| EASY TOUCH HYPODERMIC 18G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 19G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 19G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 20G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 20G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 21G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 21G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 22G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 22G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1.25"      | 3    |       |
| EASY TOUCH HYPODERMIC 23G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 23G 3/4"       | 3    |       |
| EASY TOUCH HYPODERMIC 24G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 24G 1.25"      | 3    |       |
| EASY TOUCH HYPODERMIC 25G 5/8"       | 3    |       |
| EASY TOUCH HYPODERMIC 25G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 25G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 26G 3/8"       | 3    |       |
| EASY TOUCH HYPODERMIC 26G 1/2"       | 3    |       |
| EASY TOUCH HYPODERMIC 26G 5/8"       | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1.25"      | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1.5"       | 3    |       |
| EASY TOUCH HYPODERMIC 27G 1/2"       | 3    |       |
| EASY TOUCH HYPODERMIC 30G 1"         | 3    |       |
| EASY TOUCH HYPODERMIC 30G 1/2"       | 3    |       |
| EASY TOUCH HYPODERMIC 31G 5/16"      | 3    |       |
| EASY TOUCH HYPODERMIC 32G 5/16"      | 3    |       |
| EASY TOUCH INSULIN SYRINGE 0.3 ML    | 3    |       |
| EASY TOUCH INSULIN SYRINGE 0.5 ML    | 3    |       |

| Medication Name                           | Tier | Notes |
|-------------------------------------------|------|-------|
| EASY TOUCH INSULIN SYRINGE 1 ML           | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1 ML 29G 1/2"  | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1 ML 30G 5/16" | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1 ML 30G 1/2"  | 3    |       |
| EASY TOUCH INSULIN SYRINGE 1 ML 31G 5/16" | 3    |       |
| EASY TOUCH LUER LOK INSULIN SYRINGE 1 ML  | 3    |       |
| EASY TOUCH PEN NEEDLE 29G 1/2"            | 3    |       |
| EASY TOUCH PEN NEEDLE 30G 5/16"           | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 3/16"           | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 1/4"            | 3    |       |
| EASY TOUCH PEN NEEDLE 31G 5/16"           | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 3/16"           | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 1/4"            | 3    |       |
| EASY TOUCH PEN NEEDLE 32G 5/32"           | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 29G 5MM      | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 29G 8MM      | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 30G 5MM      | 3    |       |
| EASY TOUCH SAFETY PEN NEEDLE 30G 8MM      | 3    |       |
| EASY TOUCH SYRINGE 0.3 ML 30G 1/2"        | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 27G 1/2"        | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 27G 12.7MM      | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 28G 12.7MM      | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 29G 1/2"        | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 29G 12.7MM      | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 30G 5/16"       | 3    |       |
| EASY TOUCH SYRINGE 0.5 ML 30G 1/2"        | 3    |       |
| EASY TOUCH SYRINGE 1 ML 27G 1/2"          | 3    |       |
| EASY TOUCH SYRINGE 1 ML 27G 12.7MM        | 3    |       |
| EASY TOUCH SYRINGE 1 ML 27G 16MM          | 3    |       |
| EASY TOUCH SYRINGE 1 ML 28G 12.7MM        | 3    |       |
| EASY TOUCH SYRINGE 1 ML 29G 1/2"          | 3    |       |
| EASY TOUCH SYRINGE 1 ML 29G 12.7MM        | 3    |       |
| EASY TOUCH SYRINGE 1 ML 30G 1/2"          | 3    |       |
| EASY TOUCH SYRINGE 3 ML 20G 1"            | 3    |       |
| EASY TOUCH SYRINGE 3 ML 21G 1"            | 3    |       |
| EASY TOUCH SYRINGE 3 ML 22G 1"            | 3    |       |
| EASY TOUCH SYRINGE 3 ML 22G 1.5"          | 3    |       |
| EASY TOUCH SYRINGE 3 ML 23G 1"            | 3    |       |
| EASY TOUCH SYRINGE 3 ML 25G 1"            | 3    |       |
| EASY TOUCH SYRINGE 3 ML 25G 5/8"          | 3    |       |
| EASY TOUCH UNI-SLIP SYRINGE 1 ML          | 3    |       |

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| Medication Name                                         | Tier | Notes   |
|---------------------------------------------------------|------|---------|
| EASYTRAK HIGH CONTROL SOLUTION                          | 3    |         |
| EASYTRAK II NORMAL CONTROL SOLUTION                     | 3    |         |
| EASYTRAK LOW CONTROL SOLUTION                           | 3    |         |
| EASYGLUCO PLUS NORMAL CONTROL SOLUTION                  | 3    |         |
| EASYMAX 15 LEVEL 2 SOLUTION                             | 3    |         |
| EASYMAX NORMAL CONTROL SOLUTION                         | 3    |         |
| EASYPOINT NEEDLE 18G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 18G 1.5"                               | 3    |         |
| EASYPOINT NEEDLE 20G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 20G 1.5"                               | 3    |         |
| EASYPOINT NEEDLE 21G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 21G 1.5"                               | 3    |         |
| EASYPOINT NEEDLE 22G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 22G 1.5"                               | 3    |         |
| EASYPOINT NEEDLE 23G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 25G 5/8"                               | 3    |         |
| EASYPOINT NEEDLE 25G 1"                                 | 3    |         |
| EASYPOINT NEEDLE 25G 1.5"                               | 3    |         |
| EASYPOINT NEEDLE 25G 16MM                               | 3    |         |
| EASYTOUCH SAFETY PEN NEEDLE 30G 6MM                     | 3    |         |
| EC-NAPROXEN DR 375 MG TABLET                            | 2    |         |
| EC-NAPROXEN DR 500 MG TABLET                            | 2    |         |
| ECONAZOLE 1% CREAM                                      | 2    |         |
| ECONTRA EZ 1.5 MG TABLET                                | 1    |         |
| ECONTRA ONE-STEP 1.5 MG TABLET                          | 1    |         |
| ED-SPAZ 0.125 MG ODT TABLET                             | 2    |         |
| EDURANT 25 MG TABLET                                    | 3    | SRX     |
| EEMT DS 1.25-2.5 MG TABLET                              | 2    |         |
| EEMT HS 0.625-1.25 MG TABLET                            | 2    |         |
| EFAVIRENZ 50 MG CAPSULE                                 | 2    | SRX     |
| EFAVIRENZ 200 MG CAPSULE                                | 2    | SRX     |
| EFAVIRENZ 600 MG TABLET                                 | 2    | SRX     |
| EFAVIRENZ-EMTRICITABINE-TENOFOVIR 600-200-300 MG TABLET | 4    | QL, SRX |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 400-300-300 MG TABLET    | 3    | QL, SRX |
| EFAVIRENZ-LAMIVUDINE-TENOFOVIR 600-300-300 MG TABLET    | 3    | QL, SRX |
| EFFER-K 10 MEQ EFFERVESCENT TABLET                      | 4    |         |
| EFFER-K 20 MEQ EFFERVESCENT TABLET                      | 4    |         |
| ELEMENT COMPACT HIGH CONTROL SOLUTION                   | 3    |         |
| ELEMENT COMPACT NORMAL CONTROL SOLUTION                 | 3    |         |

| Medication Name                                       | Tier | Notes       |
|-------------------------------------------------------|------|-------------|
| ELEMENT HIGH CONTROL SOLUTION                         | 3    |             |
| ELEMENT LOW CONTROL SOLUTION                          | 3    |             |
| ELEMENT NORMAL CONTROL SOLUTION                       | 3    |             |
| ELETRIPTAN 20 MG TABLET                               | 3    | QL          |
| ELETRIPTAN 40 MG TABLET                               | 3    | QL          |
| ELINEST-28 TABLET                                     | 1    |             |
| ELIQUIS 2.5 MG TABLET                                 | 3    | QL          |
| ELIQUIS 5 MG TABLET                                   | 3    | QL          |
| ELIQUIS DVT-PE 5 MG STARTER PACK                      | 3    | QL          |
| ELITE-OB TABLET                                       | 1    |             |
| ELLA 30 MG TABLET                                     | 1    |             |
| ELMIRON 100 MG CAPSULE                                | 4    |             |
| ELTROMBOPAG 12.5 MG SUSPENSION PACKET                 | 5    | PA, QL, SRX |
| ELTROMBOPAG 25 MG SUSPENSION PACKET                   | 5    | PA, QL, SRX |
| ELTROMBOPAG 12.5 MG TABLET                            | 5    | PA, QL, SRX |
| ELTROMBOPAG 25 MG TABLET                              | 5    | PA, QL, SRX |
| ELTROMBOPAG 50 MG TABLET                              | 5    | PA, QL, SRX |
| ELTROMBOPAG 75 MG TABLET                              | 5    | PA, QL, SRX |
| ELURYNG VAGINAL RING                                  | 2    |             |
| EMBRACE EVO LEVEL 1 CONTROL SOLUTION                  | 3    |             |
| EMBRACE GLUCOSE HIGH CONTROL SOLUTION                 | 3    |             |
| EMBRACE GLUCOSE LOW CONTROL SOLUTION                  | 3    |             |
| EMBRACE PEN NEEDLE 29G 12MM                           | 3    |             |
| EMBRACE PEN NEEDLE 30G 5MM                            | 3    |             |
| EMBRACE PEN NEEDLE 30G 8MM                            | 3    |             |
| EMBRACE PEN NEEDLE 31G 5MM                            | 3    |             |
| EMBRACE PEN NEEDLE 31G 6MM                            | 3    |             |
| EMBRACE PEN NEEDLE 31G 8MM                            | 3    |             |
| EMBRACE PEN NEEDLE 32G 4MM                            | 3    |             |
| EMBRACE PRO CONTROL SOLUTION                          | 3    |             |
| EMBRACE TALK HIGH (L2) CONTROL SOLUTION               | 3    |             |
| EMBRACE TALK LOW (L1) CONTROL SOLUTION                | 3    |             |
| EMEND 125 MG POWDER PACKET                            | 5    | PA, QL      |
| EMGALITY 120 MG/ML PEN                                | 3    | PA          |
| EMGALITY 100 MG/ML SYRINGE                            | 3    | PA          |
| EMGALITY 120 MG/ML SYRINGE                            | 3    | PA          |
| EMGALITY 300 MG (100 MG X 3 SYRINGE)                  | 3    | PA          |
| EMTRICITABINE 200 MG CAPSULE                          | 2    | SRX         |
| EMTRICITABINE-RILPIVIRINE-TENOFOVIR 200-25-300 TABLET | 4    | QL, SRX     |
| EMTRICITABINE-TENOFOVIR 100-150 MG TABLET             | 2    | SRX         |

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| Medication Name                           | Tier | Notes       |
|-------------------------------------------|------|-------------|
| EMTRICITABINE-TENOFOVIR 133-200 MG TABLET | 2    | SRX         |
| EMTRICITABINE-TENOFOVIR 167-250 MG TABLET | 2    | SRX         |
| EMTRICITABINE-TENOFOVIR 200-300 MG TABLET | 2    | SRX         |
| EMTRIVA 10 MG/ML ORAL SOLUTION            | 3    | SRX         |
| EMVERM 100 MG CHEWABLE TABLET             | 4    |             |
| EMZAHH 0.35 MG TABLET                     | 1    |             |
| ENALAPRIL 2.5 MG TABLET                   | 1    |             |
| ENALAPRIL 5 MG TABLET                     | 1    |             |
| ENALAPRIL 10 MG TABLET                    | 1    |             |
| ENALAPRIL 20 MG TABLET                    | 1    |             |
| ENALAPRIL-HCTZ 5-12.5 MG TABLET           | 1    |             |
| ENALAPRIL-HCTZ 10-25 MG TABLET            | 1    |             |
| ENBREL 25 MG/0.5 ML SYRINGE               | 5    | PA, QL, SRX |
| ENBREL 25 MG/0.5 ML VIAL                  | 5    | PA, QL, SRX |
| ENBREL 50 MG/ML MINI CARTRIDGE            | 5    | PA, QL, SRX |
| ENBREL 50 MG/ML SURECLICK                 | 5    | PA, QL, SRX |
| ENBREL 50 MG/ML SYRINGE                   | 5    | PA, QL, SRX |
| ENDOCET 2.5-325 MG TABLET                 | 2    | PA          |
| ENDOCET 5-325 MG TABLET                   | 2    | PA          |
| ENDOCET 7.5-325 MG TABLET                 | 2    | PA          |
| ENDOCET 10-325 MG TABLET                  | 2    | PA          |
| ENDOMETRIN 100 MG VAGINAL INSERT          | 4    | PA          |
| ENERGIX-B 20 MCG/ML SYRINGE               | 3    |             |
| ENERGIX-B 20 MCG/ML VIAL                  | 3    |             |
| ENERGIX-B PEDI 10 MCG/0.5 SYRINGE         | 3    |             |
| ENILORING VAGINAL RING                    | 2    |             |
| ENLITE SERTER                             | 3    |             |
| ENLYTE SOFTGEL                            | 4    |             |
| ENOXAPARIN 30 MG/0.3 ML SYRINGE           | 5    | QL, SRX     |
| ENOXAPARIN 40 MG/0.4 ML SYRINGE           | 5    | QL, SRX     |
| ENOXAPARIN 60 MG/0.6 ML SYRINGE           | 5    | QL, SRX     |
| ENOXAPARIN 80 MG/0.8 ML SYRINGE           | 5    | QL, SRX     |
| ENOXAPARIN 100 MG/ML SYRINGE              | 5    | QL, SRX     |
| ENOXAPARIN 120 MG/0.8 ML SYRINGE          | 5    | QL, SRX     |
| ENOXAPARIN 150 MG/ML SYRINGE              | 5    | QL, SRX     |
| ENOXAPARIN 300 MG/3 ML VIAL               | 5    | QL, SRX     |
| ENPRESSE-28 TABLET                        | 1    |             |
| ENSKYCE 28 TABLET                         | 1    |             |
| ENTACAPONE 200 MG TABLET                  | 2    |             |
| ENTECAVIR 0.5 MG TABLET                   | 5    | SRX         |
| ENTECAVIR 1 MG TABLET                     | 5    | SRX         |

| Medication Name                          | Tier | Notes            |
|------------------------------------------|------|------------------|
| ENTRESTO 6-6 MG SPRINKLE PELLETT         | 3    | QL               |
| ENTRESTO 15-16 MG SPRINKLE PELLETT       | 3    | QL               |
| ENULOSE 10 GM/15 ML ORAL SOLUTION        | 2    |                  |
| EPIDIOLEX 100 MG/ML ORAL SOLUTION        | 4    | PA, LDD, SRX     |
| EPIDIOLEX 100 MG/ML ORAL SOLUTION PACK   | 4    | PA, LDD, SRX     |
| EPIFOAM FOAM                             | 4    |                  |
| EPINASTINE 0.05% EYE DROPS               | 2    |                  |
| EPINEPHRINE 0.15 MG AUTO-INJECTOR        | 2    | QL               |
| EPINEPHRINE 0.3 MG AUTO-INJECTOR         | 2    | QL               |
| EPITOL 200 MG TABLET                     | 2    |                  |
| EPLERENONE 25 MG TABLET                  | 2    |                  |
| EPLERENONE 50 MG TABLET                  | 2    |                  |
| EPROSARTAN 600 MG TABLET                 | 2    |                  |
| EQ SPACE CHAMBER                         | 3    | QL               |
| EQ SPACE CHAMBER-LARGE MASK              | 3    | QL               |
| EQ SPACE CHAMBER-MEDIUM MASK             | 3    | QL               |
| EQ SPACE CHAMBER-SMALL MASK              | 3    | QL               |
| EQL INSULIN SYRINGE 0.3 ML               | 3    |                  |
| EQL INSULIN SYRINGE 0.3 ML 31G 5/16"     | 3    |                  |
| EQL INSULIN SYRINGE 0.5 ML               | 3    |                  |
| EQL INSULIN SYRINGE 0.5 ML 31G 5/16"     | 3    |                  |
| EQL INSULIN SYRINGE 1 ML                 | 3    |                  |
| EQL INSULIN SYRINGE 1 ML 29G 1/2"        | 3    |                  |
| EQL INSULIN SYRINGE 1 ML 31G 5/16"       | 3    |                  |
| EQL PEN NEEDLE 8MM 31G 5/16"             | 3    |                  |
| ERGOLOID 1 MG TABLET                     | 1    |                  |
| ERIVEDGE 150 MG CAPSULE                  | 5    | PA, QL, LDD, SRX |
| ERLOTINIB 25 MG TABLET                   | 5    | PA, SRX          |
| ERLOTINIB 100 MG TABLET                  | 5    | PA, SRX          |
| ERLOTINIB 150 MG TABLET                  | 5    | PA, SRX          |
| ERRIN 0.35 MG TABLET                     | 1    |                  |
| ERTACZO 2% CREAM                         | 4    | PA               |
| ERY 2% PADS                              | 2    |                  |
| ERYTHROCIN 250 MG TABLET                 | 4    |                  |
| ERYTHROMYCIN 0.5% EYE OINTMENT           | 2    |                  |
| ERYTHROMYCIN 2% GEL                      | 2    |                  |
| ERYTHROMYCIN 200 MG/5 ML ORAL SUSPENSION | 3    |                  |
| ERYTHROMYCIN 400 MG/5 ML ORAL SUSPENSION | 3    |                  |
| ERYTHROMYCIN 250 MG TABLET               | 2    |                  |
| ERYTHROMYCIN 500 MG TABLET               | 2    |                  |
| ERYTHROMYCIN 2% TOPICAL SOLUTION         | 2    |                  |

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| Medication Name                           | Tier | Notes |
|-------------------------------------------|------|-------|
| ERYTHROMYCIN DR 250 MG CAPSULE            | 2    |       |
| ERYTHROMYCIN ES 400 MG TABLET             | 3    |       |
| ERYTHROMYCIN-BENZOYL GEL                  | 3    |       |
| ESCITALOPRAM 5 MG/5 ML ORAL SOLUTION      | 2    | QL    |
| ESCITALOPRAM 5 MG TABLET                  | 2    | QL    |
| ESCITALOPRAM 10 MG TABLET                 | 2    | QL    |
| ESCITALOPRAM 20 MG TABLET                 | 2    | QL    |
| ESOMEPRAZOLE DR 20 MG CAPSULE             | 2    | QL    |
| ESOMEPRAZOLE DR 40 MG CAPSULE             | 2    | QL    |
| ESOMEPRAZOLE DR 49.3 MG CAPSULE           | 2    | QL    |
| ESOMEPRAZOLE DR 2.5 MG PACKET             | 3    | QL    |
| ESOMEPRAZOLE DR 5 MG PACKET               | 3    | QL    |
| ESOMEPRAZOLE DR 10 MG PACKET              | 3    | QL    |
| ESOMEPRAZOLE DR 20 MG PACKET              | 3    | QL    |
| ESOMEPRAZOLE DR 40 MG PACKET              | 3    | QL    |
| ESTARYLLA 0.25-0.035 MG TABLET            | 1    |       |
| ETAZOLAM 1 MG TABLET                      | 2    |       |
| ETAZOLAM 2 MG TABLET                      | 2    |       |
| ESTRADIOL 0.01% CREAM                     | 2    |       |
| ESTRADIOL 0.025 MG PATCH (1/WK)           | 2    | QL    |
| ESTRADIOL 0.025 MG PATCH (2/WK)           | 2    | QL    |
| ESTRADIOL 0.0375 MG PATCH (1/WK)          | 2    | QL    |
| ESTRADIOL 0.0375 MG PATCH (2/WK)          | 2    | QL    |
| ESTRADIOL 0.05 MG PATCH (1/WK)            | 2    | QL    |
| ESTRADIOL 0.05 MG PATCH (2/WK)            | 2    | QL    |
| ESTRADIOL 0.06 MG PATCH (1/WK)            | 2    | QL    |
| ESTRADIOL 0.075 MG PATCH (1/WK)           | 2    | QL    |
| ESTRADIOL 0.075 MG PATCH (2/WK)           | 2    | QL    |
| ESTRADIOL 0.1 MG PATCH (1/WK)             | 2    | QL    |
| ESTRADIOL 0.1 MG PATCH (2/WK)             | 2    | QL    |
| ESTRADIOL 0.5 MG TABLET                   | 1    |       |
| ESTRADIOL 1 MG TABLET                     | 1    |       |
| ESTRADIOL 2 MG TABLET                     | 1    |       |
| ESTRADIOL 10 MCG VAGINAL INSERT TABLET    | 3    | QL    |
| ESTRADIOL-NORETHINDRONE 0.5-0.1 MG TABLET | 2    |       |
| ESTRADIOL-NORETHINDRONE 1-0.5 MG TABLET   | 2    |       |
| ESTROGEN-METHYLTESTOSTERONE F.S. TABLET   | 2    |       |
| ESTROGEN-METHYLTESTOSTERONE H.S. TABLET   | 2    |       |
| ESZOPICLONE 1 MG TABLET                   | 2    |       |
| ESZOPICLONE 2 MG TABLET                   | 2    |       |
| ESZOPICLONE 3 MG TABLET                   | 2    |       |

| Medication Name                                 | Tier | Notes       |
|-------------------------------------------------|------|-------------|
| ETHAMBUTOL 100 MG TABLET                        | 2    |             |
| ETHAMBUTOL 400 MG TABLET                        | 2    |             |
| ETHOSUXIMIDE 250 MG CAPSULE                     | 2    |             |
| ETHOSUXIMIDE 250 MG/5 ML ORAL SOLUTION          | 2    |             |
| ETHYL CHLORIDE SPRAY                            | 2    |             |
| ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-35 MCG TABLET | 1    |             |
| ETHYNODIOL-ETHINYL ESTRADIOL 1 MG-50 MCG TABLET | 1    |             |
| ETODOLAC 200 MG CAPSULE                         | 2    |             |
| ETODOLAC 300 MG CAPSULE                         | 2    |             |
| ETODOLAC 400 MG TABLET                          | 2    |             |
| ETODOLAC 500 MG TABLET                          | 2    |             |
| ETODOLAC ER 400 MG TABLET                       | 2    |             |
| ETODOLAC ER 500 MG TABLET                       | 2    |             |
| ETODOLAC ER 600 MG TABLET                       | 2    |             |
| ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING     | 2    |             |
| ETOPOSIDE 50 MG CAPSULE                         | 5    | SRX         |
| ETRAVIRINE 100 MG TABLET                        | 2    | SRX         |
| ETRAVIRINE 200 MG TABLET                        | 2    | SRX         |
| EURAX 10% CREAM                                 | 4    |             |
| EUTHYROX 25 MCG TABLET                          | 1    |             |
| EUTHYROX 50 MCG TABLET                          | 1    |             |
| EUTHYROX 75 MCG TABLET                          | 1    |             |
| EUTHYROX 88 MCG TABLET                          | 1    |             |
| EUTHYROX 100 MCG TABLET                         | 1    |             |
| EUTHYROX 112 MCG TABLET                         | 1    |             |
| EUTHYROX 125 MCG TABLET                         | 1    |             |
| EUTHYROX 137 MCG TABLET                         | 1    |             |
| EUTHYROX 150 MCG TABLET                         | 1    |             |
| EUTHYROX 175 MCG TABLET                         | 1    |             |
| EUTHYROX 200 MCG TABLET                         | 1    |             |
| EVENCARE G2 CONTROL SOLUTION                    | 3    |             |
| EVENCARE G3 CONTROL SOLUTION                    | 3    |             |
| EVEROLIMUS 0.25 MG TABLET                       | 5    | SRX         |
| EVEROLIMUS 0.5 MG TABLET                        | 5    | SRX         |
| EVEROLIMUS 0.75 MG TABLET                       | 5    | SRX         |
| EVEROLIMUS 1 MG TABLET                          | 5    | SRX         |
| EVEROLIMUS 2.5 MG TABLET                        | 5    | PA, QL, SRX |
| EVEROLIMUS 5 MG TABLET                          | 5    | PA, QL, SRX |
| EVEROLIMUS 7.5 MG TABLET                        | 5    | PA, QL, SRX |
| EVEROLIMUS 10 MG TABLET                         | 5    | PA, QL, SRX |

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| Medication Name                         | Tier | Notes       | Medication Name                         | Tier | Notes |
|-----------------------------------------|------|-------------|-----------------------------------------|------|-------|
| EVEROLIMUS 2 MG TABLET FOR SUSPENSION   | 5    | PA, QL, SRX | EXEL SYRINGE 3 ML 22G 1"                | 3    |       |
| EVEROLIMUS 3 MG TABLET FOR SUSPENSION   | 5    | PA, QL, SRX | EXEL SYRINGE 3 ML 22G 1.5"              | 3    |       |
| EVEROLIMUS 5 MG TABLET FOR SUSPENSION   | 5    | PA, QL, SRX | EXEL SYRINGE 3 ML 23G 1"                | 3    |       |
| EVOLUTION NORMAL CONTROL SOLUTION       | 3    |             | EXEL SYRINGE 3 ML 25G 1"                | 3    |       |
| EVOTAZ 300 MG-150 MG TABLET             | 3    | SRX         | EXEL SYRINGE 3 ML 27G 1.25"             | 3    |       |
| EXEL HUBER NEEDLE 22G 3/4"              | 3    |             | EXEL SYRINGE U100 0.3 ML 29G 1/2"       | 3    |       |
| EXEL HUBER NEEDLE 22G 1"                | 3    |             | EXEL SYRINGE U100 0.3 ML 30G 5/16"      | 3    |       |
| EXEL HYPO NEEDLE 16G 1"                 | 3    |             | EXEL SYRINGE U100 0.5 ML 28G 1/2"       | 3    |       |
| EXEL HYPO NEEDLE 18G 1"                 | 3    |             | EXEL SYRINGE U100 0.5 ML 29G 1/2"       | 3    |       |
| EXEL HYPO NEEDLE 18G 1.5"               | 3    |             | EXEL SYRINGE U100 0.5 ML 30G 5/16"      | 3    |       |
| EXEL HYPO NEEDLE 19G 1"                 | 3    |             | EXEL SYRINGE U100 1 ML 30G 5/16"        | 3    |       |
| EXEL HYPO NEEDLE 19G 1.5"               | 3    |             | EXEL U100 INSULIN SYRINGE 1 ML 29G 1/2" | 3    |       |
| EXEL HYPO NEEDLE 20G 0.75"              | 3    |             | EXEMESTANE 25 MG TABLET                 | 2    |       |
| EXEL HYPO NEEDLE 20G 1"                 | 3    |             | EXTENDED RESERVOIR 3 ML                 | 3    |       |
| EXEL HYPO NEEDLE 20G 1.5"               | 3    |             | EZETIMIBE 10 MG TABLET                  | 2    |       |
| EXEL HYPO NEEDLE 21G 1"                 | 3    |             | EZETIMIBE-SIMVASTATIN 10-10 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 21G 1.5"               | 3    |             | EZETIMIBE-SIMVASTATIN 10-20 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 22G 0.75"              | 3    |             | EZETIMIBE-SIMVASTATIN 10-40 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 22G 1"                 | 3    |             | EZETIMIBE-SIMVASTATIN 10-80 MG TABLET   | 2    |       |
| EXEL HYPO NEEDLE 22G 1.5"               | 3    |             | FALMINA-28 TABLET                       | 1    |       |
| EXEL HYPO NEEDLE 23G 0.75"              | 3    |             | FAMCICLOVIR 125 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 23G 1"                 | 3    |             | FAMCICLOVIR 250 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 25G 0.625"             | 3    |             | FAMCICLOVIR 500 MG TABLET               | 2    |       |
| EXEL HYPO NEEDLE 25G 0.75"              | 3    |             | FAMOTIDINE 40 MG/5 ML ORAL SUSPENSION   | 2    |       |
| EXEL HYPO NEEDLE 25G 1"                 | 3    |             | FAMOTIDINE 20 MG TABLET                 | 1    |       |
| EXEL HYPO NEEDLE 25G 1.5"               | 3    |             | FAMOTIDINE 40 MG TABLET                 | 1    |       |
| EXEL HYPO NEEDLE 26G 0.375"             | 3    |             | FARXIGA 5 MG TABLET                     | 3    | QL    |
| EXEL HYPO NEEDLE 26G 0.5"               | 3    |             | FARXIGA 10 MG TABLET                    | 3    | QL    |
| EXEL HYPO NEEDLE 26G 0.625"             | 3    |             | FEBUXOSTAT 40 MG TABLET                 | 4    | QL    |
| EXEL HYPO NEEDLE 26G 1.5"               | 3    |             | FEBUXOSTAT 80 MG TABLET                 | 4    | QL    |
| EXEL HYPO NEEDLE 27G 0.5"               | 3    |             | FEIRZA 1 MG-20 MCG TABLET               | 1    |       |
| EXEL HYPO NEEDLE 30G 0.5"               | 3    |             | FEIRZA 1.5 MG-30 MCG TABLET             | 1    |       |
| EXEL INSULIN SYRINGE U100 1 ML 28G 1/2" | 3    |             | FELBAMATE 600 MG/5 ML ORAL SUSPENSION   | 4    |       |
| EXEL MTI DRAWING NEEDLE 20G 1"          | 3    |             | FELBAMATE 400 MG TABLET                 | 4    |       |
| EXEL MTI DRAWING NEEDLE 21G 1"          | 3    |             | FELBAMATE 600 MG TABLET                 | 4    |       |
| EXEL MTI DRAWING NEEDLE 22G 1"          | 3    |             | FELODIPINE ER 2.5 MG TABLET             | 2    |       |
| EXEL SYRINGE 3 ML 20G 1"                | 3    |             | FELODIPINE ER 5 MG TABLET               | 2    |       |
| EXEL SYRINGE 3 ML 20G 1.5"              | 3    |             | FELODIPINE ER 10 MG TABLET              | 2    |       |
| EXEL SYRINGE 3 ML 21G 1"                | 3    |             | FEM PH VAGINAL JELLY                    | 2    |       |
| EXEL SYRINGE 3 ML 21G 1.5"              | 3    |             | FEMLYV 1 MG-0.02 MG ODT TABLET          | 4    |       |
| EXEL SYRINGE 3 ML 22G 3/4"              | 3    |             | FENOFIBRATE 43 MG CAPSULE               | 2    |       |

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| Medication Name                          | Tier | Notes        | Medication Name                          | Tier | Notes       |
|------------------------------------------|------|--------------|------------------------------------------|------|-------------|
| FENOFIBRATE 50 MG CAPSULE                | 2    |              | FIFTY50 INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |             |
| FENOFIBRATE 67 MG CAPSULE                | 2    |              | FIFTY50 INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |             |
| FENOFIBRATE 130 MG CAPSULE               | 3    |              | FILTER ASPIRATOR NEEDLE                  | 3    |             |
| FENOFIBRATE 134 MG CAPSULE               | 2    |              | FILTER NEEDLE                            | 3    |             |
| FENOFIBRATE 150 MG CAPSULE               | 2    |              | FILTER NEEDLE 19G 1.5"                   | 3    |             |
| FENOFIBRATE 200 MG CAPSULE               | 2    |              | FILTER NEEDLE 5 MICRON                   | 3    |             |
| FENOFIBRATE 40 MG TABLET                 | 3    |              | FINASTERIDE 5 MG TABLET                  | 2    |             |
| FENOFIBRATE 48 MG TABLET                 | 2    |              | FINGOLIMOD 0.5 MG CAPSULE                | 5    | PA, QL, SRX |
| FENOFIBRATE 54 MG TABLET                 | 2    |              | FINZALA 1-0.02(24)-75 CHEWABLE TABLET    | 1    |             |
| FENOFIBRATE 120 MG TABLET                | 2    |              | FLAC OTIC OIL 0.01% EAR DROPS            | 2    |             |
| FENOFIBRATE 145 MG TABLET                | 2    |              | FLAVOXATE 100 MG TABLET                  | 2    |             |
| FENOFIBRATE 160 MG TABLET                | 2    |              | FLECAINIDE 50 MG TABLET                  | 2    |             |
| FENOFIBRIC ACID 35 MG TABLET             | 2    |              | FLECAINIDE 100 MG TABLET                 | 2    |             |
| FENOFIBRIC ACID 105 MG TABLET            | 2    |              | FLECAINIDE 150 MG TABLET                 | 2    |             |
| FENOFIBRIC ACID DR 135 MG CAPSULE        | 2    |              | FLEXICHAMBER                             | 3    | QL          |
| FENOFIBRIC ACID DR 45 MG CAPSULE         | 2    |              | FLEXICHAMBER-LARGE CHILD MASK            | 3    | QL          |
| FENOPROFEN 600 MG TABLET                 | 3    |              | FLEXICHAMBER-SMALL ADULT MASK            | 3    | QL          |
| FENTANYL 12 MCG/HR PATCH                 | 3    | PA           | FLEXICHAMBER-SMALL CHILD MASK            | 3    | QL          |
| FENTANYL 25 MCG/HR PATCH                 | 3    | PA           | FLOW-EZE VENTED NEEDLE                   | 3    |             |
| FENTANYL 37.5 MCG/HR PATCH               | 3    | PA           | FLUAD                                    | 3    |             |
| FENTANYL 50 MCG/HR PATCH                 | 3    | PA           | FLUARIX                                  | 3    |             |
| FENTANYL 62.5 MCG/HR PATCH               | 3    | PA           | FLUBLOK                                  | 3    |             |
| FENTANYL 75 MCG/HR PATCH                 | 3    | PA           | FLUCELVAX                                | 3    |             |
| FENTANYL 87.5 MCG/HR PATCH               | 3    | PA           | FLUCONAZOLE 10 MG/ML ORAL SUSPENSION     | 2    |             |
| FENTANYL 100 MCG/HR PATCH                | 3    | PA           | FLUCONAZOLE 40 MG/ML ORAL SUSPENSION     | 2    |             |
| FENTANYL CITRATE OTFC 200 MCG LOZENGE    | 4    | PA           | FLUCONAZOLE 50 MG TABLET                 | 2    |             |
| FENTANYL CITRATE OTFC 400 MCG LOZENGE    | 4    | PA           | FLUCONAZOLE 100 MG TABLET                | 2    |             |
| FENTANYL CITRATE OTFC 600 MCG LOZENGE    | 4    | PA           | FLUCONAZOLE 150 MG TABLET                | 2    |             |
| FENTANYL CITRATE OTFC 800 MCG LOZENGE    | 4    | PA           | FLUCONAZOLE 200 MG TABLET                | 2    |             |
| FENTANYL CITRATE OTFC 1,200 MCG LOZENGE  | 4    | PA           | FLUCYTOSINE 250 MG CAPSULE               | 4    |             |
| FENTANYL CITRATE OTFC 1,600 MCG LOZENGE  | 4    | PA           | FLUCYTOSINE 500 MG CAPSULE               | 4    |             |
| FERRIPROX 100 MG/ML ORAL SOLUTION        | 4    | PA, LDD, SRX | FLUDROCORTISONE 0.1 MG TABLET            | 2    |             |
| FESOTERODINE ER 4 MG TABLET              | 4    | QL           | FLULAVAL                                 | 3    |             |
| FESOTERODINE ER 8 MG TABLET              | 4    | QL           | FLUMIST                                  | 3    |             |
| FETZIMA 20-40 MG TITRATION PACK          | 4    | QL, ST       | FLUNISOLIDE 0.025% NASAL SPRAY           | 2    |             |
| FETZIMA ER 20 MG CAPSULE                 | 4    | QL, ST       | FLUOCINOLONE 0.01% BODY OIL              | 2    |             |
| FETZIMA ER 40 MG CAPSULE                 | 4    | QL, ST       | FLUOCINOLONE 0.01% CREAM                 | 2    |             |
| FETZIMA ER 80 MG CAPSULE                 | 4    | QL, ST       | FLUOCINOLONE 0.025% CREAM                | 2    |             |
| FETZIMA ER 120 MG CAPSULE                | 4    | QL, ST       | FLUOCINOLONE 0.025% OINTMENT             | 2    |             |
| FIFTY50 GLUCOSE CONTROL SOLUTION         | 3    |              | FLUOCINOLONE 0.01% SCALP OIL             | 2    |             |
| FIFTY50 INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |              | FLUOCINOLONE 0.01% TOPICAL SOLUTION      | 2    |             |

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| Medication Name                         | Tier | Notes |
|-----------------------------------------|------|-------|
| FLUOCINOLONE OIL 0.01% EAR DROPS        | 2    |       |
| FLUOCINONIDE 0.05% CREAM                | 2    |       |
| FLUOCINONIDE 0.1% CREAM                 | 2    |       |
| FLUOCINONIDE 0.05% GEL                  | 2    |       |
| FLUOCINONIDE 0.05% OINTMENT             | 2    |       |
| FLUOCINONIDE 0.05% TOPICAL SOLUTION     | 2    |       |
| FLUOCINONIDE-E 0.05% CREAM              | 2    |       |
| FLUORIDEX DAILY DEFENSE 1.1% TOOTHPASTE | 2    |       |
| FLUORIDEX SENSITIVE RELIEF TOOTHPASTE   | 2    |       |
| FLUORIMAX 5000 1.1% TOOTHPASTE          | 2    |       |
| FLUOROMETHOLONE 0.1% EYE DROPS          | 2    |       |
| FLUOROURACIL 0.5% CREAM                 | 4    |       |
| FLUOROURACIL 5% CREAM                   | 2    |       |
| FLUOROURACIL 2% TOPICAL SOLUTION        | 2    |       |
| FLUOROURACIL 5% TOPICAL SOLUTION        | 2    |       |
| FLUOXETINE 10 MG CAPSULE                | 1    | QL    |
| FLUOXETINE 20 MG CAPSULE                | 1    | QL    |
| FLUOXETINE 40 MG CAPSULE                | 1    | QL    |
| FLUOXETINE 20 MG/5 ML ORAL SOLUTION     | 2    | QL    |
| FLUOXETINE DR 90 MG CAPSULE             | 2    | QL    |
| FLUPHENAZINE 2.5 MG/5 ML ELIXIR         | 2    |       |
| FLUPHENAZINE 5 MG/ML ORAL CONCENTRATE   | 2    |       |
| FLUPHENAZINE 1 MG TABLET                | 2    |       |
| FLUPHENAZINE 2.5 MG TABLET              | 2    |       |
| FLUPHENAZINE 5 MG TABLET                | 2    |       |
| FLUPHENAZINE 10 MG TABLET               | 2    |       |
| FLURANDRENOLIDE 0.05% CREAM             | 4    |       |
| FLURANDRENOLIDE 0.05% LOTION            | 4    |       |
| FLURANDRENOLIDE 0.05% OINTMENT          | 4    |       |
| FLURAZEPAM 15 MG CAPSULE                | 2    |       |
| FLURAZEPAM 30 MG CAPSULE                | 2    |       |
| FLURBIPROFEN 0.03% EYE DROPS            | 2    |       |
| FLURBIPROFEN 100 MG TABLET              | 2    |       |
| FLUTAMIDE 125 MG CAPSULE                | 2    |       |
| FLUTICASONE 0.05% CREAM                 | 2    |       |
| FLUTICASONE 0.05% LOTION                | 4    |       |
| FLUTICASONE 50 MCG NASAL SPRAY          | 2    |       |
| FLUTICASONE 0.005% OINTMENT             | 2    |       |
| FLUTICASONE-SALMETEROL 100-50 INHALER   | 2    | QL    |
| FLUTICASONE-SALMETEROL 250-50 INHALER   | 2    | QL    |
| FLUTICASONE-SALMETEROL 500-50 INHALER   | 2    | QL    |

| Medication Name                            | Tier | Notes   |
|--------------------------------------------|------|---------|
| FLUVASTATIN 20 MG CAPSULE                  | 3    |         |
| FLUVASTATIN 40 MG CAPSULE                  | 3    |         |
| FLUVASTATIN ER 80 MG TABLET                | 3    |         |
| FLUVOXAMINE 25 MG TABLET                   | 2    | QL      |
| FLUVOXAMINE 50 MG TABLET                   | 2    | QL      |
| FLUVOXAMINE 100 MG TABLET                  | 2    | QL      |
| FLUVOXAMINE ER 100 MG CAPSULE              | 2    | QL      |
| FLUVOXAMINE ER 150 MG CAPSULE              | 2    | QL      |
| FLUZONE                                    | 3    |         |
| FLUZONE HIGH-DOSE                          | 3    |         |
| FOLIC ACID 1 MG TABLET                     | 1    |         |
| FOLIVANE-OB CAPSULE                        | 1    |         |
| FONDAPARINUX 2.5 MG/0.5 ML SYRINGE         | 5    | QL, SRX |
| FONDAPARINUX 5 MG/0.4 ML SYRINGE           | 5    | QL, SRX |
| FONDAPARINUX 7.5 MG/0.6 ML SYRINGE         | 5    | QL, SRX |
| FONDAPARINUX 10 MG/0.8 ML SYRINGE          | 5    | QL, SRX |
| FORA HIGH CONTROL SOLUTION                 | 3    |         |
| FORA KETONE L1 CONTROL SOLUTION            | 3    |         |
| FORA LOW CONTROL SOLUTION                  | 3    |         |
| FORA NORMAL CONTROL SOLUTION               | 3    |         |
| FORACARE GDH HIGH CONTROL SOLUTION         | 3    |         |
| FORACARE GDH LOW CONTROL SOLUTION          | 3    |         |
| FORACARE GDH NORMAL CONTROL SOLUTION       | 3    |         |
| FORMOTEROL 20 MCG/2 ML INHALATION SOLUTION | 4    | QL      |
| FORTISCARE HIGH CONTROL SOLUTION           | 3    |         |
| FORTISCARE LOW CONTROL SOLUTION            | 3    |         |
| FORTISCARE NORMAL CONTROL SOLUTION         | 3    |         |
| FOSAMPRENAVIR 700 MG TABLET                | 2    | SRX     |
| FOSFOMYCIN 3 GM SACHET                     | 3    |         |
| FOSINOPRIL 10 MG TABLET                    | 1    |         |
| FOSINOPRIL 20 MG TABLET                    | 1    |         |
| FOSINOPRIL 40 MG TABLET                    | 1    |         |
| FOSINOPRIL-HCTZ 10-12.5 MG TABLET          | 2    |         |
| FOSINOPRIL-HCTZ 20-12.5 MG TABLET          | 2    |         |
| FOSRENOL 750 MG POWDER PACKET              | 4    |         |
| FOSRENOL 1,000 MG POWDER PACKET            | 4    |         |
| FRAGMIN 2,500 UNIT/0.2 ML SYRINGE          | 5    | QL, SRX |
| FRAGMIN 5,000 UNIT/0.2 ML SYRINGE          | 5    | QL, SRX |
| FRAGMIN 7,500 UNIT/0.3 ML SYRINGE          | 5    | QL, SRX |
| FRAGMIN 10,000 UNIT/ML SYRINGE             | 5    | QL, SRX |
| FRAGMIN 12,500 UNIT/0.5 ML SYRINGE         | 5    | QL, SRX |

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| Medication Name                              | Tier | Notes   |
|----------------------------------------------|------|---------|
| FRAGMIN 15,000 UNIT/0.6 ML SYRINGE           | 5    | QL, SRX |
| FRAGMIN 18,000 UNIT/0.72 ML SYRINGE          | 5    | QL, SRX |
| FRAGMIN 10,000 UNIT/4 ML VIAL                | 5    | QL, SRX |
| FRAGMIN 95,000 UNIT/3.8 ML VIAL              | 5    | QL, SRX |
| FRAICHE 5000 1.1 % DENTAL GEL                | 2    |         |
| FREESTYLE 28G LANCET                         | 3    |         |
| FREESTYLE CONTROL SOLUTION                   | 3    |         |
| FREESTYLE FREEDOM LITE GLUCOSE METER         | 1    |         |
| FREESTYLE INSULINX GLUCOSE SYSTEM            | 1    |         |
| FREESTYLE INSULINX TEST STRIP                | 3    |         |
| FREESTYLE LIBRE 14 DAY READER                | 3    | PA, QL  |
| FREESTYLE LIBRE 14 DAY SENSOR                | 3    | PA, QL  |
| FREESTYLE LIBRE 2 PLUS SENSOR                | 3    | PA, QL  |
| FREESTYLE LIBRE 3 PLUS SENSOR                | 3    | PA, QL  |
| FREESTYLE LIBRE 2 READER                     | 3    | PA, QL  |
| FREESTYLE LIBRE 3 READER                     | 3    | PA, QL  |
| FREESTYLE LIBRE 2 SENSOR                     | 3    | PA, QL  |
| FREESTYLE LIBRE 3 SENSOR                     | 3    | PA, QL  |
| FREESTYLE LITE GLUCOSE METER                 | 1    |         |
| FREESTYLE LITE TEST STRIP                    | 3    |         |
| FREESTYLE PRECISION NEO GLUCOSE METER        | 1    |         |
| FREESTYLE PRECISION NEO TEST STRIP           | 3    |         |
| FREESTYLE PRECISION SYRINGE 0.5 ML 30G 5/16" | 3    |         |
| FREESTYLE PRECISION SYRINGE 0.5 ML 31G 5/16" | 3    |         |
| FREESTYLE PRECISION SYRINGE 1 ML 30G 5/16"   | 3    |         |
| FREESTYLE PRECISION SYRINGE 1 ML 31G 5/16"   | 3    |         |
| FREESTYLE TEST STRIP                         | 3    |         |
| FREESTYLE UNISTIK 2 LANCET                   | 3    |         |
| FROVATRIPTAN 2.5 MG TABLET                   | 3    | QL      |
| FUROSEMIDE 10 MG/ML ORAL SOLUTION            | 1    |         |
| FUROSEMIDE 40 MG/5 ML ORAL SOLUTION          | 1    |         |
| FUROSEMIDE 20 MG TABLET                      | 1    |         |
| FUROSEMIDE 40 MG TABLET                      | 1    |         |
| FUROSEMIDE 80 MG TABLET                      | 1    |         |
| FUZEON 90 MG VIAL                            | 5    | SRX     |
| FYAVOLV 0.5 MG-2.5 MCG TABLET                | 2    |         |
| FYAVOLV 1 MG-5 MCG TABLET                    | 2    |         |
| FYCOMPA 2 MG TABLET                          | 4    | PA, QL  |
| FYCOMPA 4 MG TABLET                          | 4    | PA, QL  |
| FYCOMPA 6 MG TABLET                          | 4    | PA, QL  |
| FYCOMPA 8 MG TABLET                          | 4    | PA, QL  |

| Medication Name                      | Tier | Notes        |
|--------------------------------------|------|--------------|
| FYCOMPA 10 MG TABLET                 | 4    | PA, QL       |
| FYCOMPA 12 MG TABLET                 | 4    | PA, QL       |
| GABAPENTIN 100 MG CAPSULE            | 2    |              |
| GABAPENTIN 300 MG CAPSULE            | 2    |              |
| GABAPENTIN 400 MG CAPSULE            | 2    |              |
| GABAPENTIN 250 MG/5 ML ORAL SOLUTION | 2    |              |
| GABAPENTIN 300 MG/6 ML ORAL SOLUTION | 2    |              |
| GABAPENTIN 600 MG TABLET             | 2    |              |
| GABAPENTIN 800 MG TABLET             | 2    |              |
| GALANTAMINE 4 MG/ML ORAL SOLUTION    | 2    |              |
| GALANTAMINE 4 MG TABLET              | 2    |              |
| GALANTAMINE 8 MG TABLET              | 2    |              |
| GALANTAMINE 12 MG TABLET             | 2    |              |
| GALANTAMINE ER 8 MG CAPSULE          | 2    | QL           |
| GALANTAMINE ER 16 MG CAPSULE         | 2    | QL           |
| GALANTAMINE ER 24 MG CAPSULE         | 2    | QL           |
| GALLIFREY 5 MG TABLET                | 2    |              |
| GALZIN 25 MG CAPSULE                 | 4    | LDD, SRX     |
| GALZIN 50 MG CAPSULE                 | 4    | LDD, SRX     |
| GARDASIL 9 SYRINGE                   | 3    |              |
| GARDASIL 9 VIAL                      | 3    |              |
| GATIFLOXACIN 0.5% EYE DROPS          | 3    |              |
| GATTEX 5 MG VIAL                     | 5    | PA, LDD, SRX |
| GATTEX 5 MG 30-VIAL KIT              | 5    | PA, LDD, SRX |
| GATTEX 5 MG ONE-VIAL KIT             | 5    | PA, LDD, SRX |
| GAVILYTE-C ORAL SOLUTION             | 2    |              |
| GAVILYTE-G ORAL SOLUTION             | 2    |              |
| GAVILYTE-N ORAL SOLUTION             | 2    |              |
| GE100 NORMAL CONTROL SOLUTION        | 3    |              |
| GEFITINIB 250 MG TABLET              | 5    | PA, QL, SRX  |
| GEMFIBROZIL 600 MG TABLET            | 2    |              |
| GEMMILY 1 MG-20 MCG CAPSULE          | 1    |              |
| GENERLAC 10 GM/15 ML ORAL SOLUTION   | 2    |              |
| GENGRAF 25 MG CAPSULE                | 2    | SRX          |
| GENGRAF 100 MG CAPSULE               | 2    | SRX          |
| GENGRAF 100 MG/ML ORAL SOLUTION      | 2    | SRX          |
| GENOTROPIN 5 MG CARTRIDGE            | 5    | PA, SRX      |
| GENOTROPIN 12 MG CARTRIDGE           | 5    | PA, SRX      |
| GENOTROPIN MINISQUICK 0.2 MG SYRINGE | 5    | PA, SRX      |
| GENOTROPIN MINISQUICK 0.4 MG SYRINGE | 5    | PA, SRX      |
| GENOTROPIN MINISQUICK 0.6 MG SYRINGE | 5    | PA, SRX      |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes            | Medication Name                           | Tier | Notes |
|---------------------------------------|------|------------------|-------------------------------------------|------|-------|
| GENOTROPIN MINIQUICK 0.8 MG SYRINGE   | 5    | PA, SRX          | GLUCOCOM CONTROL SOLUTION                 | 3    |       |
| GENOTROPIN MINIQUICK 1 MG SYRINGE     | 5    | PA, SRX          | GLUCOSE CONTROL SOLUTION                  | 3    |       |
| GENOTROPIN MINIQUICK 1.2 MG SYRINGE   | 5    | PA, SRX          | GLUCOSE NORMAL CONTROL SOLUTION           | 3    |       |
| GENOTROPIN MINIQUICK 1.4 MG SYRINGE   | 5    | PA, SRX          | GLYBURIDE 1.25 MG TABLET                  | 1    |       |
| GENOTROPIN MINIQUICK 1.6 MG SYRINGE   | 5    | PA, SRX          | GLYBURIDE 2.5 MG TABLET                   | 1    |       |
| GENOTROPIN MINIQUICK 1.8 MG SYRINGE   | 5    | PA, SRX          | GLYBURIDE 5 MG TABLET                     | 1    |       |
| GENOTROPIN MINIQUICK 2 MG SYRINGE     | 5    | PA, SRX          | GLYBURIDE MICRO 1.5 MG TABLET             | 1    |       |
| GENTAK 0.3 % EYE OINTMENT             | 2    |                  | GLYBURIDE MICRO 3 MG TABLET               | 1    |       |
| GENTAMICIN 0.1% CREAM                 | 2    |                  | GLYBURIDE MICRO 6 MG TABLET               | 1    |       |
| GENTAMICIN 0.1% OINTMENT              | 2    |                  | GLYBURIDE-METFORMIN 1.25-250 MG TABLET    | 2    |       |
| GENTAMICIN 0.3% EYE DROPS             | 2    |                  | GLYBURIDE-METFORMIN 2.5-500 MG TABLET     | 2    |       |
| GENVOYA TABLET                        | 4    | QL, SRX          | GLYBURIDE-METFORMIN 5-500 MG TABLET       | 2    |       |
| GILOTRIF 20 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCINE 1.5% IRRIGATION                   | 2    |       |
| GILOTRIF 30 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCOPYRROLATE 1 MG TABLET                | 2    |       |
| GILOTRIF 40 MG TABLET                 | 5    | PA, QL, LDD, SRX | GLYCOPYRROLATE 2 MG TABLET                | 2    |       |
| GLATIRAMER 20 MG/ML SYRINGE           | 5    | PA, SRX          | GLYDO 2% JELLY SYRINGE                    | 2    |       |
| GLATIRAMER 40 MG/ML SYRINGE           | 5    | PA, SRX          | GNP CLICKFINE NEEDLE 31G 1/4"             | 3    |       |
| GLATOPA 20 MG/ML SYRINGE              | 5    | PA, SRX          | GNP CLICKFINE NEEDLE 31G 5/16"            | 3    |       |
| GLATOPA 40 MG/ML SYRINGE              | 5    | PA, SRX          | GNP EASY TOUCH HIGH-LOW CONTROL SOLUTION  | 3    |       |
| GLEOSTINE 10 MG CAPSULE               | 4    | PA               | GNP INSULIN SYRINGE 0.3 ML 29G 1/2"       | 3    |       |
| GLEOSTINE 40 MG CAPSULE               | 4    | PA               | GNP INSULIN SYRINGE 0.3 ML 31G 5/16"      | 3    |       |
| GLEOSTINE 100 MG CAPSULE              | 4    | PA               | GNP INSULIN SYRINGE 0.5 ML 31G 5/16"      | 3    |       |
| GLIMEPIRIDE 1 MG TABLET               | 1    |                  | GNP INSULIN SYRINGE 1 ML 28G 1/2"         | 3    |       |
| GLIMEPIRIDE 2 MG TABLET               | 1    |                  | GNP INSULIN SYRINGE 1 ML 31G 5/16"        | 3    |       |
| GLIMEPIRIDE 4 MG TABLET               | 1    |                  | GNP PEN NEEDLE 31G 5MM                    | 3    |       |
| GLIPIZIDE 5 MG TABLET                 | 1    |                  | GNP PEN NEEDLE 31G 8MM                    | 3    |       |
| GLIPIZIDE 10 MG TABLET                | 1    |                  | GNP PEN NEEDLE 32G 4MM                    | 3    |       |
| GLIPIZIDE ER 2.5 MG TABLET            | 1    |                  | GNP PEN NEEDLE 32G 6MM                    | 3    |       |
| GLIPIZIDE ER 5 MG TABLET              | 1    |                  | GNP ULTICARE PEN NEEDLE 31G 5MM           | 3    |       |
| GLIPIZIDE ER 10 MG TABLET             | 1    |                  | GNP ULTICARE PEN NEEDLE 31G 8MM           | 3    |       |
| GLIPIZIDE XL 2.5 MG TABLET            | 1    |                  | GNP ULTICARE PEN NEEDLE 32G 4MM           | 3    |       |
| GLIPIZIDE XL 5 MG TABLET              | 1    |                  | GNP ULTICARE PEN NEEDLE 32G 6MM           | 3    |       |
| GLIPIZIDE XL 10 MG TABLET             | 1    |                  | GNP ULTIGUARD SAFEPAK 31G 5MM             | 3    |       |
| GLIPIZIDE-METFORMIN 2.5-250 MG TABLET | 2    |                  | GNP ULTIGUARD SAFEPAK 31G 8MM             | 3    |       |
| GLIPIZIDE-METFORMIN 2.5-500 MG TABLET | 2    |                  | GNP ULTIGUARD SAFEPAK 32G 4MM             | 3    |       |
| GLIPIZIDE-METFORMIN 5-500 MG TABLET   | 2    |                  | GNP ULTIGUARD SAFEPAK 32G 6MM             | 3    |       |
| GLUCAGON 1 MG EMERGENCY KIT           | 3    | QL               | GNP ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2" | 3    |       |
| GLUCOCARD 01 CONTROL SOLUTION         | 3    |                  | GNP ULTRA COMFORT SYRINGE 0.5 ML          | 3    |       |
| GLUCOCARD EXPRESSION CONTROL SOLUTION | 3    |                  | GNP ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2" | 3    |       |
| GLUCOCARD SHINE CONTROL SOLUTION      | 3    |                  | GNP ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2" | 3    |       |
| GLUCOCOM AUTOLINK SYSTEM              | 3    |                  | GNP ULTRA COMFORT SYRINGE 1 ML            | 3    |       |

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| Medication Name                          | Tier | Notes  | Medication Name                                 | Tier | Notes |
|------------------------------------------|------|--------|-------------------------------------------------|------|-------|
| GNP ULTRA COMFORT SYRINGE 3/10 ML        | 3    |        | HALOPERIDOL 10 MG TABLET                        | 2    |       |
| GOJJI GLUCOSE NORMAL CONTROL SOLUTION    | 3    |        | HALOPERIDOL 20 MG TABLET                        | 2    |       |
| GOJJI KETONE L1 CONTROL SOLUTION         | 3    |        | HALOPERIDOL LACTATE 2 MG/ML ORAL CONCENTRATE    | 2    |       |
| GRANISETRON 1 MG TABLET                  | 4    |        | HALOPERIDOL LACTATE 10 MG/5 ML ORAL CONCENTRATE | 2    |       |
| GRANISETRON 0.1 MG/ML VIAL               | 4    |        | HAVRIX 720 UNIT/0.5 ML SYRINGE                  | 3    |       |
| GRANISETRON 1 MG/ML VIAL                 | 4    |        | HAVRIX 1,440 UNIT/ML SYRINGE                    | 3    |       |
| GRANISETRON 4 MG/4 ML VIAL               | 4    |        | HEALTHPRO L1, L3 CONTROL SOLUTION               | 3    |       |
| GRASTEK 2,800 BAU SUBLINGUAL TABLET      | 4    | PA, QL | HEALTHWISE INSULIN SYRINGE 0.3 ML 30G 5/16"     | 3    |       |
| GRISEOFULVIN 125 MG/5 ML ORAL SUSPENSION | 3    |        | HEALTHWISE INSULIN SYRINGE 0.3 ML 31G 5/16"     | 3    |       |
| GRISEOFULVIN MICRO 500 MG TABLET         | 3    |        | HEALTHWISE INSULIN SYRINGE 0.5 ML 30G 5/16"     | 3    |       |
| GRISEOFULVIN ULTRA 125 MG TABLET         | 3    |        | HEALTHWISE INSULIN SYRINGE 0.5 ML 31G 5/16"     | 3    |       |
| GRISEOFULVIN ULTRA 250 MG TABLET         | 3    |        | HEALTHWISE INSULIN SYRINGE 1 ML 30G 5/16"       | 3    |       |
| GS ALCOHOL 70% SWAB                      | 3    |        | HEALTHWISE INSULIN SYRINGE 1 ML 31G 5/16"       | 3    |       |
| GS PEN NEEDLE 31G 5/16"                  | 3    |        | HEALTHWISE PEN NEEDLE 31G 5MM                   | 3    |       |
| GS PEN NEEDLE 31G 5MM                    | 3    |        | HEALTHWISE PEN NEEDLE 31G 8MM                   | 3    |       |
| GS PEN NEEDLE 31G 6MM                    | 3    |        | HEALTHWISE PEN NEEDLE 32G 4MM                   | 3    |       |
| GS PEN NEEDLE 31G 8MM                    | 3    |        | HEALTHY ACCENTS PENTIP 29G 12MM                 | 3    |       |
| GS PEN NEEDLE 32G 4MM                    | 3    |        | HEALTHY ACCENTS PENTIP 31G 5MM                  | 3    |       |
| GS PEN NEEDLE 32G 6MM                    | 3    |        | HEALTHY ACCENTS PENTIP 31G 6MM                  | 3    |       |
| GUANFACINE 1 MG TABLET                   | 2    |        | HEALTHY ACCENTS PENTIP 31G 8MM                  | 3    |       |
| GUANFACINE 2 MG TABLET                   | 2    |        | HEALTHY ACCENTS PENTIP 32G 4MM                  | 3    |       |
| GUANFACINE ER 1 MG TABLET                | 2    | QL     | HEATHER 0.35 MG TABLET                          | 1    |       |
| GUANFACINE ER 2 MG TABLET                | 2    | QL     | HEB UNIFINE PENTIP PLUS 31G 3/16"               | 3    |       |
| GUANFACINE ER 3 MG TABLET                | 2    | QL     | HEMA-COMBISTIX REAGENT TEST STRIP               | 3    |       |
| GUANFACINE ER 4 MG TABLET                | 2    | QL     | HEMMOREX-HC 25 MG SUPPOSITORY                   | 2    |       |
| GUARDIAN RT REPLACE CHARGER              | 3    |        | HEMMOREX-HC 30 MG SUPPOSITORY                   | 2    |       |
| GUARDIAN RT REPLACE TEST PLUG            | 3    |        | HEPARIN 5,000 UNIT/0.5 ML INJECTION             | 2    |       |
| GUARDIAN TEST PLUG                       | 3    |        | HEPARIN 5,000 UNIT/ML SYRINGE                   | 2    |       |
| GUARDIAN TRANSMITTER TAPE                | 3    |        | HEPLISAV-B 20 MCG/0.5 ML SYRINGE                | 3    |       |
| GYNAZOLE 1 2% CREAM                      | 3    |        | HIBERIX VACCINE VIAL                            | 3    |       |
| HAILEY 21 1.5 MG-30 MCG TABLET           | 1    |        | HIBERIX VIAL AND DILUENT SYRINGE                | 3    |       |
| HAILEY 24 FE 1 MG-20 MCG TABLET          | 1    |        | HIBERIX VIAL WITH DILUENT VIAL                  | 3    |       |
| HAILEY FE 1-20 TABLET                    | 1    |        | HM ULTICARE PEN NEEDLE 31G 5MM                  | 3    |       |
| HAILEY FE 1.5-30 TABLET                  | 1    |        | HM ULTICARE PEN NEEDLE 31G 6MM                  | 3    |       |
| HALOBETASOL 0.05% CREAM                  | 2    |        | HM ULTICARE PEN NEEDLE 31G 8MM                  | 3    |       |
| HALOBETASOL 0.05% OINTMENT               | 2    |        | HM ULTICARE PEN NEEDLE 32G 4MM                  | 3    |       |
| HALOETTE VAGINAL RING                    | 2    |        | HOMATROPAIRE 5% EYE DROPS                       | 2    |       |
| HALOPERIDOL 0.5 MG TABLET                | 2    |        | HUMALOG 100 UNIT/ML CARTRIDGE                   | 3    | QL    |
| HALOPERIDOL 1 MG TABLET                  | 2    |        | HUMALOG 100 UNIT/ML KWIKPEN                     | 3    | QL    |
| HALOPERIDOL 2 MG TABLET                  | 2    |        | HUMALOG 200 UNIT/ML KWIKPEN                     | 3    | QL    |
| HALOPERIDOL 5 MG TABLET                  | 2    |        |                                                 |      |       |

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| Medication Name                                         | Tier | Notes       |
|---------------------------------------------------------|------|-------------|
| HUMALOG JR 100 UNIT/ML KWIKPEN                          | 3    | QL          |
| HUMALOG MIX 50-50 KWIKPEN                               | 3    | QL          |
| HUMALOG MIX 75-25 KWIKPEN                               | 3    | QL          |
| HUMALOG MIX 75-25 VIAL                                  | 3    | QL          |
| HUMALOG TEMPO PEN 100 UNIT/ML                           | 3    | QL          |
| HUMIRA 40 MG/0.8 ML PEN                                 | 5    | PA, QL, SRX |
| HUMIRA 40 MG/0.8 ML SYRINGE                             | 5    | PA, QL, SRX |
| HUMIRA (CF) 40 MG/0.4 ML PEN                            | 5    | PA, QL, SRX |
| HUMIRA (CF) 80 MG/0.8 ML PEN                            | 5    | PA, QL, SRX |
| HUMIRA (CF) 80 MG CROHN'S-UC-HS PEN                     | 5    | PA, QL, SRX |
| HUMIRA (CF) 80 MG PEDIATRIC UC PEN                      | 5    | PA, QL, SRX |
| HUMIRA (CF) 80 MG-40 MG PSORIASIS-UVEITIS-ADOL HS PEN   | 5    | PA, QL, SRX |
| HUMIRA (CF) 10 MG/0.1 ML SYRINGE                        | 5    | PA, QL, SRX |
| HUMIRA (CF) 20 MG/0.2 ML SYRINGE                        | 5    | PA, QL, SRX |
| HUMIRA (CF) 40 MG/0.4 ML SYRINGE                        | 5    | PA, QL, SRX |
| HUMULIN 70/30 KWIKPEN                                   | 3    | QL          |
| HUMULIN 70-30 VIAL                                      | 3    | QL          |
| HUMULIN N 100 UNIT/ML KWIKPEN                           | 3    | QL          |
| HUMULIN N 100 UNIT/ML VIAL                              | 3    | QL          |
| HUMULIN R 500 UNIT/ML KWIKPEN                           | 3    | QL          |
| HUMULIN R 100 UNIT/ML VIAL                              | 3    | QL          |
| HUMULIN R 500 UNIT/ML VIAL                              | 3    | QL          |
| HYCAMTIN 0.25 MG CAPSULE                                | 5    | PA, SRX     |
| HYCAMTIN 1 MG CAPSULE                                   | 5    | PA, SRX     |
| HYDRALAZINE 10 MG TABLET                                | 1    |             |
| HYDRALAZINE 25 MG TABLET                                | 1    |             |
| HYDRALAZINE 50 MG TABLET                                | 1    |             |
| HYDRALAZINE 100 MG TABLET                               | 2    |             |
| HYDROCHLOROTHIAZIDE 12.5 MG CAPSULE                     | 1    |             |
| HYDROCHLOROTHIAZIDE 12.5 MG TABLET                      | 1    |             |
| HYDROCHLOROTHIAZIDE 25 MG TABLET                        | 1    |             |
| HYDROCHLOROTHIAZIDE 50 MG TABLET                        | 1    |             |
| HYDROCODONE ER 20 MG TABLET                             | 2    | PA          |
| HYDROCODONE ER 30 MG TABLET                             | 2    | PA          |
| HYDROCODONE ER 40 MG TABLET                             | 2    | PA          |
| HYDROCODONE ER 60 MG TABLET                             | 2    | PA          |
| HYDROCODONE ER 80 MG TABLET                             | 2    | PA          |
| HYDROCODONE ER 100 MG TABLET                            | 2    | PA          |
| HYDROCODONE ER 120 MG TABLET                            | 2    | PA          |
| HYDROCODONE-ACETAMINOPHEN 2.5-108 MG/5 ML ORAL SOLUTION | 2    | PA          |

| Medication Name                                          | Tier | Notes |
|----------------------------------------------------------|------|-------|
| HYDROCODONE-ACETAMINOPHEN 5-217 MG/10 ML ORAL SOLUTION   | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 7.5-325 MG/15 ML ORAL SOLUTION | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 10-325 MG/15 ML ORAL SOLUTION  | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TABLET              | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 5-300 MG TABLET                | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET                | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 7.5-300 MG TABLET              | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 7.5-325 MG TABLET              | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 10-300 MG TABLET               | 2    | PA    |
| HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET               | 2    | PA    |
| HYDROCODONE-CHLORPHENIRAMINE ER ORAL SUSPENSION          | 2    |       |
| HYDROCODONE-HOMATROPINE ORAL SOLUTION                    | 2    | QL    |
| HYDROCODONE-HOMATROPINE 5 ML ORAL SOLUTION               | 2    | QL    |
| HYDROCODONE-HOMATROPINE 5 MG-1.5 MG TABLET               | 2    | QL    |
| HYDROCODONE-IBUPROFEN 5 MG-200 MG TABLET                 | 2    | PA    |
| HYDROCODONE-IBUPROFEN 7.5 MG-200 MG TABLET               | 2    | PA    |
| HYDROCODONE-IBUPROFEN 10 MG-200 MG TABLET                | 2    | PA    |
| HYDROCORTISONE 1% CREAM                                  | 1    |       |
| HYDROCORTISONE 2.5% CREAM                                | 1    |       |
| HYDROCORTISONE 100 MG/60 ML ENEMA                        | 2    |       |
| HYDROCORTISONE 2.5% LOTION                               | 2    |       |
| HYDROCORTISONE 1% OINTMENT                               | 2    |       |
| HYDROCORTISONE 2.5% OINTMENT                             | 2    |       |
| HYDROCORTISONE 5 MG TABLET                               | 2    |       |
| HYDROCORTISONE 10 MG TABLET                              | 2    |       |
| HYDROCORTISONE 20 MG TABLET                              | 2    |       |
| HYDROCORTISONE 2.5% TOPICAL SOLUTION                     | 4    |       |
| HYDROCORTISONE AC 25 MG SUPPOSITORY                      | 2    |       |
| HYDROCORTISONE AC 30 MG SUPPOSITORY                      | 2    |       |
| HYDROCORTISONE BUTYRATE 0.1% CREAM                       | 3    | QL    |
| HYDROCORTISONE BUTYRATE 0.1% OINTMENT                    | 3    | QL    |
| HYDROCORTISONE BUTYRATE 0.1% TOPICAL SOLUTION            | 3    | QL    |

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| Medication Name                         | Tier | Notes            | Medication Name                       | Tier | Notes            |
|-----------------------------------------|------|------------------|---------------------------------------|------|------------------|
| HYDROCORTISONE VALERATE 0.2% CREAM      | 2    |                  | IBRANCE 75 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE VALERATE 0.2% OINTMENT   | 2    |                  | IBRANCE 100 MG TABLET                 | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC ACID EAR DROPS    | 3    |                  | IBRANCE 125 MG TABLET                 | 5    | PA, QL, LDD, SRX |
| HYDROCORTISONE-ACETIC ACID EAR SOLUTION | 3    |                  | IBU 400 MG TABLET                     | 1    |                  |
| HYDROMET 5 MG-1.5 MG/5 ML ORAL SOLUTION | 2    | QL               | IBU 600 MG TABLET                     | 1    |                  |
| HYDROMORPHONE 1 MG/ML ORAL SOLUTION     | 2    | PA               | IBU 800 MG TABLET                     | 1    |                  |
| HYDROMORPHONE 5 MG/5 ML ORAL SOLUTION   | 2    | PA               | IBUPROFEN 100 MG/5 ML ORAL SUSPENSION | 2    |                  |
| HYDROMORPHONE 3 MG SUPPOSITORY          | 2    | PA               | IBUPROFEN 400 MG TABLET               | 1    |                  |
| HYDROMORPHONE 2 MG TABLET               | 2    | PA               | IBUPROFEN 600 MG TABLET               | 1    |                  |
| HYDROMORPHONE 4 MG TABLET               | 2    | PA               | IBUPROFEN 800 MG TABLET               | 1    |                  |
| HYDROMORPHONE 8 MG TABLET               | 2    | PA               | ICATIBANT 30 MG/3 ML SYRINGE          | 5    | PA, SRX          |
| HYDROMORPHONE ER 8 MG TABLET            | 4    | PA               | ICLEVIA 0.15 MG-0.03 MG TABLET        | 1    |                  |
| HYDROMORPHONE ER 12 MG TABLET           | 4    | PA               | ICLUSIG 10 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| HYDROMORPHONE ER 16 MG TABLET           | 4    | PA               | ICLUSIG 15 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| HYDROMORPHONE ER 32 MG TABLET           | 4    | PA               | ICLUSIG 30 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| HYDROXYCHLOROQUINE 200 MG TABLET        | 2    |                  | ICLUSIG 45 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| HYDROXYUREA 500 MG CAPSULE              | 2    |                  | ICOSAPENT ETHYL 0.5 GM CAPSULE        | 4    | PA               |
| HYDROXYZINE 10 MG/5 ML ORAL SOLUTION    | 2    |                  | ICOSAPENT ETHYL 1 GM CAPSULE          | 4    | PA               |
| HYDROXYZINE 50 MG/25 ML ORAL SOLUTION   | 2    |                  | ICOSAPENT ETHYL 500 MG CAPSULE        | 4    | PA               |
| HYDROXYZINE 10 MG/5 ML SYRUP            | 2    |                  | IHEALTH LEVEL 2 CONTROL SOLUTION      | 3    |                  |
| HYDROXYZINE 10 MG TABLET                | 2    |                  | ILARIS 150 MG/ML VIAL                 | 5    | PA, LDD, SRX     |
| HYDROXYZINE 25 MG TABLET                | 2    |                  | ILET INFUSION KIT-INSET 23" 6MM       | 3    |                  |
| HYDROXYZINE 50 MG TABLET                | 2    |                  | ILET INFUSION KIT-INSET 32" 6MM       | 3    |                  |
| HYDROXYZINE PAMOATE 25 MG CAPSULE       | 2    |                  | ILET INFUSION-CONTACT DETACH 23" 6MM  | 3    |                  |
| HYDROXYZINE PAMOATE 50 MG CAPSULE       | 2    |                  | IMATINIB 100 MG TABLET                | 5    | PA, QL, SRX      |
| HYDROXYZINE PAMOATE 100 MG CAPSULE      | 2    |                  | IMATINIB 400 MG TABLET                | 5    | PA, QL, SRX      |
| HYOSCYAMINE 0.125 MG ODT TABLET         | 2    |                  | IMBRUVICA 70 MG CAPSULE               | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG/5 ML ELIXIR        | 2    |                  | IMBRUVICA 140 MG CAPSULE              | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG/ML ORAL DROPS      | 2    |                  | IMBRUVICA 70 MG/ML ORAL SUSPENSION    | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG SUBLINGUAL TABLET  | 2    |                  | IMBRUVICA 140 MG TABLET               | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE 0.125 MG TABLET             | 2    |                  | IMBRUVICA 280 MG TABLET               | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE ER 0.375 MG TABLET          | 2    |                  | IMBRUVICA 420 MG TABLET               | 5    | PA, QL, LDD, SRX |
| HYOSCYAMINE SR 0.375 MG TABLET          | 2    |                  | IMIPRAMINE 10 MG TABLET               | 2    |                  |
| HYOSYNE 125 MCG/5 ML ELIXIR             | 2    |                  | IMIPRAMINE 25 MG TABLET               | 2    |                  |
| HYOSYNE 0.125 MG/ML ORAL DROPS          | 2    |                  | IMIPRAMINE 50 MG TABLET               | 2    |                  |
| HYPO NEEDLE, POLYPROPYL HUB             | 3    |                  | IMIPRAMINE PAMOATE 75 MG CAPSULE      | 3    |                  |
| HYPODERMIC NEEDLE, ALUM HUB             | 3    |                  | IMIPRAMINE PAMOATE 100 MG CAPSULE     | 3    |                  |
| IBANDRONATE 150 MG TABLET               | 2    |                  | IMIPRAMINE PAMOATE 125 MG CAPSULE     | 3    |                  |
| IBRANCE 75 MG CAPSULE                   | 5    | PA, QL, LDD, SRX | IMIPRAMINE PAMOATE 150 MG CAPSULE     | 3    |                  |
| IBRANCE 100 MG CAPSULE                  | 5    | PA, QL, LDD, SRX | IMIQUIMOD 5% CREAM PACKET             | 2    |                  |
| IBRANCE 125 MG CAPSULE                  | 5    | PA, QL, LDD, SRX | INCASSIA 0.35 MG TABLET               | 1    |                  |

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| Medication Name                         | Tier | Notes            | Medication Name                       | Tier | Notes |
|-----------------------------------------|------|------------------|---------------------------------------|------|-------|
| IN-CHECK NASAL WITH MASK                | 3    |                  | INSULIN SYRINGE 0.3 ML 30G 1/2"       | 3    |       |
| IN-CHECK ORAL FLOW METER                | 3    |                  | INSULIN SYRINGE 0.3 ML 30G 5/16"      | 3    |       |
| INCONTROL PEN NEEDLE 29G 12MM           | 3    |                  | INSULIN SYRINGE 0.3 ML 31G 1/4"       | 3    |       |
| INCONTROL PEN NEEDLE 31G 5MM            | 3    |                  | INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2) | 3    |       |
| INCONTROL PEN NEEDLE 31G 6MM            | 3    |                  | INSULIN SYRINGE 0.3 ML 31G 5/16"      | 3    |       |
| INCONTROL PEN NEEDLE 31G 8MM            | 3    |                  | INSULIN SYRINGE 0.5 ML                | 3    |       |
| INCONTROL PEN NEEDLE 32G 4MM            | 3    |                  | INSULIN SYRINGE 0.5 ML 27G 1/2"       | 3    |       |
| INCONTROL ULTICARE PEN NEEDLE 31G 6MM   | 3    |                  | INSULIN SYRINGE 0.5 ML 27G 13MM       | 3    |       |
| INCONTROL ULTICARE PEN NEEDLE 31G 8MM   | 3    |                  | INSULIN SYRINGE 0.5 ML 28G 1/2"       | 3    |       |
| INCONTROL ULTICARE PEN NEEDLE 32G 4MM   | 3    |                  | INSULIN SYRINGE 0.5 ML 28G 12.7MM     | 3    |       |
| INCRELEX 40 MG/4 ML VIAL                | 5    | PA, LDD, SRX     | INSULIN SYRINGE 0.5 ML 29G 1/2"       | 3    |       |
| INCRUSE ELLIPTA 62.5 MCG INHALER        | 3    |                  | INSULIN SYRINGE 0.5 ML 30G 1/2"       | 3    |       |
| INDAPAMIDE 1.25 MG TABLET               | 1    |                  | INSULIN SYRINGE 0.5 ML 30G 5/16"      | 3    |       |
| INDAPAMIDE 2.5 MG TABLET                | 1    |                  | INSULIN SYRINGE 0.5 ML 31G 1/4"       | 3    |       |
| INDOMETHACIN 25 MG CAPSULE              | 2    |                  | INSULIN SYRINGE 0.5 ML 31G 5/16"      | 3    |       |
| INDOMETHACIN 50 MG CAPSULE              | 2    |                  | INSULIN SYRINGE 1 ML                  | 3    |       |
| INDOMETHACIN ER 75 MG CAPSULE           | 2    |                  | INSULIN SYRINGE 1 ML 27G 1/2"         | 3    |       |
| INFANRIX DTAP SYRINGE                   | 3    |                  | INSULIN SYRINGE 1 ML 27G 13MM         | 3    |       |
| INFINITY HIGH CONTROL SOLUTION          | 3    |                  | INSULIN SYRINGE 1 ML 27G 16MM         | 3    |       |
| INFINITY LOW CONTROL SOLUTION           | 3    |                  | INSULIN SYRINGE 1 ML 28G 1/2"         | 3    |       |
| INFINITY NORMAL CONTROL SOLUTION        | 3    |                  | INSULIN SYRINGE 1 ML 28G 12.7MM       | 3    |       |
| INFINITY VOICE LEVEL 2 CONTROL SOLUTION | 3    |                  | INSULIN SYRINGE 1 ML 28G 13MM         | 3    |       |
| INJECT-EASE SYRINGE NEEDLE INTRODUCER   | 3    |                  | INSULIN SYRINGE 1 ML 29G 1/2"         | 3    |       |
| INLYTA 1 MG TABLET                      | 5    | PA, QL, LDD, SRX | INSULIN SYRINGE 1 ML 30G 1/2"         | 3    |       |
| INLYTA 5 MG TABLET                      | 5    | PA, QL, LDD, SRX | INSULIN SYRINGE 1 ML 30G 5/16"        | 3    |       |
| INPEN (FOR HUMALOG) BLUE                | 3    |                  | INSULIN SYRINGE 1 ML 31G 1/4"         | 3    |       |
| INPEN (FOR HUMALOG) GREY                | 3    |                  | INSULIN SYRINGE 1 ML 31G 5/16"        | 3    |       |
| INPEN (FOR HUMALOG) PINK                | 3    |                  | INSULIN SYRINGE 1/2 ML                | 3    |       |
| INPEN (NOVOLOG OR FIASP) BLUE           | 3    |                  | INSULIN SYRINGE 3/10 ML               | 3    |       |
| INPEN (NOVOLOG OR FIASP) GREY           | 3    |                  | INSULIN-EZE SYRINGE MAGNIFIER         | 3    |       |
| INPEN (NOVOLOG OR FIASP) PINK           | 3    |                  | INSUPEN PEN NEEDLE 29G 1/2"           | 3    |       |
| INSUL-CAP INSULIN HOLDER                | 3    |                  | INSUPEN PEN NEEDLE 31G 3/16"          | 3    |       |
| INSULIN ASPART 100 UNIT/ML CARTRIDGE    | 4    | QL, ST           | INSUPEN PEN NEEDLE 31G 5/16"          | 3    |       |
| INSULIN ASPART 100 UNIT/ML PEN          | 4    | QL, ST           | INSUPEN PEN NEEDLE 31G 5MM            | 3    |       |
| INSULIN ASPART 100 UNIT/ML VIAL         | 4    | QL, ST           | INSUPEN PEN NEEDLE 31G 8MM            | 3    |       |
| INSULIN ASPART PROTAMINE MIX 70-30 PEN  | 4    | QL, ST           | INSUPEN PEN NEEDLE 32G 4MM            | 3    |       |
| INSULIN ASPART PROTAMINE MIX 70-30 VIAL | 4    | QL, ST           | INSUPEN PEN NEEDLE 32G 5/32"          | 3    |       |
| INSULIN CARTRIDGE 3 ML                  | 3    |                  | INSUPEN PEN NEEDLE 32G 6MM            | 3    |       |
| INSULIN LISPRO 100 UNIT/ML VIAL         | 3    | QL               | INSUPEN PEN NEEDLE 32G 8MM            | 3    |       |
| INSULIN SYRINGE 0.3 ML                  | 3    |                  | INSUPEN ULTRAFINE NEEDLE 30G          | 3    |       |
| INSULIN SYRINGE 0.3 ML 29G 1/2"         | 3    |                  | INSUPEN ULTRAFINE NEEDLE 31G          | 3    |       |

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| Medication Name                                              | Tier | Notes |
|--------------------------------------------------------------|------|-------|
| INTELENCE 25 MG TABLET                                       | 3    | SRX   |
| IPOL VIAL                                                    | 3    |       |
| IPRATROPIUM 0.02% INHALATION SOLUTION                        | 2    |       |
| IPRATROPIUM 0.03% NASAL SPRAY                                | 2    |       |
| IPRATROPIUM 0.06% NASAL SPRAY                                | 2    |       |
| IPRATROPIUM-ALBUTEROL 0.5-3(2.5) MG/3 ML INHALATION SOLUTION | 2    |       |
| IRBESARTAN 75 MG TABLET                                      | 1    |       |
| IRBESARTAN 150 MG TABLET                                     | 1    |       |
| IRBESARTAN 300 MG TABLET                                     | 1    |       |
| IRBESARTAN-HCTZ 150-12.5 MG TABLET                           | 1    |       |
| IRBESARTAN-HCTZ 300-12.5 MG TABLET                           | 1    |       |
| ISENRESS 25 MG CHEWABLE TABLET                               | 3    | SRX   |
| ISENRESS 100 MG CHEWABLE TABLET                              | 3    | SRX   |
| ISENRESS 100 MG POWDER PACKET                                | 3    | SRX   |
| ISENRESS 400 MG TABLET                                       | 3    | SRX   |
| ISENRESS HD 600 MG TABLET                                    | 3    | SRX   |
| ISIBLOOM 28 DAY TABLET                                       | 1    |       |
| ISONIAZID 50 MG/5 ML ORAL SOLUTION                           | 2    |       |
| ISONIAZID 100 MG TABLET                                      | 1    |       |
| ISONIAZID 300 MG TABLET                                      | 1    |       |
| ISOSORBIDE DINITRATE 5 MG TABLET                             | 2    |       |
| ISOSORBIDE DINITRATE 10 MG TABLET                            | 2    |       |
| ISOSORBIDE DINITRATE 20 MG TABLET                            | 2    |       |
| ISOSORBIDE DINITRATE 30 MG TABLET                            | 2    |       |
| ISOSORBIDE MONONITRATE 10 MG TABLET                          | 1    |       |
| ISOSORBIDE MONONITRATE 20 MG TABLET                          | 1    |       |
| ISOSORBIDE MONONITRATE ER 30 MG TABLET                       | 1    |       |
| ISOSORBIDE MONONITRATE ER 60 MG TABLET                       | 1    |       |
| ISOSORBIDE MONONITRATE ER 120 MG TABLET                      | 2    |       |
| ISOTRETINOIN 10 MG CAPSULE                                   | 4    |       |
| ISOTRETINOIN 20 MG CAPSULE                                   | 4    |       |
| ISOTRETINOIN 30 MG CAPSULE                                   | 4    |       |
| ISOTRETINOIN 40 MG CAPSULE                                   | 4    |       |
| ISOXSUPRINE 10 MG TABLET                                     | 2    |       |
| ISRADIPINE 2.5 MG CAPSULE                                    | 2    |       |
| ISRADIPINE 5 MG CAPSULE                                      | 2    |       |
| ITRACONAZOLE 100 MG CAPSULE                                  | 3    | QL    |
| ITRACONAZOLE 10 MG/ML ORAL SOLUTION                          | 3    |       |
| ITRACONAZOLE 100 MG/10 ML ORAL SOLUTION                      | 3    |       |
| IVERMECTIN 3 MG TABLET                                       | 2    | PA    |
| JAIMIESS 0.15-0.03-0.01 MG TABLET                            | 1    |       |

| Medication Name                      | Tier | Notes            |
|--------------------------------------|------|------------------|
| JAKAFI 5 MG TABLET                   | 5    | PA, QL, LDD, SRX |
| JAKAFI 10 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| JAKAFI 15 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| JAKAFI 20 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| JAKAFI 25 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| JANSSEN COVID-19 VACCINE (EUA)       | 3    |                  |
| JANTOVEN 1 MG TABLET                 | 1    |                  |
| JANTOVEN 2 MG TABLET                 | 1    |                  |
| JANTOVEN 2.5 MG TABLET               | 1    |                  |
| JANTOVEN 3 MG TABLET                 | 1    |                  |
| JANTOVEN 4 MG TABLET                 | 1    |                  |
| JANTOVEN 5 MG TABLET                 | 1    |                  |
| JANTOVEN 6 MG TABLET                 | 1    |                  |
| JANTOVEN 7.5 MG TABLET               | 1    |                  |
| JANTOVEN 10 MG TABLET                | 1    |                  |
| JANUMET 50-500 MG TABLET             | 3    | QL               |
| JANUMET 50-1,000 MG TABLET           | 3    | QL               |
| JANUMET XR 50-500 MG TABLET          | 3    | QL               |
| JANUMET XR 50-1,000 MG TABLET        | 3    | QL               |
| JANUMET XR 100-1,000 MG TABLET       | 3    | QL               |
| JANUVIA 25 MG TABLET                 | 3    | QL               |
| JANUVIA 50 MG TABLET                 | 3    | QL               |
| JANUVIA 100 MG TABLET                | 3    | QL               |
| JARDIANCE 10 MG TABLET               | 3    | QL               |
| JARDIANCE 25 MG TABLET               | 3    | QL               |
| JASMIEL 3 MG-0.02 MG TABLET          | 1    |                  |
| JENCYCLA 0.35 MG TABLET              | 1    |                  |
| JENTADUETO 2.5 MG-500 MG TABLET      | 3    | QL               |
| JENTADUETO 2.5 MG-850 MG TABLET      | 3    | QL               |
| JENTADUETO 2.5 MG-1000 MG TABLET     | 3    | QL               |
| JENTADUETO XR 2.5 MG-1,000 MG TABLET | 3    | QL               |
| JENTADUETO XR 5 MG-1,000 MG TABLET   | 3    | QL               |
| JINTELI 1 MG-5 MCG TABLET            | 2    |                  |
| JOLESSA 0.15 MG-0.03 MG TABLET       | 1    |                  |
| JOYEAX-28 TABLET                     | 1    |                  |
| JULEBER 28 DAY TABLET                | 1    |                  |
| JULUCA 50-25 MG TABLET               | 4    | QL, SRX          |
| JUNEL 1 MG-20 MCG TABLET             | 1    |                  |
| JUNEL 1.5 MG-30 MCG TABLET           | 1    |                  |
| JUNEL FE 1 MG-20 MCG TABLET          | 1    |                  |
| JUNEL FE 1.5 MG-30 MCG TABLET        | 1    |                  |

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| Medication Name                         | Tier | Notes            | Medication Name                         | Tier | Notes    |
|-----------------------------------------|------|------------------|-----------------------------------------|------|----------|
| JUNEL FE 24 TABLET                      | 1    |                  | KRO INSULIN SYRINGE 0.5 ML 31G 5/16"    | 3    |          |
| JYNNEOS 0.5 ML VIAL                     | 3    |                  | KRO INSULIN SYRINGE 1 ML 30G 5/16"      | 3    |          |
| KAITLIB FE 0.8-0.025 MG CHEWABLE TABLET | 1    |                  | KRO PEN NEEDLE 31G 5MM                  | 3    |          |
| KALLIGA 28 DAY TABLET                   | 1    |                  | KRO PEN NEEDLE 31G 6MM                  | 3    |          |
| KARIVA 28 DAY TABLET                    | 1    |                  | KRO PEN NEEDLE 31G 8MM                  | 3    |          |
| KELNOR 1-35 28 TABLET                   | 1    |                  | KRO PEN NEEDLE 32G 4MM                  | 3    |          |
| KELNOR 1-50 TABLET                      | 1    |                  | KRO PEN NEEDLE 33G 4MM                  | 3    |          |
| KESIMPTA 20 MG/0.4 ML PEN               | 5    | PA, SRX          | KROGER INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |          |
| KETOCONAZOLE 2% CREAM                   | 2    |                  | KROGER INSULIN SYRINGE 0.5 ML 29G 1/2"  | 3    |          |
| KETOCONAZOLE 2% SHAMPOO                 | 2    |                  | KROGER INSULIN SYRINGE 1 ML 29G 1/2"    | 3    |          |
| KETOCONAZOLE 200 MG TABLET              | 2    |                  | KROGER INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |          |
| KETO-DIASTIX REAGENT TEST STRIP         | 3    |                  | KROGER PEN NEEDLE 31G 5/16"             | 3    |          |
| KETONE TEST STRIP                       | 3    |                  | KROGER SYRINGE 0.3 ML 31G 5/16"         | 3    |          |
| KETOPROFEN 50 MG CAPSULE                | 3    |                  | KROGER SYRINGE 0.5 ML 30G 5/16"         | 3    |          |
| KETOPROFEN 75 MG CAPSULE                | 3    |                  | KURVELO-28 TABLET                       | 1    |          |
| KETOPROFEN ER 200 MG CAPSULE            | 3    |                  | KYLEENA 19.5 MG SYSTEM                  | 1    | LDD, SRX |
| KETOROLAC 0.4% EYE DROPS                | 2    |                  | LABETALOL 100 MG TABLET                 | 2    |          |
| KETOROLAC 0.5% EYE DROPS                | 2    |                  | LABETALOL 200 MG TABLET                 | 2    |          |
| KETOROLAC 10 MG TABLET                  | 2    | QL               | LABETALOL 300 MG TABLET                 | 2    |          |
| KETOSTIX REAGENT TEST STRIP             | 3    |                  | LABSTIX REAGENT TEST STRIP              | 3    |          |
| KINERET 100 MG/0.67 ML SYRINGE          | 5    | PA, QL, LDD, SRX | LACOSAMIDE 10 MG/ML ORAL SOLUTION       | 3    | QL       |
| KINRAY INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |                  | LACOSAMIDE 50 MG/5 ML ORAL SOLUTION     | 3    | QL       |
| KINRAY SYRINGE 0.3 ML 31G 5/16"         | 3    |                  | LACOSAMIDE 100 MG/10 ML ORAL SOLUTION   | 3    | QL       |
| KINRAY SYRINGE 0.5 ML 31G 5/16"         | 3    |                  | LACOSAMIDE 50 MG TABLET                 | 3    | QL       |
| KINRIX TIP-LOK SYRINGE                  | 3    |                  | LACOSAMIDE 100 MG TABLET                | 3    | QL       |
| KIONEX 15 GM/60 ML ORAL SUSPENSION      | 3    |                  | LACOSAMIDE 150 MG TABLET                | 3    | QL       |
| KISQALI 200 MG DAILY DOSE TABLET        | 5    | PA, QL, SRX      | LACOSAMIDE 200 MG TABLET                | 3    | QL       |
| KISQALI 400 MG DAILY DOSE TABLET        | 5    | PA, QL, SRX      | LACRISERT 5 MG EYE INSERT               | 4    |          |
| KISQALI 600 MG DAILY DOSE TABLET        | 5    | PA, QL, SRX      | LACTATED RINGERS IRRIGATION             | 2    |          |
| KLAYESTA 100,000 UNIT/GM POWDER         | 2    |                  | LACTULOSE 10 GM/15 ML ORAL SOLUTION     | 2    |          |
| KLOR-CON 8 MEQ TABLET                   | 2    |                  | LACTULOSE 20 GM/30 ML ORAL SOLUTION     | 2    |          |
| KLOR-CON 10 MEQ TABLET                  | 2    |                  | LAMIVUDINE 10 MG/ML ORAL SOLUTION       | 2    | SRX      |
| KLOR-CON 20 MEQ PACKET                  | 2    |                  | LAMIVUDINE 150 MG TABLET                | 2    | SRX      |
| KLOR-CON M10 TABLET                     | 2    |                  | LAMIVUDINE 300 MG TABLET                | 2    | SRX      |
| KLOR-CON M15 TABLET                     | 4    |                  | LAMIVUDINE HBV 100 MG TABLET            | 4    | SRX      |
| KLOR-CON M20 TABLET                     | 2    |                  | LAMIVUDINE-ZIDOVUDINE TABLET            | 2    | SRX      |
| KMART VALU PLUS SYRINGE 1/2 ML          | 3    |                  | LAMOTRIGINE 5 MG DISPERSIBLE TABLET     | 2    |          |
| KOURZEQ 0.1% TOOTHPASTE                 | 2    |                  | LAMOTRIGINE 25 MG DISPERSIBLE TABLET    | 2    |          |
| K-PHOS #2 TABLET                        | 4    |                  | LAMOTRIGINE ODT KIT (BLUE)              | 2    |          |
| K-PHOS ORIGINAL TABLET                  | 4    |                  | LAMOTRIGINE ODT KIT (GREEN)             | 2    |          |
| KRO INSULIN SYRINGE 0.3 ML 29G 1/2"     | 3    |                  | LAMOTRIGINE ODT KIT (ORANGE)            | 2    |          |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                         | Tier | Notes       | Medication Name                                 | Tier | Notes            |
|-----------------------------------------|------|-------------|-------------------------------------------------|------|------------------|
| LAMOTRIGINE 25 MG ODT TABLET            | 3    |             | LEADER SYRINGE 0.3 ML 31G 5/16"                 | 3    |                  |
| LAMOTRIGINE 50 MG ODT TABLET            | 3    |             | LEADER SYRINGE 0.5 ML 31G 5/16"                 | 3    |                  |
| LAMOTRIGINE 100 MG ODT TABLET           | 3    |             | LEDIPASVIR-SOFOSBUVIR 90-400 MG TABLET          | 5    | PA, QL, SRX      |
| LAMOTRIGINE 200 MG ODT TABLET           | 3    |             | LEENA 28 TABLET                                 | 1    |                  |
| LAMOTRIGINE 25 MG TABLET                | 2    |             | LEFLUNOMIDE 10 MG TABLET                        | 2    |                  |
| LAMOTRIGINE 100 MG TABLET               | 2    |             | LEFLUNOMIDE 20 MG TABLET                        | 2    |                  |
| LAMOTRIGINE 150 MG TABLET               | 2    |             | LENALIDOMIDE 2.5 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE 200 MG TABLET               | 2    |             | LENALIDOMIDE 5 MG CAPSULE                       | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-BLUE     | 2    |             | LENALIDOMIDE 10 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-GREEN    | 2    |             | LENALIDOMIDE 15 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE TABLET STARTER KIT-ORANGE   | 2    |             | LENALIDOMIDE 20 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 25 MG TABLET             | 3    |             | LENALIDOMIDE 25 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 50 MG TABLET             | 3    |             | LENVIMA 4 MG CAPSULE                            | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 100 MG TABLET            | 3    |             | LENVIMA 8 MG DAILY DOSE                         | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 200 MG TABLET            | 3    |             | LENVIMA 10 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 250 MG TABLET            | 3    |             | LENVIMA 12 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LAMOTRIGINE ER 300 MG TABLET            | 3    |             | LENVIMA 14 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE DR 15 MG CAPSULE           | 2    | QL          | LENVIMA 18 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE DR 30 MG CAPSULE           | 2    | QL          | LENVIMA 20 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN | 3    |             | LENVIMA 24 MG DAILY DOSE                        | 5    | PA, QL, LDD, SRX |
| LANTHANUM 500 MG CHEWABLE TABLET        | 4    |             | LESSINA-28 TABLET                               | 1    |                  |
| LANTHANUM 750 MG CHEWABLE TABLET        | 4    |             | LETROZOLE 2.5 MG TABLET                         | 2    |                  |
| LANTHANUM 1,000 MG CHEWABLE TABLET      | 4    |             | LEUCOVORIN 5 MG TABLET                          | 2    |                  |
| LAPATINIB 250 MG TABLET                 | 5    | PA, QL, SRX | LEUCOVORIN 10 MG TABLET                         | 2    |                  |
| LARIN 1.5 MG-30 MCG TABLET              | 1    |             | LEUCOVORIN 15 MG TABLET                         | 2    |                  |
| LARIN 21 1-20 TABLET                    | 1    |             | LEUCOVORIN 25 MG TABLET                         | 2    |                  |
| LARIN 24 FE 1 MG-20 MCG TABLET          | 1    |             | LEUKERAN 2 MG TABLET                            | 4    |                  |
| LARIN FE 1.5-30 TABLET                  | 1    |             | LEUKINE 250 MCG VIAL                            | 5    | SRX              |
| LARIN FE 1-20 TABLET                    | 1    |             | LEUPROLIDE 2 WEEK 14 MG/2.8 ML KIT              | 5    | PA, SRX          |
| LATANOPROST 0.005% EYE DROPS            | 2    |             | LEVALBUTEROL 1.25 MG/0.5 INHALATION CONCENTRATE | 3    |                  |
| LAYOLIS FE CHEWABLE TABLET              | 4    |             | LEVALBUTEROL 0.31 MG/3 ML INHALATION SOLUTION   | 2    |                  |
| LEADER INSULIN SYRINGE 0.3 ML           | 3    |             | LEVALBUTEROL 0.63 MG/3 ML INHALATION SOLUTION   | 2    |                  |
| LEADER INSULIN SYRINGE 0.3 ML 29G 1/2"  | 3    |             | LEVALBUTEROL 1.25 MG/3 ML INHALATION SOLUTION   | 2    |                  |
| LEADER INSULIN SYRINGE 0.5 ML 28G 1/2"  | 3    |             | LEVALBUTEROL TARTRATE HFA 45 MCG INHALER        | 2    | QL               |
| LEADER INSULIN SYRINGE 0.5 ML 29G 1/2"  | 3    |             | LEVETIRACETAM 100 MG/ML ORAL SOLUTION           | 2    |                  |
| LEADER INSULIN SYRINGE 0.5 ML 30G 1/2"  | 3    |             | LEVETIRACETAM 500 MG/5 ML ORAL SOLUTION         | 2    |                  |
| LEADER INSULIN SYRINGE 1 ML 28G 1/2"    | 3    |             | LEVETIRACETAM 1,000 MG/10 ML ORAL SOLUTION      | 2    |                  |
| LEADER INSULIN SYRINGE 1 ML 29G 1/2"    | 3    |             | LEVETIRACETAM 250 MG TABLET                     | 2    |                  |
| LEADER INSULIN SYRINGE 1 ML 30G 5/16"   | 3    |             |                                                 |      |                  |
| LEADER INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |             |                                                 |      |                  |
| LEADER PEN NEEDLE 29G 12MM              | 3    |             |                                                 |      |                  |

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| Medication Name                                                        | Tier | Notes | Medication Name                    | Tier | Notes |
|------------------------------------------------------------------------|------|-------|------------------------------------|------|-------|
| LEVETIRACETAM 500 MG TABLET                                            | 2    |       | LEVO-T 100 MCG TABLET              | 1    |       |
| LEVETIRACETAM 750 MG TABLET                                            | 2    |       | LEVO-T 112 MCG TABLET              | 1    |       |
| LEVETIRACETAM 1,000 MG TABLET                                          | 2    |       | LEVO-T 125 MCG TABLET              | 1    |       |
| LEVETIRACETAM ER 500 MG TABLET                                         | 2    |       | LEVO-T 137 MCG TABLET              | 1    |       |
| LEVETIRACETAM ER 750 MG TABLET                                         | 2    |       | LEVO-T 150 MCG TABLET              | 1    |       |
| LEVOBUNOLOL 0.5% EYE DROPS                                             | 2    |       | LEVO-T 175 MCG TABLET              | 1    |       |
| LEVOCARNITINE 500 MG/5 ML ORAL SOLUTION                                | 2    |       | LEVO-T 200 MCG TABLET              | 1    |       |
| LEVOCARNITINE 1 G/10 ML ORAL SOLUTION                                  | 2    |       | LEVO-T 300 MCG TABLET              | 1    |       |
| LEVOCARNITINE 330 MG TABLET                                            | 2    |       | LEVOTHYROXINE 25 MCG TABLET        | 1    |       |
| LEVOCARNITINE SF 1 G/10 ML ORAL SOLUTION                               | 2    |       | LEVOTHYROXINE 50 MCG TABLET        | 1    |       |
| LEVOCETIRIZINE 2.5 MG/5 ML ORAL SOLUTION                               | 2    |       | LEVOTHYROXINE 75 MCG TABLET        | 1    |       |
| LEVOCETIRIZINE 5 MG TABLET                                             | 2    |       | LEVOTHYROXINE 88 MCG TABLET        | 1    |       |
| LEVOFLOXACIN 0.5% EYE DROPS                                            | 2    |       | LEVOTHYROXINE 100 MCG TABLET       | 1    |       |
| LEVOFLOXACIN 1.5% EYE DROPS                                            | 2    |       | LEVOTHYROXINE 112 MCG TABLET       | 1    |       |
| LEVOFLOXACIN 25 MG/ML ORAL SOLUTION                                    | 2    |       | LEVOTHYROXINE 125 MCG TABLET       | 1    |       |
| LEVOFLOXACIN 250 MG TABLET                                             | 2    |       | LEVOTHYROXINE 137 MCG TABLET       | 1    |       |
| LEVOFLOXACIN 500 MG TABLET                                             | 2    |       | LEVOTHYROXINE 150 MCG TABLET       | 1    |       |
| LEVOFLOXACIN 750 MG TABLET                                             | 2    |       | LEVOTHYROXINE 175 MCG TABLET       | 1    |       |
| LEVONEST-28 TABLET                                                     | 1    |       | LEVOTHYROXINE 200 MCG TABLET       | 1    |       |
| LEVONORGESTREL 0.15 MG-ETHINYL ESTRADIOL<br>20-25-30 MCG TABLET        | 1    |       | LEVOTHYROXINE 300 MCG TABLET       | 1    |       |
| LEVONORGESTREL 1.5 MG TABLET                                           | 1    |       | LEVOXYL 25 MCG TABLET              | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL 0.09-0.02<br>MG TABLET                | 1    |       | LEVOXYL 50 MCG TABLET              | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02 MG<br>TABLET                 | 1    |       | LEVOXYL 75 MCG TABLET              | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL 0.1-0.02-<br>0.01 TABLET              | 1    |       | LEVOXYL 88 MCG TABLET              | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03<br>TABLET                   | 1    |       | LEVOXYL 100 MCG TABLET             | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL 0.15-0.03-<br>0.01 TABLET             | 1    |       | LEVOXYL 112 MCG TABLET             | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL TRIPHASIC<br>TABLET                   | 1    |       | LEVOXYL 125 MCG TABLET             | 2    |       |
| LEVONORGESTREL-ETHINYL ESTRADIOL-FE<br>BISGLYCINATE 0.1-0.02-36 TABLET | 1    |       | LEVOXYL 137 MCG TABLET             | 2    |       |
| LEVORA-28 TABLET                                                       | 1    |       | LEVOXYL 150 MCG TABLET             | 2    |       |
| LEVORPHANOL 2 MG TABLET                                                | 5    | PA    | LEVOXYL 175 MCG TABLET             | 2    |       |
| LEVORPHANOL 3 MG TABLET                                                | 5    | PA    | LEVOXYL 200 MCG TABLET             | 2    |       |
| LEVO-T 25 MCG TABLET                                                   | 1    |       | LEVULAN KERASTICK 20%              | 4    | SRX   |
| LEVO-T 50 MCG TABLET                                                   | 1    |       | LIDOCAINE 2% JELLY                 | 2    |       |
| LEVO-T 75 MCG TABLET                                                   | 1    |       | LIDOCAINE 2% JELLY URO-JET         | 2    |       |
| LEVO-T 88 MCG TABLET                                                   | 1    |       | LIDOCAINE 2% JELLY URO-JET AC      | 2    |       |
|                                                                        |      |       | LIDOCAINE 2% VISCOUS ORAL SOLUTION | 2    |       |
|                                                                        |      |       | LIDOCAINE 4% ORAL SOLUTION         | 2    |       |
|                                                                        |      |       | LIDOCAINE 5% OINTMENT              | 2    | QL    |
|                                                                        |      |       | LIDOCAINE 5% PATCH                 | 2    |       |
|                                                                        |      |       | LIDOCAINE-PRILOCAINE CREAM         | 2    |       |
|                                                                        |      |       | LIDOCAN III 5% PATCH               | 2    |       |

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| Medication Name                        | Tier | Notes    |
|----------------------------------------|------|----------|
| LIDOCAN IV 5% PATCH                    | 2    |          |
| LIDOCAN V 5% PATCH                     | 2    |          |
| LIFESHIELD BLUNT CANNULA               | 3    |          |
| LILETTA 52 MG SYSTEM                   | 1    | LDD, SRX |
| LINDANE 1% SHAMPOO                     | 2    |          |
| LINEZOLID 100 MG/5 ML ORAL SUSPENSION  | 4    | PA       |
| LINEZOLID 600 MG TABLET                | 3    | PA       |
| LINZESS 72 MCG CAPSULE                 | 4    | QL       |
| LINZESS 145 MCG CAPSULE                | 4    | QL       |
| LINZESS 290 MCG CAPSULE                | 4    | QL       |
| LIOTHYRONINE 5 MCG TABLET              | 2    |          |
| LIOTHYRONINE 25 MCG TABLET             | 2    |          |
| LIOTHYRONINE 50 MCG TABLET             | 2    |          |
| LIRAGLUTIDE 2-PAK 18 MG/3 ML PEN       | 3    | PA, QL   |
| LIRAGLUTIDE 3-PAK 18 MG/3 ML PEN       | 3    | PA, QL   |
| LISDEXAMFETAMINE 10 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 20 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 30 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 40 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 50 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 60 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 70 MG CAPSULE         | 2    | PA, QL   |
| LISDEXAMFETAMINE 10 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISDEXAMFETAMINE 20 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISDEXAMFETAMINE 30 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISDEXAMFETAMINE 40 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISDEXAMFETAMINE 50 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISDEXAMFETAMINE 60 MG CHEWABLE TABLET | 2    | PA, QL   |
| LISINOPRIL 2.5 MG TABLET               | 1    |          |
| LISINOPRIL 5 MG TABLET                 | 1    |          |
| LISINOPRIL 10 MG TABLET                | 1    |          |
| LISINOPRIL 20 MG TABLET                | 1    |          |
| LISINOPRIL 30 MG TABLET                | 1    |          |
| LISINOPRIL 40 MG TABLET                | 1    |          |
| LISINOPRIL-HCTZ 10-12.5 MG TABLET      | 1    |          |
| LISINOPRIL-HCTZ 20-12.5 MG TABLET      | 1    |          |
| LISINOPRIL-HCTZ 20-25 MG TABLET        | 1    |          |
| LITE TOUCH INSULIN SYRINGE 0.3 ML      | 3    |          |
| LITE TOUCH INSULIN SYRINGE 0.5 ML      | 3    |          |
| LITE TOUCH INSULIN SYRINGE 1 ML        | 3    |          |
| LITE TOUCH PEN NEEDLE 29G              | 3    |          |

| Medication Name                               | Tier | Notes        |
|-----------------------------------------------|------|--------------|
| LITE TOUCH PEN NEEDLE 31G                     | 3    |              |
| LITE TOUCH PEN NEEDLE 31G 1/4"                | 3    |              |
| LITEAIRE MDI CHAMBER                          | 3    | QL           |
| LITETOUCH INSULIN SYRINGE 0.3 ML 29G 1/2"     | 3    |              |
| LITETOUCH INSULIN SYRINGE 0.3 ML 30G 5/16"    | 3    |              |
| LITETOUCH INSULIN SYRINGE 0.3 ML 31G 5/16"    | 3    |              |
| LITETOUCH INSULIN SYRINGE 0.5 ML 31G 5/16"    | 3    |              |
| LITETOUCH LARGE MASK                          | 3    | QL           |
| LITETOUCH MEDIUM MASK                         | 3    | QL           |
| LITETOUCH SMALL MASK                          | 3    | QL           |
| LITETOUCH SYRINGE 0.5 ML 28G 1/2"             | 3    |              |
| LITETOUCH SYRINGE 0.5 ML 29G 1/2"             | 3    |              |
| LITETOUCH SYRINGE 0.5 ML 30G 5/16"            | 3    |              |
| LITETOUCH SYRINGE 1 ML 28G 1/2"               | 3    |              |
| LITETOUCH SYRINGE 1 ML 29G 1/2"               | 3    |              |
| LITETOUCH SYRINGE 1 ML 30G 5/16"              | 3    |              |
| LITHIUM 8 MEQ/5 ML ORAL SOLUTION              | 2    |              |
| LITHIUM CARBONATE 150 MG CAPSULE              | 1    |              |
| LITHIUM CARBONATE 300 MG CAPSULE              | 1    |              |
| LITHIUM CARBONATE 600 MG CAPSULE              | 1    |              |
| LITHIUM CARBONATE 300 MG TABLET               | 1    |              |
| LITHIUM CARBONATE ER 300 MG TABLET            | 2    |              |
| LITHIUM CARBONATE ER 450 MG TABLET            | 2    |              |
| LITHOSTAT 250 MG TABLET                       | 4    |              |
| LIVE BETTER PEN NEEDLE 8MM                    | 3    |              |
| LO LOESTRIN FE 1-10 TABLET                    | 3    |              |
| LOJAIMIESS 0.1-0.02-0.01 TABLET               | 1    |              |
| LOKELMA 5 GRAM POWDER PACKET                  | 4    |              |
| LOKELMA 10 GRAM POWDER PACKET                 | 4    |              |
| LONSURF 15 MG-6.14 MG TABLET                  | 5    | PA, LDD, SRX |
| LONSURF 20 MG-8.19 MG TABLET                  | 5    | PA, LDD, SRX |
| LOPERAMIDE 2 MG CAPSULE                       | 2    |              |
| LOPINAVIR-RITONAVIR 80-20 MG/ML ORAL SOLUTION | 2    | SRX          |
| LOPINAVIR-RITONAVIR 100-25 MG TABLET          | 2    | SRX          |
| LOPINAVIR-RITONAVIR 200-50 MG TABLET          | 2    | SRX          |
| LORAZEPAM 2 MG/ML ORAL CONCENTRATE            | 2    |              |
| LORAZEPAM 0.5 MG TABLET                       | 2    |              |
| LORAZEPAM 1 MG TABLET                         | 2    |              |
| LORAZEPAM 2 MG TABLET                         | 2    |              |
| LORAZEPAM INTENSOL 2 MG/ML ORAL CONCENTRATE   | 2    |              |

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| Medication Name                    | Tier | Notes            |
|------------------------------------|------|------------------|
| LORTAB 10 MG-300 MG/15 ML ELIXIR   | 2    | PA               |
| LORYNA 3 MG-0.02 MG TABLET         | 1    |                  |
| LOSARTAN 25 MG TABLET              | 1    |                  |
| LOSARTAN 50 MG TABLET              | 1    |                  |
| LOSARTAN 100 MG TABLET             | 1    |                  |
| LOSARTAN-HCTZ 50-12.5 MG TABLET    | 1    |                  |
| LOSARTAN-HCTZ 100-12.5 MG TABLET   | 1    |                  |
| LOSARTAN-HCTZ 100-25 MG TABLET     | 1    |                  |
| LOTEPREDNOL 0.5% DROPS             | 3    |                  |
| LOTEPREDNOL 0.5% EYE GEL           | 3    |                  |
| LOVASTATIN 10 MG TABLET            | 1    |                  |
| LOVASTATIN 20 MG TABLET            | 1    |                  |
| LOVASTATIN 40 MG TABLET            | 1    |                  |
| LOW-OGESTREL-28 TABLET             | 1    |                  |
| LOXAPINE 5 MG CAPSULE              | 2    |                  |
| LOXAPINE 10 MG CAPSULE             | 2    |                  |
| LOXAPINE 25 MG CAPSULE             | 2    |                  |
| LOXAPINE 50 MG CAPSULE             | 2    |                  |
| LO-ZUMANDIMINE 3 MG-0.02 MG TABLET | 1    |                  |
| LUBIPROSTONE 8 MCG CAPSULE         | 2    |                  |
| LUBIPROSTONE 24 MCG CAPSULE        | 2    |                  |
| LURASIDONE 20 MG TABLET            | 4    | QL               |
| LURASIDONE 40 MG TABLET            | 4    | QL               |
| LURASIDONE 60 MG TABLET            | 4    | QL               |
| LURASIDONE 80 MG TABLET            | 4    | QL               |
| LURASIDONE 120 MG TABLET           | 4    | QL               |
| LUTERA-28 TABLET                   | 1    |                  |
| LYLEQ 0.35 MG TABLET               | 1    |                  |
| LYLLANA 0.025 MG PATCH             | 2    | QL               |
| LYLLANA 0.0375 MG PATCH            | 2    | QL               |
| LYLLANA 0.05 MG PATCH              | 2    | QL               |
| LYLLANA 0.075 MG PATCH             | 2    | QL               |
| LYLLANA 0.1 MG PATCH               | 2    | QL               |
| LYNPARZA 100 MG TABLET             | 5    | PA, QL, LDD, SRX |
| LYNPARZA 150 MG TABLET             | 5    | PA, QL, LDD, SRX |
| LYSODREN 500 MG TABLET             | 4    | LDD              |
| LYZA 0.35 MG TABLET                | 1    |                  |
| MAGELLAN INSULIN SYRINGE 0.3 ML    | 3    |                  |
| MAGELLAN INSULIN SYRINGE 0.5 ML    | 3    |                  |
| MAGELLAN INSULIN SYRINGE 1 ML      | 3    |                  |
| MALATHION 0.5% LOTION              | 3    |                  |

| Medication Name                             | Tier | Notes |
|---------------------------------------------|------|-------|
| MARLISSA-28 TABLET                          | 1    |       |
| MARPLAN 10 MG TABLET                        | 4    |       |
| MATZIM LA 180 MG TABLET                     | 3    |       |
| MATZIM LA 240 MG TABLET                     | 3    |       |
| MATZIM LA 300 MG TABLET                     | 3    |       |
| MATZIM LA 360 MG TABLET                     | 3    |       |
| MATZIM LA 420 MG TABLET                     | 3    |       |
| MAXICOMFORT INSULIN SYRINGE 0.5 ML 27G 1/2" | 3    |       |
| MAXICOMFORT INSULIN SYRINGE 1 ML 27G 1/2"   | 3    |       |
| MAXICOMFORT PEN NEEDLE 29G 5MM              | 3    |       |
| MAXICOMFORT PEN NEEDLE 29G 8MM              | 3    |       |
| MAXICOMFORT II PEN NEEDLE 31G 6MM           | 3    |       |
| MAXI-COMFORT INSULIN SYRINGE 0.5 ML 28G     | 3    |       |
| MAXI-COMFORT INSULIN SYRINGE 1 ML 28G 1/2"  | 3    |       |
| MECLIZINE 12.5 MG TABLET                    | 2    |       |
| MECLIZINE 25 MG TABLET                      | 2    |       |
| MECLOFENAMATE 50 MG CAPSULE                 | 4    |       |
| MECLOFENAMATE 100 MG CAPSULE                | 4    |       |
| MEDICATION TRANSFER NEEDLE                  | 3    |       |
| MEDISENSE GLUCOSE-KETONE CONTROL SOLUTION   | 3    |       |
| MEDISENSE H-L CONTROL SOLUTION              | 3    |       |
| MEDISENSE H-M-L CONTROL SOLUTION            | 3    |       |
| MEDISENSE MID CONTROL SOLUTION              | 3    |       |
| MEDPOINT CONTROL SOLUTION                   | 3    |       |
| MEDROL 2 MG TABLET                          | 4    |       |
| MEDROXYPROGESTERONE 2.5 MG TABLET           | 1    |       |
| MEDROXYPROGESTERONE 5 MG TABLET             | 1    |       |
| MEDROXYPROGESTERONE 10 MG TABLET            | 1    |       |
| MEDROXYPROGESTERONE 150 MG/ML VIAL          | 1    |       |
| MEDTRONIC EXTENDED INFUSION SET 23" 6MM     | 3    |       |
| MEDTRONIC EXTENDED INFUSION SET 23" 9MM     | 3    |       |
| MEDTRONIC EXTENDED INFUSION SET 32" 6MM     | 3    |       |
| MEDTRONIC EXTENDED INFUSION SET 32" 9MM     | 3    |       |
| MEDTRONIC REMOTE CONTROL                    | 3    |       |
| MEFENAMIC ACID 250 MG CAPSULE               | 3    |       |
| MEFLOQUINE 250 MG TABLET                    | 2    | QL    |
| MEGESTROL 40 MG/ML ORAL SUSPENSION          | 2    |       |
| MEGESTROL 400 MG/10 ML ORAL SUSPENSION      | 2    |       |
| MEGESTROL 625 MG/5 ML ORAL SUSPENSION       | 4    |       |
| MEGESTROL 20 MG TABLET                      | 2    |       |
| MEGESTROL 40 MG TABLET                      | 2    |       |

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| Medication Name                         | Tier | Notes       |
|-----------------------------------------|------|-------------|
| MEKINIST 0.05 MG/ML ORAL SOLUTION       | 5    | PA, QL, SRX |
| MEKINIST 0.5 MG TABLET                  | 5    | PA, QL, SRX |
| MEKINIST 2 MG TABLET                    | 5    | PA, QL, SRX |
| MELOXICAM 7.5 MG TABLET                 | 1    |             |
| MELOXICAM 15 MG TABLET                  | 1    |             |
| MEMANTINE 2 MG/ML ORAL SOLUTION         | 2    |             |
| MEMANTINE 5 MG TABLET                   | 2    |             |
| MEMANTINE 10 MG TABLET                  | 2    |             |
| MEMANTINE 5-10 MG TITRATION PACK        | 2    |             |
| MENEST 0.3 MG TABLET                    | 4    |             |
| MENEST 0.625 MG TABLET                  | 4    |             |
| MENEST 1.25 MG TABLET                   | 4    |             |
| MENEST 2.5 MG TABLET                    | 4    |             |
| MENQUADFI VIAL                          | 3    |             |
| MENVEO 1 VIAL-A-C-Y-W-135-DIP           | 3    |             |
| MENVEO A-C-Y-W KIT (2 VIALS)            | 3    |             |
| MEPERIDINE 50 MG/5 ML ORAL SOLUTION     | 3    | PA          |
| MEPERIDINE 50 MG TABLET                 | 3    | PA          |
| MEPROBAMATE 200 MG TABLET               | 3    |             |
| MEPROBAMATE 400 MG TABLET               | 3    |             |
| MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION | 5    | PA, SRX     |
| MERCAPTOPURINE 50 MG TABLET             | 2    |             |
| MERZEE 1 MG-20 MCG CAPSULE              | 1    |             |
| MESALAMINE 4 GM/60 ML ENEMA             | 4    |             |
| MESALAMINE 4 GM/60 ML ENEMA KIT         | 4    |             |
| MESALAMINE 800 MG DR TABLET             | 4    |             |
| MESALAMINE ER 0.375 GRAM CAPSULE        | 3    |             |
| MESALAMINE ER 500 MG CAPSULE            | 4    |             |
| MESNA 400 MG TABLET                     | 5    | SRX         |
| METAXALONE 400 MG TABLET                | 4    |             |
| METAXALONE 800 MG TABLET                | 4    |             |
| METFORMIN 500 MG TABLET                 | 1    |             |
| METFORMIN 850 MG TABLET                 | 1    |             |
| METFORMIN 1,000 MG TABLET               | 1    |             |
| METFORMIN ER 500 MG TABLET              | 2    |             |
| METFORMIN ER 750 MG TABLET              | 2    |             |
| METHADONE 10 MG/ML ORAL CONCENTRATE     | 2    | PA          |
| METHADONE 5 MG/5 ML ORAL SOLUTION       | 2    | PA          |
| METHADONE 10 MG/5 ML ORAL SOLUTION      | 2    | PA          |
| METHADONE 5 MG TABLET                   | 2    | PA          |
| METHADONE 10 MG TABLET                  | 2    | PA          |

| Medication Name                              | Tier | Notes |
|----------------------------------------------|------|-------|
| METHADONE INTENSOL 10 MG/ML ORAL CONCENTRATE | 2    | PA    |
| METHAMPHETAMINE 5 MG TABLET                  | 4    | QL    |
| METHAZOLAMIDE 25 MG TABLET                   | 3    |       |
| METHAZOLAMIDE 50 MG TABLET                   | 3    |       |
| METHENAMINE HIPPURATE 1 GM TABLET            | 2    |       |
| METHENAMINE MANDELATE 500 MG TABLET          | 2    |       |
| METHENAMINE MANDELATE 1 GM TABLET            | 2    |       |
| METHIMAZOLE 5 MG TABLET                      | 2    |       |
| METHIMAZOLE 10 MG TABLET                     | 2    |       |
| METHITEST 10 MG TABLET                       | 5    |       |
| METHOCARBAMOL 500 MG TABLET                  | 2    |       |
| METHOCARBAMOL 750 MG TABLET                  | 2    |       |
| METHOTREXATE 2.5 MG TABLET                   | 2    |       |
| METHOXSALEN 10 MG SOFTGEL                    | 4    |       |
| METHSCOPOLAMINE 2.5 MG TABLET                | 2    |       |
| METHSCOPOLAMINE 5 MG TABLET                  | 2    |       |
| METHSUXIMIDE 300 MG CAPSULE                  | 4    |       |
| METHYLDOPA 250 MG TABLET                     | 2    |       |
| METHYLDOPA 500 MG TABLET                     | 2    |       |
| METHYLDOPA-HCTZ 250-15 MG TABLET             | 2    |       |
| METHYLDOPA-HCTZ 250-25 MG TABLET             | 2    |       |
| METHYLERGONOVINE 0.2 MG TABLET               | 4    |       |
| METHYLPHENIDATE 2.5 MG CHEWABLE TABLET       | 2    | QL    |
| METHYLPHENIDATE 5 MG CHEWABLE TABLET         | 2    | QL    |
| METHYLPHENIDATE 10 MG CHEWABLE TABLET        | 2    | QL    |
| METHYLPHENIDATE 5 MG/5 ML ORAL SOLUTION      | 2    | QL    |
| METHYLPHENIDATE 10 MG/5 ML ORAL SOLUTION     | 2    | QL    |
| METHYLPHENIDATE 5 MG TABLET                  | 2    | QL    |
| METHYLPHENIDATE 10 MG TABLET                 | 2    | QL    |
| METHYLPHENIDATE 20 MG TABLET                 | 2    | QL    |
| METHYLPHENIDATE CD 10 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE CD 20 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE CD 30 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE CD 40 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE CD 50 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE CD 60 MG CAPSULE             | 3    | QL    |
| METHYLPHENIDATE ER 10 MG TABLET              | 2    | QL    |
| METHYLPHENIDATE ER 18 MG TABLET              | 2    | QL    |
| METHYLPHENIDATE ER 20 MG TABLET              | 2    | QL    |
| METHYLPHENIDATE ER 27 MG TABLET              | 2    | QL    |
| METHYLPHENIDATE ER 36 MG TABLET              | 2    | QL    |

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| Medication Name                          | Tier | Notes | Medication Name                         | Tier | Notes   |
|------------------------------------------|------|-------|-----------------------------------------|------|---------|
| METHYLPHENIDATE ER 54 MG TABLET          | 2    | QL    | METRONIDAZOLE 500 MG TABLET             | 2    |         |
| METHYLPHENIDATE ER(CD) 10 MG CAPSULE     | 3    | QL    | METRONIDAZOLE TOPICAL 0.75% GEL         | 2    |         |
| METHYLPHENIDATE ER(CD) 20 MG CAPSULE     | 3    | QL    | METRONIDAZOLE TOPICAL 1% GEL            | 2    |         |
| METHYLPHENIDATE ER(CD) 30 MG CAPSULE     | 3    | QL    | METRONIDAZOLE TOPICAL 1% GEL PUMP       | 2    |         |
| METHYLPHENIDATE ER(CD) 40 MG CAPSULE     | 3    | QL    | METRONIDAZOLE VAGINAL 0.75% GEL         | 2    |         |
| METHYLPHENIDATE ER(CD) 50 MG CAPSULE     | 3    | QL    | METYROSINE 250 MG CAPSULE               | 5    | PA      |
| METHYLPHENIDATE ER(CD) 60 MG CAPSULE     | 3    | QL    | MEXILETINE 150 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE ER(LA) 10 MG CAPSULE     | 3    | QL    | MEXILETINE 200 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE ER(LA) 20 MG CAPSULE     | 3    | QL    | MEXILETINE 250 MG CAPSULE               | 2    |         |
| METHYLPHENIDATE ER(LA) 30 MG CAPSULE     | 3    | QL    | MIBELAS 24 FE CHEWABLE TABLET           | 1    |         |
| METHYLPHENIDATE ER(LA) 40 MG CAPSULE     | 3    | QL    | MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY | 3    |         |
| METHYLPHENIDATE ER(LA) 60 MG CAPSULE     | 3    | QL    | MICROCHAMBER                            | 3    | QL      |
| METHYLPREDNISOLONE 4 MG DOSEPACK         | 2    |       | MICRODOT HIGH-LOW CONTROL SOLUTION      | 3    |         |
| METHYLPREDNISOLONE 4 MG TABLET           | 2    |       | MICRODOT NORMAL CONTROL SOLUTION        | 3    |         |
| METHYLPREDNISOLONE 8 MG TABLET           | 2    |       | MICROGESTIN 21 1.5-30 TABLET            | 1    |         |
| METHYLPREDNISOLONE 16 MG TABLET          | 2    |       | MICROGESTIN 21 1-20 TABLET              | 1    |         |
| METHYLPREDNISOLONE 32 MG TABLET          | 2    |       | MICROGESTIN 24 FE 1 MG-20 MCG TABLET    | 1    |         |
| METHYLTESTOSTERONE 10 MG CAPSULE         | 5    |       | MICROGESTIN FE 1.5-30 TABLET            | 1    |         |
| METOCLOPRAMIDE 5 MG/5 ML ORAL SOLUTION   | 2    |       | MICROGESTIN FE 1-20 TABLET              | 1    |         |
| METOCLOPRAMIDE 10 MG/10 ML ORAL SOLUTION | 2    |       | MICROLIFE PEAK FLOW METER               | 3    |         |
| METOCLOPRAMIDE 5 MG TABLET               | 1    |       | MICROSPACER FOR AEROSOL DEVICE          | 3    | QL      |
| METOCLOPRAMIDE 10 MG TABLET              | 1    |       | MIDAZOLAM 2 MG/ML SYRUP                 | 2    |         |
| METOLAZONE 2.5 MG TABLET                 | 2    |       | MIDAZOLAM 10 MG/5 ML SYRUP              | 2    |         |
| METOLAZONE 5 MG TABLET                   | 2    |       | MIDODRINE 2.5 MG TABLET                 | 2    |         |
| METOLAZONE 10 MG TABLET                  | 2    |       | MIDODRINE 5 MG TABLET                   | 2    |         |
| METOPROLOL SUCCINATE ER 25 MG TABLET     | 2    |       | MIDODRINE 10 MG TABLET                  | 2    |         |
| METOPROLOL SUCCINATE ER 50 MG TABLET     | 2    |       | MIGERGOT 2-100 MG SUPPOSITORY           | 4    |         |
| METOPROLOL SUCCINATE ER 100 MG TABLET    | 2    |       | MIGLITOL 25 MG TABLET                   | 2    |         |
| METOPROLOL SUCCINATE ER 200 MG TABLET    | 2    |       | MIGLITOL 50 MG TABLET                   | 2    |         |
| METOPROLOL TARTRATE 25 MG TABLET         | 1    |       | MIGLITOL 100 MG TABLET                  | 2    |         |
| METOPROLOL TARTRATE 37.5 MG TABLET       | 2    |       | MIGLUSTAT 100 MG CAPSULE                | 5    | PA, SRX |
| METOPROLOL TARTRATE 50 MG TABLET         | 1    |       | MILI 0.25-0.035 MG TABLET               | 1    |         |
| METOPROLOL TARTRATE 75 MG TABLET         | 2    |       | MIMVEY 1-0.5 MG TABLET                  | 2    |         |
| METOPROLOL TARTRATE 100 MG TABLET        | 1    |       | MINI PEN NEEDLE 32G 4MM                 | 3    |         |
| METOPROLOL-HCTZ 50-25 MG TABLET          | 2    |       | MINI PEN NEEDLE 32G 5MM                 | 3    |         |
| METOPROLOL-HCTZ 100-25 MG TABLET         | 2    |       | MINI PEN NEEDLE 32G 6MM                 | 3    |         |
| METOPROLOL-HCTZ 100-50 MG TABLET         | 2    |       | MINI PEN NEEDLE 32G 8MM                 | 3    |         |
| METRONIDAZOLE 375 MG CAPSULE             | 2    |       | MINI PEN NEEDLE 33G 4MM                 | 3    |         |
| METRONIDAZOLE 0.75% CREAM                | 2    |       | MINI PEN NEEDLE 33G 5MM                 | 3    |         |
| METRONIDAZOLE 0.75% LOTION               | 2    |       | MINI PEN NEEDLE 33G 6MM                 | 3    |         |
| METRONIDAZOLE 250 MG TABLET              | 2    |       | MINI ULTRA-THIN II PEN NEEDLE 31G       | 3    |         |

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| Medication Name                          | Tier | Notes    | Medication Name                           | Tier | Notes |
|------------------------------------------|------|----------|-------------------------------------------|------|-------|
| MINI WRIGHT PEAK FLOW METER              | 3    |          | MIRTAZAPINE 45 MG ODT TABLET              | 2    |       |
| MINIMED INFUSION SET                     | 3    |          | MIRTAZAPINE 7.5 MG TABLET                 | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 23" 6MM | 3    |          | MIRTAZAPINE 15 MG TABLET                  | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 23" 9MM | 3    |          | MIRTAZAPINE 30 MG TABLET                  | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 43" 6MM | 3    |          | MIRTAZAPINE 45 MG TABLET                  | 2    |       |
| MINIMED MIO ADVANCE INFUSION SET 43" 9MM | 3    |          | MISOPROSTOL 100 MCG TABLET                | 2    |       |
| MINIMED QUICK INFUSION SET 18" 6MM       | 3    |          | MISOPROSTOL 200 MCG TABLET                | 2    |       |
| MINIMED QUICK INFUSION SET 23" 6MM       | 3    |          | M-M-R II VACCINE VIAL                     | 3    |       |
| MINIMED QUICK INFUSION SET 23" 9MM       | 3    |          | M-NATAL PLUS TABLET                       | 1    |       |
| MINIMED QUICK INFUSION SET 32" 6MM       | 3    |          | MODAFINIL 100 MG TABLET                   | 4    | PA    |
| MINIMED QUICK INFUSION SET 32" 9MM       | 3    |          | MODAFINIL 200 MG TABLET                   | 4    | PA    |
| MINIMED QUICK INFUSION SET 43" 6MM       | 3    |          | MODERNA COVID (6M-5Y) VACCINE (EUA)       | 3    |       |
| MINIMED QUICK INFUSION SET 43" 9MM       | 3    |          | MODERNA COVID (6-11Y) VACCINE (EUA)       | 3    |       |
| MINIMED QUICK-SERTER                     | 3    |          | MODERNA COVID (12Y UP) VACCINE (EUA)      | 3    |       |
| MINIMED RESERVOIR 1.8 ML                 | 3    |          | MODERNA COVID (6M-11Y) EUA                | 3    |       |
| MINIMED RESERVOIR 3 ML                   | 3    |          | MODERNA COVID BIVAL (6MO-5Y) EUA          | 3    |       |
| MINIMED SILHOUETTE INFUSION SET 18"      | 3    |          | MODERNA COVID BIVAL (6MO UP) EUA          | 3    |       |
| MINIMED SILHOUETTE INFUSION SET 23"      | 3    |          | MODERNA COVID-19 BOOSTER (EUA)            | 3    |       |
| MINIMED SILHOUETTE INFUSION SET 32"      | 3    |          | MOEXIPRIL 7.5 MG TABLET                   | 2    |       |
| MINIMED SILHOUETTE INFUSION SET 43"      | 3    |          | MOEXIPRIL 15 MG TABLET                    | 2    |       |
| MINIMED SURET INFUSION SET 18" 6MM       | 3    |          | MOLINDONE 5 MG TABLET                     | 2    |       |
| MINIMED SURET INFUSION SET 23"           | 3    |          | MOLINDONE 10 MG TABLET                    | 2    |       |
| MINIMED SURET INFUSION SET 23" 6MM       | 3    |          | MOLINDONE 25 MG TABLET                    | 2    |       |
| MINIMED SURET INFUSION SET 23" 8MM       | 3    |          | MOMETASONE 0.1% CREAM                     | 2    |       |
| MINIMED SURET INFUSION SET 32"           | 3    |          | MOMETASONE 0.1% OINTMENT                  | 2    |       |
| MINIMED SURET INFUSION SET 32" 6MM       | 3    |          | MOMETASONE 0.1% TOPICAL SOLUTION          | 2    |       |
| MINIMED SURET INFUSION SET 32" 8MM       | 3    |          | MOMETASONE 50 MCG NASAL SPRAY             | 3    | QL    |
| MINOCYCLINE 50 MG CAPSULE                | 1    |          | MONDOXYNE NL 75 MG CAPSULE                | 2    |       |
| MINOCYCLINE 75 MG CAPSULE                | 1    |          | MONDOXYNE NL 100 MG CAPSULE               | 1    |       |
| MINOCYCLINE 100 MG CAPSULE               | 1    |          | MONOJECT BLOOD COLLECTION NEEDLE 20G 1"   | 3    |       |
| MINOCYCLINE 50 MG TABLET                 | 1    |          | MONOJECT BLOOD COLLECTION NEEDLE 20G 1.5" | 3    |       |
| MINOCYCLINE 75 MG TABLET                 | 1    |          | MONOJECT BLOOD COLLECTION NEEDLE 21G 1"   | 3    |       |
| MINOCYCLINE 100 MG TABLET                | 1    |          | MONOJECT BLOOD COLLECTION NEEDLE 22G 1"   | 3    |       |
| MINOXIDIL 2.5 MG TABLET                  | 2    |          | MONOJECT FILTER NEEDLE 18G 1.5"           | 3    |       |
| MINOXIDIL 10 MG TABLET                   | 2    |          | MONOJECT HYPODERMIC NEEDLE                | 3    |       |
| MINZOYA-28 TABLET                        | 1    |          | MONOJECT HYPODERMIC NEEDLE 18G 1A"        | 3    |       |
| MIRABEGRON ER 25 MG TABLET               | 4    | QL       | MONOJECT HYPODERMIC NEEDLE 19G 1"         | 3    |       |
| MIRABEGRON ER 50 MG TABLET               | 4    | QL       | MONOJECT HYPODERMIC NEEDLE 19G 1.5"       | 3    |       |
| MIRENA 52 MG SYSTEM                      | 1    | LDD, SRX | MONOJECT HYPODERMIC NEEDLE 20G 1"         | 3    |       |
| MIRTAZAPINE 15 MG ODT TABLET             | 2    |          | MONOJECT HYPODERMIC NEEDLE 20G 1.5"       | 3    |       |
| MIRTAZAPINE 30 MG ODT TABLET             | 2    |          | MONOJECT HYPODERMIC NEEDLE 21G 1"         | 3    |       |

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| Medication Name                      | Tier | Notes | Medication Name                       | Tier | Notes  |
|--------------------------------------|------|-------|---------------------------------------|------|--------|
| MONOJECT HYPODERMIC NEEDLE 21G 1.5"  | 3    |       | MONO-LINYAH 28 TABLET                 | 1    |        |
| MONOJECT HYPODERMIC NEEDLE 22G 1"    | 3    |       | MONTelukAST 10 MG TABLET              | 2    |        |
| MONOJECT HYPODERMIC NEEDLE 22G 1.5"  | 3    |       | MONTelukAST 4 MG CHEWABLE TABLET      | 2    |        |
| MONOJECT HYPODERMIC NEEDLE 23G 1"    | 3    |       | MONTelukAST 5 MG CHEWABLE TABLET      | 2    |        |
| MONOJECT HYPODERMIC NEEDLE 25G 5/8"  | 3    |       | MONTelukAST 4 MG GRANULE              | 2    |        |
| MONOJECT HYPODERMIC NEEDLE 25G 1"    | 3    |       | MORGIDOX 50 MG CAPSULE                | 1    |        |
| MONOJECT HYPODERMIC NEEDLE 25G 1.5"  | 3    |       | MORPHINE 100 MG/5 ML ORAL CONCENTRATE | 2    | PA     |
| MONOJECT HYPODERMIC NEEDLE 26G 1.5"  | 3    |       | MORPHINE 10 MG/5 ML ORAL SOLUTION     | 2    | PA     |
| MONOJECT HYPODERMIC NEEDLE 27G 0.5"  | 3    |       | MORPHINE 20 MG/5 ML ORAL SOLUTION     | 2    | PA     |
| MONOJECT HYPODERMIC NEEDLE 27G 1.5"  | 3    |       | MORPHINE 5 MG SUPPOSITORY             | 2    | PA     |
| MONOJECT HYPODERMIC NEEDLE 30G 3/4"  | 3    |       | MORPHINE 10 MG SUPPOSITORY            | 2    | PA     |
| MONOJECT INSULIN SYRINGE 0.3 ML      | 3    |       | MORPHINE 20 MG SUPPOSITORY            | 2    | PA     |
| MONOJECT INSULIN SYRINGE 0.5 ML      | 3    |       | MORPHINE 30 MG SUPPOSITORY            | 2    | PA     |
| MONOJECT INSULIN SYRINGE 1 ML        | 3    |       | MORPHINE ER 10 MG CAPSULE             | 2    | PA     |
| MONOJECT INSULIN SYRINGE 3/10 ML     | 3    |       | MORPHINE ER 20 MG CAPSULE             | 2    | PA     |
| MONOJECT INSULIN SYRINGE U100        | 3    |       | MORPHINE ER 30 MG CAPSULE             | 2    | PA     |
| MONOJECT INSULIN SYRINGE U100 0.5 ML | 3    |       | MORPHINE ER 45 MG CAPSULE             | 2    | PA     |
| MONOJECT INSULIN SYRINGE U100 1 ML   | 3    |       | MORPHINE ER 50 MG CAPSULE             | 2    | PA     |
| MONOJECT SAFETY SYRINGE 6CC          | 3    |       | MORPHINE ER 60 MG CAPSULE             | 2    | PA     |
| MONOJECT SYRINGE 0.3 ML              | 3    |       | MORPHINE ER 75 MG CAPSULE             | 2    | PA     |
| MONOJECT SYRINGE 0.5 ML              | 3    |       | MORPHINE ER 80 MG CAPSULE             | 2    | PA     |
| MONOJECT SYRINGE 0.5 ML 28G 1/2"     | 3    |       | MORPHINE ER 90 MG CAPSULE             | 2    | PA     |
| MONOJECT SYRINGE 1 ML                | 3    |       | MORPHINE ER 100 MG CAPSULE            | 2    | PA     |
| MONOJECT SYRINGE 1 ML 27 1/2"        | 3    |       | MORPHINE ER 120 MG CAPSULE            | 2    | PA     |
| MONOJECT SYRINGE 1 ML 28G 1/2"       | 3    |       | MORPHINE ER 15 MG TABLET              | 2    | PA     |
| MONOJECT SYRINGE 3 ML 20G 1"         | 3    |       | MORPHINE ER 30 MG TABLET              | 2    | PA     |
| MONOJECT SYRINGE 3 ML 20G 1.5"       | 3    |       | MORPHINE ER 60 MG TABLET              | 2    | PA     |
| MONOJECT SYRINGE 3 ML 20G 3/4"       | 3    |       | MORPHINE ER 100 MG TABLET             | 2    | PA     |
| MONOJECT SYRINGE 3 ML 21G 1"         | 3    |       | MORPHINE ER 200 MG TABLET             | 2    | PA     |
| MONOJECT SYRINGE 3 ML 21G 1.5"       | 3    |       | MORPHINE IR 15 MG TABLET              | 2    | PA     |
| MONOJECT SYRINGE 3 ML 22G 1"         | 3    |       | MORPHINE IR 30 MG TABLET              | 2    | PA     |
| MONOJECT SYRINGE 3 ML 22G 1.5"       | 3    |       | MOUNJARO 2.5 MG/0.5 ML PEN            | 3    | PA, QL |
| MONOJECT SYRINGE 3 ML 23G 1"         | 3    |       | MOUNJARO 5 MG/0.5 ML PEN              | 3    | PA, QL |
| MONOJECT SYRINGE 3 ML 25G 5/8"       | 3    |       | MOUNJARO 7.5 MG/0.5 ML PEN            | 3    | PA, QL |
| MONOJECT SYRINGE 3 ML 25G 1"         | 3    |       | MOUNJARO 10 MG/0.5 ML PEN             | 3    | PA, QL |
| MONOJECT SYRINGE 3 ML 25G 1.25"      | 3    |       | MOUNJARO 12.5 MG/0.5 ML PEN           | 3    | PA, QL |
| MONOJECT SYRINGE 3 ML 27G 1.25"      | 3    |       | MOUNJARO 15 MG/0.5 ML PEN             | 3    | PA, QL |
| MONOJECT SYRINGE 6 ML 20G 1.5"       | 3    |       | MOVANTIK 12.5 MG TABLET               | 3    | PA, QL |
| MONOJECT SYRINGE 6 ML 21G 1"         | 3    |       | MOVANTIK 25 MG TABLET                 | 3    | PA, QL |
| MONOJECT SYRINGE 6 ML 21G 1.5"       | 3    |       | MOXIFLOXACIN 0.5% EYE DROPS           | 2    |        |
| MONOJECT SYRINGE 6 ML 22G 1.5"       | 3    |       | MOXIFLOXACIN 0.5% EYE DROPS-VISCOUS   | 2    |        |

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| Medication Name                               | Tier | Notes | Medication Name                               | Tier | Notes    |
|-----------------------------------------------|------|-------|-----------------------------------------------|------|----------|
| MOXIFLOXACIN 400 MG TABLET                    | 2    |       | MYTESI 125 MG DR TABLET                       | 4    | LDD, SRX |
| MRESVIA 50 MCG/0.5 ML SYRINGE                 | 3    |       | NABUMETONE 500 MG TABLET                      | 2    |          |
| MS INSULIN SYRINGE 0.3 ML                     | 3    |       | NABUMETONE 750 MG TABLET                      | 2    |          |
| MS INSULIN SYRINGE 0.3 ML 29G 1/2"            | 3    |       | NADOLOL 20 MG TABLET                          | 2    |          |
| MS INSULIN SYRINGE 0.3 ML 31G 5/16"           | 3    |       | NADOLOL 40 MG TABLET                          | 2    |          |
| MS INSULIN SYRINGE 0.5 ML 29G 1/2"            | 3    |       | NADOLOL 80 MG TABLET                          | 2    |          |
| MS INSULIN SYRINGE 0.5 ML 30G 1/2"            | 3    |       | NAFTIFINE 1% CREAM                            | 3    |          |
| MS INSULIN SYRINGE 0.5 ML 31G 5/16"           | 3    |       | NAFTIFINE 2% CREAM                            | 3    |          |
| MS INSULIN SYRINGE 1 ML 29G 1/2"              | 3    |       | NAFTIFINE 2% GEL                              | 3    |          |
| MS INSULIN SYRINGE 1 ML 30G 1/2"              | 3    |       | NALOXONE 0.4 MG/ML CARPUJECT                  | 2    |          |
| MS INSULIN SYRINGE 1 ML 31G 5/16"             | 3    |       | NALOXONE 0.4 MG/ML SYRINGE                    | 2    |          |
| MS PEN NEEDLE 31G 6MM                         | 3    |       | NALOXONE 2 MG/2 ML SYRINGE                    | 2    |          |
| MULTISTIX 5 TEST STRIP                        | 3    |       | NALOXONE 4 MG NASAL SPRAY                     | 2    | QL       |
| MULTISTIX REAGENT TEST STRIP                  | 3    |       | NALTREXONE 50 MG TABLET                       | 2    | QL       |
| MULTISTIX 7 REAGENT TEST STRIP                | 3    |       | NANO 2 GEN PEN NEEDLE 32G 4MM                 | 3    |          |
| MULTISTIX 9 REAGENT TEST STRIP                | 3    |       | NANO PEN NEEDLE 32G 4MM                       | 3    |          |
| MULTISTIX 8 SG REAGENT TEST STRIP             | 3    |       | NAPROXEN 500 MG KIT                           | 1    |          |
| MULTISTIX 9 SG REAGENT TEST STRIP             | 3    |       | NAPROXEN 250 MG TABLET                        | 1    |          |
| MULTISTIX 10 SG REAGENT TEST STRIP            | 3    |       | NAPROXEN 375 MG TABLET                        | 1    |          |
| MULTIVITAMIN-FLUORIDE 0.25 MG CHEWABLE TABLET | 2    |       | NAPROXEN 500 MG TABLET                        | 1    |          |
| MULTIVITAMIN-FLUORIDE 0.5 MG CHEWABLE TABLET  | 2    |       | NAPROXEN DR 375 MG TABLET                     | 2    |          |
| MULTIVITAMIN-FLUORIDE 1 MG CHEWABLE TABLET    | 2    |       | NAPROXEN DR 500 MG TABLET                     | 2    |          |
| MUPIROCIN 2% CREAM                            | 3    |       | NAPROXEN SODIUM 275 MG TABLET                 | 2    |          |
| MUPIROCIN 2% OINTMENT                         | 2    |       | NAPROXEN SODIUM 550 MG TABLET                 | 2    |          |
| MY CHOICE 1.5 MG TABLET                       | 1    |       | NARATRIPTAN 1 MG TABLET                       | 2    | QL       |
| MY WAY 1.5 MG TABLET                          | 1    |       | NARATRIPTAN 2.5 MG TABLET                     | 2    | QL       |
| MYCOPHENOLATE 250 MG CAPSULE                  | 2    | SRX   | NATACYN 5% EYE DROPS                          | 4    |          |
| MYCOPHENOLATE 200 MG/ML ORAL SUSPENSION       | 2    | SRX   | NATAZIA 28 TABLET                             | 4    |          |
| MYCOPHENOLATE 500 MG TABLET                   | 2    | SRX   | NATEGLINIDE 60 MG TABLET                      | 2    |          |
| MYCOPHENOLIC ACID DR 180 MG TABLET            | 2    | SRX   | NATEGLINIDE 120 MG TABLET                     | 2    |          |
| MYCOPHENOLIC ACID DR 360 MG TABLET            | 2    | SRX   | NAYZILAM 5 MG NASAL SPRAY                     | 5    | PA, QL   |
| MYGLUCOHEALTH CONTROL SOLUTION PAK            | 3    |       | NEBUSAL 3% VIAL                               | 2    |          |
| MYLERAN 2 MG TABLET                           | 4    |       | NECON 0.5-35-28 TABLET                        | 1    |          |
| MYNATAL CAPSULE                               | 1    |       | NEFAZODONE 50 MG TABLET                       | 2    |          |
| MYNATAL PLUS CAPTAB                           | 1    |       | NEFAZODONE 100 MG TABLET                      | 2    |          |
| MYNATAL ULTRACAPLET                           | 1    |       | NEFAZODONE 150 MG TABLET                      | 2    |          |
| MYNATAL-Z CAPTAB                              | 1    |       | NEFAZODONE 200 MG TABLET                      | 2    |          |
| MYORISAN 10 MG CAPSULE                        | 4    |       | NEFAZODONE 250 MG TABLET                      | 2    |          |
| MYORISAN 20 MG CAPSULE                        | 4    |       | NEOMYCIN 500 MG TABLET                        | 2    |          |
| MYORISAN 30 MG CAPSULE                        | 4    |       | NEOMYCIN-BACITRACIN-POLYMYXIN EYE OINTMENT    | 2    |          |
| MYORISAN 40 MG CAPSULE                        | 4    |       | NEOMYCIN-BACITRACIN-POLYMYXIN-HC EYE OINTMENT | 2    |          |

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| Medication Name                               | Tier | Notes    | Medication Name                           | Tier | Notes            |
|-----------------------------------------------|------|----------|-------------------------------------------|------|------------------|
| NEOMYCIN-POLYMYXIN B 40 MG/ML AMPULE          | 2    |          | NIKKI 3 MG-0.02 MG TABLET                 | 1    |                  |
| NEOMYCIN-POLYMYXIN B 40 MG/ML VIAL            | 2    |          | NILOTINIB HCL 50 MG CAPSULE               | 5    | PA, QL, SRX      |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE DROPS    | 2    |          | NILOTINIB HCL 150 MG CAPSULE              | 5    | PA, QL, SRX      |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE EYE OINTMENT | 2    |          | NILOTINIB HCL 200 MG CAPSULE              | 5    | PA, QL, SRX      |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN EYE DROPS       | 2    |          | NILUTAMIDE 150 MG TABLET                  | 5    |                  |
| NEOMYCIN-POLYMYXIN-HC EAR SOLUTION            | 2    |          | NIMODIPINE 30 MG CAPSULE                  | 4    |                  |
| NEOMYCIN-POLYMYXIN-HC EAR SUSPENSION          | 2    |          | NINLARO 2.3 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| NEOMYCIN-POLYMYXIN-HC EYE DROPS               | 2    |          | NINLARO 3 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| NEO-POLYCIN EYE OINTMENT                      | 2    |          | NINLARO 4 MG CAPSULE                      | 5    | PA, QL, LDD, SRX |
| NEO-POLYCIN HC EYE OINTMENT                   | 2    |          | NISOLDIPINE ER 8.5 MG TABLET              | 2    | QL               |
| NEUAC GEL                                     | 2    |          | NISOLDIPINE ER 17 MG TABLET               | 2    | QL               |
| NEULASTA 6 MG/0.6 ML SYRINGE                  | 5    | PA, SRX  | NISOLDIPINE ER 20 MG TABLET               | 2    | QL               |
| NEULASTA ONPRO 6 MG/0.6 ML KIT                | 5    | PA, SRX  | NISOLDIPINE ER 25.5 MG TABLET             | 2    | QL               |
| NEUPRO 1 MG/24 HR PATCH                       | 4    |          | NISOLDIPINE ER 30 MG TABLET               | 2    | QL               |
| NEUPRO 2 MG/24 HR PATCH                       | 4    |          | NISOLDIPINE ER 34 MG TABLET               | 2    | QL               |
| NEUPRO 3 MG/24 HR PATCH                       | 4    |          | NISOLDIPINE ER 40 MG TABLET               | 2    | QL               |
| NEUPRO 4 MG/24 HR PATCH                       | 4    |          | NITAZOXANIDE 500 MG TABLET                | 4    | PA               |
| NEUPRO 6 MG/24 HR PATCH                       | 4    |          | NITRO-BID 2% OINTMENT                     | 2    |                  |
| NEUPRO 8 MG/24 HR PATCH                       | 4    |          | NITROFURANTOIN MACRO 25 MG CAPSULE        | 3    |                  |
| NEVANAC 0.1% EYE DROPS                        | 4    |          | NITROFURANTOIN MACRO 50 MG CAPSULE        | 1    |                  |
| NEVIRAPINE 50 MG/5 ML ORAL SUSPENSION         | 2    | SRX      | NITROFURANTOIN MACRO 100 MG CAPSULE       | 1    |                  |
| NEVIRAPINE 200 MG TABLET                      | 2    | SRX      | NITROFURANTOIN 25 MG/5 ML ORAL SUSPENSION | 4    |                  |
| NEVIRAPINE ER 100 MG TABLET                   | 2    | SRX      | NITROFURANTOIN MONO-MACRO 100 MG CAPSULE  | 1    |                  |
| NEVIRAPINE ER 400 MG TABLET                   | 2    | SRX      | NITROGLYCERIN 0.4% OINTMENT               | 4    |                  |
| NEW DAY 1.5 MG TABLET                         | 1    |          | NITROGLYCERIN 0.1 MG/HR PATCH             | 2    |                  |
| NEWGEN TABLET                                 | 1    |          | NITROGLYCERIN 0.2 MG/HR PATCH             | 2    |                  |
| NEXPLANON 68 MG IMPLANT                       | 1    | LDD, SRX | NITROGLYCERIN 0.4 MG/HR PATCH             | 2    |                  |
| NEXTSTELLIS 3-14.2 MG TABLET                  | 4    |          | NITROGLYCERIN 0.6 MG/HR PATCH             | 2    |                  |
| NIACIN ER 500 MG TABLET                       | 2    |          | NITROGLYCERIN 400 MCG SPRAY               | 2    |                  |
| NIACIN ER 750 MG TABLET                       | 2    |          | NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET    | 2    |                  |
| NIACIN ER 1,000 MG TABLET                     | 2    |          | NITROGLYCERIN 0.4 MG SUBLINGUAL TABLET    | 2    |                  |
| NICARDIPINE 20 MG CAPSULE                     | 3    |          | NITROGLYCERIN 0.6 MG SUBLINGUAL TABLET    | 2    |                  |
| NICARDIPINE 30 MG CAPSULE                     | 3    |          | NITRO-TIME ER 2.5 MG CAPSULE              | 2    |                  |
| NICOTROL CARTRIDGE INHALER                    | 4    |          | NITRO-TIME ER 6.5 MG CAPSULE              | 2    |                  |
| NICOTROL NS 10 MG/ML SPRAY                    | 4    |          | NITRO-TIME ER 9 MG CAPSULE                | 2    |                  |
| NIFEDIPINE 10 MG CAPSULE                      | 2    |          | NIVA THYROID 15 MG TABLET                 | 2    |                  |
| NIFEDIPINE 20 MG CAPSULE                      | 2    |          | NIVA THYROID 30 MG TABLET                 | 2    |                  |
| NIFEDIPINE ER 30 MG TABLET                    | 2    |          | NIVA THYROID 60 MG TABLET                 | 2    |                  |
| NIFEDIPINE ER 60 MG TABLET                    | 2    |          | NIVA THYROID 90 MG TABLET                 | 2    |                  |
| NIFEDIPINE ER 90 MG TABLET                    | 2    |          | NIVA THYROID 120 MG TABLET                | 2    |                  |
|                                               |      |          | NIVA-PLUS TABLET                          | 1    |                  |

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| Medication Name                                                     | Tier | Notes |
|---------------------------------------------------------------------|------|-------|
| NIVESTYM 300 MCG/0.5 ML SYRINGE                                     | 5    | SRX   |
| NIVESTYM 480 MCG/0.8 ML SYRINGE                                     | 5    | SRX   |
| NIVESTYM 300 MCG/ML VIAL                                            | 5    | SRX   |
| NIVESTYM 480 MCG/1.6 ML VIAL                                        | 5    | SRX   |
| NIZATIDINE 150 MG CAPSULE                                           | 2    |       |
| NIZATIDINE 300 MG CAPSULE                                           | 2    |       |
| NORA-BE TABLET                                                      | 1    |       |
| NORELGESTROMIN-ETHINYL ESTRADIOL 150-35 MCG/DAY PATCH               | 1    |       |
| NORETHINDRONE 0.35 MG TABLET                                        | 1    |       |
| NORETHINDRONE 5 MG TABLET                                           | 2    |       |
| NORETHINDRONE-ESTRADIOL-FE 0.4-0.035(21)-75 CHEWABLE TABLET         | 1    |       |
| NORETHINDRONE-ESTRADIOL-FE 0.8-0.025 MG CHEWABLE TABLET             | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5 TABLET                      | 2    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG TABLET                   | 2    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG (21) TABLET             | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG TABLET                    | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1 MG/20-30-35 MCG TABLET         | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1.5-0.03 MG (21) - 75 TABLET     | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (21) - 75 TABLET          | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CAPSULE         | 1    |       |
| NORETHINDRONE-ETHINYL ESTRADIOL-FE 1-0.02 (24) - 75 CHEWABLE TABLET | 1    |       |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.025 TABLET         | 1    |       |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.18-0.215-0.25/0.035 TABLET         | 1    |       |
| NORGESTIMATE-ETHINYL ESTRADIOL 0.25-0.035 MG TABLET                 | 1    |       |
| NORPACE CR 100 MG CAPSULE                                           | 4    |       |
| NORPACE CR 150 MG CAPSULE                                           | 4    |       |
| NORTREL 0.5-35-28 TABLET                                            | 1    |       |
| NORTREL 1-35 21 TABLET                                              | 1    |       |
| NORTREL 1-35 28 TABLET                                              | 1    |       |
| NORTREL 7-7-7-28 TABLET                                             | 1    |       |

| Medication Name                            | Tier | Notes  |
|--------------------------------------------|------|--------|
| NORTRIPTYLINE 10 MG CAPSULE                | 1    |        |
| NORTRIPTYLINE 25 MG CAPSULE                | 1    |        |
| NORTRIPTYLINE 50 MG CAPSULE                | 1    |        |
| NORTRIPTYLINE 75 MG CAPSULE                | 1    |        |
| NORTRIPTYLINE 10 MG/5 ML ORAL SOLUTION     | 2    |        |
| NORVIR 100 MG POWDER PACKET                | 3    | SRX    |
| NOVAVAX COVID SYRINGE (EUA)                | 3    |        |
| NOVAVAX COVID VIAL (EUA)                   | 3    |        |
| NOVAVAX COVID-19 VACCINE, ADJ (EUA)        | 3    |        |
| NOVOFINE AUTOCOVER NEEDLE 30G              | 3    |        |
| NOVOFINE NEEDLE 32G                        | 3    |        |
| NOVOFINE PLUS PEN NEEDLE 32G 1/6"          | 3    |        |
| NOVOLOG 100 UNIT/ML FLEXPEN                | 4    | QL, ST |
| NOVOLOG 100 UNIT/ML PENFILL                | 4    | QL, ST |
| NOVOLOG 100 UNIT/ML VIAL                   | 4    | QL, ST |
| NOVOLOG MIX 70-30 FLEXPEN                  | 4    | QL, ST |
| NOVOLOG MIX 70-30 VIAL                     | 4    | QL, ST |
| NOVOPEN ECHO INSULIN DEVICE                | 3    |        |
| NP THYROID 15 MG TABLET                    | 2    |        |
| NP THYROID 30 MG TABLET                    | 2    |        |
| NP THYROID 60 MG TABLET                    | 2    |        |
| NP THYROID 90 MG TABLET                    | 2    |        |
| NP THYROID 120 MG TABLET                   | 2    |        |
| NUCYNTA ER 50 MG TABLET                    | 4    | PA     |
| NUCYNTA ER 100 MG TABLET                   | 4    | PA     |
| NUCYNTA ER 150 MG TABLET                   | 4    | PA     |
| NUCYNTA ER 200 MG TABLET                   | 4    | PA     |
| NUCYNTA ER 250 MG TABLET                   | 4    | PA     |
| NUEDEXTA 20-10 MG CAPSULE                  | 4    | PA, QL |
| NYAMYC 100,000 UNIT/GM POWDER              | 2    |        |
| NYLIA 1-35 28 TABLET                       | 1    |        |
| NYLIA 7-7-7-28 TABLET                      | 1    |        |
| NYMYO 0.25-0.035 MG (28) TABLET            | 1    |        |
| NYSTATIN 100,000 UNIT/GM CREAM             | 2    |        |
| NYSTATIN 100,000 UNIT/GM OINTMENT          | 2    |        |
| NYSTATIN 100,000 UNIT/GM POWDER            | 2    |        |
| NYSTATIN 100,000 UNIT/ML ORAL SUSPENSION   | 2    |        |
| NYSTATIN 500,000 UNIT/5 ML ORAL SUSPENSION | 2    |        |
| NYSTATIN 500,000 UNIT ORAL TABLET          | 2    |        |
| NYSTATIN-TRIAMCINOLONE CREAM               | 2    |        |
| NYSTATIN-TRIAMCINOLONE OINTMENT            | 2    |        |

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| Medication Name                        | Tier | Notes       |
|----------------------------------------|------|-------------|
| NYSTOP 100,000 UNIT/GM POWDER          | 2    |             |
| NYVEPRIA 6 MG/0.6 ML SYRINGE           | 5    | PA, SRX     |
| OBSTETRIX DHA COMBO PAK                | 1    |             |
| OCELLA 3 MG-0.03 MG TABLET             | 1    |             |
| OCTREOTIDE 50 MCG/ML AMPULE            | 3    | PA, SRX     |
| OCTREOTIDE 100 MCG/ML AMPULE           | 3    | PA, SRX     |
| OCTREOTIDE 500 MCG/ML AMPULE           | 3    | PA, SRX     |
| OCTREOTIDE 50 MCG/ML SYRINGE           | 3    | PA, SRX     |
| OCTREOTIDE 100 MCG/ML SYRINGE          | 3    | PA, SRX     |
| OCTREOTIDE 500 MCG/ML SYRINGE          | 3    | PA, SRX     |
| OCTREOTIDE 0.05 MG/ML VIAL             | 3    | PA, SRX     |
| OCTREOTIDE 50 MCG/ML VIAL              | 3    | PA, SRX     |
| OCTREOTIDE 100 MCG/ML VIAL             | 3    | PA, SRX     |
| OCTREOTIDE 500 MCG/ML VIAL             | 3    | PA, SRX     |
| OCTREOTIDE 1,000 MCG/5 ML VIAL         | 3    | PA, SRX     |
| OCTREOTIDE 5,000 MCG/5 ML VIAL         | 3    | PA, SRX     |
| ODACTRA 12 SQ-HDM SUBLINGUAL TABLET    | 4    | PA, QL      |
| ODEFSEY TABLET                         | 4    | QL, SRX     |
| ODOMZO 200 MG CAPSULE                  | 5    | PA, QL, SRX |
| OFLOXACIN 0.3% EAR DROPS               | 2    |             |
| OFLOXACIN 0.3% EYE DROPS               | 2    |             |
| OFLOXACIN 300 MG TABLET                | 2    |             |
| OFLOXACIN 400 MG TABLET                | 2    |             |
| OLANZAPINE 5 MG ODT TABLET             | 2    |             |
| OLANZAPINE 10 MG ODT TABLET            | 2    |             |
| OLANZAPINE 15 MG ODT TABLET            | 2    |             |
| OLANZAPINE 20 MG ODT TABLET            | 2    |             |
| OLANZAPINE 2.5 MG TABLET               | 2    |             |
| OLANZAPINE 5 MG TABLET                 | 2    |             |
| OLANZAPINE 7.5 MG TABLET               | 2    |             |
| OLANZAPINE 10 MG TABLET                | 2    |             |
| OLANZAPINE 15 MG TABLET                | 2    |             |
| OLANZAPINE 20 MG TABLET                | 2    |             |
| OLANZAPINE-FLUOXETINE 3-25 MG CAPSULE  | 3    |             |
| OLANZAPINE-FLUOXETINE 6-25 MG CAPSULE  | 3    |             |
| OLANZAPINE-FLUOXETINE 6-50 MG CAPSULE  | 3    |             |
| OLANZAPINE-FLUOXETINE 12-25 MG CAPSULE | 3    |             |
| OLANZAPINE-FLUOXETINE 12-50 MG CAPSULE | 3    |             |
| OLMESARTAN 5 MG TABLET                 | 2    |             |
| OLMESARTAN 20 MG TABLET                | 2    |             |
| OLMESARTAN 40 MG TABLET                | 2    |             |

| Medication Name                                 | Tier | Notes   |
|-------------------------------------------------|------|---------|
| OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET  | 2    |         |
| OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET | 2    |         |
| OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET   | 2    |         |
| OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET  | 2    |         |
| OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET    | 2    |         |
| OLMESARTAN-HCTZ 20-12.5 MG TABLET               | 2    |         |
| OLMESARTAN-HCTZ 40-12.5 MG TABLET               | 2    |         |
| OLMESARTAN-HCTZ 40-25 MG TABLET                 | 2    |         |
| OLOPATADINE 0.1% EYE DROPS                      | 2    |         |
| OLOPATADINE 0.2% EYE DROPS                      | 2    |         |
| OLOPATADINE 665 MCG NASAL SPRAY                 | 2    |         |
| OMEGA-3 ETHYL ESTERS 1 GM CAPSULE               | 2    |         |
| OMEPRAZOLE DR 10 MG CAPSULE                     | 2    | QL      |
| OMEPRAZOLE DR 20 MG CAPSULE                     | 2    | QL      |
| OMEPRAZOLE DR 40 MG CAPSULE                     | 2    | QL      |
| OMNIPOD 5 (G6/LIBRE 2 PLUS)                     | 3    | QL      |
| OMNIPOD 5 DEX G7 G6 INTRO (GEN 5)               | 3    | QL      |
| OMNIPOD 5 DEX G7 G6 PODS (GEN 5)                | 3    | QL      |
| OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)               | 3    | QL      |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                    | 3    | QL      |
| OMNIPOD 5 INTRO (G6/LIBRE 2 PLUS)               | 3    | QL      |
| OMNIPOD CLASSIC PDM KIT (GEN 3)                 | 3    | QL      |
| OMNIPOD CLASSIC PODS (GEN 3) 5 PACK             | 3    | QL      |
| OMNIPOD DASH INTRO KIT (GEN 4)                  | 3    | QL      |
| OMNIPOD DASH PODS (GEN 4) 5 PACK                | 3    | QL      |
| OMNIPOD GO 10 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 15 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 20 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 25 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 30 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 35 UNIT/DAY PODS                     | 3    | QL      |
| OMNIPOD GO 40 UNIT/DAY PODS                     | 3    | QL      |
| OMNITROPE 5 MG/1.5 ML CARTRIDGE                 | 5    | PA, SRX |
| OMNITROPE 10 MG/1.5 ML CARTRIDGE                | 5    | PA, SRX |
| OMNITROPE 5.8 MG VIAL                           | 5    | PA, SRX |
| ON CALL EXPRESS CONTROL SOLUTION PAK            | 3    |         |
| ON CALL PLUS CONTROL SOLUTION                   | 3    |         |
| ON CALL VIVID CONTROL SOLUTION                  | 3    |         |

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| Medication Name                     | Tier | Notes            | Medication Name                            | Tier | Notes  |
|-------------------------------------|------|------------------|--------------------------------------------|------|--------|
| ONDANSETRON 4 MG ODT TABLET         | 2    |                  | OXAPROZIN 600 MG TABLET                    | 2    |        |
| ONDANSETRON 8 MG ODT TABLET         | 2    |                  | OXAZEPAM 10 MG CAPSULE                     | 2    |        |
| ONDANSETRON 4 MG/5 ML ORAL SOLUTION | 2    |                  | OXAZEPAM 15 MG CAPSULE                     | 2    |        |
| ONDANSETRON 4 MG TABLET             | 2    |                  | OXAZEPAM 30 MG CAPSULE                     | 2    |        |
| ONDANSETRON 8 MG TABLET             | 2    |                  | OXCARBAZEPINE 300 MG/5 ML ORAL SUSPENSION  | 2    |        |
| ONE WAY VALVED MOUTHPIECE           | 3    | QL               | OXCARBAZEPINE 150 MG TABLET                | 2    |        |
| OPCICON ONE-STEP 1.5 MG TABLET      | 1    |                  | OXCARBAZEPINE 300 MG TABLET                | 2    |        |
| OPILL 0.075 MG TABLET               | 1    | QL               | OXCARBAZEPINE 600 MG TABLET                | 2    |        |
| OPIUM 10 MG/ML TINCTURE             | 3    | PA               | OXICONAZOLE 1% CREAM                       | 3    |        |
| OPTICHAMBER ADULT MASK-LARGE        | 3    | QL               | OXYBUTYNIN 5 MG/5 ML ORAL SOLUTION         | 2    |        |
| OPTICHAMBER DIAMOND VHC             | 3    | QL               | OXYBUTYNIN 5 MG/5 ML SYRUP                 | 2    |        |
| OPTICHAMBER DIAMOND W-LARGE MASK    | 3    | QL               | OXYBUTYNIN 5 MG TABLET                     | 1    |        |
| OPTICHAMBER DIAMOND W-MEDIUM MASK   | 3    | QL               | OXYBUTYNIN ER 5 MG TABLET                  | 2    |        |
| OPTICHAMBER DIAMOND W-SMALL MASK    | 3    | QL               | OXYBUTYNIN ER 10 MG TABLET                 | 2    |        |
| OPTION 2 1.5 MG TABLET              | 1    |                  | OXYBUTYNIN ER 15 MG TABLET                 | 2    |        |
| OPTUMRX GLUCOSE CONTROL SOLUTION    | 3    |                  | OXYCODONE (IR) 5 MG CAPSULE                | 2    | PA     |
| ORACIT ORAL SOLUTION                | 4    |                  | OXYCODONE (IR) 5 MG TABLET                 | 2    | PA     |
| ORAL CITRATE SOLUTION               | 4    |                  | OXYCODONE (IR) 10 MG TABLET                | 2    | PA     |
| ORALONE 0.1% TOOTHPASTE             | 2    |                  | OXYCODONE (IR) 15 MG TABLET                | 2    | PA     |
| ORENCIA CLICKJECT 125 MG/ML         | 5    | PA, QL, SRX      | OXYCODONE (IR) 20 MG TABLET                | 2    | PA     |
| ORENCIA 50 MG/0.4 ML SYRINGE        | 5    | PA, QL, SRX      | OXYCODONE (IR) 30 MG TABLET                | 2    | PA     |
| ORENCIA 87.5 MG/0.7 ML SYRINGE      | 5    | PA, QL, SRX      | OXYCODONE 100 MG/5 ML ORAL CONCENTRATE     | 2    | PA     |
| ORENCIA 125 MG/ML SYRINGE           | 5    | PA, QL, SRX      | OXYCODONE 5 MG/5 ML ORAL SOLUTION          | 2    | PA     |
| ORPHENADRINE ER 100 MG TABLET       | 2    |                  | OXYCODONE-ACETAMINOPHEN 2.5-325 MG TABLET  | 2    | PA     |
| ORSERDU 86 MG TABLET                | 5    | PA, QL, LDD, SRX | OXYCODONE-ACETAMINOPHEN 5-325 MG TABLET    | 2    | PA     |
| ORSERDU 345 MG TABLET               | 5    | PA, QL, LDD, SRX | OXYCODONE-ACETAMINOPHEN 7.5-325 MG TABLET  | 2    | PA     |
| OSCIMIN 0.125 MG SUBLINGUAL TABLET  | 2    |                  | OXYCODONE-ACETAMINOPHEN 10-325 MG TABLET   | 2    | PA     |
| OSCIMIN 0.125 MG TABLET             | 2    |                  | OXYMORPHONE 5 MG TABLET                    | 3    | PA     |
| OSELTAMIVIR 30 MG CAPSULE           | 2    | QL               | OXYMORPHONE 10 MG TABLET                   | 3    | PA     |
| OSELTAMIVIR 45 MG CAPSULE           | 2    | QL               | OXYMORPHONE ER 5 MG TABLET                 | 3    | PA     |
| OSELTAMIVIR 75 MG CAPSULE           | 2    | QL               | OXYMORPHONE ER 7.5 MG TABLET               | 3    | PA     |
| OSELTAMIVIR 6 MG/ML ORAL SUSPENSION | 2    | QL               | OXYMORPHONE ER 10 MG TABLET                | 3    | PA     |
| OSMOPREP TABLET                     | 4    |                  | OXYMORPHONE ER 15 MG TABLET                | 3    | PA     |
| OTEZLA 10-20 MG STARTER 28 DAY      | 5    | PA, QL, SRX      | OXYMORPHONE ER 20 MG TABLET                | 3    | PA     |
| OTEZLA 10-20-30 MG STARTER 28 DAY   | 5    | PA, QL, SRX      | OXYMORPHONE ER 30 MG TABLET                | 3    | PA     |
| OTEZLA 20 MG TABLET                 | 5    | PA, QL, SRX      | OXYMORPHONE ER 40 MG TABLET                | 3    | PA     |
| OTEZLA 30 MG TABLET                 | 5    | PA, QL, SRX      | OZEMPIC 0.25-0.5 MG/DOSE PEN INJECTOR      | 3    | PA, QL |
| OVAL TAPE                           | 3    |                  | OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INJECTOR | 3    | PA, QL |
| OXANDROLONE 2.5 MG TABLET           | 4    | PA               | OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR | 3    | PA, QL |
| OXANDROLONE 10 MG TABLET            | 4    | PA               | PACERONE 200 MG TABLET                     | 2    |        |
| OXAPROZIN 600 MG CAPLET             | 2    |                  | PALIPERIDONE ER 1.5 MG TABLET              | 4    |        |

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| Medication Name                    | Tier | Notes       | Medication Name                              | Tier | Notes       |
|------------------------------------|------|-------------|----------------------------------------------|------|-------------|
| PALIPERIDONE ER 3 MG TABLET        | 4    |             | PEG3350 100-7.5-2.691-1.01-5.9 POWDER PACKET | 2    |             |
| PALIPERIDONE ER 6 MG TABLET        | 4    |             | PEG-3350 AND ELECTROLYTES ORAL SOLUTION      | 2    |             |
| PALIPERIDONE ER 9 MG TABLET        | 4    |             | PEGASYS 180 MCG/0.5 ML SYRINGE               | 5    | PA, SRX     |
| PANCREAZE DR 2,600 UNIT CAPSULE    | 3    |             | PEGASYS 180 MCG/ML VIAL                      | 5    | PA, SRX     |
| PANCREAZE DR 4,200 UNIT CAPSULE    | 3    |             | PEG-PREP KIT                                 | 2    |             |
| PANCREAZE DR 10,500 UNIT CAPSULE   | 3    |             | PEN NEEDLE 29G 12MM                          | 3    |             |
| PANCREAZE DR 16,800 UNIT CAPSULE   | 3    |             | PEN NEEDLE 30G 5/16"                         | 3    |             |
| PANCREAZE DR 21,000 UNIT CAPSULE   | 3    |             | PEN NEEDLE 30G 5MM                           | 3    |             |
| PANCREAZE DR 37,000 UNIT CAPSULE   | 3    |             | PEN NEEDLE 30G 8MM                           | 3    |             |
| PANDA MASK LARGE                   | 3    | QL          | PEN NEEDLE 31G 1/4"                          | 3    |             |
| PANDA MASK MEDIUM                  | 3    | QL          | PEN NEEDLE 31G 3/16"                         | 3    |             |
| PANDA MASK SMALL                   | 3    | QL          | PEN NEEDLE 31G 5/16"                         | 3    |             |
| PANRETIN 0.1% GEL                  | 5    | SRX         | PEN NEEDLE 31G 5MM                           | 3    |             |
| PANTOPRAZOLE DR 20 MG TABLET       | 2    | QL          | PEN NEEDLE 31G 6MM                           | 3    |             |
| PANTOPRAZOLE DR 40 MG TABLET       | 2    | QL          | PEN NEEDLE 31G 8MM                           | 3    |             |
| PARADIGM RESERVOIR 1.8 ML          | 3    |             | PEN NEEDLE 32G 3/16"                         | 3    |             |
| PARADIGM RESERVOIR 3 ML            | 3    |             | PEN NEEDLE 32G 1/4"                          | 3    |             |
| PARAGARD T 380-A IUD               | 1    | LDD, SRX    | PEN NEEDLE 32G 4MM                           | 3    |             |
| PARICALCITOL 1 MCG CAPSULE         | 2    | SRX         | PEN NEEDLE 32G 5/32"                         | 3    |             |
| PARICALCITOL 2 MCG CAPSULE         | 2    | SRX         | PEN NEEDLE 33G 4MM                           | 3    |             |
| PARICALCITOL 4 MCG CAPSULE         | 2    | SRX         | PENBRAYA KIT                                 | 3    |             |
| PAROEX 0.12% ORAL RINSE            | 2    |             | PENICILLAMINE 250 MG TABLET                  | 5    | PA, QL, SRX |
| PAROXETINE 10 MG TABLET            | 1    | QL          | PENICILLIN VK 125 MG/5 ML ORAL SOLUTION      | 2    |             |
| PAROXETINE 20 MG TABLET            | 1    | QL          | PENICILLIN VK 250 MG/5 ML ORAL SOLUTION      | 2    |             |
| PAROXETINE 30 MG TABLET            | 1    | QL          | PENICILLIN VK 250 MG TABLET                  | 2    |             |
| PAROXETINE 40 MG TABLET            | 1    | QL          | PENICILLIN VK 500 MG TABLET                  | 2    |             |
| PASER GRANULES 4 GM PACKET         | 4    |             | PENTACEL VIAL KIT                            | 3    |             |
| PAXLOVID 150-100 MG DOSE PACK      | 4    | QL          | PENTAMIDINE 300 MG INHALATION POWDER         | 3    |             |
| PAXLOVID 300-100 MG DOSE PACK      | 4    | QL          | PENTAZOCINE-NALOXONE TABLET                  | 2    | PA          |
| PAZOPANIB 200 MG TABLET            | 5    | PA, QL, SRX | PENTIPS PEN NEEDLE 29G 1/2"                  | 3    |             |
| PC UNIFINE PENTIP NEEDLE 6MM       | 3    |             | PENTIPS PEN NEEDLE 29G 12MM                  | 3    |             |
| PC UNIFINE PENTIP NEEDLE 8MM       | 3    |             | PENTIPS PEN NEEDLE 31G 3/16"                 | 3    |             |
| PC UNIFINE PENTIP NEEDLE 12MM      | 3    |             | PENTIPS PEN NEEDLE 31G 1/4"                  | 3    |             |
| PEAK-AIR PEAK FLOW METER           | 3    |             | PENTIPS PEN NEEDLE 31G 5/16"                 | 3    |             |
| PEDIARIX 0.5 ML SYRINGE            | 3    |             | PENTIPS PEN NEEDLE 31G 5MM                   | 3    |             |
| PEDIATRIC MEDIUM MASK              | 3    | QL          | PENTIPS PEN NEEDLE 31G 6MM                   | 3    |             |
| PEDIATRIC MOUTHPIECE               | 3    | QL          | PENTIPS PEN NEEDLE 31G 8MM                   | 3    |             |
| PEDIATRIC PANDA MASK               | 3    | QL          | PENTIPS PEN NEEDLE 32G 4MM                   | 3    |             |
| PEDIATRIC SMALL MASK               | 3    | QL          | PENTIPS PEN NEEDLE 32G 1/4"                  | 3    |             |
| PEDVAXHIB VACCINE VIAL             | 3    |             | PENTIPS PEN NEEDLE 32G 5/32"                 | 3    |             |
| PEG 3350-ELECTROLYTE ORAL SOLUTION | 2    |             | PENTOXIFYLLINE ER 400 MG TABLET              | 2    |             |

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| Medication Name                              | Tier | Notes | Medication Name                            | Tier | Notes   |
|----------------------------------------------|------|-------|--------------------------------------------|------|---------|
| PERFECT POINT NEEDLE 25G 1"                  | 3    |       | PHENOBARBITAL 97.2 MG TABLET               | 2    |         |
| PERINDOPRIL 2 MG TABLET                      | 2    |       | PHENOBARBITAL 100 MG TABLET                | 2    |         |
| PERINDOPRIL 4 MG TABLET                      | 2    |       | PHENOXYBENZAMINE 10 MG CAPSULE             | 5    |         |
| PERINDOPRIL 8 MG TABLET                      | 2    |       | PHENYLEPHRINE 2.5% EYE DROPS               | 2    |         |
| PERIOGARD 0.12% ORAL RINSE                   | 2    |       | PHENYLEPHRINE 10% EYE DROPS                | 2    |         |
| PERMETHRIN 5% CREAM                          | 2    |       | PHENYTOIN 50 MG CHEWABLE TABLET            | 2    |         |
| PERPHENAZINE 2 MG TABLET                     | 2    |       | PHENYTOIN 50 MG INFATAB CHEW               | 2    |         |
| PERPHENAZINE 4 MG TABLET                     | 2    |       | PHENYTOIN 100 MG/4 ML ORAL SUSPENSION      | 2    |         |
| PERPHENAZINE 8 MG TABLET                     | 2    |       | PHENYTOIN 125 MG/5 ML ORAL SUSPENSION      | 2    |         |
| PERPHENAZINE 16 MG TABLET                    | 2    |       | PHENYTOIN SODIUM EXT 100 MG CAPSULE        | 2    |         |
| PERPHENAZINE-AMITRIPTYLINE 2 MG-10 MG TABLET | 2    |       | PHENYTOIN SODIUM EXT 200 MG CAPSULE        | 2    |         |
| PERPHENAZINE-AMITRIPTYLINE 2 MG-25 MG TABLET | 2    |       | PHENYTOIN SODIUM EXT 300 MG CAPSULE        | 2    |         |
| PERPHENAZINE-AMITRIPTYLINE 4 MG-10 MG TABLET | 2    |       | PHEXXI 1.8-1-0.4% VAGINAL GEL              | 1    |         |
| PERPHENAZINE-AMITRIPTYLINE 4 MG-25 MG TABLET | 2    |       | PHILITH 0.4-0.035 MG TABLET                | 1    |         |
| PERPHENAZINE-AMITRIPTYLINE 4 MG-50 MG TABLET | 2    |       | PHYSIOSOL IRRIGATION SOLUTION              | 4    |         |
| PERSONAL BEST PEAK FLOW METER                | 3    |       | PHYTONADIONE 5 MG TABLET                   | 4    |         |
| PFIZER COVID (6M-4Y) EUA                     | 3    |       | PIKO 1 FLOW METER                          | 3    |         |
| PFIZER COVID (5-11Y) EUA                     | 3    |       | PILOCARPINE 1% EYE DROPS                   | 2    |         |
| PFIZER COVID (6M-4Y) VACCINE - MAROON        | 3    |       | PILOCARPINE 2% EYE DROPS                   | 2    |         |
| PFIZER COVID (5-11Y) VACCINE - ORANGE        | 3    |       | PILOCARPINE 4% EYE DROPS                   | 2    |         |
| PFIZER COVID (12Y UP) VACCINE - GRAY         | 3    |       | PILOCARPINE 5 MG TABLET                    | 2    |         |
| PFIZER COVID BIVAL (6MO-4Y) EUA              | 3    |       | PILOCARPINE 7.5 MG TABLET                  | 2    |         |
| PFIZER COVID BIVAL (5-11YR) EUA              | 3    |       | PIMECROLIMUS 1% CREAM                      | 4    |         |
| PFIZER COVID BIVAL (12Y UP) EUA              | 3    |       | PIMOZIDE 1 MG TABLET                       | 2    |         |
| PFIZER COVID-19 VACCINE - PURPLE             | 3    |       | PIMOZIDE 2 MG TABLET                       | 2    |         |
| PHASEAL PROTECTOR 14                         | 3    |       | PIMTREA 28 DAY TABLET                      | 1    |         |
| PHASEAL PROTECTOR 21                         | 3    |       | PINDOLOL 5 MG TABLET                       | 2    |         |
| PHASEAL PROTECTOR 28                         | 3    |       | PINDOLOL 10 MG TABLET                      | 2    |         |
| PHASEAL PROTECTOR 50                         | 3    |       | PIOGLITAZONE 15 MG TABLET                  | 2    |         |
| PHENAZOPYRIDINE 100 MG TABLET                | 2    |       | PIOGLITAZONE 30 MG TABLET                  | 2    |         |
| PHENAZOPYRIDINE 200 MG TABLET                | 2    |       | PIOGLITAZONE 45 MG TABLET                  | 2    |         |
| PHENELZINE 15 MG TABLET                      | 2    |       | PIOGLITAZONE-GLIMEPIRIDE 30 MG-2 MG TABLET | 2    |         |
| PHENOBARBITAL 20 MG/5 ML ORAL SOLUTION       | 2    |       | PIOGLITAZONE-GLIMEPIRIDE 30 MG-4 MG TABLET | 2    |         |
| PHENOBARBITAL 30 MG/7.5 ML ORAL SOLUTION     | 2    |       | PIOGLITAZONE-METFORMIN 15 MG-500 MG TABLET | 2    |         |
| PHENOBARBITAL 60 MG/15 ML ORAL SOLUTION      | 2    |       | PIOGLITAZONE-METFORMIN 15 MG-850 MG TABLET | 2    |         |
| PHENOBARBITAL 30 MG TABLET                   | 2    |       | PIP GLUCOSE L1-L2 CONTROL SOLUTION         | 3    |         |
| PHENOBARBITAL 15 MG TABLET                   | 2    |       | PIP PEN NEEDLE 31G 5MM                     | 3    |         |
| PHENOBARBITAL 16.2 MG TABLET                 | 2    |       | PIP PEN NEEDLE 32G 4MM                     | 3    |         |
| PHENOBARBITAL 32.4 MG TABLET                 | 2    |       | PIRFENIDONE 267 MG CAPSULE                 | 5    | PA, SRX |
| PHENOBARBITAL 60 MG TABLET                   | 2    |       | PIRFENIDONE 267 MG TABLET                  | 5    | PA, SRX |
| PHENOBARBITAL 64.8 MG TABLET                 | 2    |       | PIRFENIDONE 801 MG TABLET                  | 5    | PA, SRX |

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| Medication Name                          | Tier | Notes            |
|------------------------------------------|------|------------------|
| PIRMELLA 1-35 28 TABLET                  | 1    |                  |
| PIRMELLA 7-7-7-28 TABLET                 | 1    |                  |
| PIROXICAM 10 MG CAPSULE                  | 2    |                  |
| PIROXICAM 20 MG CAPSULE                  | 2    |                  |
| PLAN B ONE-STEP 1.5 MG TABLET            | 4    |                  |
| PNEUMOVAX 23 SYRINGE                     | 3    |                  |
| PNEUMOVAX 23 VIAL                        | 3    |                  |
| PNV 29-1 TABLET                          | 1    |                  |
| PNV PRENATAL PLUS MULTIVITAMIN TABLET    | 1    |                  |
| PNV-DHA + DUCUSATE SOFTGEL               | 1    |                  |
| PNV-DHA SOFTGEL                          | 1    |                  |
| PNV-OMEGA SOFTGEL                        | 1    |                  |
| PNV-SELECT TABLET                        | 1    |                  |
| POCKET CHAMBER                           | 3    | QL               |
| POCKET PEAK FLOW METER                   | 3    |                  |
| PODOFILOX 0.5% TOPICAL SOLUTION          | 2    |                  |
| POLY HUB NEEDLE 18G 1"                   | 3    |                  |
| POLY HUB NEEDLE 18G 1.5"                 | 3    |                  |
| POLY HUB NEEDLE 21G 1"                   | 3    |                  |
| POLY HUB NEEDLE 21G 1.5"                 | 3    |                  |
| POLY HUB NEEDLE 22G 1"                   | 3    |                  |
| POLY HUB NEEDLE 22G 1.5"                 | 3    |                  |
| POLY HUB NEEDLE 23G 1"                   | 3    |                  |
| POLY HUB NEEDLE 23G 1.5"                 | 3    |                  |
| POLY HUB NEEDLE 25G 1"                   | 3    |                  |
| POLY HUB NEEDLE 25G 1.5"                 | 3    |                  |
| POLY HUB NEEDLE 25G 5/8"                 | 3    |                  |
| POLY HUB NEEDLE 27G 1.25"                | 3    |                  |
| POLY HUB NEEDLE 27G 1/2"                 | 3    |                  |
| POLY HUB NEEDLE 30G 1/2"                 | 3    |                  |
| POLYCIN EYE OINTMENT                     | 2    |                  |
| POLYMYXIN B-TMP EYE DROPS                | 2    |                  |
| POMALYST 1 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| POMALYST 2 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| POMALYST 3 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| POMALYST 4 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| PORTIA-28 TABLET                         | 1    |                  |
| POSACONAZOLE 200 MG/5 ML ORAL SUSPENSION | 4    |                  |
| POSACONAZOLE DR 100 MG TABLET            | 4    | QL               |
| POTASSIUM CHLORIDE ER 8 MEQ CAPSULE      | 2    |                  |
| POTASSIUM CHLORIDE ER 10 MEQ CAPSULE     | 2    |                  |

| Medication Name                                     | Tier | Notes |
|-----------------------------------------------------|------|-------|
| POTASSIUM CHLORIDE 10% (20 MEQ/15 ML) ORAL SOLUTION | 2    |       |
| POTASSIUM CHLORIDE 10% (40 MEQ/30 ML) ORAL SOLUTION | 2    |       |
| POTASSIUM CHLORIDE 20% (40 MEQ/15 ML) ORAL SOLUTION | 2    |       |
| POTASSIUM CHLORIDE 20 MEQ PACKET                    | 2    |       |
| POTASSIUM CHLORIDE ER 8 MEQ TABLET                  | 2    |       |
| POTASSIUM CHLORIDE ER 10 MEQ TABLET                 | 2    |       |
| POTASSIUM CHLORIDE ER 15 MEQ TABLET                 | 2    |       |
| POTASSIUM CHLORIDE ER 20 MEQ TABLET                 | 2    |       |
| POTASSIUM CITRATE ER 5 MEQ TABLET                   | 2    |       |
| POTASSIUM CITRATE ER 10 MEQ TABLET                  | 2    |       |
| POTASSIUM CITRATE ER 15 MEQ TABLET                  | 2    |       |
| POTASSIUM IODIDE 1 GM/ML ORAL SOLUTION              | 4    |       |
| PR NATAL 400 COMBO PACK                             | 1    |       |
| PR NATAL 430 COMBO PACK                             | 1    |       |
| PR NATAL 400 EC COMBO PACK                          | 1    |       |
| PR NATAL 430 EC COMBO PACK                          | 1    |       |
| PRAMIPEXOLE 0.125 MG TABLET                         | 2    |       |
| PRAMIPEXOLE 0.25 MG TABLET                          | 2    |       |
| PRAMIPEXOLE 0.5 MG TABLET                           | 2    |       |
| PRAMIPEXOLE 0.75 MG TABLET                          | 2    |       |
| PRAMIPEXOLE 1 MG TABLET                             | 2    |       |
| PRAMIPEXOLE 1.5 MG TABLET                           | 2    |       |
| PRAMIPEXOLE ER 0.375 MG TABLET                      | 3    |       |
| PRAMIPEXOLE ER 0.75 MG TABLET                       | 3    |       |
| PRAMIPEXOLE ER 1.5 MG TABLET                        | 3    |       |
| PRAMIPEXOLE ER 2.25 MG TABLET                       | 3    |       |
| PRAMIPEXOLE ER 3 MG TABLET                          | 3    |       |
| PRAMIPEXOLE ER 3.75 MG TABLET                       | 3    |       |
| PRAMIPEXOLE ER 4.5 MG TABLET                        | 3    |       |
| PRAMOSONE 1% LOTION                                 | 4    |       |
| PRAMOSONE 2.5%-1% LOTION                            | 4    |       |
| PRAMOSONE 1%-1% OINTMENT                            | 4    |       |
| PRAMOSONE 2.5%-1% OINTMENT                          | 4    |       |
| PRASUGREL 5 MG TABLET                               | 2    |       |
| PRASUGREL 10 MG TABLET                              | 2    |       |
| PRAVASTATIN 10 MG TABLET                            | 2    |       |
| PRAVASTATIN 20 MG TABLET                            | 2    |       |
| PRAVASTATIN 40 MG TABLET                            | 2    |       |
| PRAVASTATIN 80 MG TABLET                            | 2    |       |

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| Medication Name                              | Tier | Notes |
|----------------------------------------------|------|-------|
| PRAZQUANTEL 600 MG TABLET                    | 4    |       |
| PRAZOSIN 1 MG CAPSULE                        | 2    |       |
| PRAZOSIN 2 MG CAPSULE                        | 2    |       |
| PRAZOSIN 5 MG CAPSULE                        | 2    |       |
| PRECISION XTRA MONITOR                       | 1    |       |
| PRECISION XTRA TEST STRIP                    | 3    |       |
| PREDNICARBATE 0.1% CREAM                     | 2    |       |
| PREDNICARBATE 0.1% OINTMENT                  | 2    |       |
| PREDNISOLONE 1% EYE DROPS                    | 2    |       |
| PREDNISOLONE 10 MG ODT TABLET                | 3    |       |
| PREDNISOLONE 15 MG ODT TABLET                | 3    |       |
| PREDNISOLONE 30 MG ODT TABLET                | 3    |       |
| PREDNISOLONE 5 MG/5 ML ORAL SOLUTION         | 2    |       |
| PREDNISOLONE 15 MG/5 ML ORAL SOLUTION        | 2    |       |
| PREDNISOLONE 25 MG/5 ML ORAL SOLUTION        | 2    |       |
| PREDNISOLONE AC 1% EYE DROPS                 | 2    |       |
| PREDNISONE 5 MG/5 ML ORAL SOLUTION           | 2    |       |
| PREDNISONE 1 MG TABLET                       | 2    |       |
| PREDNISONE 2.5 MG TABLET                     | 2    |       |
| PREDNISONE 5 MG TABLET                       | 2    |       |
| PREDNISONE 10 MG TABLET                      | 2    |       |
| PREDNISONE 20 MG TABLET                      | 2    |       |
| PREDNISONE 50 MG TABLET                      | 2    |       |
| PREDNISONE 5 MG TABLET DOSE PACK             | 2    |       |
| PREDNISONE 10 MG TABLET DOSE PACK            | 2    |       |
| PREDNISONE INTENSOL 5 MG/ML ORAL CONCENTRATE | 3    |       |
| PREF PLUS INSULIN SYRINGE 0.3 ML 29G 1/2"    | 3    |       |
| PREF PLUS SYRINGE 0.5 ML 30G 5/16"           | 3    |       |
| PREF PLUS SYRINGE 1 ML 29G 1/2"              | 3    |       |
| PREFERRED PLUS SYRINGE 0.3 ML 30G 5/16"      | 3    |       |
| PREFERRED PLUS SYRINGE 0.5 ML                | 3    |       |
| PREFERRED PLUS SYRINGE 0.5 ML 29G 1/2"       | 3    |       |
| PREFERRED PLUS SYRINGE 1 ML                  | 3    |       |
| PREFPLS INSULIN SYRINGE 1 ML 30G 5/16"       | 3    |       |
| PREGABALIN 25 MG CAPSULE                     | 2    | QL    |
| PREGABALIN 50 MG CAPSULE                     | 2    | QL    |
| PREGABALIN 75 MG CAPSULE                     | 2    | QL    |
| PREGABALIN 100 MG CAPSULE                    | 2    | QL    |
| PREGABALIN 150 MG CAPSULE                    | 2    | QL    |
| PREGABALIN 200 MG CAPSULE                    | 2    | QL    |
| PREGABALIN 225 MG CAPSULE                    | 2    | QL    |

| Medication Name                       | Tier | Notes       |
|---------------------------------------|------|-------------|
| PREGABALIN 300 MG CAPSULE             | 2    | QL          |
| PREGABALIN 20 MG/ML ORAL SOLUTION     | 2    | QL          |
| PREHEVBRIO 10 MCG/ML VIAL             | 3    |             |
| PREMARIN 0.3 MG TABLET                | 4    |             |
| PREMARIN 0.45 MG TABLET               | 4    |             |
| PREMARIN 0.625 MG TABLET              | 4    |             |
| PREMARIN 0.9 MG TABLET                | 4    |             |
| PREMARIN 1.25 MG TABLET               | 4    |             |
| PRENAT1 TRUE COMBO PACK               | 1    |             |
| PRENAISSANCE CAPSULE                  | 1    |             |
| PRENAISSANCE PLUS SOFTGEL             | 1    |             |
| PRENATAL 19 CHEWABLE TABLET           | 1    |             |
| PRENATAL 19 TABLET                    | 1    |             |
| PRENATAL PLUS IRON TABLET             | 1    |             |
| PRENATAL PLUS VITAMIN-MINERAL TABLET  | 1    |             |
| PRENATAL PLUS-DHA COMBO PACK          | 1    |             |
| PRENATAL VITAMIN PLUS LOW IRON TABLET | 1    |             |
| PRENATAL-U CAPSULE                    | 1    |             |
| PREVALITE PACKET                      | 2    |             |
| PREVALITE POWDER                      | 2    |             |
| PREVENT PEN NEEDLE 31G 1/4"           | 3    |             |
| PREVENT PEN NEEDLE 31G 5/16"          | 3    |             |
| PREVNAR 20 SYRINGE                    | 3    |             |
| PREVMIS 20 MG PELLETT PACKET          | 4    | PA, QL, SRX |
| PREVMIS 120 MG PELLETT PACKET         | 4    | PA, QL, SRX |
| PREVMIS 240 MG TABLET                 | 4    | PA, QL, SRX |
| PREVMIS 480 MG TABLET                 | 4    | PA, QL, SRX |
| PREZCOBIX 800 MG-150 MG TABLET        | 3    | SRX         |
| PREZISTA 75 MG TABLET                 | 3    | SRX         |
| PREZISTA 150 MG TABLET                | 3    | SRX         |
| PREZISTA 100 MG/ML ORAL SUSPENSION    | 3    | SRX         |
| PRIFTIN 150 MG TABLET                 | 4    |             |
| PRIMAQUINE 26.3 MG TABLET             | 2    |             |
| PRIMEAIRE CHAMBER                     | 3    | QL          |
| PRIMIDONE 250 MG TABLET               | 2    |             |
| PRIMIDONE 50 MG TABLET                | 2    |             |
| PRIMSOL 50 MG/5 ML ORAL SOLUTION      | 4    |             |
| PRIORIX VIAL                          | 3    |             |
| PRO COMFORT PEN NEEDLE 32G 1/4"       | 3    |             |
| PRO COMFORT PEN NEEDLE 31G 5/16"      | 3    |             |
| PRO COMFORT PEN NEEDLE 32G 4MM        | 3    |             |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                       | Tier | Notes | Medication Name                       | Tier | Notes |
|---------------------------------------|------|-------|---------------------------------------|------|-------|
| PRO COMFORT PEN NEEDLE 32G 5MM        | 3    |       | PROMETHAZINE-DM 6.25-15 MG/5 ML SYRUP | 2    |       |
| PRO COMFORT SYRINGE 0.5 ML 30G 5/16"  | 3    |       | PROMETHAZINE-PE 6.25-5 MG/5 ML SYRUP  | 2    |       |
| PRO COMFORT SYRINGE 0.5 ML 30G 1/2"   | 3    |       | PROMETHAZINE-PE-CODEINE SYRUP         | 2    | QL    |
| PRO COMFORT SYRINGE 0.5 ML 31G 5/16"  | 3    |       | PROMETHAZINE-PHENYLEPHRINE SYRUP      | 2    |       |
| PRO COMFORT SYRINGE 1 ML 30G 5/16"    | 3    |       | PROMETHEGAN 12.5 MG SUPPOSITORY       | 3    |       |
| PRO COMFORT SYRINGE 1 ML 31G 5/16"    | 3    |       | PROMETHEGAN 25 MG SUPPOSITORY         | 3    |       |
| PRO COMFORT SYRINGE 1 ML 30G 1/2"     | 3    |       | PROMETHEGAN 50 MG SUPPOSITORY         | 3    |       |
| PRO COMFORT SPACER-ADULT MASK         | 3    | QL    | PROPAFENONE 150 MG TABLET             | 2    |       |
| PRO COMFORT SPACER-CHILD MASK         | 3    | QL    | PROPAFENONE 225 MG TABLET             | 2    |       |
| PRO COMFORT SPACER-INFANT MASK        | 3    | QL    | PROPAFENONE 300 MG TABLET             | 2    |       |
| PROBENECID 500 MG TABLET              | 2    |       | PROPAFENONE ER 225 MG CAPSULE         | 2    |       |
| PROBENECID-COLCHICINE TABLET          | 2    |       | PROPAFENONE ER 325 MG CAPSULE         | 2    |       |
| PROCARE SPACER WITH ADULT MASK        | 3    | QL    | PROPAFENONE ER 425 MG CAPSULE         | 2    |       |
| PROCARE SPACER WITH CHILD MASK        | 3    | QL    | PROPARACAINE 0.5% EYE DROPS           | 2    |       |
| PROCENTRA 5 MG/5 ML ORAL SOLUTION     | 2    | QL    | PROPRANOLOL 20 MG/5 ML ORAL SOLUTION  | 2    |       |
| PROCHAMBER HOLDING CHAMBER            | 3    | QL    | PROPRANOLOL 40 MG/5 ML ORAL SOLUTION  | 2    |       |
| PROCHLORPERAZINE 25 MG SUPPOSITORY    | 3    |       | PROPRANOLOL 10 MG TABLET              | 2    |       |
| PROCHLORPERAZINE 5 MG TABLET          | 2    |       | PROPRANOLOL 20 MG TABLET              | 2    |       |
| PROCHLORPERAZINE 10 MG TABLET         | 2    |       | PROPRANOLOL 40 MG TABLET              | 2    |       |
| PROCTO-MED HC 2.5% CREAM              | 2    |       | PROPRANOLOL 60 MG TABLET              | 2    |       |
| PROCTOSOL-HC 2.5% CREAM               | 2    |       | PROPRANOLOL 80 MG TABLET              | 2    |       |
| PROCTOZONE-HC 2.5% CREAM              | 2    |       | PROPRANOLOL ER 60 MG CAPSULE          | 2    |       |
| PRODIGY CONTROL SOLUTION              | 3    |       | PROPRANOLOL ER 80 MG CAPSULE          | 2    |       |
| PRODIGY INSULIN SYRINGE 1 ML 28G 1/2" | 3    |       | PROPRANOLOL ER 120 MG CAPSULE         | 2    |       |
| PRODIGY LOW CONTROL SOLUTION          | 3    |       | PROPRANOLOL ER 160 MG CAPSULE         | 2    |       |
| PRODIGY SYRINGE 0.3 ML 31G 5/16"      | 3    |       | PROPRANOLOL-HCTZ 40-25 MG TABLET      | 2    |       |
| PRODIGY SYRINGE 0.5 ML 31G 5/16"      | 3    |       | PROPRANOLOL-HCTZ 80-25 MG TABLET      | 2    |       |
| PROGESTERONE 100 MG CAPSULE           | 2    |       | PROPYLTHIOURACIL 50 MG TABLET         | 2    |       |
| PROGESTERONE 200 MG CAPSULE           | 2    |       | PROQUAD VIAL                          | 3    |       |
| PROGRAF 0.2 MG GRANULE PACKET         | 4    | SRX   | PROTRIPTYLINE 5 MG TABLET             | 4    |       |
| PROGRAF 1 MG GRANULE PACKET           | 4    | SRX   | PROTRIPTYLINE 10 MG TABLET            | 4    |       |
| PROMETHAZINE 12.5 MG SUPPOSITORY      | 3    |       | PUB INSULIN SYRINGE 0.3 ML 30G 1/2"   | 3    |       |
| PROMETHAZINE 25 MG SUPPOSITORY        | 3    |       | PUB INSULIN SYRINGE 0.3 ML 31G 5/16"  | 3    |       |
| PROMETHAZINE 12.5 MG/10 ML SYRUP      | 2    |       | PUB INSULIN SYRINGE 0.5 ML 30G 1/2"   | 3    |       |
| PROMETHAZINE 12.5 MG TABLET           | 2    |       | PUB INSULIN SYRINGE 0.5 ML 31G 5/16"  | 3    |       |
| PROMETHAZINE 25 MG TABLET             | 2    |       | PUB INSULIN SYRINGE 1 ML 30G 1/2"     | 3    |       |
| PROMETHAZINE 50 MG TABLET             | 2    |       | PUB INSULIN SYRINGE 1 ML 31G 5/16"    | 3    |       |
| PROMETHAZINE 6.25 MG/5 ML SYRUP       | 2    |       | PUB PEN NEEDLE 29G 12MM               | 3    |       |
| PROMETHAZINE VC-CODEINE SYRUP         | 2    | QL    | PUB PEN NEEDLE 31G 6MM                | 3    |       |
| PROMETHAZINE-CODEINE ORAL SOLUTION    | 2    | QL    | PUB PEN NEEDLE 31G 8MM                | 3    |       |
| PROMETHAZINE-CODEINE SYRUP            | 2    | QL    | PUB UNIFINE PENTIP PLUS 31G 3/16"     | 3    |       |

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| Medication Name                         | Tier | Notes        | Medication Name                        | Tier | Notes |
|-----------------------------------------|------|--------------|----------------------------------------|------|-------|
| PULMOSAL 7% VIAL                        | 2    |              | QUINAPRIL 20 MG TABLET                 | 1    |       |
| PULMOZYME 1 MG/ML AMPULE                | 5    | PA, SRX      | QUINAPRIL 40 MG TABLET                 | 1    |       |
| PURE COMFORT PEN NEEDLE 32G 4MM         | 3    |              | QUINAPRIL-HCTZ 10-12.5 MG TABLET       | 1    |       |
| PURE COMFORT PEN NEEDLE 32G 5MM         | 3    |              | QUINAPRIL-HCTZ 20-12.5 MG TABLET       | 1    |       |
| PURE COMFORT PEN NEEDLE 32G 6MM         | 3    |              | QUINAPRIL-HCTZ 20-25 MG TABLET         | 1    |       |
| PURE COMFORT PEN NEEDLE 32G 8MM         | 3    |              | QUINIDINE GLUCONATE ER 324 MG TABLET   | 3    |       |
| PURE COMFORT SAFETY PEN NEEDLE 31G 5MM  | 3    |              | QUINIDINE SULFATE 200 MG TABLET        | 2    |       |
| PURE COMFORT SAFETY PEN NEEDLE 31G 6MM  | 3    |              | QUINIDINE SULFATE 300 MG TABLET        | 2    |       |
| PURE COMFORT SAFETY PEN NEEDLE 32G 4MM  | 3    |              | QUININE SULFATE 324 MG CAPSULE         | 2    |       |
| PURE COMFORT SPACER-ADULT MASK          | 3    | QL           | QVAR REDIHALER 40 MCG                  | 3    |       |
| PURECOMFORT PEAK FLOW METER ADULT       | 3    |              | QVAR REDIHALER 80 MCG                  | 3    |       |
| PURECOMFORT PEAK FLOW METER CHILD       | 3    |              | RA INSULIN SYRINGE 0.5 ML 29G 1/2"     | 3    |       |
| PURIXAN 20 MG/ML ORAL SUSPENSION        | 5    | PA, LDD, SRX | RA INSULIN SYRINGE 0.5 ML 30G 5/16"    | 3    |       |
| PV UNIFINE PENTIP PLUS 31G 5MM          | 3    |              | RA INSULIN SYRINGE 1 ML 29G 1/2"       | 3    |       |
| PV UNIFINE PENTIP PLUS 31G 6MM          | 3    |              | RA INSULIN SYRINGE 1 ML 30G 5/16"      | 3    |       |
| PV UNIFINE PENTIP PLUS 31G 8MM          | 3    |              | RA PEN NEEDLE 31G 3/16"                | 3    |       |
| PV UNIFINE PENTIP PLUS 32G 4MM          | 3    |              | RA PEN NEEDLE 31G 5/16"                | 3    |       |
| PV UNIFINE PENTIP PLUS 33G 4MM          | 3    |              | RABEPRAZOLE DR 20 MG TABLET            | 2    | QL    |
| PYRAZINAMIDE 500 MG TABLET              | 2    |              | RALOXIFENE 60 MG TABLET                | 2    |       |
| PYRIDOSTIGMINE 60 MG TABLET             | 4    |              | RAMELTEON 8 MG TABLET                  | 3    | QL    |
| PYRIDOSTIGMINE 60 MG/5 ML ORAL SOLUTION | 5    | PA           | RAMIPRIL 1.25 MG CAPSULE               | 2    |       |
| PYRIDOSTIGMINE ER 180 MG TABLET         | 4    |              | RAMIPRIL 2.5 MG CAPSULE                | 1    |       |
| PRIMETHAMINE 25 MG TABLET               | 5    | PA, SRX      | RAMIPRIL 5 MG CAPSULE                  | 1    |       |
| QC UNIFINE PENTIP 32G 4MM               | 3    |              | RAMIPRIL 10 MG CAPSULE                 | 1    |       |
| QC UNIFINE PENTIP 32G 5/32"             | 3    |              | RANOLAZINE ER 1,000 MG TABLET          | 4    | QL    |
| QUADRACEL DTAP-IPV SYRINGE              | 3    |              | RANOLAZINE ER 500 MG TABLET            | 4    | QL    |
| QUADRACEL DTAP-IPV VIAL                 | 3    |              | RASAGILINE 0.5 MG TABLET               | 2    |       |
| QUAZEPAM 15 MG TABLET                   | 4    | PA           | RASAGILINE 1 MG TABLET                 | 2    |       |
| QUETIAPINE 25 MG TABLET                 | 2    |              | RAYA SURE PEN NEEDLE 29G 12MM          | 3    |       |
| QUETIAPINE 50 MG TABLET                 | 2    |              | RAYA SURE PEN NEEDLE 31G 4MM           | 3    |       |
| QUETIAPINE 100 MG TABLET                | 2    |              | RAYA SURE PEN NEEDLE 31G 5MM           | 3    |       |
| QUETIAPINE 200 MG TABLET                | 2    |              | RAYA SURE PEN NEEDLE 31G 6MM           | 3    |       |
| QUETIAPINE 300 MG TABLET                | 2    |              | RECLIPSEN 28 DAY TABLET                | 1    |       |
| QUETIAPINE 400 MG TABLET                | 2    |              | RECOMBIVAX HB 5 MCG/0.5 ML SYRINGE     | 3    |       |
| QUETIAPINE ER 50 MG TABLET              | 2    |              | RECOMBIVAX HB 10 MCG/ML SYRINGE        | 3    |       |
| QUETIAPINE ER 150 MG TABLET             | 2    |              | RECOMBIVAX HB 5 MCG/0.5 ML VIAL        | 3    |       |
| QUETIAPINE ER 200 MG TABLET             | 2    |              | RECOMBIVAX HB 10 MCG/ML VIAL           | 3    |       |
| QUETIAPINE ER 300 MG TABLET             | 2    |              | RECOMBIVAX HB 40 MCG/ML VIAL           | 3    |       |
| QUETIAPINE ER 400 MG TABLET             | 2    |              | REFUAH PLUS CONTROL SOLUTION           | 3    |       |
| QUINAPRIL 5 MG TABLET                   | 1    |              | RELENZA 5 MG DISKHALER                 | 4    | QL    |
| QUINAPRIL 10 MG TABLET                  | 1    |              | RELION INSULIN SYRINGE 0.3 ML 29G 1/2" | 3    |       |

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| Medication Name                        | Tier | Notes            | Medication Name                   | Tier | Notes            |
|----------------------------------------|------|------------------|-----------------------------------|------|------------------|
| RELION INSULIN SYRINGE 0.3 ML 31G 6MM  | 3    |                  | REYATAZ 50 MG POWDER PACKET       | 3    | SRX              |
| RELION INSULIN SYRINGE 0.5 ML          | 3    |                  | REZDIFFRA 60 MG TABLET            | 5    | PA, QL, LDD, SRX |
| RELION INSULIN SYRINGE 0.5 ML 29G 1/2" | 3    |                  | REZDIFFRA 80 MG TABLET            | 5    | PA, QL, LDD, SRX |
| RELION INSULIN SYRINGE 0.5 ML 31G 6MM  | 3    |                  | REZDIFFRA 100 MG TABLET           | 5    | PA, QL, LDD, SRX |
| RELION INSULIN SYRINGE 1 ML 29G 1/2"   | 3    |                  | RIBAVIRIN 200 MG CAPSULE          | 4    | SRX              |
| RELION INSULIN SYRINGE 1 ML 31G 15/64" | 3    |                  | RIBAVIRIN 200 MG TABLET           | 4    | SRX              |
| RELION INSULIN SYRINGE 1 ML 31G 5/16"  | 3    |                  | RIFABUTIN 150 MG CAPSULE          | 3    |                  |
| RELION KETONE TEST STRIP               | 3    |                  | RIFAMPIN 150 MG CAPSULE           | 2    |                  |
| RELION MINI PEN NEEDLE 31G 1/4"        | 3    |                  | RIFAMPIN 300 MG CAPSULE           | 2    |                  |
| RELION NOVOLOG 100 UNIT/ML VIAL        | 4    | QL, ST           | RIGHTEST HIGH CONTROL SOLUTION    | 3    |                  |
| RELION NOVOLOG MIX 70-30 FLEXPEN       | 4    | QL, ST           | RIGHTEST NORMAL CONTROL SOLUTION  | 3    |                  |
| RELION NOVOLOG MIX 70-30 VIAL          | 4    | QL, ST           | RILUZOLE 50 MG TABLET             | 5    | SRX              |
| RELION NOVOLOG U-100 FLEXPEN           | 4    | QL, ST           | RIMANTADINE 100 MG TABLET         | 2    |                  |
| RELION PEN NEEDLE 29G                  | 3    |                  | RINVOQ ER 15 MG TABLET            | 5    | PA, QL, LDD, SRX |
| RELION PEN NEEDLE 29G 1/2"             | 3    |                  | RINVOQ ER 30 MG TABLET            | 5    | PA, QL, LDD, SRX |
| RELION PEN NEEDLE 31G                  | 3    |                  | RINVOQ ER 45 MG TABLET            | 5    | PA, QL, LDD, SRX |
| RELION PEN NEEDLE 31G 1/4"             | 3    |                  | RINVOQ LQ 1 MG/ML SOLUTION        | 5    | PA, QL, LDD, SRX |
| RELION PEN NEEDLE 31G 5/16"            | 3    |                  | RISEDRONATE 5 MG TABLET           | 3    |                  |
| RELION PEN NEEDLE 31G 6MM              | 3    |                  | RISEDRONATE 30 MG TABLET          | 3    |                  |
| RELION PEN NEEDLE 32G 5/32"            | 3    |                  | RISEDRONATE 35 MG TABLET          | 3    |                  |
| RELION SYRINGE 0.3 ML 31G 5/16"        | 3    |                  | RISEDRONATE 150 MG TABLET         | 3    |                  |
| RELION SYRINGE 0.5 ML 31G 5/16"        | 3    |                  | RISEDRONATE DR 35 MG TABLET       | 3    |                  |
| RELION TRUE METRIX AIR GLUCOSE METER   | 1    |                  | RISPERIDONE 0.25 MG ODT TABLET    | 2    |                  |
| RELION TRUE METRIX TEST STRIP          | 3    |                  | RISPERIDONE 1 MG/ML ORAL SOLUTION | 2    |                  |
| RELISTOR 8 MG/0.4 ML SYRINGE           | 4    | PA               | RISPERIDONE 0.5 MG ODT TABLET     | 2    |                  |
| RELISTOR 12 MG/0.6 ML SYRINGE          | 4    | PA               | RISPERIDONE 1 MG ODT TABLET       | 2    |                  |
| RELISTOR 12 MG/0.6 ML VIAL             | 4    | PA               | RISPERIDONE 2 MG ODT TABLET       | 2    |                  |
| RENACIDIN IRRIGATION SOLUTION          | 4    |                  | RISPERIDONE 3 MG ODT TABLET       | 2    |                  |
| REPAGLINIDE 0.5 MG TABLET              | 2    |                  | RISPERIDONE 4 MG ODT TABLET       | 2    |                  |
| REPAGLINIDE 1 MG TABLET                | 2    |                  | RISPERIDONE 0.25 MG TABLET        | 1    |                  |
| REPAGLINIDE 2 MG TABLET                | 2    |                  | RISPERIDONE 0.5 MG TABLET         | 1    |                  |
| REPATHA 140 MG/ML SURECLICK            | 5    |                  | RISPERIDONE 1 MG TABLET           | 1    |                  |
| REPATHA 140 MG/ML SYRINGE              | 5    |                  | RISPERIDONE 2 MG TABLET           | 1    |                  |
| REPATHA 420 MG/3.5 ML PUSHTRONEX       | 5    |                  | RISPERIDONE 3 MG TABLET           | 1    |                  |
| RESPA A.R. TABLET SA                   | 4    |                  | RISPERIDONE 4 MG TABLET           | 1    |                  |
| REVLIMID 2.5 MG CAPSULE                | 5    | PA, QL, LDD, SRX | RITEFLO SPACER                    | 3    | QL               |
| REVLIMID 5 MG CAPSULE                  | 5    | PA, QL, LDD, SRX | RITONAVIR 100 MG TABLET           | 2    | SRX              |
| REVLIMID 10 MG CAPSULE                 | 5    | PA, QL, LDD, SRX | RIVAROXABAN 1 MG/ML SUSPENSION    | 3    | QL               |
| REVLIMID 15 MG CAPSULE                 | 5    | PA, QL, LDD, SRX | RIVAROXABAN 2.5 MG TABLET         | 3    | QL               |
| REVLIMID 20 MG CAPSULE                 | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 1.5 MG CAPSULE       | 2    |                  |
| REVLIMID 25 MG CAPSULE                 | 5    | PA, QL, LDD, SRX | RIVASTIGMINE 3 MG CAPSULE         | 2    |                  |

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| Medication Name                     | Tier | Notes  |
|-------------------------------------|------|--------|
| RIVASTIGMINE 4.5 MG CAPSULE         | 2    |        |
| RIVASTIGMINE 6 MG CAPSULE           | 2    |        |
| RIVASTIGMINE 4.6 MG/24HR PATCH      | 2    |        |
| RIVASTIGMINE 9.5 MG/24HR PATCH      | 2    |        |
| RIVASTIGMINE 13.3 MG/24HR PATCH     | 2    |        |
| RIVELSA TABLET                      | 1    |        |
| RIZATRIPTAN 5 MG ODT TABLET         | 2    | QL     |
| RIZATRIPTAN 10 MG ODT TABLET        | 2    | QL     |
| RIZATRIPTAN 5 MG TABLET             | 2    | QL     |
| RIZATRIPTAN 10 MG TABLET            | 2    | QL     |
| R-NATAL OB SOFTGEL                  | 1    |        |
| ROFLUMILAST 250 MCG TABLET          | 4    | QL     |
| ROFLUMILAST 500 MCG TABLET          | 4    | QL     |
| ROPINIROLE 0.25 MG TABLET           | 2    |        |
| ROPINIROLE 0.5 MG TABLET            | 2    |        |
| ROPINIROLE 1 MG TABLET              | 2    |        |
| ROPINIROLE 2 MG TABLET              | 2    |        |
| ROPINIROLE 3 MG TABLET              | 2    |        |
| ROPINIROLE 4 MG TABLET              | 2    |        |
| ROPINIROLE 5 MG TABLET              | 2    |        |
| ROPINIROLE ER 2 MG TABLET           | 2    |        |
| ROPINIROLE ER 4 MG TABLET           | 2    |        |
| ROPINIROLE ER 6 MG TABLET           | 2    |        |
| ROPINIROLE ER 8 MG TABLET           | 2    |        |
| ROPINIROLE ER 12 MG TABLET          | 2    |        |
| ROSADAN 0.75% CREAM                 | 2    |        |
| ROSADAN 0.75% GEL                   | 2    |        |
| ROSUVASTATIN 5 MG TABLET            | 2    |        |
| ROSUVASTATIN 10 MG TABLET           | 2    |        |
| ROSUVASTATIN 20 MG TABLET           | 2    |        |
| ROSUVASTATIN 40 MG TABLET           | 2    |        |
| ROTARIX VACCINE ORAL SUSPENSION     | 3    |        |
| ROTARIX VACCINE ORAL SYRINGE        | 3    |        |
| ROTATEQ VACCINE                     | 3    |        |
| ROWEEPR 500 MG TABLET               | 2    |        |
| ROWEEPR 750 MG TABLET               | 2    |        |
| ROWEEPR 1,000 MG TABLET             | 2    |        |
| RUFINAMIDE 40 MG/ML ORAL SUSPENSION | 4    | PA, QL |
| RUFINAMIDE 200 MG TABLET            | 4    | PA, QL |
| RUFINAMIDE 400 MG TABLET            | 4    | PA, QL |
| RYBELSUS 1.5 MG TABLET              | 3    | PA, QL |

| Medication Name                             | Tier | Notes        |
|---------------------------------------------|------|--------------|
| RYBELSUS 3 MG TABLET                        | 3    | PA, QL       |
| RYBELSUS 4 MG TABLET                        | 3    | PA, QL       |
| RYBELSUS 7 MG TABLET                        | 3    | PA, QL       |
| RYBELSUS 9 MG TABLET                        | 3    | PA, QL       |
| RYBELSUS 14 MG TABLET                       | 3    | PA, QL       |
| SACUBITRIL-VALSARTAN 24-26 MG TABLET        | 3    | QL           |
| SACUBITRIL-VALSARTAN 49-51 MG TABLET        | 3    | QL           |
| SACUBITRIL-VALSARTAN 97-103 MG TABLET       | 3    | QL           |
| SAFESNAP INSULIN SYRINGE 0.3 ML             | 3    |              |
| SAFESNAP INSULIN SYRINGE 0.5 ML             | 3    |              |
| SAFESNAP INSULIN SYRINGE 1 ML               | 3    |              |
| SAFETY PEN NEEDLE 31G 4MM                   | 3    |              |
| SAFETY PEN NEEDLE 31G 5MM                   | 3    |              |
| SAFETY PEN NEEDLE 31G 5MM                   | 3    |              |
| SAJAZIR 30 MG/3 ML SYRINGE                  | 5    | PA, LDD, SRX |
| SALICYLIC ACID 27.5% LIQUID                 | 2    |              |
| SALSALATE 500 MG TABLET                     | 2    |              |
| SALSALATE 750 MG TABLET                     | 2    |              |
| SANTYL OINTMENT                             | 4    | PA, QL       |
| SAPROTERIN 100 MG POWDER PACKET             | 5    | PA, SRX      |
| SAPROTERIN 500 MG POWDER PACKET             | 5    | PA, SRX      |
| SAPROTERIN 100 MG TABLET                    | 5    | PA, SRX      |
| SAVAYSA 15 MG TABLET                        | 4    | PA, QL       |
| SAVAYSA 30 MG TABLET                        | 4    | PA, QL       |
| SAVAYSA 60 MG TABLET                        | 4    | PA, QL       |
| SAVELLA 12.5 MG TABLET                      | 4    |              |
| SAVELLA 25 MG TABLET                        | 4    |              |
| SAVELLA 50 MG TABLET                        | 4    |              |
| SAVELLA 100 MG TABLET                       | 4    |              |
| SAVELLA TITRATION PACK                      | 4    |              |
| SAXAGLIPTIN 2.5 MG TABLET                   | 2    | QL           |
| SAXAGLIPTIN 5 MG TABLET                     | 2    | QL           |
| SAXAGLIPTIN-METFORMIN ER 2.5-1000 MG TABLET | 2    | QL           |
| SAXAGLIPTIN-METFORMIN ER 5-500 MG TABLET    | 2    | QL           |
| SAXAGLIPTIN-METFORMIN ER 5-1000 MG TABLET   | 2    | QL           |
| SCOPOLAMINE 1 MG/3 DAY PATCH                | 2    |              |
| SECURESAFE PEN NEEDLE 30G 5/16"             | 3    |              |
| SECURESAFE SYRINGE 0.5 ML 29G 1/2"          | 3    |              |
| SECURESAFE SYRINGE 1 ML 29G 1/2"            | 3    |              |
| SELARSDI 45 MG/0.5 ML SYRINGE               | 5    | PA, QL, SRX  |
| SELARSDI 90 MG/ML SYRINGE                   | 5    | PA, QL, SRX  |

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| Medication Name                          | Tier | Notes        |
|------------------------------------------|------|--------------|
| SELEGILINE 5 MG CAPSULE                  | 2    |              |
| SELEGILINE 5 MG TABLET                   | 2    |              |
| SELENIUM SULFIDE 2.5% LOTION             | 2    |              |
| SELENIUM SULFIDE 2.25% SHAMPOO           | 2    |              |
| SE-NATAL 19 CHEWABLE TABLET              | 1    |              |
| SE-NATAL 19 TABLET                       | 1    |              |
| SERTRALINE 20 MG/ML ORAL CONCENTRATE     | 2    | QL           |
| SERTRALINE 25 MG TABLET                  | 1    | QL           |
| SERTRALINE 50 MG TABLET                  | 1    | QL           |
| SERTRALINE 100 MG TABLET                 | 1    | QL           |
| SETLAKIN 0.15 MG-0.03 MG TABLET          | 1    |              |
| SEVELAMER CARBONATE 800 MG TABLET        | 4    |              |
| SF 1.1% GEL                              | 2    |              |
| SF 5000 PLUS TOOTHPASTE                  | 2    |              |
| SHAROBEL 0.35 MG TABLET                  | 1    |              |
| SHINGRIX VIAL KIT                        | 3    | QL           |
| SHOPKO UNIFINE PENTIP 29G 12MM           | 3    |              |
| SHOPKO UNIFINE PENTIP 31G 5MM            | 3    |              |
| SHOPKO UNIFINE PENTIP 31G 8MM            | 3    |              |
| SHOPKO UNIFINE PENTIP 32G 4MM            | 3    |              |
| SIDESTREAM PEDIATRIC FACE MASK           | 3    | QL           |
| SIGNIFOR 0.3 MG/ML AMPULE                | 5    | PA, LDD, SRX |
| SIGNIFOR 0.6 MG/ML AMPULE                | 5    | PA, LDD, SRX |
| SIGNIFOR 0.9 MG/ML AMPULE                | 5    | PA, LDD, SRX |
| SILDENAFIL 20 MG TABLET                  | 5    | PA, SRX      |
| SILHOUETTE INFUSION SET 23"              | 3    |              |
| SILICONE MASK-INFANT                     | 3    | QL           |
| SILICONE MASK-PEDIATRIC                  | 3    | QL           |
| SILODOSIN 4 MG CAPSULE                   | 2    | QL           |
| SILODOSIN 8 MG CAPSULE                   | 2    | QL           |
| SIL-SERTER INFUSION SET                  | 3    |              |
| SILVER NITRATE 0.5% TOPICAL SOLUTION     | 2    |              |
| SILVER NITRATE 10% TOPICAL SOLUTION      | 2    |              |
| SILVER NITRATE 25% TOPICAL SOLUTION      | 2    |              |
| SILVER NITRATE 50% TOPICAL SOLUTION      | 2    |              |
| SILVER SULFADIAZINE 1% CREAM             | 2    |              |
| SIMBRINZA 1%-0.2% EYE DROPS              | 3    |              |
| SIMLANDI (CF) 40 MG/0.4 ML AUTO-INJECTOR | 5    | PA, QL, SRX  |
| SIMLANDI (CF) 20 MG/0.2 ML SYRINGE       | 5    | PA, QL, SRX  |
| SIMLANDI (CF) 40 MG/0.4 ML SYRINGE       | 5    | PA, QL, SRX  |
| SIMLANDI (CF) 80 MG/0.8 ML SYRINGE       | 5    | PA, QL, SRX  |

| Medication Name                          | Tier | Notes       |
|------------------------------------------|------|-------------|
| SIMLIYA 28 DAY TABLET                    | 1    |             |
| SIMPESSE 0.15-0.03-0.01 MG TABLET        | 1    |             |
| SIMVASTATIN 5 MG TABLET                  | 1    |             |
| SIMVASTATIN 10 MG TABLET                 | 1    |             |
| SIMVASTATIN 20 MG TABLET                 | 1    |             |
| SIMVASTATIN 40 MG TABLET                 | 1    |             |
| SIMVASTATIN 80 MG TABLET                 | 1    | QL          |
| SIROLIMUS 0.5 MG TABLET                  | 2    | SRX         |
| SIROLIMUS 1 MG TABLET                    | 2    | SRX         |
| SIROLIMUS 2 MG TABLET                    | 2    | SRX         |
| SIROLIMUS 1 MG/ML ORAL SOLUTION          | 5    | SRX         |
| SIRTURO 20 MG TABLET                     | 4    | PA, SRX     |
| SIRTURO 100 MG TABLET                    | 4    | PA, SRX     |
| SKY SAFETY PEN NEEDLE 30G 5MM            | 3    |             |
| SKY SAFETY PEN NEEDLE 30G 8MM            | 3    |             |
| SKYLA 13.5 MG SYSTEM                     | 1    | LDD, SRX    |
| SKYRIZI 180 MG/1.2 ML ON-BODY            | 5    | PA, QL, SRX |
| SKYRIZI 360 MG/2.4 ML ON-BODY            | 5    | PA, QL, SRX |
| SKYRIZI 150 MG/ML PEN                    | 5    | PA, QL, SRX |
| SKYRIZI 150 MG/ML SYRINGE                | 5    | PA, QL, SRX |
| SLYND 4 MG TABLET                        | 4    |             |
| SM INSULIN SYRINGE 0.3 ML 29G 1/2"       | 3    |             |
| SM INSULIN SYRINGE 0.3 ML 30G 5/16"      | 3    |             |
| SM INSULIN SYRINGE 0.3 ML 31G 5/16"      | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 28G 1/2"       | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 29G 1/2"       | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 30G 5/16"      | 3    |             |
| SM INSULIN SYRINGE 0.5 ML 31G 5/16"      | 3    |             |
| SM INSULIN SYRINGE 1 ML 28G 1/2"         | 3    |             |
| SM INSULIN SYRINGE 1 ML 29G 1/2"         | 3    |             |
| SM INSULIN SYRINGE 1 ML 30G 5/16"        | 3    |             |
| SM INSULIN SYRINGE 1 ML 31G 5/16"        | 3    |             |
| SMARTEST CONTROL SOLUTION                | 3    |             |
| SODIUM CHLORIDE 0.9% INHALATION VIAL     | 2    |             |
| SODIUM CHLORIDE 0.9% IRRIGATION          | 2    |             |
| SODIUM CHLORIDE 0.9% PROCESSING SOLUTION | 2    |             |
| SODIUM CHLORIDE 10% VIAL                 | 2    |             |
| SODIUM CHLORIDE 3% VIAL                  | 2    |             |
| SODIUM CHLORIDE 7% VIAL                  | 2    |             |
| SODIUM FLUORIDE 1.1% GEL                 | 2    |             |
| SODIUM FLUORIDE 0.2% RINSE               | 2    |             |

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| Medication Name                                                  | Tier | Notes        | Medication Name                             | Tier | Notes            |
|------------------------------------------------------------------|------|--------------|---------------------------------------------|------|------------------|
| SODIUM FLUORIDE 1.1% TOOTHPASTE                                  | 2    |              | SPIKEVAX (12Y UP) VIAL                      | 3    |                  |
| SODIUM FLUORIDE 5000 DRY MOUTH TOOTHPASTE                        | 2    |              | SPIKEVAX 2024-25 (12Y UP) SYRINGE           | 3    |                  |
| SODIUM FLUORIDE 5000 PLUS TOOTHPASTE                             | 2    |              | SPIKEVAX COVID (18Y UP) VACCINE             | 3    |                  |
| SODIUM FLUORIDE 5000 PPM TOOTHPASTE                              | 2    |              | SPINOSAD 0.9% TOPICAL SUSPENSION            | 3    |                  |
| SODIUM FLUORIDE ENAMEL PROTECT 5000 PPM TOOTHPASTE               | 2    |              | SPIRONOLACTONE 25 MG TABLET                 | 2    |                  |
| SODIUM FLUORIDE SENSITIVE 5000 PPM TOOTHPASTE                    | 2    |              | SPIRONOLACTONE 50 MG TABLET                 | 2    |                  |
| SODIUM FLUORIDE-POTASSIUM NITRATE PASTE                          | 2    |              | SPIRONOLACTONE 100 MG TABLET                | 2    |                  |
| SODIUM PHENYLBUTYRATE POWDER                                     | 5    | SRX          | SPIRONOLACTONE-HCTZ 25-25 TABLET            | 2    |                  |
| SODIUM PHENYLBUTYRATE 500 MG TABLET                              | 5    | SRX          | SPRINTEC 28 DAY TABLET                      | 1    |                  |
| SODIUM POLYSTYRENE SULFONATE POWDER                              | 2    |              | SPS 15 GM/60 ML ORAL SUSPENSION             | 3    |                  |
| SODIUM SULFACETAMIDE 10% LOTION                                  | 2    |              | SPS 30 GM/120 ML ENEMA SUSPENSION           | 3    |                  |
| SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE ORAL SOLUTION | 4    |              | SRONYX 0.10-0.02 MG TABLET                  | 1    |                  |
| SOFOSBUVIR-VELPATASVIR 400-100 TABLET                            | 5    | PA, QL, SRX  | SSKI 1 GM/ML ORAL SOLUTION                  | 4    |                  |
| SOLIFENACIN 5 MG TABLET                                          | 3    | QL           | STAVUDINE 40 MG CAPSULE                     | 2    | SRX              |
| SOLIFENACIN 10 MG TABLET                                         | 3    | QL           | STELARA 45 MG/0.5 ML SYRINGE                | 5    | PA, QL, SRX      |
| SOLUTIONUS V2 HIGH CONTROL SOLUTION                              | 3    |              | STELARA 45 MG/0.5 ML VIAL                   | 5    | PA, QL, SRX      |
| SOLUTIONUS V2 LOW CONTROL SOLUTION                               | 3    |              | STELARA 90 MG/ML SYRINGE                    | 5    | PA, QL, SRX      |
| SOLUVITA 0.5 MG/ML ORAL DROPS                                    | 2    |              | STERILE WATER FOR IRRIGATION                | 2    |                  |
| SOLUVITA A,C,D-FLUOR 0.25 MG/ML ORAL DROPS                       | 2    |              | STIVARGA 40 MG TABLET                       | 5    | PA, QL, LDD, SRX |
| SOMAVERT 10 MG VIAL                                              | 5    | PA, LDD, SRX | STRIBILD TABLET                             | 4    | QL, SRX          |
| SOMAVERT 15 MG VIAL                                              | 5    | PA, LDD, SRX | STRIVE PEAK FLOW METER                      | 3    |                  |
| SOMAVERT 20 MG VIAL                                              | 5    | PA, LDD, SRX | STRIVERDI RESPIMAT INHALATION SPRAY         | 3    | QL               |
| SOMAVERT 25 MG VIAL                                              | 5    | PA, LDD, SRX | SUBVENITE 25 MG TABLET                      | 2    |                  |
| SOMAVERT 30 MG VIAL                                              | 5    | PA, LDD, SRX | SUBVENITE 100 MG TABLET                     | 2    |                  |
| SORAFENIB 200 MG TABLET                                          | 5    | PA, QL, SRX  | SUBVENITE 150 MG TABLET                     | 2    |                  |
| SOTALOL 80 MG TABLET                                             | 2    |              | SUBVENITE 200 MG TABLET                     | 2    |                  |
| SOTALOL 120 MG TABLET                                            | 2    |              | SUBVENITE TABLET STARTER KIT (BLUE)         | 2    |                  |
| SOTALOL 160 MG TABLET                                            | 2    |              | SUBVENITE TABLET STARTER KIT (GREEN)        | 2    |                  |
| SOTALOL 240 MG TABLET                                            | 2    |              | SUBVENITE TABLET STARTER KIT (ORANGE)       | 2    |                  |
| SOTALOL AF 80 MG TABLET                                          | 2    |              | SUCRAID 17,000 UNIT/2 ML ORAL SOLUTION      | 5    | PA, LDD, SRX     |
| SOTALOL AF 120 MG TABLET                                         | 2    |              | SUCRAID 8,500 UNIT/ML ORAL SOLUTION         | 5    | PA, SRX          |
| SOTALOL AF 160 MG TABLET                                         | 2    |              | SUCRALFATE 1 GM TABLET                      | 2    |                  |
| SOTYKTU 6 MG TABLET                                              | 5    | PA, QL, SRX  | SULCONAZOLE NITRATE 1% CREAM                | 3    |                  |
| SOTYLIZE 5 MG/ML ORAL SOLUTION                                   | 4    | PA           | SULCONAZOLE NITRATE 1% TOPICAL SOLUTION     | 3    |                  |
| SOVALDI 150 MG PELLET PACKET                                     | 4    | PA, QL, SRX  | SULFACETAMIDE 10% EYE DROPS                 | 2    |                  |
| SOVALDI 200 MG PELLET PACKET                                     | 4    | PA, QL, SRX  | SULFACETAMIDE 10% EYE OINTMENT              | 2    |                  |
| SOVALDI 200 MG TABLET                                            | 4    | PA, QL, SRX  | SULFACETAMIDE SODIUM 10% TOPICAL SUSPENSION | 2    |                  |
| SOVALDI 400 MG TABLET                                            | 4    | PA, QL, SRX  | SULFADIAZINE 500 MG TABLET                  | 4    |                  |
| SPIKEVAX (12Y UP) SYRINGE                                        | 3    |              | SULFAMETHOXAZOLE-TMP DS TABLET              | 1    |                  |
|                                                                  |      |              | SULFAMETHOXAZOLE-TMP ORAL SUSPENSION        | 2    |                  |
|                                                                  |      |              | SULFAMETHOXAZOLE-TMP SS TABLET              | 1    |                  |

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| Medication Name                              | Tier | Notes       | Medication Name                          | Tier | Notes   |
|----------------------------------------------|------|-------------|------------------------------------------|------|---------|
| SULFAMYLON 8.5% CREAM                        | 4    |             | SURE-JECT INSULIN SYRINGE U100 0.5 ML    | 3    |         |
| SULFASALAZINE 500 MG TABLET                  | 2    |             | SURE-JECT INSULIN SYRINGE U100 1 ML      | 3    |         |
| SULFASALAZINE DR 500 MG TABLET               | 2    |             | SURE-TEST EASYPLUS MINI CONTROL SOLUTION | 3    |         |
| SULF-PRED 10-0.23% EYE DROPS                 | 2    |             | SYEDA 28 TABLET                          | 1    |         |
| SULINDAC 150 MG TABLET                       | 2    |             | SYMAX FASTABS 0.125 MG TABLET            | 2    |         |
| SULINDAC 200 MG TABLET                       | 2    |             | SYMAX-SL 0.125 MG SUBLINGUAL TABLET      | 2    |         |
| SUMATRIPTAN 6 MG/0.5 ML AUTO-INJECTOR        | 2    | QL          | SYMAX-SR 0.375 MG TABLET                 | 2    |         |
| SUMATRIPTAN 6 MG/0.5 ML CARTRIDGE            | 2    | QL          | SYMLINPEN 60 PEN INJECTOR                | 4    | QL      |
| SUMATRIPTAN 5 MG NASAL SPRAY                 | 3    | QL          | SYMLINPEN 120 PEN INJECTOR               | 4    | QL      |
| SUMATRIPTAN 20 MG NASAL SPRAY                | 3    | QL          | SYMITUZA 800-150-200-10 MG TABLET        | 4    | QL, SRX |
| SUMATRIPTAN 4 MG/0.5 ML PEN INJECTOR         | 2    | QL          | SYNAREL 2 MG/ML NASAL SPRAY              | 5    | PA, SRX |
| SUMATRIPTAN 6 MG/0.5 ML VIAL                 | 2    | QL          | SYNERA PATCH                             | 4    |         |
| SUMATRIPTAN SUCCINATE 25 MG TABLET           | 2    | QL          | SYNJARDY 12.5-500 MG TABLET              | 3    | QL      |
| SUMATRIPTAN SUCCINATE 50 MG TABLET           | 2    | QL          | SYNJARDY 12.5-1,000 MG TABLET            | 3    | QL      |
| SUMATRIPTAN SUCCINATE 100 MG TABLET          | 2    | QL          | SYNJARDY 5-500 MG TABLET                 | 3    | QL      |
| SUNITINIB 12.5 MG CAPSULE                    | 5    | PA, QL, SRX | SYNJARDY 5-1,000 MG TABLET               | 3    | QL      |
| SUNITINIB 25 MG CAPSULE                      | 5    | PA, QL, SRX | SYNJARDY XR 5-1,000 MG TABLET            | 3    | QL      |
| SUNITINIB 37.5 MG CAPSULE                    | 5    | PA, QL, SRX | SYNJARDY XR 10-1,000 MG TABLET           | 3    | QL      |
| SUNITINIB 50 MG CAPSULE                      | 5    | PA, QL, SRX | SYNJARDY XR 12.5-1,000 MG TABLET         | 3    | QL      |
| SURE COMFORT INSULIN SYRINGE 0.3 ML 31G 1/4" | 3    |             | SYNJARDY XR 25-1,000 MG TABLET           | 3    | QL      |
| SURE COMFORT INSULIN SYRINGE 0.5 ML 31G 1/4" | 3    |             | SYNTHROID 25 MCG TABLET                  | 4    |         |
| SURE COMFORT INSULIN SYRINGE 1 ML 31G 1/4"   | 3    |             | SYNTHROID 50 MCG TABLET                  | 4    |         |
| SURE COMFORT PEN NEEDLE 29G 1/2"             | 3    |             | SYNTHROID 75 MCG TABLET                  | 4    |         |
| SURE COMFORT PEN NEEDLE 30G                  | 3    |             | SYNTHROID 88 MCG TABLET                  | 4    |         |
| SURE COMFORT PEN NEEDLE 31G 5MM              | 3    |             | SYNTHROID 100 MCG TABLET                 | 4    |         |
| SURE COMFORT PEN NEEDLE 31G 8MM              | 3    |             | SYNTHROID 112 MCG TABLET                 | 4    |         |
| SURE COMFORT PEN NEEDLE 32G 4MM              | 3    |             | SYNTHROID 125 MCG TABLET                 | 4    |         |
| SURE COMFORT PEN NEEDLE 32G 6MM              | 3    |             | SYNTHROID 137 MCG TABLET                 | 4    |         |
| SURE COMFORT SAFETY PEN NEEDLE 31G 6MM       | 3    |             | SYNTHROID 150 MCG TABLET                 | 4    |         |
| SURE COMFORT SAFETY PEN NEEDLE 32G 4MM       | 3    |             | SYNTHROID 175 MCG TABLET                 | 4    |         |
| SURE COMFORT SYRINGE 0.3 ML                  | 3    |             | SYNTHROID 200 MCG TABLET                 | 4    |         |
| SURE COMFORT SYRINGE 0.5 ML                  | 3    |             | SYNTHROID 300 MCG TABLET                 | 4    |         |
| SURE COMFORT SYRINGE 1 ML                    | 3    |             | SYRINGE WITH NEEDLE 3 ML 23G 1"          | 3    |         |
| SURE COMFORT SYRINGE 3/10 ML                 | 3    |             | T:FLEX 4.8 ML CARTRIDGE                  | 3    |         |
| SURE-FINE PEN NEEDLE 5MM                     | 3    |             | T:SLIM X2 3 ML CARTRIDGE                 | 3    |         |
| SURE-FINE PEN NEEDLE 8MM                     | 3    |             | TABLOID 40 MG TABLET                     | 4    | PA      |
| SURE-FINE PEN NEEDLE 12.7MM                  | 3    |             | TACROLIMUS 0.03% OINTMENT                | 2    |         |
| SURE-JECT INSULIN SYRINGE 0.3 ML 31G 5/16"   | 3    |             | TACROLIMUS 0.1% OINTMENT                 | 2    |         |
| SURE-JECT INSULIN SYRINGE 0.5 ML 31G 5/16"   | 3    |             | TACROLIMUS 0.5 MG CAPSULE (IR)           | 2    | SRX     |
| SURE-JECT INSULIN SYRINGE 1 ML               | 3    |             | TACROLIMUS 1 MG CAPSULE (IR)             | 2    | SRX     |
| SURE-JECT INSULIN SYRINGE U100 0.3 ML        | 3    |             | TACROLIMUS 5 MG CAPSULE (IR)             | 2    | SRX     |

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| Medication Name                        | Tier | Notes            | Medication Name                        | Tier | Notes   |
|----------------------------------------|------|------------------|----------------------------------------|------|---------|
| TADALAFIL 2.5 MG TABLET                | 2    | PA, QL           | TECHLITE PEN NEEDLE 31G 3/16"          | 3    |         |
| TADALAFIL 5 MG TABLET                  | 2    | PA, QL           | TECHLITE PEN NEEDLE 31G 5/16"          | 3    |         |
| TADALAFIL 20 MG TABLET                 | 5    | PA, SRX          | TECHLITE PEN NEEDLE 32G 5/32"          | 3    |         |
| TAFINLAR 10 MG TABLET FOR SUSPENSION   | 5    | PA, QL, SRX      | TECHLITE PEN NEEDLE 32G 1/4"           | 3    |         |
| TAFINLAR 50 MG CAPSULE                 | 5    | PA, QL, SRX      | TECHLITE PEN NEEDLE 32G 5/16"          | 3    |         |
| TAFINLAR 75 MG CAPSULE                 | 5    | PA, QL, SRX      | TECHLITE PLUS PEN NEEDLE 32G 4MM       | 3    |         |
| TAFLUPROST 0.0015% EYE DROPS           | 4    | QL               | TECHLITE SYRINGE 0.3 ML 29G 12MM (1/2) | 3    |         |
| TAGRISSO 40 MG TABLET                  | 5    | PA, QL, LDD, SRX | TECHLITE SYRINGE 0.3 ML 30G 8MM (1/2)  | 3    |         |
| TAGRISSO 80 MG TABLET                  | 5    | PA, QL, LDD, SRX | TECHLITE SYRINGE 0.3 ML 31G 6MM (1/2)  | 3    |         |
| TAKE ACTION 1.5 MG TABLET              | 4    |                  | TECHLITE SYRINGE 0.3 ML 31G 8MM (1/2)  | 3    |         |
| TAMOXIFEN 10 MG TABLET                 | 2    |                  | TECHLITE SYRINGE 0.5 ML 30G 8MM (1/2)  | 3    |         |
| TAMOXIFEN 20 MG TABLET                 | 2    |                  | TECHLITE SYRINGE 0.5 ML 30G 12MM (1/2) | 3    |         |
| TAMSULOSIN 0.4 MG CAPSULE              | 2    |                  | TECHLITE SYRINGE 0.5 ML 31G 6MM (1/2)  | 3    |         |
| TANDEM MOBI 2 ML CARTRIDGE             | 3    |                  | TECHLITE SYRINGE 0.5 ML 31G 8MM (1/2)  | 3    |         |
| TANDEM MOBI AUTOSOFT 30 KIT 23"        | 3    |                  | TELCARE CONTROL SOLUTION               | 3    |         |
| TANDEM MOBI AUTOSOFT XC KIT 23"        | 3    |                  | TELMISARTAN 20 MG TABLET               | 2    |         |
| TANDEM MOBI AUTOSOFT XC KIT 5"         | 3    |                  | TELMISARTAN 40 MG TABLET               | 2    |         |
| TANDEM MOBI TRUSTEEL KIT 23"           | 3    |                  | TELMISARTAN 80 MG TABLET               | 2    |         |
| TARINA 24 FE 1 MG-20 MCG TABLET        | 1    |                  | TELMISARTAN-AMLODIPINE 40-5 MG TABLET  | 2    |         |
| TARINA FE 1-20 EQ TABLET               | 1    |                  | TELMISARTAN-AMLODIPINE 40-10 MG TABLET | 2    |         |
| TARINA FE 1-20 TABLET                  | 1    |                  | TELMISARTAN-AMLODIPINE 80-5 MG TABLET  | 2    |         |
| TARON-C DHA CAPSULE                    | 1    |                  | TELMISARTAN-AMLODIPINE 80-10 MG TABLET | 2    |         |
| TARON-PREX PRENATAL DHA CAPSULE        | 1    |                  | TELMISARTAN-HCTZ 40-12.5 MG TABLET     | 2    |         |
| TAYSOFY 1 MG-20 MCG CAPSULE            | 1    |                  | TELMISARTAN-HCTZ 80-12.5 MG TABLET     | 2    |         |
| TAZAROTENE 0.05% CREAM                 | 4    |                  | TELMISARTAN-HCTZ 80-25 MG TABLET       | 2    |         |
| TAZAROTENE 0.1% CREAM                  | 3    |                  | TEMAZEPAM 7.5 MG CAPSULE               | 2    |         |
| TAZAROTENE 0.05% GEL                   | 4    |                  | TEMAZEPAM 15 MG CAPSULE                | 2    |         |
| TAZAROTENE 0.1% GEL                    | 4    |                  | TEMAZEPAM 22.5 MG CAPSULE              | 2    |         |
| TAZTIA XT 120 MG CAPSULE               | 2    |                  | TEMAZEPAM 30 MG CAPSULE                | 2    |         |
| TAZTIA XT 180 MG CAPSULE               | 2    |                  | TEMOZOLOMIDE 5 MG CAPSULE              | 5    | PA, SRX |
| TAZTIA XT 240 MG CAPSULE               | 2    |                  | TEMOZOLOMIDE 20 MG CAPSULE             | 5    | PA, SRX |
| TAZTIA XT 300 MG CAPSULE               | 2    |                  | TEMOZOLOMIDE 100 MG CAPSULE            | 5    | PA, SRX |
| TAZTIA XT 360 MG CAPSULE               | 2    |                  | TEMOZOLOMIDE 140 MG CAPSULE            | 5    | PA, SRX |
| TDVAX VIAL                             | 3    |                  | TEMOZOLOMIDE 180 MG CAPSULE            | 5    | PA, SRX |
| TECHLITE INSULIN SYRINGE 1 ML 29G 12MM | 3    |                  | TEMOZOLOMIDE 250 MG CAPSULE            | 5    | PA, SRX |
| TECHLITE INSULIN SYRINGE 1 ML 30G 12MM | 3    |                  | TENCON 50-325 MG TABLET                | 2    |         |
| TECHLITE INSULIN SYRINGE 1 ML 31G 6MM  | 3    |                  | TENIVAC SYRINGE                        | 3    |         |
| TECHLITE INSULIN SYRINGE 1 ML 31G 8MM  | 3    |                  | TENIVAC VIAL                           | 3    |         |
| TECHLITE PEN NEEDLE 29G 3/8"           | 3    |                  | TENOFOVIR 300 MG TABLET                | 2    | SRX     |
| TECHLITE PEN NEEDLE 29G 1/2"           | 3    |                  | TERAZOSIN 1 MG CAPSULE                 | 1    |         |
| TECHLITE PEN NEEDLE 31G 1/4"           | 3    |                  | TERAZOSIN 2 MG CAPSULE                 | 1    |         |

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| Medication Name                        | Tier | Notes       | Medication Name                            | Tier | Notes            |
|----------------------------------------|------|-------------|--------------------------------------------|------|------------------|
| TERAZOSIN 5 MG CAPSULE                 | 1    |             | TESTOSTERONE 50 MG/5 GRAM PACKET           | 3    | PA, QL           |
| TERAZOSIN 10 MG CAPSULE                | 1    |             | TESTOSTERONE CYPIONATE 200 MG/ML VIAL      | 2    |                  |
| TERBUTALINE 2.5 MG TABLET              | 2    |             | TESTOSTERONE CYPIONATE 500 MG/2.5 ML VIAL  | 2    |                  |
| TERBINAFINE 250 MG TABLET              | 1    |             | TESTOSTERONE CYPIONATE 1,000 MG/5 ML VIAL  | 2    |                  |
| TERBUTALINE 5 MG TABLET                | 2    |             | TESTOSTERONE CYPIONATE 1,000 MG/10 ML VIAL | 2    |                  |
| TERCONAZOLE 0.4% CREAM                 | 2    |             | TESTOSTERONE CYPIONATE 2,000 MG/10 ML VIAL | 2    |                  |
| TERCONAZOLE 0.8% CREAM                 | 2    |             | TESTOSTERONE CYPIONATE 6,000 MG/30 ML VIAL | 2    |                  |
| TERCONAZOLE 80 MG SUPPOSITORY          | 2    |             | TESTOSTERONE ENANTHATE 200 MG/ML VIAL      | 2    |                  |
| TERIFLUNOMIDE 7 MG TABLET              | 5    | PA, QL, SRX | TESTOSTERONE ENANTHATE 1,000 MG/5 ML VIAL  | 2    |                  |
| TERIFLUNOMIDE 14 MG TABLET             | 5    | PA, QL, SRX | TETRABENAZINE 12.5 MG TABLET               | 5    | PA, QL, SRX      |
| TERUMO INSULIN SYRINGE 0.3 ML 29G 1/2" | 3    |             | TETRABENAZINE 25 MG TABLET                 | 5    | PA, QL, SRX      |
| TERUMO INSULIN SYRINGE U100 1 ML       | 3    |             | TETRACAINE 0.5% EYE DROPS                  | 2    |                  |
| TERUMO INSULIN SYRINGE U100 1/2 ML     | 3    |             | TETRACAINE 0.5% STERI-UNIT EYE SOLUTION    | 2    |                  |
| TERUMO INSULIN SYRINGE U100 1/3 ML     | 3    |             | TETRACYCLINE 250 MG CAPSULE                | 3    |                  |
| TERUMO SURGUARD2 NEEDLE 18G 1"         | 3    |             | TETRACYCLINE 500 MG CAPSULE                | 3    |                  |
| TERUMO SURGUARD2 NEEDLE 18G 1.5"       | 3    |             | TEXACORT 2.5% TOPICAL SOLUTION             | 4    |                  |
| TERUMO SURGUARD2 NEEDLE 19G 1"         | 3    |             | THALOMID 50 MG CAPSULE                     | 5    | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NEEDLE 19G 1.5"       | 3    |             | THALOMID 100 MG CAPSULE                    | 5    | PA, QL, LDD, SRX |
| TERUMO SURGUARD2 NEEDLE 20G 1"         | 3    |             | THALOMID 200 MG CAPSULE                    | 5    | PA, QL, SRX      |
| TERUMO SURGUARD2 NEEDLE 20G 1.5"       | 3    |             | THEOPHYLLINE 80 MG/15 ML ORAL SOLUTION     | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 21G 1"         | 3    |             | THEOPHYLLINE ER 100 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 21G 1-1.5"     | 3    |             | THEOPHYLLINE ER 200 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 22 1.5"        | 3    |             | THEOPHYLLINE ER 300 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 22G 1"         | 3    |             | THEOPHYLLINE ER 400 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 23G 1.5"       | 3    |             | THEOPHYLLINE ER 450 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 23G 1"         | 3    |             | THEOPHYLLINE ER 600 MG TABLET              | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 25G 1"         | 3    |             | THINPRO INSULIN SYRINGE U100 0.3 ML        | 3    |                  |
| TERUMO SURGUARD2 NEEDLE 25G 1.5"       | 3    |             | THINPRO INSULIN SYRINGE U100 0.5 ML        | 3    |                  |
| TERUMO SURGUARD2 NEEDLE 25G 5/8"       | 3    |             | THINPRO INSULIN SYRINGE U100 1 ML          | 3    |                  |
| TERUMO SURGUARD2 NEEDLE 26G 1/2"       | 3    |             | THIORIDAZINE 10 MG TABLET                  | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 27G 1/2"       | 3    |             | THIORIDAZINE 25 MG TABLET                  | 2    |                  |
| TERUMO SURGUARD2 NEEDLE 30G 1/2"       | 3    |             | THIORIDAZINE 50 MG TABLET                  | 2    |                  |
| TERUMO SYRINGE 3 ML                    | 3    |             | THIORIDAZINE 100 MG TABLET                 | 2    |                  |
| TESTOSTERONE 50 MG/5 GRAM GEL          | 3    | PA, QL      | THIOTHIXENE 1 MG CAPSULE                   | 2    |                  |
| TESTOSTERONE 1% (25 MG/2.5 G) PACKET   | 3    | PA, QL      | THIOTHIXENE 2 MG CAPSULE                   | 2    |                  |
| TESTOSTERONE 1% (50 MG/5 G) PACKET     | 3    | PA, QL      | THIOTHIXENE 5 MG CAPSULE                   | 2    |                  |
| TESTOSTERONE 1.62%(1.25 G) PACKET      | 3    | PA, QL      | THIOTHIXENE 10 MG CAPSULE                  | 2    |                  |
| TESTOSTERONE 1.62% (2.5 G) PACKET      | 3    | PA, QL      | THRIVITE 19 TABLET                         | 1    |                  |
| TESTOSTERONE 1.62% GEL PUMP            | 3    | PA, QL      | THYROID 15 MG TABLET                       | 2    |                  |
| TESTOSTERONE 10 MG GEL PUMP            | 3    | PA, QL      | THYROID 30 MG TABLET                       | 2    |                  |
| TESTOSTERONE 12.5 MG/1.25 GRAM PUMP    | 3    | PA, QL      | THYROID 60 MG TABLET                       | 2    |                  |

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| Medication Name                              | Tier | Notes       | Medication Name                           | Tier | Notes            |
|----------------------------------------------|------|-------------|-------------------------------------------|------|------------------|
| THYROID 90 MG TABLET                         | 2    |             | TOLMETIN 600 MG TABLET                    | 2    |                  |
| THYROID 120 MG TABLET                        | 2    |             | TOLTERODINE 1 MG TABLET                   | 2    |                  |
| TIADYL ER 120 MG CAPSULE                     | 2    |             | TOLTERODINE 2 MG TABLET                   | 2    |                  |
| TIADYL ER 180 MG CAPSULE                     | 2    |             | TOLTERODINE ER 2 MG CAPSULE               | 2    |                  |
| TIADYL ER 240 MG CAPSULE                     | 2    |             | TOLTERODINE ER 4 MG CAPSULE               | 2    |                  |
| TIADYL ER 300 MG CAPSULE                     | 2    |             | TOLVAPTAN 15 MG TABLET                    | 5    | PA, SRX          |
| TIADYL ER 360 MG CAPSULE                     | 2    |             | TOLVAPTAN 30 MG TABLET                    | 5    | PA, SRX          |
| TIADYL ER 420 MG CAPSULE                     | 2    |             | TOPCARE CLICKFINE 31G 1/4"                | 3    |                  |
| TIAGABINE 2 MG TABLET                        | 4    |             | TOPCARE CLICKFINE 31G 5/16"               | 3    |                  |
| TIAGABINE 4 MG TABLET                        | 4    |             | TOPCARE ULTRA COMFORT SYRINGE             | 3    |                  |
| TIAGABINE 12 MG TABLET                       | 4    |             | TOPIRAMATE 15 MG SPRINKLE CAPSULE         | 2    |                  |
| TIAGABINE 16 MG TABLET                       | 4    |             | TOPIRAMATE 25 MG SPRINKLE CAPSULE         | 2    |                  |
| TICAGRELOR 60 MG TABLET                      | 3    |             | TOPIRAMATE 25 MG TABLET                   | 2    |                  |
| TICAGRELOR 90 MG TABLET                      | 3    |             | TOPIRAMATE 50 MG TABLET                   | 2    |                  |
| TILIA FE 28 TABLET                           | 1    |             | TOPIRAMATE 100 MG TABLET                  | 2    |                  |
| TIMOLOL 0.25% EYE DROPS                      | 2    |             | TOPIRAMATE 200 MG TABLET                  | 2    |                  |
| TIMOLOL 0.5% EYE DROPS                       | 2    |             | TOPIRAMATE ER 25 MG SPRINKLE CAPSULE      | 3    |                  |
| TIMOLOL 0.25% GEL-SOLUTION                   | 2    |             | TOPIRAMATE ER 50 MG SPRINKLE CAPSULE      | 3    |                  |
| TIMOLOL 0.5% GEL-SOLUTION                    | 2    |             | TOPIRAMATE ER 100 MG SPRINKLE CAPSULE     | 3    |                  |
| TIMOLOL 0.5% GFS GEL-SOLUTION                | 2    |             | TOPIRAMATE ER 150 MG SPRINKLE CAPSULE     | 3    |                  |
| TIMOLOL 5 MG TABLET                          | 2    |             | TOPIRAMATE ER 200 MG SPRINKLE CAPSULE     | 3    |                  |
| TIMOLOL 10 MG TABLET                         | 2    |             | TOREMIFENE 60 MG TABLET                   | 4    | QL               |
| TIMOLOL 20 MG TABLET                         | 2    |             | TORPENZ 2.5 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| TINIDAZOLE 250 MG TABLET                     | 2    |             | TORPENZ 5 MG TABLET                       | 5    | PA, QL, LDD, SRX |
| TINIDAZOLE 500 MG TABLET                     | 2    |             | TORPENZ 7.5 MG TABLET                     | 5    | PA, QL, LDD, SRX |
| TIOPRONIN 100 MG TABLET                      | 5    | SRX         | TORPENZ 10 MG TABLET                      | 5    | PA, QL, LDD, SRX |
| TIS-U-SOLUTION PENTALYTE IRRIGATION SOLUTION | 4    |             | TORSEMIDE 5 MG TABLET                     | 2    |                  |
| TIVICAY 10 MG TABLET                         | 3    | SRX         | TORSEMIDE 10 MG TABLET                    | 2    |                  |
| TIVICAY 25 MG TABLET                         | 3    | SRX         | TORSEMIDE 20 MG TABLET                    | 2    |                  |
| TIVICAY 50 MG TABLET                         | 3    | SRX         | TORSEMIDE 100 MG TABLET                   | 2    |                  |
| TIVICAY PD 5 MG TABLET FOR SUSPENSION        | 3    | SRX         | TOVET EMOLLIENT 0.05% FOAM                | 3    | QL               |
| TIZANIDINE 2 MG TABLET                       | 2    |             | TRADJENTA 5 MG TABLET                     | 3    | QL               |
| TIZANIDINE 4 MG TABLET                       | 2    |             | TRAMADOL 50 MG TABLET                     | 2    | QL               |
| TOBRAMYCIN 300 MG/5 ML AMPULE                | 5    | PA, QL, SRX | TRAMADOL ER 100 MG TABLET                 | 2    | PA, QL           |
| TOBRAMYCIN 0.3% EYE DROPS                    | 2    |             | TRAMADOL ER 200 MG TABLET                 | 2    | PA, QL           |
| TOBRAMYCIN PAK 300 MG/5 ML                   | 5    | PA, QL, SRX | TRAMADOL ER 300 MG TABLET                 | 2    | PA, QL           |
| TOBRAMYCIN-DEXAMETHASONE EYE DROPS           | 2    |             | TRAMADOL-ACETAMINOPHEN 37.5-325 MG TABLET | 2    | QL               |
| TODAY'S HEALTH PEN NEEDLE 31G 6MM            | 3    |             | TRANDOLAPRIL 1 MG TABLET                  | 1    |                  |
| TOLCAPONE 100 MG TABLET                      | 5    |             | TRANDOLAPRIL 2 MG TABLET                  | 1    |                  |
| TOLMETIN 400 MG CAPSULE                      | 2    |             | TRANDOLAPRIL 4 MG TABLET                  | 1    |                  |
| TOLMETIN 200 MG TABLET                       | 2    |             | TRANDOLAPRIL-VERAPAMIL ER 1-240 MG TABLET | 2    |                  |

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| Medication Name                               | Tier | Notes       | Medication Name                         | Tier | Notes            |
|-----------------------------------------------|------|-------------|-----------------------------------------|------|------------------|
| TRANDOLAPRIL-VERAPAMIL ER 2-180 MG TABLET     | 2    |             | TRIAMTERENE 100 MG CAPSULE              | 4    |                  |
| TRANDOLAPRIL-VERAPAMIL ER 2-240 MG TABLET     | 2    |             | TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE     | 2    |                  |
| TRANDOLAPRIL-VERAPAMIL ER 4-240 MG TABLET     | 2    |             | TRIAMTERENE-HCTZ 37.5-25 MG TABLET      | 1    |                  |
| TRANEXAMIC ACID 650 MG TABLET                 | 2    | SRX         | TRIAMTERENE-HCTZ 75-50 MG TABLET        | 1    |                  |
| TRANLYCYPROMINE 10 MG TABLET                  | 3    |             | TRIAZOLAM 0.125 MG TABLET               | 2    |                  |
| TRAVOPROST 0.004% EYE DROPS                   | 2    |             | TRIAZOLAM 0.25 MG TABLET                | 2    |                  |
| TRAZODONE 50 MG TABLET                        | 1    |             | TRIDERM 0.1% CREAM                      | 2    |                  |
| TRAZODONE 100 MG TABLET                       | 1    |             | TRIDERM 0.5% CREAM                      | 2    |                  |
| TRAZODONE 150 MG TABLET                       | 1    |             | TRI-ESTARYLLA TABLET                    | 1    |                  |
| TRAZODONE 300 MG TABLET                       | 2    |             | TRI-LEGEST FE-28 DAY TABLET             | 1    |                  |
| TRECTOR 250 MG TABLET                         | 4    |             | TRI-LINYAH TABLET                       | 1    |                  |
| TRELEGY ELLIPTA 100-62.5-25 INHALATION DEVICE | 3    | QL          | TRI-LO-ESTARYLLA TABLET                 | 1    |                  |
| TRELEGY ELLIPTA 200-62.5-25 INHALATION DEVICE | 3    | QL          | TRI-LO-MARZIA TABLET                    | 1    |                  |
| TREMFYA 100 MG/ML AUTO-INJECTOR               | 5    | PA, QL, SRX | TRI-LO-MILI TABLET                      | 1    |                  |
| TREMFYA 100 MG/ML SYRINGE                     | 5    | PA, QL, SRX | TRI-LO-SPRINTEC TABLET                  | 1    |                  |
| TREMFYA 200 MG/2 ML PEN                       | 5    | PA, QL, SRX | TRI-MILI 28 TABLET                      | 1    |                  |
| TREMFYA 200 MG/2 ML SYRINGE                   | 5    | PA, QL, SRX | TRI-NYMYO 28 TABLET                     | 1    |                  |
| TRESIBA 100 UNIT/ML VIAL                      | 3    | QL          | TRI-SPRINTEC TABLET                     | 1    |                  |
| TRESIBA FLEXTOUCH 100 UNIT/ML                 | 3    | QL          | TRI-VITE-FLUORIDE 0.25 MG/ML ORAL DROPS | 2    |                  |
| TRESIBA FLEXTOUCH 200 UNIT/ML                 | 3    | QL          | TRI-VITE-FLUORIDE 0.5 MG/ML ORAL DROPS  | 2    |                  |
| TRETINOIN 10 MG CAPSULE                       | 4    | PA          | TRI-VIT-FLUOR 0.25 MG/ML ORAL DROPS     | 2    |                  |
| TRETINOIN 0.025% CREAM                        | 2    | PA, AGE     | TRI-VIT-FLUOR 0.5 MG/ML ORAL DROPS      | 2    |                  |
| TRETINOIN 0.05% CREAM                         | 2    | PA, AGE     | TRI-VYLIBRA 28 TABLET                   | 1    |                  |
| TRETINOIN 0.1% CREAM                          | 2    | PA, AGE     | TRI-VYLIBRA LO TABLET                   | 1    |                  |
| TRETINOIN 0.025% GEL                          | 3    | PA, AGE     | TRIFLUOPERAZINE 1 MG TABLET             | 2    |                  |
| TRETINOIN 0.01% GEL                           | 3    | PA, AGE     | TRIFLUOPERAZINE 2 MG TABLET             | 2    |                  |
| TRETINOIN 0.05% GEL                           | 3    | PA, AGE     | TRIFLUOPERAZINE 5 MG TABLET             | 2    |                  |
| TRETINOIN GEL MICRO 0.04% PUMP                | 3    | PA, AGE     | TRIFLUOPERAZINE 10 MG TABLET            | 2    |                  |
| TRETINOIN GEL MICRO 0.1% PUMP                 | 3    | PA, AGE     | TRIFLURIDINE 1% EYE DROPS               | 2    |                  |
| TRETINOIN GEL MICRO 0.04% TUBE                | 3    | PA, AGE     | TRIHXYPHENIDYL 2 MG/5 ML ORAL SOLUTION  | 2    |                  |
| TRETINOIN GEL MICRO 0.1% TUBE                 | 3    | PA, AGE     | TRIHXYPHENIDYL 2 MG TABLET              | 1    |                  |
| TRIAMCINOLONE 0.025% CREAM                    | 2    |             | TRIHXYPHENIDYL 5 MG TABLET              | 2    |                  |
| TRIAMCINOLONE 0.1% CREAM                      | 2    |             | TRIKAFTA 50-25-37.5 MG/75 MG TABLET     | 5    | PA, QL, LDD, SRX |
| TRIAMCINOLONE 0.5% CREAM                      | 2    |             | TRIKAFTA 80-40-60 MG/59.5 MG PACKET     | 5    | PA, QL, LDD, SRX |
| TRIAMCINOLONE 0.025% LOTION                   | 2    |             | TRIKAFTA 100-50-75 MG/75 MG PACKET      | 5    | PA, QL, LDD, SRX |
| TRIAMCINOLONE 0.1% LOTION                     | 2    |             | TRIKAFTA 100-50-75 MG/150 MG TABLET     | 5    | PA, QL, LDD, SRX |
| TRIAMCINOLONE 0.025% OINTMENT                 | 2    |             | TRIMETHOBENZAMIDE 300 MG CAPSULE        | 2    |                  |
| TRIAMCINOLONE 0.1% OINTMENT                   | 2    |             | TRIMETHOPRIM 100 MG TABLET              | 2    |                  |
| TRIAMCINOLONE 0.5% OINTMENT                   | 2    |             | TRIMIPRAMINE 25 MG CAPSULE              | 2    |                  |
| TRIAMCINOLONE 0.1% TOOTHPASTE                 | 2    |             | TRIMIPRAMINE 50 MG CAPSULE              | 2    |                  |
| TRIAMTERENE 50 MG CAPSULE                     | 4    |             | TRIMIPRAMINE 100 MG CAPSULE             | 2    |                  |

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| Medication Name                             | Tier | Notes   | Medication Name                      | Tier | Notes  |
|---------------------------------------------|------|---------|--------------------------------------|------|--------|
| TRINATAL RX 1 TABLET                        | 1    |         | TRUE METRIX GO GLUCOSE METER         | 1    |        |
| TRINTELLIX 5 MG TABLET                      | 4    | QL, ST  | TRUE METRIX LEVEL 1 CONTROL SOLUTION | 3    |        |
| TRINTELLIX 10 MG TABLET                     | 4    | QL, ST  | TRUE METRIX LEVEL 2 CONTROL SOLUTION | 3    |        |
| TRINTELLIX 20 MG TABLET                     | 4    | QL, ST  | TRUE METRIX LEVEL 3 CONTROL SOLUTION | 3    |        |
| TRIUMEQ 600-50-300 MG TABLET                | 4    | QL, SRX | TRUECONTROL GLUCOSE SOLUTION         | 3    |        |
| TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION | 4    | QL, SRX | TRUEDRAW LANCING DEVICE              | 3    |        |
| TROPICAMIDE 0.5% EYE DROPS                  | 2    |         | TRUEPLUS 33G LANCET                  | 3    |        |
| TROPICAMIDE 1% EYE DROPS                    | 2    |         | TRUEPLUS KETONE TEST STRIP           | 3    |        |
| TROSPIMUM 20 MG TABLET                      | 2    |         | TRUEPLUS PEN NEEDLE 29G 1/2"         | 3    |        |
| TROSPIMUM ER 60 MG CAPSULE                  | 2    |         | TRUEPLUS PEN NEEDLE 29G 12MM         | 3    |        |
| TRUE COMFORT PEN NEEDLE 31G 5MM             | 3    |         | TRUEPLUS PEN NEEDLE 31G 1/4"         | 3    |        |
| TRUE COMFORT PEN NEEDLE 31G 6MM             | 3    |         | TRUEPLUS PEN NEEDLE 31G 3/16"        | 3    |        |
| TRUE COMFORT PEN NEEDLE 31G 8MM             | 3    |         | TRUEPLUS PEN NEEDLE 31G 5/16"        | 3    |        |
| TRUE COMFORT PEN NEEDLE 32G 4MM             | 3    |         | TRUEPLUS PEN NEEDLE 31G 5MM          | 3    |        |
| TRUE COMFORT PEN NEEDLE 32G 5MM             | 3    |         | TRUEPLUS PEN NEEDLE 31G 8MM          | 3    |        |
| TRUE COMFORT PEN NEEDLE 32G 6MM             | 3    |         | TRUEPLUS PEN NEEDLE 32G 5/32"        | 3    |        |
| TRUE COMFORT PEN NEEDLE 33G 4MM             | 3    |         | TRUEPLUS SAFETY 28G LANCET           | 3    |        |
| TRUE COMFORT PEN NEEDLE 33G 5MM             | 3    |         | TRUEPLUS SUPER THIN 28G LANCET       | 3    |        |
| TRUE COMFORT PEN NEEDLE 33G 6MM             | 3    |         | TRUEPLUS SYRINGE 0.3 ML 29G 1/2"     | 3    |        |
| TRUE COMFORT PRO SYRINGE 0.5 ML 30G 1/2"    | 3    |         | TRUEPLUS SYRINGE 0.3 ML 30G 5/16"    | 3    |        |
| TRUE COMFORT PRO SYRINGE 0.5 ML 30G 5/16"   | 3    |         | TRUEPLUS SYRINGE 0.3 ML 31G 5/16"    | 3    |        |
| TRUE COMFORT PRO SYRINGE 0.5 ML 31G 5/16"   | 3    |         | TRUEPLUS SYRINGE 0.5 ML 28G 1/2"     | 3    |        |
| TRUE COMFORT PRO SYRINGE 0.5 ML 32G 5/16"   | 3    |         | TRUEPLUS SYRINGE 0.5 ML 29G 1/2"     | 3    |        |
| TRUE COMFORT PRO SYRINGE 1 ML 30G 1/2"      | 3    |         | TRUEPLUS SYRINGE 0.5 ML 30G 5/16"    | 3    |        |
| TRUE COMFORT PRO SYRINGE 1 ML 30G 5/16"     | 3    |         | TRUEPLUS SYRINGE 0.5 ML 31G 5/16"    | 3    |        |
| TRUE COMFORT PRO SYRINGE 1 ML 31G 5/16"     | 3    |         | TRUEPLUS SYRINGE 1 ML 28G 1/2"       | 3    |        |
| TRUE COMFORT PRO SYRINGE 1 ML 32G 5/16"     | 3    |         | TRUEPLUS SYRINGE 1 ML 29G 1/2"       | 3    |        |
| TRUE COMFORT SAFETY PEN NEEDLE 31G 5MM      | 3    |         | TRUEPLUS SYRINGE 1 ML 30G 5/16"      | 3    |        |
| TRUE COMFORT SAFETY PEN NEEDLE 31G 6MM      | 3    |         | TRUEPLUS SYRINGE 1 ML 31G 5/16"      | 3    |        |
| TRUE COMFORT SAFETY PEN NEEDLE 32G 4MM      | 3    |         | TRUEPLUS ULTRA THIN 30G LANCET       | 3    |        |
| TRUE COMFORT SAFETY SYRINGE 1 ML 30G 1/2"   | 3    |         | TRULICITY 0.75 MG/0.5 ML PEN         | 3    | PA, QL |
| TRUE COMFORT SYRINGE 0.5 ML 30G 1/2"        | 3    |         | TRULICITY 1.5 MG/0.5 ML PEN          | 3    | PA, QL |
| TRUE COMFORT SYRINGE 0.5 ML 30G 5/16"       | 3    |         | TRULICITY 3 MG/0.5 ML PEN            | 3    | PA, QL |
| TRUE COMFORT SYRINGE 0.5 ML 31G 5/16"       | 3    |         | TRULICITY 4.5 MG/0.5 ML PEN          | 3    | PA, QL |
| TRUE COMFORT SYRINGE 1 ML 31G 5/16"         | 3    |         | TRUMENBA 120 MCG/0.5 ML VACCINE      | 3    |        |
| TRUE COMFORT SAFETY SYRINGE 1 ML 30G 5/16"  | 3    |         | TRUSTEEL INFUSION PACK 23" 6MM       | 3    |        |
| TRUE COMFORT SAFETY SYRINGE 1 ML 31G 5/16"  | 3    |         | TRUSTEEL INFUSION SET 23" 6MM        | 3    |        |
| TRUE COMFORT SAFETY SYRINGE 1 ML 32G 5/16"  | 3    |         | TRUSTEEL INFUSION SET 23" 8MM        | 3    |        |
| TRUE METRIX AIR GLUCOSE METER               | 1    |         | TRUSTEEL INFUSION SET 32" 6MM        | 3    |        |
| TRUE METRIX GLUCOSE TEST STRIP              | 3    |         | TRUSTEEL INFUSION SET 32" 8MM        | 3    |        |
| TRUE METRIX GLUCOSE METER                   | 1    |         | TRUZONE PEAK FLOW METER              | 3    |        |

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| Medication Name                                | Tier | Notes        | Medication Name                              | Tier | Notes |
|------------------------------------------------|------|--------------|----------------------------------------------|------|-------|
| TULANA 0.35 MG TABLET                          | 1    |              | ULTICARE SYRINGE 0.3 ML 30G 5/16"            | 3    |       |
| TURQOZ-28 TABLET                               | 1    |              | ULTICARE SYRINGE 0.3 ML 31G 5/16"            | 3    |       |
| TWINRIX VACCINE SYRINGE                        | 3    |              | ULTICARE SYRINGE 0.5 ML 28G 1/2"             | 3    |       |
| TWIRLA 120-30 MCG/DAY PATCH                    | 1    |              | ULTICARE SYRINGE 0.5 ML 29G 1/2"             | 3    |       |
| TYBLUME 0.1-0.02 MG CHEWABLE TABLET            | 4    |              | ULTICARE SYRINGE 0.5 ML 30G 1/2"             | 3    |       |
| TYBOST 150 MG TABLET                           | 3    | SRX          | ULTICARE SYRINGE 0.5 ML 30G 5/16"            | 3    |       |
| TYENNE 162 MG/0.9 ML AUTO-INJECTOR             | 5    | PA, QL, SRX  | ULTICARE SYRINGE 0.5 ML 31G 5/16"            | 3    |       |
| TYENNE 162 MG/0.9 ML SYRINGE                   | 5    | PA, QL, SRX  | ULTICARE SYRINGE 1 ML 30G 1/2"               | 3    |       |
| TYMLOS 80 MCG DOSE PEN INJECTOR                | 5    | PA, QL, SRX  | ULTICARE SYRINGE 1 ML 30G 5/16"              | 3    |       |
| TYVASO INHALATION REFILL KIT                   | 5    | PA, LDD, SRX | ULTICARE SYRINGE 1 ML 31G 5/16"              | 3    |       |
| TYVASO INHALATION STARTER KIT                  | 5    | PA, LDD, SRX | ULTIGUARD SAFEPACK 29G 12.7MM                | 3    |       |
| TYVASO 1.74 MG/2.9 ML INHALATION SOLUTION      | 5    | PA, LDD, SRX | ULTIGUARD SAFEPACK NEEDLE 31G 5MM            | 3    |       |
| TYVASO INSTITUTIONAL STARTER KIT               | 5    | PA, LDD, SRX | ULTIGUARD SAFEPACK NEEDLE 31G 6MM            | 3    |       |
| UDENYCA 6 MG/0.6 ML AUTO-INJECTOR              | 5    | PA, SRX      | ULTIGUARD SAFEPACK NEEDLE 31G 8MM            | 3    |       |
| UDENYCA 6 MG/0.6 ML ON-BODY                    | 5    | PA, SRX      | ULTIGUARD SAFEPACK NEEDLE 32G 4MM            | 3    |       |
| UDENYCA 6 MG/0.6 ML SYRINGE                    | 5    | PA, SRX      | ULTIGUARD SAFEPACK NEEDLE 32G 6MM            | 3    |       |
| ULESFIA 5% LOTION                              | 4    |              | ULTIGUARD SAFEPACK SYRINGE 0.3 ML 30G 12.7MM | 3    |       |
| ULTICARE INSULIN SAFETY SYRINGE 1 ML 29G 1/2"  | 3    |              | ULTIGUARD SAFEPACK SYRINGE 0.3 ML 31G 8MM    | 3    |       |
| ULTICARE INSULIN SYRINGE 0.3 ML 30G 1/2"       | 3    |              | ULTIGUARD SAFEPACK SYRINGE 0.5 ML 30G 12.7MM | 3    |       |
| ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4"       | 3    |              | ULTIGUARD SAFEPACK SYRINGE 0.5 ML 31G 8MM    | 3    |       |
| ULTICARE INSULIN SYRINGE 0.3 ML 31G 1/4" (1/2) | 3    |              | ULTIGUARD SAFEPACK SYRINGE 1 ML 30G 12.7MM   | 3    |       |
| ULTICARE INSULIN SYRINGE 0.5 ML 30G 1/2"       | 3    |              | ULTIGUARD SAFEPACK SYRINGE 1 ML 31G 8MM      | 3    |       |
| ULTICARE INSULIN SYRINGE 0.5 ML 31G 1/4"       | 3    |              | ULTILET INSULIN SYRINGE 0.3 ML               | 3    |       |
| ULTICARE INSULIN SYRINGE 1 ML 28G 1/2"         | 3    |              | ULTILET INSULIN SYRINGE 0.5 ML               | 3    |       |
| ULTICARE INSULIN SYRINGE 1 ML 29G 1/2"         | 3    |              | ULTILET INSULIN SYRINGE 1 ML                 | 3    |       |
| ULTICARE INSULIN SYRINGE 1 ML 30G 1/2"         | 3    |              | ULTILET PEN NEEDLE                           | 3    |       |
| ULTICARE INSULIN SYRINGE 1 ML 31G 1/4"         | 3    |              | ULTILET PEN NEEDLE 32G 4MM                   | 3    |       |
| ULTICARE INSULIN SYRINGE 1 ML 31G 5/16"        | 3    |              | ULTRA COMFORT SYRINGE 0.3 ML                 | 3    |       |
| ULTICARE LDS SYRINGE 3 ML 22G 1.5"             | 3    |              | ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2"        | 3    |       |
| ULTICARE PEN NEEDLE 29G 12.7MM                 | 3    |              | ULTRA COMFORT SYRINGE 0.3 ML 29G 1/2" (1/2)  | 3    |       |
| ULTICARE PEN NEEDLE 29G 12MM                   | 3    |              | ULTRA COMFORT SYRINGE 0.3 ML 31G 5/16" (1/2) | 3    |       |
| ULTICARE PEN NEEDLE 31G 3/16"                  | 3    |              | ULTRA COMFORT SYRINGE 0.5 ML                 | 3    |       |
| ULTICARE PEN NEEDLE 31G 6MM                    | 3    |              | ULTRA COMFORT SYRINGE 0.5 ML 28G 1/2"        | 3    |       |
| ULTICARE PEN NEEDLE 31G 8MM                    | 3    |              | ULTRA COMFORT SYRINGE 0.5 ML 29G 1/2"        | 3    |       |
| ULTICARE PEN NEEDLE 32G 4MM                    | 3    |              | ULTRA COMFORT SYRINGE 0.5 ML 31G 5/16"       | 3    |       |
| ULTICARE PEN NEEDLE 32G 6MM                    | 3    |              | ULTRA COMFORT SYRINGE 1 ML                   | 3    |       |
| ULTICARE SAFETY PEN NEEDLE 30G 5MM             | 3    |              | ULTRA COMFORT SYRINGE 1 ML 28G 1/2"          | 3    |       |
| ULTICARE SAFETY PEN NEEDLE 30G 8MM             | 3    |              | ULTRA COMFORT SYRINGE 1 ML 29G 1/2"          | 3    |       |
| ULTICARE SAFETY SYRINGE 0.5 ML 29G 1/2"        | 3    |              | ULTRA COMFORT SYRINGE 1 ML 30G 5/16"         | 3    |       |
| ULTICARE SYRINGE 0.3 ML 29G 1/2"               | 3    |              | ULTRA COMFORT SYRINGE 1 ML 31G 5/16"         | 3    |       |
| ULTICARE SYRINGE 0.3 ML 30G 1/2"               | 3    |              | ULTRA FLO PEN NEEDLE 29G 12MM                | 3    |       |

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| Medication Name                            | Tier | Notes |
|--------------------------------------------|------|-------|
| ULTRA FLO PEN NEEDLE 31G 5MM               | 3    |       |
| ULTRA FLO PEN NEEDLE 31G 8MM               | 3    |       |
| ULTRA FLO PEN NEEDLE 32G 4MM               | 3    |       |
| ULTRA FLO PEN NEEDLE 33G 4MM               | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 29G 1/2"          | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 30G 1/2" (1/2)    | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 30G 5/16"         | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 30G 5/16" (1/2)   | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 31G 5/16"         | 3    |       |
| ULTRA FLO SYRINGE 0.3 ML 31G 5/16" (1/2)   | 3    |       |
| ULTRA FLO SYRINGE 0.5 ML 29G 1/2"          | 3    |       |
| ULTRA THIN PEN NEEDLE 32G 4MM              | 3    |       |
| ULTRACARE INSULIN SYRINGE 0.3 ML 30G 5/16" | 3    |       |
| ULTRACARE INSULIN SYRINGE 0.3 ML 31G 5/16" | 3    |       |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30G 1/2"  | 3    |       |
| ULTRACARE INSULIN SYRINGE 0.5 ML 30G 5/16" | 3    |       |
| ULTRACARE INSULIN SYRINGE 0.5 ML 31G 5/16" | 3    |       |
| ULTRACARE INSULIN SYRINGE 1 ML 30G 1/2"    | 3    |       |
| ULTRACARE INSULIN SYRINGE 1 ML 30G 5/16"   | 3    |       |
| ULTRACARE INSULIN SYRINGE 1 ML 31G 5/16"   | 3    |       |
| ULTRACARE PEN NEEDLE 31G 1/4"              | 3    |       |
| ULTRACARE PEN NEEDLE 31G 3/16"             | 3    |       |
| ULTRACARE PEN NEEDLE 31G 5/16"             | 3    |       |
| ULTRACARE PEN NEEDLE 32G 1/4"              | 3    |       |
| ULTRACARE PEN NEEDLE 32G 3/16"             | 3    |       |
| ULTRACARE PEN NEEDLE 32G 5/32"             | 3    |       |
| ULTRACARE PEN NEEDLE 33G 5/32"             | 3    |       |
| ULTRA-FINE 0.3 ML 30G 12.7MM               | 3    |       |
| ULTRA-FINE 0.3 ML 31G 8MM (1/2)            | 3    |       |
| ULTRA-FINE INSULIN SYRINGE 1 ML 31G 6MM    | 3    |       |
| ULTRA-FINE INSULIN SYRINGE 1 ML 31G 8MM    | 3    |       |
| ULTRA-FINE PEN NEEDLE 29G 12.7MM           | 3    |       |
| ULTRA-FINE PEN NEEDLE 31G 5MM              | 3    |       |
| ULTRA-FINE PEN NEEDLE 31G 8MM              | 3    |       |
| ULTRA-FINE PEN NEEDLE 32G 6MM              | 3    |       |
| ULTRA-FINE SYRINGE 0.3 ML 31G 6MM          | 3    |       |
| ULTRA-FINE SYRINGE 0.3 ML 31G 6MM (1/2)    | 3    |       |
| ULTRA-FINE SYRINGE 0.3 ML 31G 8MM          | 3    |       |
| ULTRA-FINE SYRINGE 0.5 ML 30G 12.7MM       | 3    |       |
| ULTRA-FINE SYRINGE 0.5 ML 31G 6MM          | 3    |       |
| ULTRA-FINE SYRINGE 0.5 ML 31G 8MM          | 3    |       |

| Medication Name                          | Tier | Notes |
|------------------------------------------|------|-------|
| ULTRA-FINE SYRINGE 1 ML 30G 12.7MM       | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 0.3 ML 30G | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 0.3 ML 31G | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29G | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 30G | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 0.5 ML 31G | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 1 ML 29G   | 3    |       |
| ULTRA-THIN II INSULIN SYRINGE 1 ML 30G   | 3    |       |
| ULTRA-THIN II PEN NEEDLE 29G 1/2"        | 3    |       |
| ULTRA-THIN II PEN NEEDLE 31G 5/16"       | 3    |       |
| ULTRA-THIN II SYRINGE 1 ML 31G 5/16"     | 3    |       |
| ULTRATRAK CONTROL SOLUTION               | 3    |       |
| ULTRATRAK NORMAL CONTROL SOLUTION        | 3    |       |
| ULTRATRAK ULTIMATE CONTROL SOLUTION      | 3    |       |
| UNIFINE PEN NEEDLE 32G 4MM               | 3    |       |
| UNIFINE PENTIP 29G 12MM                  | 3    |       |
| UNIFINE PENTIP 31G 3/16"                 | 3    |       |
| UNIFINE PENTIP 31G 5MM                   | 3    |       |
| UNIFINE PENTIP 31G 6MM                   | 3    |       |
| UNIFINE PENTIP 31G 8MM                   | 3    |       |
| UNIFINE PENTIP 32G 1/4"                  | 3    |       |
| UNIFINE PENTIP 32G 4MM                   | 3    |       |
| UNIFINE PENTIP 32G 5/32"                 | 3    |       |
| UNIFINE PENTIP 32G 6MM                   | 3    |       |
| UNIFINE PENTIP 33G 5/32"                 | 3    |       |
| UNIFINE PENTIP MAX 30G 3/16"             | 3    |       |
| UNIFINE PENTIP NEEDLE 29G                | 3    |       |
| UNIFINE PENTIP NEEDLE 6MM                | 3    |       |
| UNIFINE PENTIP NEEDLE 8MM                | 3    |       |
| UNIFINE PENTIP PLUS 29G 1/2"             | 3    |       |
| UNIFINE PENTIP PLUS 30G 3/16"            | 3    |       |
| UNIFINE PENTIP PLUS 31G 1/4"             | 3    |       |
| UNIFINE PENTIP PLUS 31G 3/16"            | 3    |       |
| UNIFINE PENTIP PLUS 31G 5/16"            | 3    |       |
| UNIFINE PENTIP PLUS 32G 5/32"            | 3    |       |
| UNIFINE PENTIP PLUS 33G 5/32"            | 3    |       |
| UNIFINE PENTIPS PLUS 31G 5MM             | 3    |       |
| UNIFINE PROTECT NEEDLE 30G 5MM           | 3    |       |
| UNIFINE PROTECT NEEDLE 30G 8MM           | 3    |       |
| UNIFINE PROTECT NEEDLE 32G 4MM           | 3    |       |
| UNIFINE SAFECONTROL NEEDLE 30G 5MM       | 3    |       |

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| Medication Name                       | Tier | Notes        | Medication Name                            | Tier | Notes |
|---------------------------------------|------|--------------|--------------------------------------------|------|-------|
| UNIFINE SAFECONTROL NEEDLE 30G 8MM    | 3    |              | VALACYCLOVIR 1 GRAM TABLET                 | 2    |       |
| UNIFINE SAFECONTROL NEEDLE 31G 5MM    | 3    |              | VALGANCICLOVIR 50 MG/ML ORAL SOLUTION      | 4    |       |
| UNIFINE SAFECONTROL NEEDLE 31G 6MM    | 3    |              | VALGANCICLOVIR 450 MG TABLET               | 4    |       |
| UNIFINE SAFECONTROL NEEDLE 31G 8MM    | 3    |              | VALPROIC ACID 250 MG CAPSULE               | 2    |       |
| UNIFINE SAFECONTROL NEEDLE 32G 4MM    | 3    |              | VALPROIC ACID 250 MG/5 ML ORAL SOLUTION    | 2    |       |
| UNIFINE ULTRA PEN NEEDLE 31G 5MM      | 3    |              | VALPROIC ACID 500 MG/10 ML ORAL SOLUTION   | 2    |       |
| UNIFINE ULTRA PEN NEEDLE 31G 6MM      | 3    |              | VALSARTAN 40 MG TABLET                     | 2    |       |
| UNIFINE ULTRA PEN NEEDLE 31G 8MM      | 3    |              | VALSARTAN 80 MG TABLET                     | 2    |       |
| UNIFINE ULTRA PEN NEEDLE 32G 4MM      | 3    |              | VALSARTAN 160 MG TABLET                    | 2    |       |
| UNISTRIP HIGH CONTROL SOLUTION        | 3    |              | VALSARTAN 320 MG TABLET                    | 2    |       |
| UNISTRIP LOW CONTROL SOLUTION         | 3    |              | VALSARTAN-HCTZ 80-12.5 MG TABLET           | 2    |       |
| UNITHROID 25 MCG TABLET               | 1    |              | VALSARTAN-HCTZ 160-12.5 MG TABLET          | 2    |       |
| UNITHROID 50 MCG TABLET               | 1    |              | VALSARTAN-HCTZ 160-25 MG TABLET            | 2    |       |
| UNITHROID 75 MCG TABLET               | 1    |              | VALSARTAN-HCTZ 320-12.5 MG TABLET          | 2    |       |
| UNITHROID 88 MCG TABLET               | 1    |              | VALSARTAN-HCTZ 320-25 MG TABLET            | 2    |       |
| UNITHROID 100 MCG TABLET              | 1    |              | VALTYA 1 MG-50 MCG TABLET                  | 1    |       |
| UNITHROID 112 MCG TABLET              | 1    |              | VANADOM 350 MG TABLET                      | 2    |       |
| UNITHROID 125 MCG TABLET              | 1    |              | VANCOMYCIN 125 MG CAPSULE                  | 4    | QL    |
| UNITHROID 137 MCG TABLET              | 1    |              | VANCOMYCIN 250 MG CAPSULE                  | 4    | QL    |
| UNITHROID 150 MCG TABLET              | 1    |              | VANCOMYCIN 25 MG/ML ORAL SOLUTION          | 2    | QL    |
| UNITHROID 175 MCG TABLET              | 1    |              | VANDAZOLE VAGINAL 0.75% GEL                | 2    |       |
| UNITHROID 200 MCG TABLET              | 1    |              | VANISHPOINT INSULIN SYRINGE 1 ML 30G 3/16" | 3    |       |
| UNITHROID 300 MCG TABLET              | 1    |              | VANISHPOINT SYRINGE 0.5 ML 30G 1/2"        | 3    |       |
| UPTRAVI 200 MCG TABLET                | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 20G 1"            | 3    |       |
| UPTRAVI 400 MCG TABLET                | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 21G 1"            | 3    |       |
| UPTRAVI 600 MCG TABLET                | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 21G 1.5"          | 3    |       |
| UPTRAVI 800 MCG TABLET                | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 22G 1"            | 3    |       |
| UPTRAVI 1,000 MCG TABLET              | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 22G 1.5"          | 3    |       |
| UPTRAVI 1,200 MCG TABLET              | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 23G 1"            | 3    |       |
| UPTRAVI 1,400 MCG TABLET              | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 23G 1.5"          | 3    |       |
| UPTRAVI 1,600 MCG TABLET              | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 25G 1"            | 3    |       |
| UPTRAVI 200-800 TITRATION PACK        | 5    | PA, LDD, SRX | VANISHPOINT SYRINGE 3 ML 25G 5/8"          | 3    |       |
| URISTIX 4 REAGENT TEST STRIP          | 3    |              | VANISHPOINT SYRINGE U-100 29G 1/2"         | 3    |       |
| URISTIX REAGENT TEST STRIP            | 3    |              | VAQTA 25 UNITS/0.5 ML SYRINGE              | 3    |       |
| UROQID-ACID NO.2 500-500 TABLET       | 4    |              | VAQTA 50 UNITS/ML SYRINGE                  | 3    |       |
| URSODIOL 300 MG CAPSULE               | 2    |              | VAQTA 25 UNITS/0.5 ML VIAL                 | 3    |       |
| URSODIOL 250 MG TABLET                | 2    |              | VAQTA 50 UNITS/ML VIAL                     | 3    |       |
| URSODIOL 500 MG TABLET                | 2    |              | VARENICLINE 1 MG CONTINUING MONTH BOX      | 3    |       |
| USTEKINUMAB-TTWE 45 MG/0.5 ML SYRINGE | 5    | PA, QL, SRX  | VARENICLINE STARTING MONTH BOX             | 3    |       |
| USTEKINUMAB-TTWE 90 MG/ML SYRINGE     | 5    | PA, QL, SRX  | VARENICLINE 0.5 MG TABLET                  | 3    |       |
| VALACYCLOVIR 500 MG TABLET            | 2    |              | VARENICLINE 1 MG TABLET                    | 3    |       |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes            | Medication Name                          | Tier | Notes            |
|------------------------------------------|------|------------------|------------------------------------------|------|------------------|
| VARISOFT INFUSION SET 23" 13MM           | 3    |                  | VERAPAMIL SR 360 MG CAPSULE              | 2    |                  |
| VARISOFT INFUSION SET 23" 17MM           | 3    |                  | VEREGEN 15% OINTMENT                     | 4    |                  |
| VARISOFT INFUSION SET 32" 13MM           | 3    |                  | VERIFINE INSULIN SYRINGE 0.3 ML 31G 8MM  | 3    |                  |
| VARISOFT INFUSION SET 43" 17MM           | 3    |                  | VERIFINE INSULIN SYRINGE 0.5 ML 29G 12MM | 3    |                  |
| VARIVAX VACCINE VIAL                     | 3    |                  | VERIFINE INSULIN SYRINGE 0.5 ML 31G 8MM  | 3    |                  |
| VARIVAX VACCINE WITH DILUENT             | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 29G 1/2"   | 3    |                  |
| VAXELIS VACCINE SYRINGE                  | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 29G 12MM   | 3    |                  |
| VAXELIS VACCINE VIAL                     | 3    |                  | VERIFINE INSULIN SYRINGE 1 ML 31G 8MM    | 3    |                  |
| VAXNEUVANCE 0.5 ML SYRINGE               | 3    |                  | VERIFINE PEN NEEDLE 29G 12MM             | 3    |                  |
| VELIVET 28 DAY TABLET                    | 1    |                  | VERIFINE PEN NEEDLE 31G 5MM              | 3    |                  |
| VEMLIDY 25 MG TABLET                     | 5    | PA, SRX          | VERIFINE PEN NEEDLE 31G 8MM              | 3    |                  |
| VENCLEXTA STARTING PACK                  | 5    | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 4MM              | 3    |                  |
| VENCLEXTA 10 MG TABLET                   | 5    | PA, QL, LDD, SRX | VERIFINE PEN NEEDLE 32G 6MM              | 3    |                  |
| VENCLEXTA 10 MG TABLET (10 MG X 2)       | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 5MM         | 3    |                  |
| VENCLEXTA 50 MG TABLET                   | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 31G 8MM         | 3    |                  |
| VENCLEXTA 100 MG TABLET                  | 5    | PA, QL, LDD, SRX | VERIFINE PLUS PEN NEEDLE 32G 4MM         | 3    |                  |
| VENLAFAXINE 25 MG TABLET                 | 2    | QL               | VERIFINE PLUS PEN NEEDLE 32G 4MM         | 3    |                  |
| VENLAFAXINE 37.5 MG TABLET               | 2    | QL               | VERIFINE SYRINGE 0.3 ML 31G 5/16"        | 3    |                  |
| VENLAFAXINE 50 MG TABLET                 | 2    | QL               | VERIFINE SYRINGE 0.5 ML 29G 1/2"         | 3    |                  |
| VENLAFAXINE 75 MG TABLET                 | 2    | QL               | VERIFINE SYRINGE 0.5 ML 31G 5/16"        | 3    |                  |
| VENLAFAXINE 100 MG TABLET                | 2    | QL               | VERIFINE SYRINGE 1 ML 31G 5/16"          | 3    |                  |
| VENLAFAXINE ER 150 MG CAPSULE            | 2    | QL               | VESTURA 3 MG-0.02 MG TABLET              | 1    |                  |
| VENLAFAXINE ER 37.5 MG CAPSULE           | 2    | QL               | VIENVA-28 TABLET                         | 1    |                  |
| VENLAFAXINE ER 75 MG CAPSULE             | 2    | QL               | VIGABATRIN 500 MG POWDER PACKET          | 5    | PA, QL, LDD, SRX |
| VENTAVIS 10 MCG/1 ML INHALATION SOLUTION | 5    | PA, LDD, SRX     | VIGABATRIN 500 MG TABLET                 | 5    | PA, QL, LDD, SRX |
| VENTAVIS 20 MCG/1 ML INHALATION SOLUTION | 5    | PA, LDD, SRX     | VIGADRONE 500 MG POWDER PACKET           | 5    | PA, QL, LDD, SRX |
| VERAPAMIL 40 MG TABLET                   | 2    |                  | VIGADRONE 500 MG TABLET                  | 5    | PA, QL, LDD, SRX |
| VERAPAMIL 80 MG TABLET                   | 2    |                  | VIGPODER 500 MG POWDER PACKET            | 5    | PA, QL, LDD, SRX |
| VERAPAMIL 120 MG TABLET                  | 2    |                  | VILAZODONE 10 MG TABLET                  | 4    | QL               |
| VERAPAMIL ER 120 MG CAPSULE              | 2    |                  | VILAZODONE 20 MG TABLET                  | 4    | QL               |
| VERAPAMIL ER 180 MG CAPSULE              | 2    |                  | VILAZODONE 40 MG TABLET                  | 4    | QL               |
| VERAPAMIL ER 240 MG CAPSULE              | 2    |                  | VIOKACE 10,440-39,150 UNITS TABLET       | 4    |                  |
| VERAPAMIL ER 120 MG TABLET               | 2    |                  | VIOKACE 20,880-78,300 UNITS TABLET       | 4    |                  |
| VERAPAMIL ER 180 MG TABLET               | 2    |                  | VIORELE 28 DAY TABLET                    | 1    |                  |
| VERAPAMIL ER 240 MG TABLET               | 2    |                  | VIREAD 150 MG TABLET                     | 3    | SRX              |
| VERAPAMIL ER PM 100 MG CAPSULE           | 3    |                  | VIREAD 200 MG TABLET                     | 3    | SRX              |
| VERAPAMIL ER PM 200 MG CAPSULE           | 3    |                  | VIREAD 250 MG TABLET                     | 3    | SRX              |
| VERAPAMIL ER PM 300 MG CAPSULE           | 3    |                  | VIREAD POWDER                            | 3    | SRX              |
| VERAPAMIL SR 120 MG CAPSULE              | 2    |                  | VIRT-C DHA SOFTGEL                       | 1    |                  |
| VERAPAMIL SR 180 MG CAPSULE              | 2    |                  | VISTOGARD 10 GRAM PACKET                 | 5    | LDD, SRX         |
| VERAPAMIL SR 240 MG CAPSULE              | 2    |                  | VIT A,C,D-FLUORIDE 0.25 MG/ML ORAL DROPS | 2    |                  |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                          | Tier | Notes            | Medication Name                        | Tier | Notes            |
|------------------------------------------|------|------------------|----------------------------------------|------|------------------|
| VITAFOL-OB CAPLET                        | 1    |                  | WM UNIFINE PENTIP PLUS 31G 6MM         | 3    |                  |
| VITAMIN D2 1.25 MG (50,000 UNIT) CAPSULE | 2    |                  | WM UNIFINE PENTIP PLUS 31G 8MM         | 3    |                  |
| VIVAGUARD INO L1, L3 CONTROL SOLUTION    | 3    |                  | WM UNIFINE PENTIP PLUS 32G 4MM         | 3    |                  |
| VIVAGUARD INO L1,2,3 CONTROL SOLUTION    | 3    |                  | WYMZYA FE 0.4-0.035 MG CHEWABLE TABLET | 1    |                  |
| VIVAGUARD INO L2 CONTROL SOLUTION        | 3    |                  | XALKORI 200 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| VOLNEA 0.15-0.02-0.01 MG TABLET          | 1    |                  | XALKORI 250 MG CAPSULE                 | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 40 MG/ML ORAL SUSPENSION    | 4    | PA               | XALKORI 20 MG PELLET                   | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 50 MG TABLET                | 4    | PA               | XALKORI 50 MG PELLET                   | 5    | PA, QL, LDD, SRX |
| VORICONAZOLE 200 MG TABLET               | 4    | PA               | XALKORI 150 MG PELLET                  | 5    | PA, QL, LDD, SRX |
| VORTEX HOLDING CHAMBER                   | 3    | QL               | XARAH FE 1 MG/20-30-35 MCG TABLET      | 1    |                  |
| VORTEX ADULT MASK                        | 3    | QL               | XARELTO 10 MG TABLET                   | 3    | QL               |
| VORTEX VHC FROG CHILD MASK               | 3    | QL               | XARELTO 15 MG TABLET                   | 3    | QL               |
| VORTEX VHC LADYBUG TODDLER MASK          | 3    | QL               | XARELTO 20 MG TABLET                   | 3    | QL               |
| VORTEX VHC PEDIATRIC MED MASK            | 3    | QL               | XARELTO DVT-PE STARTER PACK            | 3    | QL               |
| VRAYLAR 1.5 MG CAPSULE                   | 4    | QL, ST           | XDEMVY 0.25% EYE DROPS                 | 5    | PA, QL, LDD, SRX |
| VRAYLAR 3 MG CAPSULE                     | 4    | QL, ST           | XELJANZ 1 MG/ML ORAL SOLUTION          | 5    | PA, QL, SRX      |
| VRAYLAR 4.5 MG CAPSULE                   | 4    | QL, ST           | XELJANZ 5 MG TABLET                    | 5    | PA, QL, SRX      |
| VRAYLAR 6 MG CAPSULE                     | 4    | QL, ST           | XELJANZ 10 MG TABLET                   | 5    | PA, QL, SRX      |
| VYFEMLA 0.4 MG-0.035 MG TABLET           | 1    |                  | XELJANZ XR 11 MG TABLET                | 5    | PA, QL, SRX      |
| VYLIBRA 28 TABLET                        | 1    |                  | XELJANZ XR 22 MG TABLET                | 5    | PA, QL, SRX      |
| VYNDAMAX 61 MG CAPSULE                   | 5    | PA, QL, LDD, SRX | XIFAXAN 200 MG TABLET                  | 4    | PA, QL           |
| WAKIX 4.45 MG TABLET                     | 5    | PA, QL, LDD, SRX | XIFAXAN 550 MG TABLET                  | 4    | PA, QL           |
| WAKIX 17.8 MG TABLET                     | 5    | PA, QL, LDD, SRX | XIGDUO XR 2.5 MG-1,000 MG TABLET       | 3    | QL               |
| WARFARIN 1 MG TABLET                     | 1    |                  | XIGDUO XR 5 MG-500 MG TABLET           | 3    | QL               |
| WARFARIN 2 MG TABLET                     | 1    |                  | XIGDUO XR 5 MG-1,000 MG TABLET         | 3    | QL               |
| WARFARIN 2.5 MG TABLET                   | 1    |                  | XIGDUO XR 10 MG-500 MG TABLET          | 3    | QL               |
| WARFARIN 3 MG TABLET                     | 1    |                  | XIGDUO XR 10 MG-1,000 MG TABLET        | 3    | QL               |
| WARFARIN 4 MG TABLET                     | 1    |                  | XOLAIR 75 MG/0.5 ML AUTO-INJECTOR      | 5    | PA, LDD, SRX     |
| WARFARIN 5 MG TABLET                     | 1    |                  | XOLAIR 75 MG/0.5 ML SYRINGE            | 5    | PA, LDD, SRX     |
| WARFARIN 6 MG TABLET                     | 1    |                  | XOLAIR 150 MG/ML AUTO-INJECTOR         | 5    | PA, LDD, SRX     |
| WARFARIN 7.5 MG TABLET                   | 1    |                  | XOLAIR 150 MG/1.2 ML POWDER VIAL       | 5    | PA, LDD, SRX     |
| WARFARIN 10 MG TABLET                    | 1    |                  | XOLAIR 150 MG/ML SYRINGE               | 5    | PA, LDD, SRX     |
| WERA 0.5/0.035 MG 28 TABLET              | 1    |                  | XOLAIR 300 MG/2 ML AUTO-INJECTOR       | 5    | PA, LDD, SRX     |
| WESCAP-PN DHA CAPSULE                    | 1    |                  | XOLAIR 300 MG/2 ML SYRINGE             | 5    | PA, LDD, SRX     |
| WESNATAL DHA COMPLETE                    | 1    |                  | XTAMPZA ER 9 MG CAPSULE                | 3    | PA               |
| WESNATE DHA SOFTGEL                      | 1    |                  | XTAMPZA ER 13.5 MG CAPSULE             | 3    | PA               |
| WESTAB PLUS TABLET                       | 1    |                  | XTAMPZA ER 18 MG CAPSULE               | 3    | PA               |
| WIXELA 100-50 INHUB                      | 2    | QL               | XTAMPZA ER 27 MG CAPSULE               | 3    | PA               |
| WIXELA 250-50 INHUB                      | 2    | QL               | XTAMPZA ER 36 MG CAPSULE               | 3    | PA               |
| WIXELA 500-50 INHUB                      | 2    | QL               | XTANDI 40 MG CAPSULE                   | 5    | PA, QL, LDD, SRX |
| WM UNIFINE PENTIP PLUS 31G 5MM           | 3    |                  | XTANDI 40 MG TABLET                    | 5    | PA, QL, LDD, SRX |

## 2026 Cigna Healthcare Plus Texas 5-Tier Prescription Drug List

| Medication Name                   | Tier | Notes            |
|-----------------------------------|------|------------------|
| XTANDI 80 MG TABLET               | 5    | PA, QL, LDD, SRX |
| XULANE 150-35 MCG/DAY PATCH       | 1    |                  |
| YALE NEEDLE 21G 1.25"             | 3    |                  |
| YARGESA 100 MG CAPSULE            | 5    | PA, LDD, SRX     |
| YESINTEK 45 MG/0.5 ML SYRINGE     | 5    | PA, QL, SRX      |
| YESINTEK 45 MG/0.5 ML VIAL        | 5    | PA, QL, SRX      |
| YESINTEK 90 MG/ML SYRINGE         | 5    | PA, QL, SRX      |
| YOURX ULTICARE PEN NEEDLE 4MM 32G | 3    |                  |
| YOURX ULTICARE PEN NEEDLE 6MM 31G | 3    |                  |
| YOURX ULTICARE PEN NEEDLE 8MM 31G | 3    |                  |
| YUVAFEM 10 MCG VAGINAL INSERT     | 3    | QL               |
| ZAFEMY 150-35 MCG/DAY PATCH       | 1    |                  |
| ZAFIRLUKAST 10 MG TABLET          | 2    |                  |
| ZAFIRLUKAST 20 MG TABLET          | 2    |                  |
| ZALEPLON 5 MG CAPSULE             | 2    |                  |
| ZALEPLON 10 MG CAPSULE            | 2    |                  |
| ZARAH TABLET                      | 1    |                  |
| ZARXIO 300 MCG/0.5 ML SYRINGE     | 5    | SRX              |
| ZARXIO 480 MCG/0.8 ML SYRINGE     | 5    | SRX              |
| ZATEAN-PN DHA CAPSULE             | 1    |                  |
| ZATEAN-PN PLUS SOFTGEL            | 1    |                  |
| ZELBORAF 240 MG TABLET            | 5    | PA, QL, LDD, SRX |
| ZENATANE 10 MG CAPSULE            | 4    |                  |
| ZENATANE 20 MG CAPSULE            | 4    |                  |
| ZENATANE 30 MG CAPSULE            | 4    |                  |
| ZENATANE 40 MG CAPSULE            | 4    |                  |
| ZENPEP DR 3,000 UNIT CAPSULE      | 3    |                  |
| ZENPEP DR 40,000 UNIT CAPSULE     | 3    |                  |
| ZENPEP DR 5,000 UNIT CAPSULE      | 3    |                  |
| ZENPEP DR 10,000 UNIT CAPSULE     | 3    |                  |
| ZENPEP DR 15,000 UNIT CAPSULE     | 3    |                  |
| ZENPEP DR 20,000 UNIT CAPSULE     | 3    |                  |
| ZENPEP DR 25,000 UNIT CAPSULE     | 3    |                  |
| ZENPEP DR 60,000 UNIT CAPSULE     | 3    |                  |
| ZENZEDI 5 MG TABLET               | 2    | QL               |
| ZENZEDI 10 MG TABLET              | 2    | QL               |
| ZEPOSIA 0.92 MG CAPSULE           | 5    | PA, QL, LDD, SRX |
| ZEPOSIA STARTER KIT (7-DAY)       | 5    | PA, QL, LDD, SRX |
| ZEPOSIA STARTER PACK (28-DAY)     | 5    | PA, QL, LDD, SRX |
| ZETONNA 37 MCG NASAL SPRAY        | 4    | ST               |
| ZIDOVUDINE 100 MG CAPSULE         | 2    | SRX              |
| ZIDOVUDINE 50 MG/5 ML SYRUP       | 2    | SRX              |

| Medication Name                 | Tier | Notes            |
|---------------------------------|------|------------------|
| ZIDOVUDINE 300 MG TABLET        | 2    | SRX              |
| ZILEUTON ER 600 MG TABLET       | 5    |                  |
| ZIPRASIDONE 20 MG CAPSULE       | 2    |                  |
| ZIPRASIDONE 40 MG CAPSULE       | 2    |                  |
| ZIPRASIDONE 60 MG CAPSULE       | 2    |                  |
| ZIPRASIDONE 80 MG CAPSULE       | 2    |                  |
| ZIRGAN 0.15% EYE GEL            | 4    |                  |
| ZOLADEX 3.6 MG IMPLANT SYRINGE  | 5    | PA, SRX          |
| ZOLADEX 10.8 MG IMPLANT SYRINGE | 5    | PA, SRX          |
| ZOLINZA 100 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZOLMITRIPTAN 2.5 MG TABLET      | 3    | QL               |
| ZOLMITRIPTAN 5 MG TABLET        | 3    | QL               |
| ZOLMITRIPTAN 2.5 MG ODT TABLET  | 3    | QL               |
| ZOLMITRIPTAN 5 MG ODT TABLET    | 3    | QL               |
| ZOLPIDEM 5 MG TABLET            | 2    |                  |
| ZOLPIDEM 10 MG TABLET           | 2    |                  |
| ZOLPIDEM ER 6.25 MG TABLET      | 2    |                  |
| ZOLPIDEM ER 12.5 MG TABLET      | 2    |                  |
| ZONISAMIDE 100 MG CAPSULE       | 2    |                  |
| ZONISAMIDE 25 MG CAPSULE        | 2    |                  |
| ZONISAMIDE 50 MG CAPSULE        | 2    |                  |
| ZOVIA 1-35 TABLET               | 1    |                  |
| ZUMANDIMINE 3 MG-0.03 MG TABLET | 1    |                  |
| ZURZUVAE 20 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZURZUVAE 25 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZURZUVAE 30 MG CAPSULE          | 5    | PA, QL, LDD, SRX |
| ZYDELIG 100 MG TABLET           | 5    | PA, QL, LDD, SRX |
| ZYDELIG 150 MG TABLET           | 5    | PA, QL, LDD, SRX |
| ZYKADIA 150 MG TABLET           | 5    | PA, QL, SRX      |
| ZYLET EYE DROPS                 | 4    | PA               |

## Frequently Asked Questions (FAQs)

Here are answers to questions you may have about your drug list and prescription medication coverage.

### **Q. Why do you make changes to the drug list?**

**A.** We review and update the drug list on a regular basis to make sure you have coverage for low-cost, safe and effective medications. We make changes for many reasons; for example, when a new medication comes out or is no longer available, or when a medication's price changes. These changes may include:

- Moving a medication to a lower cost tier.
- Moving a brand medication to a higher cost tier when a generic becomes available.
- Moving a medication to a higher cost tier and/or no longer covering a medication.
- Adding extra coverage rules (requirements) to a medication.

When we make a change that affects your medication (for example, it'll cost more, won't be covered, and/or has an extra coverage requirement), we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

### **Q. Why doesn't my plan cover certain medications?**

**A.** To help lower your overall health care costs, your plan doesn't cover certain high-cost brand-name medications that have lower-cost alternatives that can treat the same condition. If your medication isn't covered and your doctor feels a different medication isn't right for you, your doctor's office can ask us to cover it through our review process.

There are also some medications and products that your plan won't cover for any reason because they're a "plan (or benefit) exclusion." This means the medication or product isn't on your drug list, and there's no option to ask us to cover it through our medication review process. For example, your plan doesn't cover (or "excludes") medications that the FDA hasn't approved.

### **Q. How do you decide which medications to cover?**

**A.** The prescription drug list is managed by the Health Plan Value Assessment Committee (HVAC), which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the prescription drug list, coverage tier placement decisions of prescription drugs or related supplies and/or applies utilization management requirements to certain prescription drugs or related supplies.

Your Policy/Service Agreement coverage tiers may contain prescription drugs or related supplies that are generic drugs, brand drugs or specialty medications. Placement of any prescription drug or related supplies in a specific tier, and application of utilization management requirements to a prescription drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the prescription drug or related supplies, and economic factors include, without limitation, the cost and/or available rebates for prescription drugs or related supplies.

Whether a particular prescription drug or related supply is appropriate for you or any of your family member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by you (or your family member) and the prescribing physician.

### **Q. Why do certain medications need approval before my plan will cover them?**

**A.** The review process helps make sure you're getting coverage for the right medication, at the right cost, in the right amount and for the right situation.

### **Q. How do I know if a medication needs approval?**

**A.** Check your drug list or log in to the myCigna App or **myCigna.com** and use the Price a Medication tool. If the medication has:

- **PA** (Prior Authorization) or **ST** (Step Therapy) next to it, it needs approval before your plan will cover it.

## Frequently Asked Questions (FAQs) (cont.)

- **QL** (Quantity Limit) next to it, you may need approval depending on how much you're filling at one time.
- **AGE** (Age Requirement) next to it, you may need approval depending on your age.

### Q. What types of medications typically need approval?

A. Medications that:

- May not be safe when you take them with other medications.
- Have lower-cost alternatives that work just as well at treating the same condition.
- Should only be used for certain health conditions.
- Are often used in the wrong way or are abused (taken more often than you should).

### Q. What types of medications typically have quantity limits?

A. Medications that are often:

- Taken in a greater amount or used for a longer time than they should be.
- Used in the wrong way or are abused (taken more often than you should).

### Q. What medications are part of Step Therapy?

A. They're typically high-cost medications that treat conditions such as:

- |                                 |                                        |
|---------------------------------|----------------------------------------|
| • ADD/ADHD                      | • High blood pressure                  |
| • Allergies                     | • High cholesterol                     |
| • Asthma/COPD                   | • Mental health                        |
| • Cardiovascular health         | • Overactive bladder/ bladder problems |
| • Diabetes                      | • Pain management                      |
| • Heartburn/ulcer/ stomach acid | • Sleep disorders                      |

### Q. Why does my medication have an age requirement?

A. Not all medications are right for all ages. Some medications work best for people of a certain age or within a certain age range. As you get older, body changes can decrease the body's ability to break down or get rid of certain medications. This means

that the medication may stay in your body longer. So, an older adult may need a lower dose of the medication or a different medication that's safer.

### Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact us to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from our provider portal at [cignaforhcp.com](https://cignaforhcp.com).

We'll review the information your doctor sends us to make sure you meet the medication's coverage rules (requirements). We'll send you and your doctor a letter with our decision (approved/not approved) and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if we've made a decision. Or, you can log in to the myCigna App or [myCigna.com](https://myCigna.com) to see where your medication is in the review process or to read about the decision we made.

Many times, we don't get all of the information we need from the doctor's office to approve coverage. If we don't approve your medication, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or you and your doctor can appeal the decision by sending us a request, in writing, that explains why we should cover the medication.

### Q. What happens if I try to fill a prescription that needs approval but I don't it ahead of time?

A. When your pharmacist tries to fill your prescription, they'll see that the medication needs our approval before it can be covered. Because you didn't get approval ahead of time, your plan won't cover its cost.

You can still fill it (without using your plan/insurance), but you'll pay its full price at the pharmacy counter. And, if you do this, your costs can't be applied to your annual deductible or out-of-pocket maximum.

## Frequently Asked Questions (FAQs) *(cont.)*

### **Q. What happens if I try to fill a prescription that has a quantity limit?**

**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office can ask us to cover it through our review process.

### **Q. Are all of the medications on this drug list approved by the FDA?**

**A.** Yes.

### **Q. Does my plan cover medications that the FDA recently approved?**

**A.** We review all recently approved medications and products to see if they should be covered, and if so, at what cost-share (tier). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. It can take up to six months from the date the FDA approved them for us to make a decision.

If your doctor wants you to use a recently approved medication, your doctor's office can ask us to cover it through our review process.

### **Q. What are preventive medications?**

**A.** Preventive medications can help keep you from getting certain long-term health conditions such as asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke. They improve your chances of staying well and living longer.

### **Q. Which medications are covered under the health care reform law?**

**A.** The Patient Protection and Affordable Care Act (PPACA), known as health care reform, helps make health care and preventive care more affordable. PPACA requires health plans to cover the full cost of certain preventive medications and over-the-counter (OTC) products. This means you don't have to pay anything – not even a copay, coinsurance or deductible for these products.

To see a list of \$0 medications, go to **Cigna.com/PDL** and click on the link for the IFP PPACA No Cost-Share Preventive Drug List.

### **Q. How can I find out how much my medication will cost me?**

**A.** When you and your doctor are thinking about the right medication for your treatment, knowing how much it costs, what lower-cost options are available, and which pharmacies have the best prices can help you avoid surprises. Log in to the myCigna App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or even before you leave your doctor's office.<sup>3</sup>

### **Q. What's a cost-share?**

**A.** It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

### **Q. How can I save money on my prescription medications?**

**A.** You should think about using a medication that's covered on a lower tier, such as a generic or preferred brand medication, or by filling a 90-day supply (if your plan allows). Ask your doctor if one of these options may work for you.

### **Q. What's a generic medication?**

**A.** A generic is the same as its brand-name version. It has the same active ingredient, strength and dosage form, treats the same condition(s), and works in the same way – and typically costs less.<sup>2</sup> Generics are typically sold under their chemical or scientific name, instead of the brand name.

### **Q. Do generics work the same as brand-name medications?**

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as the brand-name medication.<sup>2</sup>

### **Q. What are the differences between generic and brand-name medications?**

**A.** The generic and brand-name medication may:<sup>2</sup>

- Look different. For example, generics may have a different shape, size or color than their brand-name versions.

## Frequently Asked Questions (FAQs) (cont.)

- Have a different flavor and/or different preservatives, come in different packaging and/or with different labeling and may expire at different times.

It's important to know that these differences don't affect how well the generic works.

### **Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?**

**A.** Your plan doesn't offer out-of-network coverage. This means you'll have to use an in-network pharmacy for your medication to be covered.

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes.<sup>4</sup>

### **Fill maintenance medications through Express Scripts® Pharmacy.**

Home delivery is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online.
- Get standard shipping at no extra cost.<sup>5</sup>
- Fill up to a 90-day supply at one time.<sup>6</sup>
- Talk with a pharmacist, 24/7.
- Sign up for refill reminders so you don't miss a dose.<sup>7</sup>

### **Here are two easy ways to get started:**

- 1. Online.** Log in to the myCigna App or **myCigna.com** and click on the Prescriptions tab. Choose My Medications from the dropdown menu. Then click the button next to your medication name to move your prescription(s) from your retail pharmacy to home delivery. Or
- 2. By phone.**
  - Call your doctor's office. Ask them to send a 90-day prescription (with refills) to Express Scripts home delivery. Or

- Call Express Scripts Pharmacy at **800.835.3784**. They'll contact your doctor's office to get your prescription. Have your ID card, doctor's contact information and medication name(s) ready when you call.

### **Fill specialty medications through Accredo® Specialty Pharmacy**

If you're using a specialty medication, Accredo's team can help you manage your rare and/or complex medical condition. They'll also fill and ship your medication to you, so you don't have to stand in line at the pharmacy.

- Talk with specially-trained pharmacists and nurses, 24/7.
- Get fast shipping at no extra cost.<sup>5</sup>
- Sign up for refills and reminders. Some refills can be done by text.<sup>8</sup>
- Get help paying for your medication (if you need it).
- Manage and track your medications online.

To learn more, go to **Cigna.com/specialty**. To get started with Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–8:00 pm CST or Saturdays, 7:00 am–4:00 pm CST.

### **Q. Where can I find more information about my pharmacy benefits?**

**A.** You can use the online tools and resources on the myCigna App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, see your pharmacy claims and coverage details and more. You can also manage your home delivery orders.

## Exclusions and Limitations: What isn't covered by this policy

### Excluded Services

In addition to any other exclusions and limitations described in this episode of coverage (EOC), there are no benefits provided for the following:

1. **Services obtained from a Non-Participating/Out-of-Network Provider**, except for treatment of an Emergency Medical Condition.
2. Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this EOC.
3. Services **not specifically listed as Covered Services** in this EOC.
4. Services or supplies that are **not Medically Necessary**.
5. Services or supplies that are considered to be for **Experimental Procedures or Investigational Procedures or Unproven Procedures**. Denials based upon Experimental or Investigational services or supplies are considered Adverse Determinations and are subject to the Appeal of Adverse Determination and Independent Review sections in this EOC.
6. Services **received before the Effective Date of coverage**.
7. Services **received after coverage under this EOC ends**.
8. Services **for which you have no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
9. Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Member does not claim those benefits.
10. Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) a Member **participating in the military service of any country**; (d) a Member **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of a Member's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Member being engaged in an illegal occupation**; (f) a Member **being intoxicated**, as defined by applicable state law in the state where the Illness occurred **or under the influence of illegal narcotics or non-prescribed controlled substances** unless administered or prescribed by Physician.
11. Any **services provided by a local, state or federal government agency**, except when payment under this EOC is expressly required by federal or state law.
12. Any **services required by state or federal law to be supplied by a public school system** or school district.
13. Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and military treatment facilities will be considered for payment according to current legislation.
14. **If the Member is enrolled in Medicare** Part A, B, C or D, Cigna Healthcare will provide claim payment according to this EOC minus any amount paid by Medicare, not to exceed the amount Cigna Healthcare would have paid if it were the sole insurance carrier.
15. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this EOC.
16. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician**, from any of the following:
  - o Yourself or your employer;
  - o A person who lives in the Member's home, or that person's employer;
  - o A person who is related to the Member by blood, marriage or adoption, or that person's employer; or,
  - o A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
17. Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this EOC.
18. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
19. **Private duty nursing** except when provided as part of the home health care services, Inpatient Services or Hospice Care Services benefit in this EOC.
20. Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or Physical Therapy.**

## Exclusions and Limitations: What isn't covered by this policy *(cont.)*

21. Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
22. **Complementary and alternative medicine services, including but not limited to:** massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
23. Any services or supplies **provided by or at a place for the aged, a nursing home, or any facility** a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
24. **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
25. **Services performed by unlicensed practitioners** or services which do not require licensure to perform, for example—meditation, breathing exercises, guided visualization.
26. Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
27. **Services which are self-directed** to a free-standing or Hospital-based diagnostic facility.
28. Services **ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility**, when that Physician or other Provider:
  - o Has not been actively involved in your medical care prior to ordering the service, or
  - o Is not actively involved in your medical care after the service is received.

This exclusion does not apply to mammography.
29. **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this EOC.
30. **Orthodontic services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
31. **Dental implants**: dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
32. **Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
33. **Routine hearing tests** except as provided under Preventive Care.
34. **Genetic screening** or pre-implantation genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
35. **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this EOC under Pediatric Vision Care.
36. An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as nearsightedness (myopia), astigmatism and/or farsightedness (presbyopia).
37. **Cosmetic surgery, therapy** or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
38. **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, personal digital assistants (PDAs), braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this EOC.
39. **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training,

## Exclusions and Limitations: What isn't covered by this policy (cont.)

biofeedback for any diagnosis except an Acquired Brain Injury diagnosis, neurofeedback for any diagnosis except an Acquired Brain Injury diagnosis, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, **except** as otherwise stated in this EOC.

40. Services and procedures for **redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia, varicose veins, rhinoplasty, blepharoplasty and orthognathic surgeries.
41. Procedures, surgery or treatments to **change characteristics of the body** to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
42. Any treatment, Prescription Drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
43. All services related to **the treatment of fertility and/or infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and in vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this EOC.
44. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees), except as specifically stated in this EOC.
45. Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
46. Blood administration **for the purpose of general improvement in physical condition**.
47. **Orthopedic shoes** (except when joined to Braces), shoe inserts, foot Orthotic Devices.
48. **External and internal power enhancements** or power controls for Prosthetic limbs and terminal devices.
49. **Myoelectric Prostheses** peripheral nerve stimulators.
50. **Electronic Prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
51. **Prefabricated foot Orthoses**.
52. **Cranial banding/cranial Orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
53. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
54. **Orthoses primarily used for cosmetic** rather than functional reasons.
55. **Non-foot Orthoses**, except **only** the following non-foot Orthoses are covered when Medically Necessary:
  - o Rigid and semi-rigid custom fabricated Orthoses;
  - o Semi-rigid pre-fabricated and flexible Orthoses; and
  - o Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
56. Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Member has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
57. **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this EOC.
58. Therapy or treatment **intended primarily to improve or maintain general physical condition**

## Exclusions and Limitations: What isn't covered by this policy *(cont.)*

or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.

**59. Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna Healthcare.

**60. Nutritional counseling or food supplements,** except as stated in this EOC.

**61. Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the "Comprehensive Benefits: What the EOC Pays For" section of this EOC. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers; treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this EOC.

**62. Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."

**63. Foreign Country Provider charges** except as specifically stated under "Foreign Country Providers" in the section of this EOC titled "Comprehensive Benefits: What the EOC Pays For."

**64. Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, a systemic condition, injury or symptoms involving the feet except as otherwise stated in this EOC.

**65. Charges for which We are unable to determine Our liability** because the Member failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.

**66. Charges for the services of a standby Physician.**

**67. Charges for animal to human organ transplants.**

**68. Claims received by Cigna Healthcare after 15 months from the date service was rendered,** except in the event of a legal incapacity.

**69. Services obtained from a Dedicated Virtual Care Physician** that are not Dedicated Virtual Urgent Care or Dedicated Virtual Primary Care services.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Please reference **Cigna.com/ifp-drug-list** for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the U.S. Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Content current as of 11/01/21. [fda.gov/drugs/generic-drugs/generic-drug-facts](https://www.fda.gov/drugs/generic-drugs/generic-drug-facts).
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. Cigna Healthcare, Express Scripts and Accredo are all part of The Cigna Group. This means we have an ownership interest in Express Scripts Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network (as your plan allows).
5. Standard shipping costs are included as part of your prescription plan.
6. Not all medications come in a 90-day supply. For example, oral contraceptives come in a 3-pack, which is an 84-day supply. It's important to know that even though it's not a full "90-day supply," we still think of it as a 90-day prescription. **Tier 5 medications are limited to a 30-day supply.**
7. You can sign up to get emails and/or texts from Express Scripts Pharmacy. To get text messages, you'll have to sign up for the Express Scripts texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.
8. You can only refill certain specialty medications by text. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, just reply to their welcome text to get started. Standard text messaging rates apply.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc.

# Discrimination is against the law

Cigna Healthcare® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

Cigna Healthcare does not exclude people or treat them less favorably differently because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes.

## Cigna Healthcare:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages



If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Cigna Healthcare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sexual stereotypes, you can file a grievance with the Civil Rights Coordinator

P.O. Box 188016, Chattanooga, TN 37422, 877.822.6561 (TTY: Dial 711)

[ACAGrievance@CignaHealthcare.com](mailto:ACAGrievance@CignaHealthcare.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
200 Independence Avenue,  
SW Room 509F, HHH Building  
Washington, DC 20201  
**1.800.368.1019, 800.537.7697 (TDD)**

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company, Evernorth Behavioral Health, Inc., Evernorth Care Solutions, Inc., Cigna Dental Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of North Carolina, Inc., and Cigna HealthCare of Texas, Inc. In Texas, the Dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO Advantage network. ATTENTION: If you speak languages other than English, language assistance service, free of charge are available to you. For current Cigna Healthcare customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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## Proficiency of Language Assistance Services

**English – ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-244-6224 (TTY: Dial 711) or speak to your provider.

**Spanish – ATENCIÓN:** Si habla español, los servicios de asistencia lingüística gratuitos están disponibles para usted. También están disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-800-244-6224 (TTY: Marque 711) o hable con su proveedor.

**Chinese – 注意:** 如果您讲中文, 我们提供免费的语言援助服务。适当的辅助设备和服务也可以免费提供, 以提供无障碍格式的信息。请拨打 1-800-244-6224 (TTY: 拨打 711) 或与您的服务提供者联系。

**Vietnamese – XIN LƯU Ý:** Nếu bạn nói tiếng Viet, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho bạn. Các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở định dạng có thể tiếp cận cũng có sẵn miễn phí. Gọi số 1-800-244-6224 (TTY: Gọi 711) hoặc nói chuyện với nhà cung cấp của bạn).

**Korean – 주의:** 한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 기기 및 서비스도 무료로 제공됩니다. 1-800-244-6224 (TTY: 711 로 전화) 로 전화하시거나 제공자에게 문의하십시오.

**Tagalog – PAUNAWA:** Kung ikaw ay nagsasalita ng Tagalog, ang mga libreng serbisyo ng tulong sa wika ay magagamit para sa iyo. Ang mga angkop na pantulong na kagamitan at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay magagamit din ng libre. Tumawag sa 1-800-244-6224 (TTY: Tumawag sa 711) o makipag-usap sa iyong tagapagbigay.

**Russian – ВНИМАНИЕ:** Если вы говорите на русском, доступны бесплатные услуги языковой помощи. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги для предоставления информации в доступных форматах. Позвоните по телефону 1-800-244-6224 (TTY: Наберите 711) или обратитесь к вашему провайдеру.

**Arabic - تنبيه:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا مساعدات قابلة للوصول إليها، وذلك مجانًا. اتصل بالرقم 1-800-244-6224 (TTY: اطلب 711) أو تحدث إلى مقدم الخدمة الخاص بك (اطلب 711).

**French Creole – ATANSYON:** Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis yo disponib pou ou. Ekipman ak sèvis adisyonèl ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele 1-800-244-6224 (TTY: Rele 711) oswa pale ak founisè ou a.

**French – ATTENTION :** Si vous parlez français, des services d'assistance linguistique gratuits sont disponibles pour vous. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-244-6224 (TTY : composez le 711) ou parlez à votre fournisseur.

**Portuguese – ATENÇÃO:** Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-244-6224 (TTY: disque 711) ou fale com seu prestador de serviços.

**Polish – UWAGA:** Jeśli mówisz po polsku, dostępne są bezpłatne usługi pomocy językowej. Odpowiednie pomoce i usługi wspierające w celu dostarczenia informacji w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-244-6224 (TTY: wybierz 711) lub skontaktuj się ze swoim dostawcą usług.

**Japanese – 注意:** 日本語を話す場合は、無料の言語支援サービスが利用できます。アクセス可能な形式で情報を提供するための適切な補助機器やサービスも無料で利用できます。1-800-244-6224 (TTY: 711 にダイヤル) に電話するか、提供者に話してください。

**Italian – ATTENZIONE:** Se parli italiano, sono disponibili per te servizi gratuiti di assistenza linguistica. Sono disponibili gratuitamente anche ausili e servizi appropriati per fornire informazioni in formati accessibili. Chiama il numero 1-800-244-6224 (TTY: comporre il 711) o parla con il tuo fornitore.

**German – Achtung:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-244-6224 an (TTY: Wählen Sie 711) oder sprechen Sie mit Ihrem Anbieter.

**Persian (Farsi) - همچنین،** وسایل و خدمات کمکی مناسب برای در دسترس است. خدمات رایگان کمک زبان برای شما صحبت می‌کنند، توجه: اگر به فارسی تماس بگیرید یا با (شماره 711 را بگیرید: TTY) ارائه اطلاعات در قالبهای قابل دسترس به صورت رایگان در دسترس هستند. با شماره 1-800-244-6224 ارائه‌دهنده خود صحبت کنید