



## **3-TIER FORMULARY**

Effective December 2018

*Provided by EnvisionRx*

### ***Introduction***

The Total Health Care (THC) 3-Tier Formulary was developed to serve as a guide for physicians, pharmacists, health care professionals and members in the selection of cost-effective drug therapy. Total Health Care recognizes that drug therapy is an integral part of effective health management.

Total Health Care continually reviews new and existing medications to ensure the Formulary remains responsive to the needs of our members and health professionals. Criteria used to evaluate drug selection for the formulary includes, but is not limited to: safety, efficacy and cost-effectiveness data, as well as comparison of relevant benefits of similar prescription agents while minimizing potential duplications.

### ***Notice***

The information contained in this formulary is provided by THC, solely for the convenience of medical providers and members. THC does not warrant or assure accuracy of this information, nor is it intended to be comprehensive in nature.

This formulary is not intended to be a substitute for the knowledge, expertise, skill or judgment of the medical provider in their choice of prescription drugs. Total Health Care assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

### ***How to Read the Formulary***

#### ***Drug Name***

All formulary drugs are listed either by their generic names (in lowercase) or by their brand names (in uppercase). Drugs are grouped together by their therapeutic drug category. Specific drug listings may be accessed by using the index, using the covered generic name or the covered brand name of the drug. The brand names listed are for reference use only, and do not denote coverage, unless specifically noted. Any drug not found in this Formulary listing shall be considered a non-formulary drug.

### ***Tier Guidelines***

|   |   |
|---|---|
| Generic                                       | Tier 1; Generic Co-Pay Applies                                      |
| Brand   | Tier 2; Brand Co-Pay Applies  |
| Non-Preferred Brand<br>Non- Preferred Generic | Tier 3; Non-Preferred Brand or Non-Preferred Generic Co-Pay Applies |

### ***Requirements/Limits***

This field includes potential limitations to the formulary drug. It also may contain additional information about the coverage of the drug such as applicable quantity limits (QL). For certain agents within the 3-Tier Formulary, a recommended prescribing guideline may apply.

#### **Prescribing Guidelines**

Prescribing guidelines may apply to select drugs on the THC formulary. Prescribing guidelines may vary by benefit design but may include:

|                                   |  |
|-----------------------------------|--|
| Prior Authorization Required (PA) | Drug requires prior authorization through a specific physician request process.                    |
| Specialty Drugs (SP)              | Drug requires processing through THC's contracted specialty pharmacy, Envision Specialty Pharmacy. |
| Quantity Limit (QL)               | Drug coverage may be limited to specific quantities per prescription and/or time period.           |
| Age Limit (AL)                    | Drug coverage may depend on patient age.   |
| Gender Restriction (GR)           | Drug coverage may depend on patient gender.  |
| Custom (C)                        | Drug coverage has unique restrictions.   |

### ***Benefit Coverage and Limitations***

This formulary does not define benefit coverage and limitations. Members may have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the Total Health Care 3-Tier Formulary. Members should contact Total Health Care at 1-800-826-2862 if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year.

#### **Prior Authorization (PA)**

Drugs indicated with a "PA" require Prior Authorization for coverage. A prescriber may complete a Prior Authorization form that can be found on the Total Health Care website at [www.THCMi.com](http://www.THCMi.com). You may also request a form by calling Total Health Care at 1-844-222-5584. Completed prior authorization forms should be faxed to 1-866-422-9119. Prior Authorization review of prescribing guidelines will be evaluated utilizing the established drug review criteria approved by Total Health Care. If the request does not meet the approved

criteria, the request will not be approved and alternative therapy may be recommended along with the proper course of alternative action. The requesting provider will be provided written notification of Total Health Care review decisions. THC's website has a contact link where members can contact THC's Pharmacy Department to ask for an exception request.

### **Non-Formulary Agents**

A Drug not located on the Total Health Care 3-Tier Formulary, or any updates published by Total Health Care, shall be considered a non-formulary drug. Requests for coverage of non-formulary agents may be requested by the health professional depending on specific coverage parameters. Review for non-formulary drug requests will require a Prior Authorization request with documentation of medical necessity. Generally, the following basic medical necessity guidelines are used in conducting a review:

- The patient has failed an appropriate trial of formulary or preferred agents.
- The use of preferred or formulary agent is contraindicated in the patient.
- The formulary drug or preferred agents are not suited for the present patient care need, and the drug selected is required for patient safety.

If the request does not meet the established guidelines request, it will not be approved and alternative therapy may be recommended along with the proper course of alternative action.

### **Common Drug Exclusions**

The member's plan design may exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded coverages may include, but are not limited to:

- OTC medications or their equivalents unless otherwise specified in the Formulary listing.
- Drug products used for cosmetic purposes.
- Drug products for sexual dysfunction.
- Drug products for infertility treatment.
- Drug products for weight loss.
- Experimental drug products or any drug product used in an experimental manner.
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA).

### **Mandated Generic Substitution**

Total Health Care advocates the use of cost-effective generic drugs where FDA-approved generic equivalent drugs are available. Generic products are listed in the Formulary and noted in lowercase lettering wherever an FDA-approved generic drug product is available. If a member or physician requests a brand-name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic drug.

### ***Total Health Care Pharmacy and Therapeutics (P&T) Committee***

Total Health Care's Pharmacy & Therapeutics Committee meets quarterly to review and recommend medications for formulary consideration. The Committee considers clinical information on drugs that are new to the market and drugs that are typically included in an outpatient pharmacy benefit. This assures that the formulary remains responsive to patient and physician needs. The Committee is composed of physicians, pharmacists, and health care professionals. The Committee also uses reference materials from our Pharmacy Benefits Manager's Pharmacy and Therapeutics Advisory Panel.

## **Product Selection Criteria**

The primary goal of the THC Pharmacy & Therapeutics Committee is to maintain and update the formulary based upon an objective analysis of the safety, efficacy, approved indications, adverse effects, contraindications, patient administration/compliance considerations and cost effectiveness of available drugs. When a drug is considered for formulary inclusion, it will be reviewed relative to similar drugs including those currently in the THC 3-Tier Formulary. Physicians may request a copy of THC's drug criteria by calling the Pharmacy Department at 1-800-826-2862.

### ***Diabetic Testing Supplies***

Total Health Care works with J&B Medical Supply to provide diabetic testing supplies to our members. Covered diabetic testing supplies include Glucocard Vital glucometer, Glucocard Expression glucometer, and SD Biosensor GlucoNavii glucometer, Glucocard Vital test strips, Glucocard Expression test strips, SD Biosensor GlucoNavii test strips, lancets, insulin syringes, alcohol swabs and ketone strips. These supplies are to be filled through J&B Medical Supply. If you have any questions about our diabetic supply program, please contact J&B Medical Supply at 1-844-236-7933.

### ***Specialty Bio-Pharmaceutical Pharmacy Program***

Total Health Care works with Envision Specialty Pharmacy to provide Specialty Bio-Pharmaceutical Pharmacy products to our members. These medications are to be filled exclusively through Envision Specialty Pharmacy.

A Specialty Drug Prior Authorization Request form must be completed and faxed to EnvisionRx at 1-866-422-9119 with supporting documentation and the prescription. A prescriber may obtain a Specialty Drug Prior Authorization Request form found on the Total Health Care website at [www.THCmi.com](http://www.THCmi.com).

Once the order is received, EnvisionRx obtains authorization from Total Health Care. If the specialty prior authorization is approved, Total Health Care notifies Envision Specialty Pharmacy. Then, Envision Specialty Pharmacy staff ships the medication directly to the physician's office or the patient's home. All packages are individually marked for each patient and refrigerated items are shipped in insulated containers. Where appropriate, each shipment includes needles, syringes and alcohol swabs. If you have any questions about our Specialty Bio-Pharmaceutical Pharmacy program, please contact EnvisionRx at 1-844-222-5584 or Envision Specialty Pharmacy at 1-866-909-5170.

### ***Contact Information***

The Total Health Care 3-Tier Formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective agents. Total Health Care encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact THC at 1-800-826-2862.

### ***Medication Limitations***

#### **Quantity Limitations**

Quantity Limitations are on medications throughout the formulary and are indicated with a "QL" notation. These are medications that have a daily dose restriction, quantity/days' supply limitation, and/or a limitation on the duration of therapy.

## **Age Limitations**

Age Limitations are on medications throughout the formulary and are indicated with an "AL" notation. Coverage for a medication is indicated by the age limitation. This could be a minimum age, maximum age, and/or the combination of a minimum and maximum age edit.

## **Gender Restrictions**

Gender restrictions are indicated with a "GR" on the formulary and require the member to be a specific gender for coverage.

\*Formulary Disclaimer: Coverage for some drugs may be limited to specific dosage forms and/or strengths. The benefit design determines what is covered and the applicable co-payment. The medications listed on this formulary are subject to change pursuant to the formulary management activities of EnvisionRx. The presence of a medication on this formulary list does not guarantee coverage.

**CURRENT AS OF 12/1/2018**

|  |                    | <b>Notes</b>  |
|--|--------------------|---|
|  | <b>Status</b>      | <b>AL</b> = Age Limit                                     |
| <b>lowercase italics</b> = Generic drugs   | <b>T1</b> = Tier 1 | <b>C</b> = Custom Restriction                             |
| <b>UPPERCASE BOLD</b> = Brand  | <b>T2</b> = Tier 2 | <b>GR-F</b> = Female Only                                 |
| name drugs   | <b>T3</b> = Tier 3 | <b>GR-M</b> = Male Only                                   |
|  |                    | <b>PA</b> = Prior Authorization                           |
|  |                    | <b>QL</b> = Quantity Limit                                |
|  |                    | <b>ST</b> = Step Therapy                                  |
| <b>Drug</b>  | <b>Status</b>      | <b>Notes</b>  |
| <b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant*</b>  |                    |   |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                 | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>   | T3                 | PA  |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                               | T2                 | PA  |
| <b>DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR</b>                                       | T2                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 35 mg, 5 mg</i>            | T3                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg</i>                         | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>  | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                       | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>  | T1                 | AL (Max 11 Years)   |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>   | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                               | T1                 | QL (30 EA per 30 days); AL (Min 6 Years and Max 17 Years) |
| <b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>  | T1                 | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>          | T1                 | AL (Min 6 Years and Max 23 Years)                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>  |
|--|---------------|---|
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>               | T2            | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i> | T1            | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>                      | T1            | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                 | T2            | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                    | T1            | AL (Min 6 Years and Max 23 Years)                         |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>                          | T3            | AL (Min 6 Years and Max 23 Years)                         |
| <i>modafinil oral tablet 100 mg, 200 mg</i>  | T1            | PA  |
| <b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED 25 MG/5ML</b>                                 | T2            | AL (Min 6 Years and Max 23 Years)                         |
| <b>VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG</b>                  | T2            | QL (30 EA per 30 days); AL (Min 6 Years and Max 23 Years) |
| <b>*Amebicides*</b>  |               |   |
| <i>iodoquinol powder</i>   | T2            |   |
| <b>YODOXIN ORAL TABLET 210 MG, 650 MG</b>  | T2            |   |
| <b>*Aminoglycosides*</b>   |               |   |
| <i>neomycin sulfate oral tablet 500 mg</i>   | T1            |   |
| <b>*Analgesics - Anti-Inflammatory*</b>  |               |   |
| <b>CALDOLOR INTRAVENOUS SOLUTION 400 MG/4ML, 800 MG/8ML</b>                                  | T1            |   |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>                                  | T1            | QL (30 EA per 30 days)                                    |
| <i>diclofenac potassium oral tablet 50 mg</i>  | T1            |   |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>                      | T1            |   |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                     | T1            |   |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>               | T1            |   |
| <b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML</b>                  | T2            | PA  |
| <b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG</b>                                      | T2            | PA  |
| <b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML</b>                         | T2            | PA  |
| <i>fenoprofen calcium oral tablet 600 mg</i>   | T3            |   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>          |
|--|---------------|-----------------------|
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>  | T1            |                       |
| <b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>    | T2            | PA                    |
| <b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>                            | T2            | PA                    |
| <b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>           | T2            | PA                    |
| <b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>        | T2            | PA                    |
| <b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML</b> | T2            | PA                    |
| <i>ibuprofen junior strength oral tablet chewable 100 mg</i>                           | T1            |                       |
| <i>ibuprofen oral capsule 200 mg</i>   | T1            |                       |
| <i>ibuprofen oral suspension 100 mg/5ml</i>  | T1            |                       |
| <i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>                            | T1            |                       |
| <b>INDOCIN ORAL SUSPENSION 25 MG/5ML</b>   | T1            |                       |
| <b>INDOCIN RECTAL SUPPOSITORY 50 MG</b>  | T3            |                       |
| <i>indomethacin er oral capsule extended release 75 mg</i>                             | T1            |                       |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>  | T1            |                       |
| <i>infants ibuprofen oral suspension 50 mg/1.25ml</i>                                  | T1            |                       |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>                      | T1            |                       |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>  | T1            |                       |
| <i>ketorolac tromethamine oral tablet 10 mg</i>  | T1            | QL (20 EA per 5 days) |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>  | T1            |                       |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>   | T1            |                       |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>   | T1            |                       |
| <i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>                          | T1            |                       |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                     | T1            |                       |
| <i>naproxen sodium oral capsule 220 mg</i>   | T1            |                       |
| <i>naproxen sodium oral tablet 220 mg</i>  | T1            |                       |
| <i>oxaprozin oral tablet 600 mg</i>  | T1            |                       |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>   | T1            |                       |
| <b>RHEUMATREX ORAL TABLET 2.5 MG</b>   | T1            |                       |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| <b>RIDAURA ORAL CAPSULE 3 MG</b>  | T2            |  |
| <i>sm ibuprofen jr oral tablet 100 mg</i>                               | T1            |  |
| <b>SPRIX NASAL SOLUTION 15.75 MG/SPRAY</b>                              | T3            |  |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                              | T1            |  |
| <i>sulindac powder</i>  | T1            |  |
| <i>tolmetin sodium oral capsule 400 mg</i>                              | T1            |  |
| <i>tolmetin sodium oral tablet 200 mg, 600 mg</i>                       | T1            |  |
| <b>ZIPSOR ORAL CAPSULE 25 MG</b>  | T3            |  |
| <b>*Analgesics - Nonnarcotic*</b>                                       |               |  |
| <i>acetaminophen oral tablet 500 mg</i>                                 | T1            |  |
| <i>acetyl salicylic acid powder</i>                                     | T1            |  |
| <i>adult aspirin low strength oral tablet dispersible 81 mg</i>         | T1            | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <b>ALAGESIC LQ ORAL SOLUTION 50-325-40 MG/15ML</b>                      | T1            |  |
| <i>aspirin oral tablet 325 mg</i>                                       | T1            | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet 81 mg</i>  | T1            | QL (60 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet chewable 81 mg</i>                               | T1            | QL (60 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet delayed release 325 mg</i>                       | T1            | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>aspirin oral tablet delayed release 81 mg</i>                        | T1            | QL (60 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>aspirin powder</i>   | T1            |  |
| <i>aspirin rectal suppository 300 mg, 600 mg</i>                        | T1            |  |
| <i>buffasal oral tablet 324 mg</i>                                      | T1            | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <i>buffered aspirin oral tablet 325 mg</i>                              | T1            | QL (30 EA per 30 days); AL (Min 40 Years and Max 79 Years) |
| <b>BUPAP ORAL TABLET 50-300 MG</b>                                      | T1            |  |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                   | T1            |  |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i> | T1            |  |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                | T1            |  |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>            | T1            |  |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>             | T1            |  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>               |
|---|---------------|----------------------------|
| <i>choline &amp; mag trisalicylate oral tablet 1000 mg</i>  | T1            |                            |
| <i>choline-mag trisalicylate oral liquid 500 mg/5ml</i>   | T1            |                            |
| <i>diflunisal oral tablet 500 mg</i>  | T1            |                            |
| <i>medi-seltzer oral tablet effervescent 325 mg</i>   | T1            |                            |
| <i>ra aspirin oral tablet 500 mg</i>  | T1            |                            |
| <i>salsalate oral tablet 500 mg, 750 mg</i>   | T1            |                            |
| <b>*Analgesics - Opioid*</b>  |               |                            |
| <i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>   | T1            | QL (390 EA per 30 days)    |
| <i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>   | T1            | QL (390 EA per 30 days)    |
| <i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>   | T1            | QL (390 EA per 30 days)    |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>  | T1            |                            |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>                       | T1            | PA; QL (90 EA per 30 days) |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                             | T1            |                            |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>   | T1            |                            |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>   | T1            |                            |
| <i>codeine sulfate oral solution 30 mg/5ml</i>  | T2            |                            |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>  | T1            |                            |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | T1            | PA                         |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>          | T1            | PA; QL (10 EA per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>                            | T1            |                            |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>  | T1            | QL (180 EA per 30 days)    |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>   | T1            | QL (360 EA per 30 days)    |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>   | T1            |                            |
| <i>hydromorphone hcl oral liquid 1 mg/ml</i>  | T1            |                            |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>   | T1            | QL (240 EA per 30 days)    |
| <i>levorphanol tartrate oral tablet 2 mg</i>  | T3            |                            |
| <i>meperidine hcl oral solution 50 mg/5ml</i>   | T2            |                            |
| <i>meperidine hcl oral tablet 100 mg, 50 mg</i>   | T1            |                            |
| <i>methadone hcl injection solution 10 mg/ml</i>  | T1            |                            |
| <b>METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML</b>   | T1            |                            |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>               |
|--|---------------|----------------------------|
| <i>methadone hcl oral concentrate 10 mg/ml</i>   | T1            |                            |
| <i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>   | T1            |                            |
| <i>methadone hcl oral tablet 10 mg</i>   | T1            | QL (240 EA per 30 days)    |
| <i>methadone hcl oral tablet 5 mg</i>  | T1            | QL (120 EA per 30 days)    |
| <i>methadone hcl oral tablet soluble 40 mg</i>   | T1            |                            |
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>   | T1            |                            |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>                            | T1            | QL (90 EA per 30 days)     |
| <i>morphine sulfate oral solution 10 mg/5ml</i>  | T1            |                            |
| <i>morphine sulfate oral solution 20 mg/5ml</i>  | T2            |                            |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>   | T1            | QL (180 EA per 30 days)    |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | T2            | PA                         |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>   | T1            |                            |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>  | T1            |                            |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>  | T1            | QL (180 EA per 30 days)    |
| <i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>  | T1            |                            |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>   | T1            | QL (180 EA per 30 days)    |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i>  | T1            | QL (360 EA per 30 days)    |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>   | T1            |                            |
| <i>oxycodone-ibuprofen oral tablet 5-400 mg</i>  | T1            | QL (240 EA per 30 days)    |
| <b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>        | T2            | PA                         |
| <b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>  | T2            | PA; QL (30 EA per 30 days) |
| <b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG</b>   | T2            | PA; QL (90 EA per 30 days) |
| <b>SUBOXONE SUBLINGUAL FILM 8-2 MG</b>   | T2            | PA; QL (60 EA per 30 days) |
| <i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>                  | T1            |                            |
| <i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>  | T1            |                            |
| <i>tramadol hcl oral tablet 50 mg</i>  | T1            | QL (240 EA per 30 days)    |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>  | T1            |                            |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <b>*Androgens-Anabolic*</b>  |               |              |
| <b>ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR</b>  | T2            |              |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>  | T1            |              |
| <b>FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)</b>   | T2            |              |
| <i>methitest oral tablet 10 mg</i>   | T2            |              |
| <i>methyltestosterone oral capsule 10 mg</i>   | T3            |              |
| <i>methyltestosterone powder</i>   | T3            |              |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i>   | T1            |              |
| <b>STRIANT BUCCAL 30 MG</b>  | T2            |              |
| <b>TESTOPEL IMPLANT PELLETT 75 MG</b>  | T2            |              |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>  | T1            |              |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>   | T1            | GR-M         |
| <i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i> | T2            |              |
| <i>testosterone transdermal solution 30 mg/act</i>   | T3            |              |
| <b>*Anorectal Agents*</b>  |               |              |
| <b>CORTIFOAM RECTAL FOAM 10 %</b>  | T2            |              |
| <i>hemorrhoidal rectal cream 1-0.25-14.4-15 %</i>  | T1            |              |
| <i>hydrocortisone ace-pramoxine rectal cream 1-1 %, 2.5-1 %</i>  | T1            |              |
| <i>hydrocortisone rectal cream 1 %</i>   | T1            |              |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>   | T1            |              |
| <i>lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-2.5 %</i>  | T2            |              |
| <b>PROCTOFOAM HC RECTAL FOAM 1-1 %</b>   | T2            |              |
| <b>PROCTOZONE-HC RECTAL CREAM 2.5 %</b>  | T1            |              |
| <b>*Antacids*</b>  |               |              |
| <i>antacid oral suspension 400-400-40 mg/5ml</i>   | T1            |              |
| <i>calcium carbonate antacid oral tablet 648 mg</i>  | T1            |              |
| <b>CITROCARBONATE ORAL GRANULES EFFERVESCENT 0.78-1.82 GM/DOSE</b>   | T1            |              |
| <b>DEWEES CARMINATIVE ORAL LIQUID 6-250</b>  | T1            |              |
| <i>magnesium oxide oral capsule 400 mg</i>   | T1            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>magnesium oxide oral tablet 250 mg, 400 mg, 420 mg</i>                                  | T1            |                        |
| <i>magnesium trisilicate powder</i>  | T1            |                        |
| <i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>                                       | T1            |                        |
| <b>*Anthelmintics*</b>   |               |                        |
| <i>ivermectin oral tablet 3 mg</i>   | T2            | QL (20 EA per 90 days) |
| <i>mebendazole powder</i>  | T1            |                        |
| <i>pamix oral suspension 50 mg/ml</i>  | T1            |                        |
| <b>PIN-X ORAL SUSPENSION 50 MG/ML</b>  | T1            |                        |
| <b>PIN-X ORAL TABLET CHEWABLE 720.5 MG</b>   | T1            |                        |
| <i>reeses pinworm medicine oral suspension 144 (50 base) mg/ml</i>                         | T1            |                        |
| <b>*Antianginal Agents*</b>  |               |                        |
| <b>DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG</b>                                    | T1            |                        |
| <b>ISORDIL TITRADOSE ORAL TABLET 40 MG</b>   | T1            |                        |
| <i>isosorbide dinitrate er oral tablet extended release 40 mg</i>                          | T1            |                        |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                          | T1            |                        |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | T1            |                        |
| <i>isosorbide mononitrate oral tablet 20 mg</i>  | T1            |                        |
| <b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>  | T2            |                        |
| <b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>                            | T1            |                        |
| <i>nitroglycerin er oral capsule extended release 2.5 mg, 6.5 mg, 9 mg</i>                 | T1            |                        |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                   | T1            |                        |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>  | T1            |                        |
| <i>nitroglycerin translingual aerosol solution 400 mcg/spray</i>                           | T2            |                        |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                    | T2            |                        |
| <b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG</b>                         | T2            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>      |
|--|---------------|-------------------|
| <b>*Antianxiety Agents*</b>  |               |                   |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                      | T1            |                   |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>          | T1            |                   |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>             | T1            |                   |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                    | T1            | AL (Max 64 Years) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>              | T1            |                   |
| <b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>                              | T2            |                   |
| <i>diazepam oral solution 1 mg/ml</i>  | T2            | AL (Max 64 Years) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                  | T1            | AL (Max 64 Years) |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>               | T1            |                   |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                    | T1            |                   |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                         | T1            |                   |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>                   | T1            |                   |
| <i>hydroxyzine pamoate powder</i>  | T1            |                   |
| <i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>                           | T1            |                   |
| <b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>                             | T1            |                   |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                      | T1            |                   |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                | T1            |                   |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                               | T1            |                   |
| <b>*Antiarrhythmics*</b>   |               |                   |
| <i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i> | T1            |                   |
| <i>amiodarone hcl oral tablet 100 mg</i>                                       | T2            |                   |
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i>                               | T1            |                   |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                      | T1            |                   |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                       | T3            |                   |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>                    | T1            |                   |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                      | T1            |                   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>               |
|---|---------------|----------------------------|
| <b>MULTAQ ORAL TABLET 400 MG</b>  | T3            |                            |
| <b>NORPACE CR ORAL CAPSULE<br/>EXTENDED RELEASE 12 HOUR 100 MG,<br/>150 MG</b>  | T1            |                            |
| <i>propafenone hcl er oral capsule extended release<br/>12 hour 225 mg, 325 mg, 425 mg</i>                                    | T1            |                            |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300<br/>mg</i>   | T1            |                            |
| <i>quinidine gluconate er oral tablet extended<br/>release 324 mg</i>   | T1            |                            |
| <i>quinidine gluconate injection solution 80 mg/ml</i>  | T1            |                            |
| <i>quinidine sulfate er oral tablet extended release<br/>300 mg</i>   | T3            |                            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>   | T1            |                            |
| <b>*Antiasthmatic And Bronchodilator<br/>Agents*</b>  |               |                            |
| <b>ADVAIR DISKUS INHALATION AEROSOL<br/>POWDER BREATH ACTIVATED 100-50<br/>MCG/DOSE, 250-50 MCG/DOSE, 500-50<br/>MCG/DOSE</b> | T2            |                            |
| <b>ADVAIR HFA INHALATION AEROSOL<br/>115-21 MCG/ACT, 230-21 MCG/ACT, 45-21<br/>MCG/ACT</b>                                    | T2            |                            |
| <b>AEROSPAN INHALATION AEROSOL<br/>SOLUTION 80 MCG/ACT</b>  | T2            | QL (8.9 GM per 30 days)    |
| <i>albuterol sulfate er oral tablet extended release<br/>12 hour 4 mg, 8 mg</i>   | T1            |                            |
| <i>albuterol sulfate inhalation nebulization solution<br/>(2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63<br/>mg/3ml</i>            | T1            |                            |
| <b>ALVESCO INHALATION AEROSOL<br/>SOLUTION 160 MCG/ACT, 80 MCG/ACT</b>  | T3            |                            |
| <i>aminophylline anhydrous powder</i>   | T2            |                            |
| <i>aminophylline intravenous solution 25 mg/ml</i>  | T2            |                            |
| <b>ANORO ELLIPTA INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED 62.5-25 MCG/INH</b>                                       | T3            | PA; QL (60 EA per 30 days) |
| <b>ARCAPTA NEOHALER INHALATION<br/>CAPSULE 75 MCG</b>   | T3            |                            |
| <b>ASMANEX 120 METERED DOSES<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED 220 MCG/INH</b>                               | T2            |                            |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <b>ASMANEX 14 METERED DOSES<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED 220 MCG/INH</b>                          | T2            |                        |
| <b>ASMANEX 30 METERED DOSES<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED 110 MCG/INH, 220<br/>MCG/INH</b>         | T2            |                        |
| <b>ASMANEX 60 METERED DOSES<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED 220 MCG/INH</b>                          | T2            |                        |
| <b>ASMANEX 7 METERED DOSES<br/>INHALATION AEROSOL POWDER<br/>BREATH ACTIVATED 110 MCG/INH</b>                           | T2            |                        |
| <b>ATROVENT HFA INHALATION AEROSOL<br/>SOLUTION 17 MCG/ACT</b>  | T2            |                        |
| <b>BREO ELLIPTA INHALATION AEROSOL<br/>POWDER BREATH ACTIVATED 100-25<br/>MCG/INH, 200-25 MCG/INH</b>                   | T2            | QL (60 EA per 30 days) |
| <b>BROVANA INHALATION NEBULIZATION<br/>SOLUTION 15 MCG/2ML</b>  | T3            |                        |
| <i>budesonide inhalation suspension 0.25 mg/2ml,<br/>0.5 mg/2ml</i>   | T1            | AL (Max 6 Years)       |
| <i>budesonide inhalation suspension 1 mg/2ml</i>  | T2            | AL (Max 6 Years)       |
| <b>COMBIVENT RESPIMAT INHALATION<br/>AEROSOL SOLUTION 20-100 MCG/ACT</b>  | T3            | QL (4 GM per 30 days)  |
| <i>cromolyn sodium powder</i>   | T1            |                        |
| <b>DULERA INHALATION AEROSOL 100-5<br/>MCG/ACT, 200-5 MCG/ACT</b>   | T2            |                        |
| <b>FLOVENT DISKUS INHALATION<br/>AEROSOL POWDER BREATH<br/>ACTIVATED 100 MCG/BLIST, 250<br/>MCG/BLIST, 50 MCG/BLIST</b> | T2            |                        |
| <b>FLOVENT HFA INHALATION AEROSOL<br/>110 MCG/ACT, 220 MCG/ACT, 44<br/>MCG/ACT</b>                                      | T2            |                        |
| <i>fluticasone-salmeterol aerosol powder breath<br/>activated 113-14 mcg/act inhalation 113-14<br/>mcg/act</i>          | T1            | QL (1 EA per 30 days)  |
| <i>fluticasone-salmeterol aerosol powder breath<br/>activated 232-14 mcg/act inhalation 232-14<br/>mcg/act</i>          | T1            | QL (1 EA per 30 days)  |
| <i>fluticasone-salmeterol aerosol powder breath<br/>activated 55-14 mcg/act inhalation 55-14 mcg/act</i>                | T1            | QL (1 EA per 30 days)  |
| <b>FORADIL AEROLIZER INHALATION<br/>CAPSULE 12 MCG</b>  | T2            |                        |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>             |
|---|---------------|--------------------------|
| <b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH</b>                                | T2            | QL (30 EA per 30 days)   |
| <i>ipratropium bromide inhalation solution 0.02 %</i>   | T1            |                          |
| <i>ipratropium bromide powder</i>   | T1            |                          |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>   | T1            |                          |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i> | T1            |                          |
| <b>LUFYLLIN ORAL TABLET 200 MG, 400 MG</b>  | T3            |                          |
| <i>metaproterenol sulfate oral syrup 10 mg/5ml</i>  | T1            |                          |
| <i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>  | T1            |                          |
| <i>montelukast sodium oral packet 4 mg</i>  | T1            |                          |
| <i>montelukast sodium oral tablet 10 mg</i>   | T1            |                          |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>   | T1            |                          |
| <b>PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML</b>  | T2            |                          |
| <b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>                 | T2            |                          |
| <b>QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT</b>  | T2            | QL (8.7 GM per 30 days)  |
| <b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>                              | T2            | QL (10.6 GM per 30 days) |
| <b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE</b>                                 | T2            |                          |
| <b>SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG</b>   | T3            |                          |
| <b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>                                 | T3            | QL (4 GM per 30 days)    |
| <b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>   | T2            | QL (4 GM per 30 days)    |
| <b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>   | T2            |                          |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>   | T1            |                          |
| <b>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG</b>                           | T3            |                          |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                 |
|---|---------------|------------------------------|
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>  | T1            |                              |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>  | T1            |                              |
| <i>theophylline oral solution 80 mg/15ml</i>  | T2            |                              |
| <b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>  | T2            |                              |
| <b>VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>   | T2            | QL (36 GM per 30 days)       |
| <i>zafirlukast oral tablet 10 mg</i>  | T1            |                              |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>  | T3            | PA                           |
| <b>ZYFLO ORAL TABLET 600 MG</b>   | T3            | PA                           |
| <b>*Anticoagulants*</b>   |               |                              |
| <b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>   | T3            | PA; QL (60 EA per 30 days)   |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>  | T1            | PA; C (7 day supply then PA) |
| <i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i> | T1            | PA; C (7 day supply then PA) |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                           | T1            |                              |
| <i>heparin sodium (porcine) intravenous solution 2000 unit/ml</i>   | T1            |                              |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>   | T1            |                              |
| <b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>   | T1            |                              |
| <b>PRADAXA ORAL CAPSULE 150 MG, 75 MG</b>   | T2            | PA                           |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>  | T1            |                              |
| <i>warfarin sodium powder</i>   | T1            |                              |
| <b>XARELTO ORAL TABLET 10 MG</b>  | T3            |                              |
| <b>*Anticonvulsants*</b>  |               |                              |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>  | T1            |                              |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>   | T2            |                              |
| <i>carbamazepine oral suspension 100 mg/5ml</i>   | T2            |                              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>carbamazepine oral tablet 200 mg</i>  | T1            |              |
| <i>carbamazepine oral tablet chewable 100 mg</i>   | T1            |              |
| <i>carbamazepine powder</i>  | T1            |              |
| <b>CELONTIN ORAL CAPSULE 300 MG</b>  | T2            |              |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>   | T1            |              |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                    | T1            |              |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>  | T2            |              |
| <b>DILANTIN ORAL CAPSULE 100 MG, 30 MG</b>   | T2            |              |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>                    | T1            |              |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                              | T1            |              |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>                        | T1            |              |
| <b>EPITOL ORAL TABLET 200 MG</b>   | T1            |              |
| <i>ethosuximide oral capsule 250 mg</i>  | T1            |              |
| <i>felbamate oral suspension 600 mg/5ml</i>  | T2            |              |
| <i>felbamate oral tablet 400 mg, 600 mg</i>  | T2            |              |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>  | T1            |              |
| <i>gabapentin oral solution 250 mg/5ml</i>   | T1            |              |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>   | T1            |              |
| <b>LAMICTAL XR ORAL KIT 25 &amp; 50 &amp; 100 MG, 25 (21)-50 (7) MG, 50 &amp; 100 &amp; 200 MG</b> | T2            |              |
| <i>lamotrigine er oral tablet extended release 24 hour 300 mg</i>                                  | T3            |              |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                       | T1            |              |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>  | T1            |              |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>                            | T3            |              |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>                                | T1            |              |
| <i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>                                | T2            |              |
| <i>levetiracetam oral solution 100 mg/ml</i>   | T1            |              |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                   | T1            |              |
| <b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG</b>             | T2            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>      |
|--|---------------|-------------------|
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>  | T1            |                   |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                  | T1            |                   |
| <b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG</b>           | T1            |                   |
| <b>PEGANONE ORAL TABLET 250 MG</b>   | T2            |                   |
| <b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>                                     | T2            |                   |
| <i>phenytoin oral suspension 125 mg/5ml</i>  | T1            |                   |
| <i>phenytoin oral tablet chewable 50 mg</i>  | T2            |                   |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                     | T1            |                   |
| <i>phenytoin sodium injection solution 50 mg/ml</i>                                      | T1            |                   |
| <i>primidone oral tablet 250 mg, 50 mg</i>   | T1            |                   |
| <b>SABRIL ORAL TABLET 500 MG</b>   | T3            |                   |
| <b>STAVZOR ORAL CAPSULE DELAYED RELEASE 125 MG, 250 MG, 500 MG</b>                       | T3            |                   |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                | T2            |                   |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                     | T1            |                   |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                               | T1            |                   |
| <i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>                       | T1            |                   |
| <i>valproic acid oral capsule 250 mg</i>   | T1            |                   |
| <i>valproic acid oral solution 250 mg/5ml</i>  | T1            |                   |
| <i>valproic acid oral syrup 250 mg/5ml</i>   | T1            |                   |
| <b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>                                  | T2            |                   |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                      | T1            |                   |
| <b>*Antidepressants*</b>   |               |                   |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>          | T1            | AL (Max 64 Years) |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                | T2            | AL (Max 64 Years) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> | T1            |                   |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>         | T1            |                   |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>   | T1            |                   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                         | T1            |                        |
| <i>desipramine hcl powder</i>  | T1            |                        |
| <i>desvenlafaxine fumarate er oral tablet extended release 24 hour 100 mg, 50 mg</i>   | T2            |                        |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>             | T1            | AL (Max 64 Years)      |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>   | T1            | AL (Max 64 Years)      |
| <i>doxepin hcl powder</i>  | T1            |                        |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg</i>                     | T1            | QL (60 EA per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg, 60 mg</i>              | T1            | QL (30 EA per 30 days) |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>                                    | T1            | QL (45 EA per 30 days) |
| <i>escitalopram oxalate oral tablet 20 mg</i>  | T1            | QL (30 EA per 30 days) |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                 | T1            |                        |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>  | T1            |                        |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                            | T1            |                        |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                  | T1            | AL (Max 64 Years)      |
| <i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>                                 | T1            |                        |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                             | T1            |                        |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                         | T1            |                        |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                       | T1            |                        |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                       | T1            |                        |
| <i>nortriptyline hcl powder</i>  | T1            |                        |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                           | T1            |                        |
| <i>phenelzine sulfate oral tablet 15 mg</i>  | T2            |                        |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                       | T1            |                        |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                 | T1            |                        |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                       | T1            | PA                     |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>                                 | T1            |                        |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i> | T1            |                        |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                | T1            |                        |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>  | T3            | PA                     |
| <b>*Antidiabetics*</b>  |               |                        |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>  | T1            |                        |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>  | T2            | QL (30 EA per 30 days) |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg</i>  | T2            | QL (60 EA per 30 days) |
| <i>alogliptin-metformin hcl oral tablet 12.5-500 mg</i>   | T2            | QL (30 EA per 30 days) |
| <i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> | T2            | QL (30 EA per 30 days) |
| <b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML</b>                                   | T2            |                        |
| <b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML</b>                                     | T2            |                        |
| <i>chlorpropamide oral tablet 100 mg, 250 mg</i>  | T1            |                        |
| <b>FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML</b>                           | T2            |                        |
| <b>FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS 100 UNIT/ML</b>  | T2            |                        |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>   | T1            |                        |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                | T1            |                        |
| <i>glipizide oral tablet 10 mg, 5 mg</i>  | T1            |                        |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                | T1            |                        |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                                 | T1            |                        |
| <b>GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG</b>   | T2            |                        |
| <b>GLUCAGON EMERGENCY INJECTION KIT 1 MG</b>  | T2            |                        |
| <i>glucose oral tablet chewable 4 gm</i>  | T2            |                        |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>  | T1            |                        |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>  | T1            |                        |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                                    | T1            |                        |
| <b>HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML</b>  | T2            |                        |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <b>HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML</b>                      | T2            |                        |
| <b>HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>                 | T3            |                        |
| <b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>                   | T2            | PA                     |
| <b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>  | T2            | QL (30 EA per 30 days) |
| <b>JANUMET ORAL TABLET 50-1000 MG, 50-500 MG</b>  | T2            |                        |
| <b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG</b> | T2            |                        |
| <b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>   | T2            | QL (30 EA per 30 days) |
| <b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>   | T2            | QL (30 EA per 30 days) |
| <b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>                     | T2            |                        |
| <b>LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>   | T2            |                        |
| <b>LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>                   | T2            |                        |
| <b>LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>  | T2            |                        |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>               | T1            |                        |
| <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>                                  | T1            |                        |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>  | T1            |                        |
| <b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>                   | T2            |                        |
| <b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>                          | T2            |                        |
| <b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>                               | T2            |                        |
| <b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>                                      | T2            |                        |
| <b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>   | T2            |                        |
| <b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>                                    | T2            |                        |
| <b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>                     | T2            |                        |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b> | T2            |                         |
| <b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>                      | T2            |                         |
| <b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>                        | T2            |                         |
| <b>NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>  | T2            |                         |
| <b>ONGLYZA ORAL TABLET 2.5 MG, 5 MG</b>   | T2            |                         |
| <b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE</b>                     | T2            | QL (1.5 ML per 30 days) |
| <b>OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 1 MG/DOSE</b>                               | T2            | QL (3 ML per 30 days)   |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                   | T1            | QL (30 EA per 30 days)  |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                    | T2            |                         |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | T2            |                         |
| <b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>                    | T2            |                         |
| <b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</b>                     | T2            |                         |
| <b>TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG</b>                                     | T3            |                         |
| <b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML</b>                     | T2            |                         |
| <b>TRADJENTA ORAL TABLET 5 MG</b>   | T3            |                         |
| <b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>      | T2            |                         |
| <b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</b>                               | T2            | QL (9 ML per 30 days)   |
| <b>*Antidiarrheals*</b>   |               |                         |
| <i>bismatrol oral tablet chewable 262 mg</i>  | T1            |                         |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                                | T1            |                         |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                    | T1            |                         |
| <b>IMODIUM A-D ORAL TABLET CHEWABLE 2 MG</b>  | T1            |                         |
| <b>LONOX ORAL TABLET 2.5-0.025 MG</b>   | T1            |                         |
| <i>loperamide hcl oral capsule 2 mg</i>   | T1            |                         |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <i>loperamide hcl oral liquid 1 mg/5ml</i>                          | T1            |                        |
| <i>loperamide hcl oral suspension 1 mg/7.5ml</i>                    | T1            |                        |
| <i>loperamide hcl oral tablet 2 mg</i>                              | T1            |                        |
| <i>pink bismuth oral tablet chewable 262 mg</i>                     | T1            |                        |
| <b>*Antidotes And Specific Antagonists*</b>                         |               |                        |
| <b>THYROSAFE ORAL TABLET 65 MG</b>                                  | T1            |                        |
| <b>*Antidotes*</b>  |               |                        |
| <b>CHEMET ORAL CAPSULE 100 MG</b>                                   | T2            |                        |
| <i>naloxone hcl injection solution 0.4 mg/ml</i>                    | T1            | QL (2 ML per 90 days)  |
| <i>naloxone hcl injection solution 1 mg/ml</i>                      | T2            | QL (2 ML per 90 days)  |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>          | T1            | QL (2 ML per 90 days)  |
| <i>naltrexone hcl oral tablet 50 mg</i>                             | T1            |                        |
| <b>THYROSAFE ORAL TABLET 65 MG</b>                                  | T1            |                        |
| <b>*Antiemetics*</b>  |               |                        |
| <b>ANZEMET INTRAVENOUS SOLUTION 20 MG/ML</b>                        | T2            |                        |
| <b>ANZEMET ORAL TABLET 100 MG, 50 MG</b>                            | T2            |                        |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>                 | T1            |                        |
| <i>aprepitant oral capsule 80 &amp; 125 mg</i>                      | T2            |                        |
| <b>CESAMET ORAL CAPSULE 1 MG</b>                                    | T3            | PA                     |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                  | T1            | PA                     |
| <i>granisetron hcl oral tablet 1 mg</i>                             | T1            | QL (10 EA per 30 days) |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                     | T1            |                        |
| <i>meclizine hcl oral tablet chewable 25 mg</i>                     | T1            |                        |
| <i>meclizine hcl powder</i>   | T1            |                        |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                       | T1            | QL (50 ML per 30 days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                       | T1            |                        |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>               | T1            |                        |
| <b>SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR</b>                        | T2            | PA                     |
| <b>TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML</b>                       | T1            |                        |
| <b>TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS</b> | T2            |                        |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                    | T1            |                        |
| <b>ZUPLENZ ORAL FILM 4 MG, 8 MG</b>                                 | T3            |                        |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>*Antifungals*</b>  |               |                         |
| <i>fluconazole oral suspension reconstituted 10 mg/ml</i>             | T1            |                         |
| <i>fluconazole oral suspension reconstituted 40 mg/ml</i>             | T1            | QL (105 ML per 30 days) |
| <i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>                  | T1            |                         |
| <i>fluconazole oral tablet 200 mg</i>                                 | T1            | QL (30 EA per 30 days)  |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>              | T3            |                         |
| <i>griseofulvin microsize oral tablet 500 mg</i>                      | T3            |                         |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>         | T3            |                         |
| <i>ketoconazole oral tablet 200 mg</i>                                | T1            |                         |
| <b>NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML</b>                     | T2            |                         |
| <i>nystatin oral powder</i>   | T1            |                         |
| <i>nystatin oral tablet 500000 unit</i>                               | T1            |                         |
| <i>terbinafine hcl oral tablet 250 mg</i>                             | T1            |                         |
| <i>voriconazole intravenous solution reconstituted 200 mg</i>         | T1            |                         |
| <b>*Antihistamines*</b>   |               |                         |
| <i>aller-chlor oral syrup 2 mg/5ml</i>                                | T1            |                         |
| <i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>            | T1            |                         |
| <i>cetirizine hcl oral tablet 10 mg, 5 mg</i>                         | T1            |                         |
| <i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>                | T1            |                         |
| <i>chlorpheniramine maleate er oral tablet extended release 12 mg</i> | T1            |                         |
| <i>chlorpheniramine maleate oral tablet 4 mg</i>                      | T1            |                         |
| <b>CLARINEX ORAL SYRUP 0.5 MG/ML</b>                                  | T2            |                         |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                         | T1            |                         |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                            | T1            |                         |
| <i>desloratadine oral tablet 5 mg</i>                                 | T1            |                         |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>             | T1            |                         |
| <i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>                  | T1            |                         |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>                    | T1            |                         |
| <i>diphenhydramine hcl oral tablet 25 mg</i>                          | T1            |                         |
| <b>ED CHLORPED ORAL LIQUID 2 MG/ML</b>                                | T1            |                         |
| <i>fexofenadine hcl childrens oral suspension 30 mg/5ml</i>           | T1            |                         |
| <i>fexofenadine hcl oral tablet 180 mg</i>                            | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>               |
|--|---------------|----------------------------|
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                                     | T1            | QL (30 EA per 30 days)     |
| <i>loratadine allergy relief oral tablet dispersible 10 mg</i>                             | T1            |                            |
| <i>loratadine childrens oral solution 5 mg/5ml</i>   | T1            |                            |
| <i>loratadine oral tablet 10 mg</i>  | T1            |                            |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>  | T1            |                            |
| <i>promethazine hcl oral syrup 6.25 mg/5ml</i>   | T1            |                            |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>                                  | T1            |                            |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>                           | T1            | QL (12 EA per 30 days)     |
| <b>*Antihyperlipidemics*</b>   |               |                            |
| <b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>  | T2            | PA                         |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                         | T1            |                            |
| <i>cholestyramine light oral powder 4 gm/dose</i>  | T1            |                            |
| <i>cholestyramine oral powder 4 gm/dose</i>  | T1            |                            |
| <i>colesevelam hcl oral tablet 625 mg</i>  | T2            |                            |
| <i>colestipol hcl oral granules 5 gm</i>   | T1            |                            |
| <i>colestipol hcl oral tablet 1 gm</i>   | T1            |                            |
| <i>ezetimibe oral tablet 10 mg</i>   | T1            | QL (30 EA per 30 days)     |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>            | T2            | PA; QL (30 EA per 30 days) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                    | T1            |                            |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i>  | T2            |                            |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i>   | T2            |                            |
| <i>fenofibrate oral tablet 145 mg, 48 mg</i>   | T1            |                            |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>   | T1            | QL (30 EA per 30 days)     |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                          | T1            |                            |
| <i>gemfibrozil oral tablet 600 mg</i>  | T1            |                            |
| <b>LIPOFEN ORAL CAPSULE 150 MG, 50 MG</b>  | T2            |                            |
| <b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>   | T3            | PA                         |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>  | T1            |                            |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | T1            |                            |
| <b>NIACOR ORAL TABLET 500 MG</b>   | T1            |                            |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>   | T1            |                            |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>  | T1            |                        |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | T1            | QL (30 EA per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>   | T1            |                        |
| <b>*Antihypertensives*</b>  |               |                        |
| <i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>         | T1            |                        |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                           | T1            | QL (30 EA per 30 days) |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                       | T2            | PA                     |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> | T2            |                        |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>  | T1            |                        |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>   | T1            |                        |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>                       | T1            |                        |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                                | T1            |                        |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>   | T2            |                        |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                      | T1            |                        |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>  | T1            | QL (90 EA per 30 days) |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>                             | T1            |                        |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>   | T1            |                        |
| <i>clonidine hcl powder</i>   | T1            |                        |
| <i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                                 | T1            |                        |
| <b>DEMSER ORAL CAPSULE 250 MG</b>   | T2            | PA                     |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>  | T1            |                        |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>   | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>               | T1            |              |
| <b>EPANED ORAL SOLUTION RECONSTITUTED 1 MG/ML</b>                                  | T1            | PA           |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>   | T1            |              |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>                           | T1            |              |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>                   | T1            |              |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                       | T1            |              |
| <i>hydralazine hcl injection solution 20 mg/ml</i>                                 | T1            |              |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                     | T1            |              |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>                                | T1            |              |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>         | T1            |              |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>             | T1            |              |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | T1            |              |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>                         | T1            |              |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>      | T1            |              |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                       | T1            |              |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>   | T1            |              |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>   | T1            |              |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>                                     | T1            |              |
| <i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> | T1            |              |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                         | T1            |              |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>      | T2            |              |
| <i>perindopril erbumine oral tablet 4 mg, 8 mg</i>                                 | T1            |              |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                                     | T2            | PA           |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                  | T1            |              |
| <i>propranolol-hctz oral tablet 40-25 mg</i>                                       | T1            |              |
| <i>propranolol-hctz oral tablet 80-25 mg</i>                                       | T3            |              |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                         | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>                           | T1            |                         |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>   | T1            |                         |
| <i>reserpine oral tablet 0.1 mg, 0.25 mg</i>  | T2            |                         |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>  | T1            |                         |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>                              | T1            |                         |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>   | T1            |                         |
| <b>TEVETEN HCT ORAL TABLET 600-12.5 MG, 600-25 MG</b>   | T3            |                         |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>  | T1            |                         |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>   | T1            |                         |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | T1            |                         |
| <b>*Anti-Infective Agents - Misc.*</b>  |               |                         |
| <b>ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>  | T2            | PA                      |
| <b>ALINIA ORAL TABLET 500 MG</b>  | T2            | PA                      |
| <i>atovaquone oral suspension 750 mg/5ml</i>  | T2            | QL (210 ML per 18 days) |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>   | T1            |                         |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                                      | T1            |                         |
| <i>dapsone oral tablet 100 mg, 25 mg</i>  | T2            |                         |
| <i>linezolid intravenous solution 600 mg/300ml</i>  | T2            | PA                      |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>   | T2            | PA                      |
| <i>linezolid oral tablet 600 mg</i>   | T2            | PA                      |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>   | T1            |                         |
| <b>NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG</b>  | T2            | PA                      |
| <b>PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG</b>   | T2            | PA                      |
| <i>sulfamethoxazole-tmp ds oral tablet 800-160 mg</i>   | T1            |                         |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>                                     | T1            |                         |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>  | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>    | T1            |              |
| <b>SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML</b>                  | T1            |              |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                              | T2            |              |
| <i>trimethoprim oral tablet 100 mg</i>                                    | T1            |              |
| <i>trimethoprim powder</i>  | T1            |              |
| <i>vancomycin hcl intravenous solution reconstituted 1000 mg, 5000 mg</i> | T1            |              |
| <b>XIFAXAN ORAL TABLET 200 MG, 550 MG</b>                                 | T3            | PA           |
| <b>ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML</b>                            | T2            | PA           |
| <b>*Antimalarials*</b>  |               |              |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>        | T2            |              |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>                   | T1            |              |
| <i>chloroquine phosphate powder</i>                                       | T1            |              |
| <b>COARTEM ORAL TABLET 20-120 MG</b>                                      | T2            |              |
| <b>DARAPRIM ORAL TABLET 25 MG</b>   | T2            | PA           |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                      | T1            |              |
| <i>mefloquine hcl oral tablet 250 mg</i>                                  | T1            |              |
| <i>primaquine phosphate oral tablet 26.3 mg</i>                           | T2            |              |
| <i>quinine sulfate dihydrate powder</i>                                   | T2            |              |
| <i>quinine sulfate oral capsule 324 mg</i>                                | T2            |              |
| <i>quinine sulfate powder</i>   | T2            |              |
| <b>*Antimyasthenic Agents*</b>  |               |              |
| <b>MESTINON ORAL SYRUP 60 MG/5ML</b>                                      | T2            |              |
| <b>MESTINON ORAL TABLET EXTENDED RELEASE 180 MG</b>                       | T1            |              |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i>      | T1            |              |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                           | T1            |              |
| <b>*Antimyasthenic/Cholinergic Agents*</b>                                |               |              |
| <b>MESTINON ORAL SYRUP 60 MG/5ML</b>                                      | T2            |              |
| <b>MESTINON ORAL TABLET EXTENDED RELEASE 180 MG</b>                       | T1            |              |
| <b>*Antimycobacterial Agents*</b>   |               |              |
| <i>aminosalicylic acid-4 powder</i>                                       | T3            |              |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                          | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>ethambutol hcl powder</i>  | T1            |              |
| <i>isoniazid injection solution 100 mg/ml</i>                               | T1            |              |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                       | T1            |              |
| <i>isoniazid oral tablet 100 mg, 300 mg</i>                                 | T1            |              |
| <i>isoniazid powder</i>   | T1            |              |
| <i>pyrazinamide oral tablet 500 mg</i>                                      | T1            |              |
| <b>RIFAMATE ORAL CAPSULE 150-300 MG</b>                                     | T2            |              |
| <i>rifampin intravenous solution reconstituted 600 mg</i>                   | T1            |              |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                 | T1            |              |
| <b>TRECATOR ORAL TABLET 250 MG</b>  | T2            |              |
| <b>*Antineoplastics And Adjunctive Therapies*</b>                           |               |              |
| <b>AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG</b>                | T2            | PA           |
| <b>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG</b>                     | T2            | PA           |
| <i>anastrozole oral tablet 1 mg</i>   | T1            |              |
| <i>azacitidine injection suspension reconstituted 100 mg</i>                | T2            | PA           |
| <i>bexarotene oral capsule 75 mg</i>  | T3            | PA           |
| <i>bicalutamide oral tablet 50 mg</i>                                       | T1            |              |
| <b>BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML</b>                                | T2            | PA           |
| <i>calcium folinate injection solution 300 mg/30ml</i>                      | T1            | PA           |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                              | T2            | PA           |
| <b>CAPRELSA ORAL TABLET 100 MG, 300 MG</b>                                  | T2            | PA           |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i> | T2            | PA           |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                           | T2            | PA           |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i>                            | T2            | PA           |
| <b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML</b>                      | T2            | PA           |
| <b>ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 7.5 MG</b>                      | T2            | PA           |
| <b>ELIGARD SUBCUTANEOUS KIT 45 MG</b>                                       | T1            | PA           |
| <b>EMCYT ORAL CAPSULE 140 MG</b>  | T2            | PA           |
| <b>ERLEADA ORAL TABLET 60 MG</b>  | T2            | PA           |
| <i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>    | T2            | PA           |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>                                    |
|--|---------------|---|
| <i>etoposide oral capsule 50 mg</i>  | T2            | PA  |
| <i>exemestane oral tablet 25 mg</i>  | T1            |   |
| <b>FARESTON ORAL TABLET 60 MG</b>  | T2            | PA  |
| <i>flutamide oral capsule 125 mg</i>   | T1            | PA  |
| <b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>   | T2            | PA  |
| <b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG</b>                                       | T2            | PA  |
| <b>HEXALEN ORAL CAPSULE 50 MG</b>  | T2            | PA  |
| <b>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG</b>   | T2            | PA  |
| <i>hydroxyurea oral capsule 500 mg</i>   | T1            |   |
| <i>imatinib mesylate oral tablet 100 mg, 400 mg</i>  | T3            | PA  |
| <b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML</b>                             | T2            | PA  |
| <b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT</b>     | T2            | PA  |
| <i>letrozole oral tablet 2.5 mg</i>  | T1            | GR-F; QL (30 EA per 30 days); AL (Min 18 Years) |
| <i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | T1            | PA  |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                                  | T1            |   |
| <b>LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG</b>                                  | T2            | PA  |
| <b>LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG</b>                                | T2            | PA  |
| <b>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG</b>  | T2            | PA  |
| <b>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG</b>  | T1            | PA  |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>                                   | T1            |   |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i>  | T1            |   |
| <i>megestrol acetate powder</i>  | T1            | PA  |
| <i>melphalan hcl intravenous solution reconstituted 50 mg</i>                                    | T2            | PA  |
| <i>melphalan oral tablet 2 mg</i>  | T2            | PA  |
| <i>mercaptopurine oral tablet 50 mg</i>  | T1            | PA  |
| <i>mesna intravenous solution 100 mg/ml</i>  | T2            | PA  |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>MESNEX ORAL TABLET 400 MG</b>   | T2            | PA                      |
| <i>methotrexate oral tablet 2.5 mg</i>   | T1            |                         |
| <i>methotrexate powder</i>   | T2            | PA                      |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml</i> | T2            | PA                      |
| <i>methotrexate sodium injection solution 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>                               | T2            | PA                      |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>   | T2            | PA                      |
| <b>MYLERAN ORAL TABLET 2 MG</b>  | T2            | PA                      |
| <b>NEXAVAR ORAL TABLET 200 MG</b>  | T2            | PA                      |
| <i>nilutamide oral tablet 150 mg</i>   | T3            | PA                      |
| <b>PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT</b>  | T2            | PA                      |
| <b>PURIXAN ORAL SUSPENSION 2000 MG/100ML</b>   | T1            | PA                      |
| <b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>  | T1            | PA                      |
| <b>SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG</b>  | T2            | PA                      |
| <b>SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG</b>  | T2            | PA                      |
| <b>TABLOID ORAL TABLET 40 MG</b>   | T2            | PA                      |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>  | T1            | GR-F; AL (Min 35 Years) |
| <b>TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>   | T2            | PA                      |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>                                 | T2            | PA                      |
| <i>temsirolimus intravenous solution 25 mg/ml</i>  | T1            | PA                      |
| <b>TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</b>                                       | T2            | PA                      |
| <i>topotecan hcl intravenous solution 4 mg/4ml</i>   | T2            | PA                      |
| <i>topotecan hcl intravenous solution reconstituted 4 mg</i>   | T2            | PA                      |
| <i>tretinoin oral capsule 10 mg</i>  | T1            | PA                      |
| <b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>  | T2            |                         |
| <b>TYKERB ORAL TABLET 250 MG</b>   | T2            | PA                      |
| <b>VOTRIENT ORAL TABLET 200 MG</b>   | T3            | PA                      |
| <b>ZYTIGA ORAL TABLET 250 MG, 500 MG</b>   | T2            | PA                      |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <b>*Antiparkinson Agents*</b>  |               |              |
| <i>amantadine hcl oral capsule 100 mg</i>  | T1            |              |
| <b>APOKYN SUBCUTANEOUS SOLUTION 10 MG/ML</b>   | T3            | PA           |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>   | T1            |              |
| <i>bromocriptine mesylate oral capsule 5 mg</i>  | T1            |              |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>   | T1            |              |
| <i>bromocriptine mesylate powder</i>   | T1            |              |
| <i>carbidopa oral tablet 25 mg</i>   | T1            |              |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>   | T1            |              |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>  | T1            |              |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>  | T1            |              |
| <i>entacapone oral tablet 200 mg</i>   | T1            |              |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> | T2            |              |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                      | T1            |              |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>  | T2            |              |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>  | T1            |              |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>  | T1            |              |
| <i>selegiline hcl oral capsule 5 mg</i>  | T1            |              |
| <i>selegiline hcl oral tablet 5 mg</i>   | T1            |              |
| <b>STALEVO 100 ORAL TABLET 25-100-200 MG</b>   | T3            |              |
| <b>STALEVO 125 ORAL TABLET 31.25-125-200 MG</b>  | T3            |              |
| <b>STALEVO 150 ORAL TABLET 37.5-150-200 MG</b>   | T3            |              |
| <b>STALEVO 200 ORAL TABLET 50-200-200 MG</b>   | T3            |              |
| <b>STALEVO 50 ORAL TABLET 12.5-50-200 MG</b>   | T3            |              |
| <b>STALEVO 75 ORAL TABLET 18.75-75-200 MG</b>  | T3            |              |
| <i>tolcapone oral tablet 100 mg</i>  | T3            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                               | T1            |                        |
| <b>ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG</b>                                  | T3            |                        |
| <b>*Antipsychotics/Antimanic Agents*</b>  |               |                        |
| <b>ABILIFY DISCMELT ORAL TABLET DISPERSIBLE 10 MG, 15 MG</b>                    | T3            |                        |
| <b>ABILIFY INTRAMUSCULAR SOLUTION 9.75 MG/1.3ML</b>                             | T3            |                        |
| <b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 400 MG</b>   | T3            |                        |
| <b>ABILIFY ORAL SOLUTION 1 MG/ML</b>  | T3            |                        |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>          | T1            | QL (30 EA per 30 days) |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                       | T1            |                        |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | T3            |                        |
| <b>FAZACLO ORAL TABLET DISPERSIBLE 150 MG, 200 MG</b>                           | T3            |                        |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                            | T1            |                        |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                | T1            |                        |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                  | T1            |                        |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                   | T1            |                        |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml</i>                   | T1            |                        |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                           | T1            |                        |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                             | T1            |                        |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>           | T1            |                        |
| <b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>                    | T3            |                        |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>         | T1            |                        |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                    | T1            |                        |
| <i>lithium carbonate oral tablet 300 mg</i>                                     | T1            |                        |
| <i>lithium carbonate powder</i>   | T1            |                        |
| <i>lithium oral solution 8 meq/5ml</i>  | T1            |                        |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>                | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>   | T1            |                        |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                  | T1            |                        |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                      | T1            |                        |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>                     | T3            |                        |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>  | T1            |                        |
| <i>prochlorperazine edisylate injection solution 5 mg/ml</i>   | T1            |                        |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>  | T1            |                        |
| <i>prochlorperazine maleate powder</i>   | T1            |                        |
| <i>prochlorperazine rectal suppository 25 mg</i>   | T1            |                        |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | T2            |                        |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                      | T1            |                        |
| <i>risperidone oral solution 1 mg/ml</i>   | T1            |                        |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                   | T1            |                        |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                       | T1            |                        |
| <b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</b>  | T3            |                        |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>  | T1            |                        |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>  | T1            |                        |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>   | T1            |                        |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>   | T1            |                        |
| <b>*Antiseptics &amp; Disinfectants*</b>   |               |                        |
| <i>povidone-iodine external pad 10 %</i>   | T1            |                        |
| <i>povidone-iodine external solution 10 %</i>  | T1            |                        |
| <b>*Antivirals*</b>  |               |                        |
| <i>abacavir sulfate oral solution 20 mg/ml</i>   | T2            |                        |
| <i>abacavir sulfate oral tablet 300 mg</i>   | T2            | QL (60 EA per 30 days) |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>  | T2            | QL (30 EA per 30 days) |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>             |
|---|---------------|--------------------------|
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>              | T1            | QL (60 EA per 30 days)   |
| <i>acyclovir oral capsule 200 mg</i>  | T1            |                          |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                   | T1            | AL (Max 12 Years)        |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                   | T1            |                          |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                   | T2            | PA                       |
| <b>APTIVUS ORAL CAPSULE 250 MG</b>  | T2            |                          |
| <b>APTIVUS ORAL SOLUTION 100 MG/ML</b>  | T2            |                          |
| <i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>                         | T2            |                          |
| <i>atazanavir sulfate oral capsule 300 mg</i>                                 | T2            | QL (30 EA per 30 days)   |
| <b>ATRIPLA ORAL TABLET 600-200-300 MG</b>                                     | T2            | QL (30 EA per 30 days)   |
| <b>BARACLUDE ORAL SOLUTION 0.05 MG/ML</b>                                     | T2            | PA                       |
| <b>COMPLERA ORAL TABLET 200-25-300 MG</b>                                     | T2            | QL (30 EA per 30 days)   |
| <b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>                                   | T2            |                          |
| <i>didanosine oral capsule delayed release 125 mg, 200 mg, 250 mg, 400 mg</i> | T1            |                          |
| <b>EDURANT ORAL TABLET 25 MG</b>  | T3            | QL (30 EA per 30 days)   |
| <i>efavirenz oral capsule 200 mg, 50 mg</i>                                   | T2            |                          |
| <i>efavirenz oral tablet 600 mg</i>   | T2            | QL (30 EA per 30 days)   |
| <b>EMTRIVA ORAL CAPSULE 200 MG</b>  | T2            |                          |
| <b>EMTRIVA ORAL SOLUTION 10 MG/ML</b>   | T2            |                          |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                     | T2            | PA                       |
| <b>EPIVIR HBV ORAL SOLUTION 5 MG/ML</b>                                       | T2            | QL (1800 ML per 30 days) |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                         | T1            | QL (90 EA per 30 days)   |
| <i>fosamprenavir calcium oral tablet 700 mg</i>                               | T2            |                          |
| <b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG</b>                       | T2            |                          |
| <b>INTELENCE ORAL TABLET 100 MG, 25 MG</b>                                    | T2            |                          |
| <b>INTELENCE ORAL TABLET 200 MG</b>   | T2            | QL (60 EA per 30 days)   |
| <b>INVIRASE ORAL CAPSULE 200 MG</b>   | T2            |                          |
| <b>INVIRASE ORAL TABLET 500 MG</b>  | T2            |                          |
| <b>ISENTRESS ORAL PACKET 100 MG</b>   | T2            |                          |
| <b>ISENTRESS ORAL TABLET 400 MG</b>   | T2            | QL (60 EA per 30 days)   |
| <b>ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG</b>                           | T2            |                          |
| <b>KALETRA ORAL TABLET 100-25 MG</b>  | T2            | QL (360 EA per 30 days)  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>KALETRA ORAL TABLET 200-50 MG</b>  | T2            | QL (180 EA per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i>  | T2            | QL (900 ML per 30 days) |
| <i>lamivudine oral tablet 100 mg</i>  | T1            | QL (90 EA per 30 days)  |
| <i>lamivudine oral tablet 150 mg</i>  | T1            | QL (60 EA per 30 days)  |
| <i>lamivudine oral tablet 300 mg</i>  | T1            | QL (30 EA per 30 days)  |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>   | T1            | QL (60 EA per 30 days)  |
| <b>LEXIVA ORAL SUSPENSION 50 MG/ML</b>  | T2            |                         |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>   | T1            | QL (450 ML per 30 days) |
| <b>MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG</b>   | T1            | PA                      |
| <b>MODERIBA 800 DOSE PACK ORAL TABLET 400 MG</b>  | T1            | PA                      |
| <b>MODERIBA ORAL 200 &amp; 400 MG, 400 &amp; 600 MG</b>   | T1            | PA                      |
| <b>MODERIBA ORAL TABLET 200 MG</b>  | T1            | PA                      |
| <b>MODERIBA ORAL TABLET THERAPY PACK 200 &amp; 400 MG, 400 &amp; 600 MG</b>                               | T1            | PA                      |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>                                  | T2            |                         |
| <i>nevirapine oral suspension 50 mg/5ml</i>   | T1            |                         |
| <i>nevirapine oral tablet 200 mg</i>  | T2            |                         |
| <b>NORVIR ORAL CAPSULE 100 MG</b>   | T2            |                         |
| <b>NORVIR ORAL SOLUTION 80 MG/ML</b>  | T2            |                         |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>   | T1            | QL (10 EA per 5 days)   |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>  | T2            | QL (120 ML per 10 days) |
| <b>PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML</b>                                | T2            | PA                      |
| <b>PEGASYS SUBCUTANEOUS KIT 180 MCG/0.5ML</b>   | T2            | PA                      |
| <b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML</b>  | T2            | PA                      |
| <b>PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b> | T2            | PA                      |
| <b>PEG-INTRON REDIPEN SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>       | T2            | PA                      |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b>  | T2            | PA                      |
| <b>PEG-INTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 50 MCG/0.5ML, 80 MCG/0.5ML</b> | T2            | PA                      |
| <b>PREZISTA ORAL TABLET 150 MG, 75 MG</b>   | T2            |                         |
| <b>PREZISTA ORAL TABLET 600 MG</b>  | T2            | QL (60 EA per 30 days)  |
| <b>PREZISTA ORAL TABLET 800 MG</b>  | T2            | QL (30 EA per 30 days)  |
| <b>REBETOL ORAL SOLUTION 40 MG/ML</b>   | T2            | PA                      |
| <b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER</b>            | T2            | QL (20 EA per 5 days)   |
| <b>RESCRIPTOR ORAL TABLET 100 MG, 200 MG</b>  | T2            |                         |
| <b>RIBASPHERE ORAL TABLET 200 MG</b>  | T1            | PA                      |
| <b>RIBASPHERE RIBAPAK ORAL TABLET 200 &amp; 400 MG, 400 &amp; 600 MG, 400 MG, 600 MG</b>    | T1            | PA                      |
| <b>RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 &amp; 400 MG, 400 &amp; 600 MG</b>       | T1            | PA                      |
| <i>ribavirin inhalation solution reconstituted 6 gm</i>                                     | T3            | PA                      |
| <i>ribavirin oral tablet 200 mg</i>   | T1            | PA                      |
| <i>rimantadine hcl oral tablet 100 mg</i>   | T1            |                         |
| <i>ritonavir oral tablet 100 mg</i>   | T2            | QL (360 EA per 30 days) |
| <b>SELZENTRY ORAL TABLET 150 MG</b>   | T2            | QL (120 EA per 30 days) |
| <b>SELZENTRY ORAL TABLET 300 MG</b>   | T2            |                         |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>                                    | T1            |                         |
| <i>stavudine oral solution reconstituted 1 mg/ml</i>  | T1            |                         |
| <b>STRIBILD ORAL TABLET 150-150-200-300 MG</b>  | T2            | QL (30 EA per 30 days)  |
| <b>SYMFI LO ORAL TABLET 400-300-300 MG</b>  | T2            | QL (30 EA per 30 days)  |
| <b>SYMFI ORAL TABLET 600-300-300 MG</b>   | T2            | QL (30 EA per 30 days)  |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                     | T2            | QL (30 EA per 30 days)  |
| <b>TIVICAY ORAL TABLET 50 MG</b>  | T2            | QL (30 EA per 30 days)  |
| <b>TRIUMEQ ORAL TABLET 600-50-300 MG</b>  | T2            | QL (30 EA per 30 days)  |
| <b>TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG</b>                   | T2            | QL (30 EA per 30 days)  |
| <b>TYZEKA ORAL TABLET 600 MG</b>  | T3            | PA                      |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>  | T1            |                         |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>        | T2            | PA                     |
| <i>valganciclovir hcl oral tablet 450 mg</i>                          | T2            |                        |
| <b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM</b>                   | T2            |                        |
| <b>VIRACEPT ORAL TABLET 250 MG, 625 MG</b>                            | T2            |                        |
| <b>VIREAD ORAL POWDER 40 MG/GM</b>                                    | T2            |                        |
| <b>VIREAD ORAL TABLET 150 MG</b>                                      | T2            | QL (30 EA per 30 days) |
| <b>VIREAD ORAL TABLET 200 MG, 250 MG</b>                              | T2            |                        |
| <i>zidovudine oral capsule 100 mg</i>                                 | T1            |                        |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                | T1            |                        |
| <i>zidovudine oral tablet 300 mg</i>                                  | T1            | QL (60 EA per 30 days) |
| <b>*Assorted Classes*</b>   |               |                        |
| <b>AZASAN ORAL TABLET 100 MG, 75 MG</b>                               | T1            |                        |
| <i>azathioprine oral tablet 50 mg</i>                                 | T1            |                        |
| <b>BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG</b>     | T2            | PA                     |
| <b>CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML</b>               | T2            | PA                     |
| <i>cyclosporine intravenous solution 50 mg/ml</i>                     | T1            |                        |
| <i>cyclosporine modified oral capsule 100 mg</i>                      | T1            |                        |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                        | T1            |                        |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                      | T1            |                        |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>  | T2            | PA                     |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                       | T1            |                        |
| <i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>   | T1            |                        |
| <b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b> | T3            | PA                     |
| <b>SANDIMMUNE ORAL SOLUTION 100 MG/ML</b>                             | T1            |                        |
| <i>sterile water for irrigation irrigation solution</i>               | T1            |                        |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                     | T1            |                        |
| <b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG</b>            | T2            | PA                     |
| <b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG</b>                  | T3            | PA                     |
| <b>*Beta Blockers*</b>  |               |                        |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                     | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>   | T1            |                        |
| <i>atenolol powder</i>   | T1            |                        |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>   | T1            |                        |
| <b>BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>                                       | T2            | QL (30 EA per 30 days) |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                              | T1            |                        |
| <i>labetalol hcl intravenous solution 5 mg/ml</i>  | T1            |                        |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                      | T1            |                        |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>     | T1            | QL (45 EA per 30 days) |
| <i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>                   | T1            | QL (60 EA per 30 days) |
| <i>metoprolol tartrate intravenous solution 1 mg/ml, 5 mg/5ml</i>                            | T1            |                        |
| <i>metoprolol tartrate intravenous solution cartridge 5 mg/5ml</i>                           | T1            |                        |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>                                  | T1            |                        |
| <i>metoprolol tartrate powder</i>  | T1            |                        |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>   | T1            |                        |
| <i>pindolol oral tablet 10 mg, 5 mg</i>  | T1            |                        |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> | T1            |                        |
| <i>propranolol hcl intravenous solution 1 mg/ml</i>  | T1            |                        |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                    | T1            |                        |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                         | T1            |                        |
| <i>propranolol hcl powder</i>  | T1            |                        |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                    | T1            |                        |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                 | T1            |                        |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>  | T1            |                        |
| <b>*Calcium Channel Blockers*</b>  |               |                        |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                   | T1            | QL (30 EA per 30 days) |
| <b>CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>        | T1            |                        |
| <i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>             | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>   | T1            |              |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>            | T1            |              |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                                   | T1            |              |
| <i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                 | T1            |              |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>   | T1            |              |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>  | T1            |              |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>  | T1            |              |
| <i>nicardipine hcl intravenous solution 2.5 mg/ml</i>  | T1            |              |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>   | T1            |              |
| <b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG</b>  | T1            |              |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>  | T1            |              |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                        | T1            |              |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>  | T1            |              |
| <i>nimodipine oral capsule 30 mg</i>   | T1            | PA           |
| <b>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</b>                        | T1            |              |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1            |              |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>  | T1            |              |
| <i>verapamil hcl intravenous solution 2.5 mg/ml</i>  | T1            |              |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>  | T1            |              |
| <i>verapamil hcl powder</i>  | T1            |              |
| <b>*Cardiotonics*</b>  |               |              |
| <b>DIGITEK ORAL TABLET 125 MCG, 250 MCG</b>  | T1            |              |
| <b>DIGOX ORAL TABLET 125 MCG, 250 MCG</b>  | T1            |              |
| <i>digoxin injection solution 0.25 mg/ml</i>   | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>      |
|---|---------------|-------------------|
| <i>digoxin oral solution 0.05 mg/ml</i>   | T1            |                   |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                       | T1            |                   |
| <b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>                                    | T1            |                   |
| <b>LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML</b>                             | T2            |                   |
| <b>*Cardiovascular Agents - Misc.*</b>  |               |                   |
| <b>ADCIRCA ORAL TABLET 20 MG</b>  | T3            | PA                |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | T1            |                   |
| <i>sildenafil citrate oral tablet 20 mg</i>                                       | T2            | PA                |
| <b>TRACLEER ORAL TABLET 125 MG, 62.5 MG</b>                                       | T2            | PA                |
| <b>*Cephalosporins*</b>   |               |                   |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                       | T1            |                   |
| <i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>  | T1            | AL (Max 11 Years) |
| <i>cefadroxil oral capsule 500 mg</i>   | T1            |                   |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>            | T1            |                   |
| <i>cefadroxil oral tablet 1 gm</i>  | T1            |                   |
| <i>cefdinir oral capsule 300 mg</i>   | T1            |                   |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>              | T1            | AL (Max 11 Years) |
| <i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>                              | T3            |                   |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                            | T1            |                   |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>             | T1            |                   |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                       | T1            |                   |
| <b>CEFTIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML</b>                | T3            | AL (Max 11 Years) |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                               | T1            |                   |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                     | T1            |                   |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>            | T1            |                   |
| <b>SPECTRACEF ORAL TABLET 400 MG</b>  | T3            |                   |
| <b>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG</b>                  | T2            |                   |
| <b>*Chemicals*</b>  |               |                   |
| <i>ammonium lactate solution 70 %</i>   | T1            |                   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>                 |
|--|---------------|------------------------------|
| <i>benzyl benzoate liquid</i>  | T2            |                              |
| <i>camphor spirit spirit</i>   | T2            |                              |
| <i>chlorpromazine hcl powder</i>   | T1            |                              |
| <i>cottonseed oil oil</i>  | T1            |                              |
| <i>hydroxyprogesterone caproate powder</i>   | T1            |                              |
| <i>rifampin powder</i>   | T1            |                              |
| <i>sm camphor spirit spirit</i>  | T2            |                              |
| <b>*Contraceptives*</b>  |               |                              |
| <b>AMETHYST ORAL TABLET 90-20 MCG</b>  | T1            | GR-F; QL (28 EA per 21 days) |
| <b>ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG</b>  | T1            | QL (28 EA per 28 days)       |
| <b>DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION 104 MG/0.65ML</b>                               | T3            | GR-F; QL (1 EA per 90 days)  |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>        | T1            | GR-F; QL (28 EA per 21 days) |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                           | T1            | GR-F; QL (28 EA per 21 days) |
| <b>ELLA ORAL TABLET 30 MG</b>  | T2            | GR-F; QL (1 EA per 30 days)  |
| <b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>   | T1            | GR-F; QL (28 EA per 21 days) |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg</i> | T3            | GR-F; QL (91 EA per 91 days) |
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>                                    | T1            | GR-F; QL (91 EA per 91 days) |
| <i>levonorgestrel oral tablet 0.75 mg, 1.5 mg</i>  | T1            | GR-F; QL (2 EA per 30 days)  |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>                   | T1            | GR-F; QL (28 EA per 21 days) |
| <b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG</b>   | T2            | GR-F; QL (28 EA per 21 days) |
| <b>LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG</b>  | T1            | GR-F; QL (28 EA per 21 days) |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                            | T1            | GR-F; QL (1 ML per 90 days)  |
| <b>MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>  | T1            | GR-F; QL (21 EA per 21 days) |
| <b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>   | T1            | GR-F; QL (28 EA per 21 days) |
| <b>NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>   | T1            | GR-F; QL (28 EA per 21 days) |
| <b>NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG</b>   | T1            | GR-F; QL (28 EA per 21 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>                 |
|--|---------------|------------------------------|
| <b>NECON 10/11 (28) ORAL TABLET 35 MCG</b>                                 | T1            | GR-F; QL (28 EA per 21 days) |
| <b>NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG</b>                        | T1            | GR-F; QL (28 EA per 21 days) |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24)</i> | T1            | GR-F; QL (28 EA per 21 days) |
| <i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>              | T1            | GR-F; QL (21 EA per 21 days) |
| <i>norethindrone oral tablet 0.35 mg</i>                                   | T1            | GR-F; QL (28 EA per 21 days) |
| <i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>        | T2            | GR-F; QL (28 EA per 21 days) |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>               | T1            | GR-F; QL (28 EA per 21 days) |
| <b>NUVARING VAGINAL RING 0.12-0.015 MG/24HR</b>                            | T3            | GR-F; QL (1 EA per 21 days)  |
| <b>QUARTETTE ORAL TABLET 42-21-21-7 DAYS</b>                               | T3            | GR-F; QL (91 EA per 91 days) |
| <b>TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG</b>                     | T1            | GR-F; QL (28 EA per 21 days) |
| <b>TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG</b>                 | T1            | GR-F; QL (28 EA per 21 days) |
| <b>TRINESSA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG</b>                   | T1            | GR-F; QL (28 EA per 21 days) |
| <b>TRIVORA (28) ORAL TABLET</b>  | T1            | GR-F; QL (28 EA per 21 days) |
| <b>VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG</b>                       | T1            | GR-F; QL (28 EA per 21 days) |
| <b>XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR</b>                     | T1            | GR-F; QL (3 EA per 21 days)  |
| <b>ZENCHENT ORAL TABLET 0.4-35 MG-MCG</b>                                  | T1            | GR-F; QL (28 EA per 21 days) |
| <b>ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG</b>                            | T1            | GR-F; QL (28 EA per 21 days) |
| <b>ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG</b>                            | T1            | GR-F; QL (28 EA per 21 days) |
| <b>*Corticosteroids*</b>   |               |                              |
| <b>BAYCADRON ORAL ELIXIR 0.5 MG/5ML</b>                                    | T1            |                              |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>             | T1            |                              |
| <i>budesonide oral capsule delayed release particles 3 mg</i>              | T1            |                              |
| <i>cortisone acetate oral tablet 25 mg</i>                                 | T1            |                              |
| <i>dexamethasone base powder</i>   | T1            |                              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML</b>                                  | T3            |              |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>   | T1            |              |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>   | T1            |              |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>        | T1            |              |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>     | T1            |              |
| <i>dexamethasone powder</i>   | T1            |              |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                       | T1            |              |
| <i>fludrocortisone acetate powder</i>   | T1            |              |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>                                    | T1            |              |
| <b>MEDROL ORAL TABLET 2 MG</b>  | T1            |              |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                          | T1            |              |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                 | T1            |              |
| <i>methylprednisolone powder</i>  | T1            |              |
| <b>MILLIPRED DP ORAL TABLET THERAPY PACK 5 MG (21), 5 MG (48)</b>                       | T1            |              |
| <b>MILLIPRED ORAL TABLET 5 MG</b>   | T1            |              |
| <i>prednisolone anhydrous powder</i>  | T1            |              |
| <i>prednisolone oral solution 15 mg/5ml</i>   | T1            |              |
| <i>prednisolone oral syrup 15 mg/5ml</i>  | T1            |              |
| <i>prednisolone powder</i>  | T1            |              |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml</i>      | T3            |              |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>       | T1            |              |
| <b>PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML</b>                                      | T2            |              |
| <i>prednisone oral solution 5 mg/5ml</i>  | T2            |              |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>                   | T1            |              |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | T1            |              |
| <b>*Cough/Cold/Allergy*</b>   |               |              |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>  | T1            |              |
| <i>brotapp dm oral liquid 15-1-5 mg/5ml</i>   | T1            |              |
| <b>CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG</b>               | T2            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>codituss dm oral syrup 5-8.33-10 mg/5ml</i>                                  | T1            |                         |
| <i>cold/flu relief day/night oral</i>   | T1            |                         |
| <i>cvs non-drying sinus pe oral tablet 5-200 mg</i>                             | T1            |                         |
| <b>DURAVENT PE ORAL TABLET 10-395 MG</b>  | T1            |                         |
| <i>ed bron gp oral liquid 5-100 mg/5ml</i>                                      | T1            |                         |
| <b>ENTEX LQ ORAL LIQUID 10-100 MG/5ML</b>                                       | T1            |                         |
| <b>GILPHEX TR ORAL TABLET 10-388 MG</b>   | T1            |                         |
| <i>guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg</i>      | T1            |                         |
| <i>guaifenesin oral solution 100 mg/5ml</i>                                     | T1            |                         |
| <i>guaifenesin oral syrup 100 mg/5ml</i>  | T1            |                         |
| <i>guaifenesin oral tablet 200 mg, 400 mg</i>                                   | T1            |                         |
| <i>guaifenesin powder</i>   | T1            |                         |
| <b>HERBAL EXPEC ORAL LIQUID 150 MG/15ML</b>                                     | T1            |                         |
| <i>hydrocod polst-cpm polst er oral suspension extended release 10-8 mg/5ml</i> | T1            | QL (240 ML per 30 days) |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5ml</i>                          | T1            | QL (240 ML per 30 days) |
| <i>liquituss gg oral liquid 200 mg/5ml</i>                                      | T1            |                         |
| <b>MUCINEX CHILDRENS ORAL PACKET 50 MG</b>                                      | T1            |                         |
| <b>MUCINEX FOR KIDS ORAL PACKET 100 MG</b>                                      | T1            |                         |
| <i>mucus relief pe oral tablet 10-400 mg</i>                                    | T1            |                         |
| <i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>                           | T1            |                         |
| <i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>                      | T1            | QL (240 ML per 30 days) |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>                           | T1            | QL (240 ML per 30 days) |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                | T1            |                         |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                          | T1            |                         |
| <b>SUPRESS-PE PEDIATRIC ORAL LIQUID 2.5-50 MG/ML</b>                            | T1            |                         |
| <i>tg 10peh/380gfn oral tablet 10-380 mg</i>                                    | T1            |                         |
| <i>tgq 30pse/3brm/15dm oral syrup 30-3-15 mg/5ml</i>                            | T1            |                         |
| <i>triacin chest congestion oral solution 50 mg/5ml</i>                         | T1            |                         |
| <b>TRIAMINIC CHEST/NASAL CONGEST ORAL SYRUP 2.5-50 MG/5ML</b>                   | T1            |                         |
| <b>TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG, 5-4 MG</b>          | T2            | PA                      |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>             |
|---|---------------|--------------------------|
| <i>tussin cough oral syrup 15 mg/5ml</i>                    | T1            |                          |
| <i>tussin dm max oral liquid 10-200 mg/5ml</i>              | T1            |                          |
| <i>vaporizing steam inhalation liquid 6.2 %</i>             | T1            |                          |
| <b>VITUZ ORAL SOLUTION 5-4 MG/5ML</b>                       | T2            | QL (240 ML per 30 days)  |
| <b>*Dermatologicals*</b>                                    |               |                          |
| <b>ABREVA EXTERNAL CREAM 10 %</b>                           | T1            |                          |
| <b>ABSORICA ORAL CAPSULE 25 MG, 35 MG</b>                   | T1            |                          |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>         | T2            | PA                       |
| <b>ACLARO EXTERNAL EMULSION 4 %</b>                         | T1            |                          |
| <i>acne maximum strength external cream 10 %</i>            | T1            |                          |
| <i>acne medication 10 external lotion 10 %</i>              | T1            |                          |
| <i>acne medication 5 external lotion 5 %</i>                | T1            |                          |
| <i>acyclovir external ointment 5 %</i>                      | T1            |                          |
| <b>ALA-QUIN EXTERNAL CREAM 3-0.5 %</b>                      | T1            |                          |
| <i>alclometasone dipropionate external cream 0.05 %</i>     | T1            |                          |
| <i>alclometasone dipropionate external ointment 0.05 %</i>  | T1            |                          |
| <i>alevazol external ointment 1 %</i>                       | T1            |                          |
| <b>ALTABAX EXTERNAL OINTMENT 1 %</b>                        | T3            |                          |
| <i>amcinonide external cream 0.1 %</i>                      | T1            |                          |
| <i>amcinonide external lotion 0.1 %</i>                     | T1            |                          |
| <i>amcinonide external ointment 0.1 %</i>                   | T1            |                          |
| <i>ammonium lactate external cream 12 %</i>                 | T1            |                          |
| <i>ammonium lactate external lotion 12 %</i>                | T1            |                          |
| <i>anthralin powder</i>                                     | T2            |                          |
| <b>ASPERCREME LIDOCAINE PATCH 4 % EXTERNAL 4 %</b>          | T1            | QL (30 EA per 30 days)   |
| <b>ASPERCREME W/LIDOCAINE EXTERNAL CREAM 4 %</b>            | T1            |                          |
| <b>BASIS OVERNIGHT EXTERNAL CREAM</b>                       | T1            |                          |
| <i>bedding spray lice treatment aerosol 0.5 %</i>           | T1            |                          |
| <i>benzoyl peroxide cleanser external lotion 6 %</i>        | T1            |                          |
| <i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>       | T1            |                          |
| <i>benzoyl peroxide wash external liquid 10 %, 5 %</i>      | T1            |                          |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>     | T1            | QL (46.6 GM per 30 days) |
| <i>betamethasone dipropionate aug external cream 0.05 %</i> | T1            |                          |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>   | T1            |                          |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>         | T1            |              |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>       | T1            |              |
| <i>betamethasone dipropionate external cream 0.05 %</i>              | T1            |              |
| <i>betamethasone dipropionate external lotion 0.05 %</i>             | T1            |              |
| <i>betamethasone dipropionate external ointment 0.05 %</i>           | T1            |              |
| <i>betamethasone valerate external cream 0.1 %</i>                   | T1            |              |
| <i>betamethasone valerate external foam 0.12 %</i>                   | T3            |              |
| <i>betamethasone valerate external lotion 0.1 %</i>                  | T1            |              |
| <i>betamethasone valerate external ointment 0.1 %</i>                | T1            |              |
| <i>bp 10-1 external emulsion 10-1 %</i>                              | T1            |              |
| <i>bp cleansing external lotion 4 %</i>                              | T1            |              |
| <i>bp cleansing wash external emulsion 10-4 %</i>                    | T1            |              |
| <b>BRASIVOL EXTERNAL PASTE</b>                                       | T1            |              |
| <b>CALAGESIC EXTERNAL LOTION 1-8 %</b>                               | T1            |              |
| <i>calcipotriene external cream 0.005 %</i>                          | T2            |              |
| <i>calcipotriene external solution 0.005 %</i>                       | T2            |              |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i> | T1            |              |
| <i>calcitriol external ointment 3 mcg/gm</i>                         | T2            |              |
| <b>CAPEX EXTERNAL SHAMPOO 0.01 %</b>                                 | T3            |              |
| <i>capsaicin external cream 0.025 %, 0.1 %</i>                       | T1            |              |
| <b>CAPZASIN EXTERNAL LIQUID 0.15 %</b>                               | T1            |              |
| <b>CARAC EXTERNAL CREAM 0.5 %</b>                                    | T2            |              |
| <b>CASTIVA WARMING EXTERNAL LOTION 0.035 %</b>                       | T2            |              |
| <b>CENTANY AT EXTERNAL KIT 2 %</b>                                   | T1            |              |
| <i>ciclopirox external gel 0.77 %</i>                                | T1            |              |
| <i>ciclopirox external shampoo 1 %</i>                               | T1            |              |
| <i>ciclopirox external solution 8 %</i>                              | T1            |              |
| <i>ciclopirox olamine external cream 0.77 %</i>                      | T1            |              |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>    | T1            |              |
| <i>clindamycin phosphate external solution 1 %</i>                   | T1            |              |
| <i>clindamycin phosphate external swab 1 %</i>                       | T1            |              |
| <i>clobetasol propionate e external cream 0.05 %</i>                 | T1            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>clobetasol propionate external foam 0.05 %</i>          | T2            |                         |
| <i>clobetasol propionate external liquid 0.05 %</i>        | T2            |                         |
| <i>clobetasol propionate external lotion 0.05 %</i>        | T2            |                         |
| <i>clobetasol propionate external shampoo 0.05 %</i>       | T2            |                         |
| <i>clobetasol propionate external solution 0.05 %</i>      | T2            |                         |
| <i>clotrimazole crystals</i>                               | T1            |                         |
| <i>clotrimazole external cream 1 %</i>                     | T1            |                         |
| <i>clotrimazole external solution 1 %</i>                  | T1            |                         |
| <i>clotrimazole powder</i>                                 | T1            |                         |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>  | T1            |                         |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i> | T1            |                         |
| <b>CONDYLOX EXTERNAL GEL 0.5 %</b>                         | T1            |                         |
| <b>CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %</b>   | T2            |                         |
| <b>CORTIZONE-10/ALOE EXTERNAL LIQUID 1 %</b>               | T1            |                         |
| <i>cvs cortisone cooling relief external gel 1 %</i>       | T1            |                         |
| <i>cvs hydrocortisone acetate external cream 0.5 %</i>     | T1            |                         |
| <i>cvs targeted acne spot external cream 2.5 %</i>         | T1            |                         |
| <b>DESONATE EXTERNAL GEL 0.05 %</b>                        | T3            |                         |
| <i>desonide external cream 0.05 %</i>                      | T1            |                         |
| <i>desonide external lotion 0.05 %</i>                     | T1            |                         |
| <i>desonide external ointment 0.05 %</i>                   | T1            |                         |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>        | T1            |                         |
| <i>desoximetasone external gel 0.05 %</i>                  | T1            |                         |
| <i>desoximetasone external liquid 0.25 %</i>               | T1            |                         |
| <i>desoximetasone external ointment 0.05 %, 0.25 %</i>     | T1            |                         |
| <i>diclofenac sodium transdermal gel 1 %</i>               | T1            | QL (200 GM per 30 days) |
| <b>DIFFERIN GEL 0.1 % EXTERNAL (OTC) 0.1 %</b>             | T1            | QL (45 GM per 30 days)  |
| <b>DRITHO-CREME HP EXTERNAL CREAM 1 %</b>                  | T2            |                         |
| <i>econazole nitrate external cream 1 %</i>                | T1            |                         |
| <b>ECOZA EXTERNAL FOAM 1 %</b>                             | T3            |                         |
| <i>effaclar duo external solution 5.5 %</i>                | T1            |                         |
| <b>ELIDEL EXTERNAL CREAM 1 %</b>                           | T2            |                         |
| <b>EPIFOAM EXTERNAL FOAM 1-1 %</b>                         | T2            |                         |
| <b>ERTACZO EXTERNAL CREAM 2 %</b>                          | T3            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>erythromycin external gel 2 %</i>                         | T1            |                         |
| <i>erythromycin external pad 2 %</i>                         | T1            |                         |
| <i>erythromycin external solution 2 %</i>                    | T1            |                         |
| <i>ethyl chloride external aerosol</i>                       | T1            |                         |
| <b>EUCERIN EXTERNAL CREAM</b>                                | T1            |                         |
| <b>EXODERM EXTERNAL BAR 10-3 %</b>                           | T2            |                         |
| <b>FINACEA EXTERNAL GEL 15 %</b>                             | T2            |                         |
| <b>FLECTOR TRANSDERMAL PATCH 1.3 %</b>                       | T3            |                         |
| <i>fluocinolone acetonide body external oil 0.01 %</i>       | T3            | QL (120 ML per 30 days) |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i> | T1            |                         |
| <i>fluocinolone acetonide external ointment 0.025 %</i>      | T1            |                         |
| <i>fluocinolone acetonide external solution 0.01 %</i>       | T1            |                         |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>      | T3            | QL (120 ML per 30 days) |
| <i>fluocinonide external cream 0.05 %, 0.1 %</i>             | T1            |                         |
| <i>fluocinonide external gel 0.05 %</i>                      | T1            |                         |
| <i>fluocinonide external ointment 0.05 %</i>                 | T1            |                         |
| <i>fluocinonide external solution 0.05 %</i>                 | T1            |                         |
| <i>fluocinonide-e external cream 0.05 %</i>                  | T1            |                         |
| <b>FLUROPLEX EXTERNAL CREAM 1 %</b>                          | T2            |                         |
| <i>fluorouracil external cream 0.5 %</i>                     | T2            |                         |
| <i>fluorouracil external cream 5 %</i>                       | T1            |                         |
| <i>fluorouracil external solution 2 %, 5 %</i>               | T1            |                         |
| <i>fluticasone propionate external cream 0.05 %</i>          | T1            |                         |
| <i>fluticasone propionate external ointment 0.005 %</i>      | T1            |                         |
| <i>gentamicin sulfate external cream 0.1 %</i>               | T1            |                         |
| <i>gentamicin sulfate external ointment 0.1 %</i>            | T1            |                         |
| <i>gnp diaper rash creamy external ointment 10 %</i>         | T3            |                         |
| <i>halobetasol propionate external cream 0.05 %</i>          | T1            |                         |
| <i>halobetasol propionate external ointment 0.05 %</i>       | T1            |                         |
| <b>HC DERMAPAX EXTERNAL LIQUID 0.5-0.5 %</b>                 | T1            |                         |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>   | T1            |                         |
| <i>hydrocortisone acetate external cream 1 %</i>             | T1            |                         |
| <i>hydrocortisone butyr lipo base external cream 0.1 %</i>   | T1            |                         |
| <i>hydrocortisone external cream 0.5 %, 1 %, 2.5 %</i>       | T1            |                         |
| <i>hydrocortisone external lotion 1 %, 2.5 %</i>             | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>hydrocortisone external ointment 0.5 %, 1 %, 2.5 %</i>      | T1            |                        |
| <i>hydrocortisone valerate external cream 0.2 %</i>            | T1            |                        |
| <i>hydrocortisone valerate external ointment 0.2 %</i>         | T1            |                        |
| <i>hydrocortisone-aloe external cream 0.5 %, 1 %</i>           | T1            |                        |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i>          | T2            |                        |
| <i>hydroquinone time release external cream 4 %</i>            | T1            |                        |
| <i>imiquimod external cream 5 %</i>                            | T1            |                        |
| <i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>   | T3            |                        |
| <i>isopropyl alcohol wipes external 70 %</i>                   | T1            |                        |
| <i>ketoconazole external cream 2 %</i>                         | T1            |                        |
| <i>ketoconazole external shampoo 2 %</i>                       | T1            |                        |
| <b>LAC-HYDRIN FIVE EXTERNAL LOTION 5 %</b>                     | T1            |                        |
| <i>lactic acid e external cream 10-3500 %-unt/30gm</i>         | T1            |                        |
| <i>lactic acid external lotion 10 %</i>                        | T1            |                        |
| <b>LAMISIL ADVANCED EXTERNAL GEL 1 %</b>                       | T1            |                        |
| <b>LAMISIL AT SPRAY EXTERNAL SOLUTION 1 %</b>                  | T1            |                        |
| <i>lc-4 lidocaine external cream 4 %</i>                       | T1            |                        |
| <i>lice killing maximum strength external shampoo 0.33-4 %</i> | T1            |                        |
| <i>lice solution complete combination kit 0.33-4-0.5 %</i>     | T1            |                        |
| <i>lice treatment external liquid 0.33-4 %, 1 %</i>            | T1            |                        |
| <b>LICEMD EXTERNAL GEL 0.33-4 %</b>                            | T2            |                        |
| <b>LICIDE TREATMENT COMBINATION KIT</b>                        | T2            |                        |
| <i>lidocaine external cream 4 %</i>                            | T1            | QL (90 GM per 30 days) |
| <i>lidocaine external patch 5 %</i>                            | T1            |                        |
| <i>lidocaine hcl external cream 3 %</i>                        | T1            | QL (85 GM per 30 days) |
| <i>lidocaine hcl external gel 2 %</i>                          | T1            |                        |
| <i>lidocaine hcl external solution 4 %</i>                     | T1            |                        |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>           | T1            | QL (30 GM per 30 days) |
| <i>lidocaine-prilocaine external kit 2.5-2.5 %</i>             | T2            |                        |
| <i>lindane external lotion 1 %</i>                             | T1            |                        |
| <i>lindane external shampoo 1 %</i>                            | T1            |                        |
| <b>LMX 4 EXTERNAL CREAM 4 %</b>                                | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>LOTRIMIN ULTRA EXTERNAL CREAM 1 %</b>                             | T2            |                         |
| <b>LUZU EXTERNAL CREAM 1 %</b>                                       | T3            |                         |
| <i>mafenide acetate external packet 5 %</i>                          | T3            |                         |
| <i>malathion external lotion 0.5 %</i>                               | T2            |                         |
| <b>MENTAX EXTERNAL CREAM 1 %</b>                                     | T2            |                         |
| <i>metronidazole external cream 0.75 %</i>                           | T1            |                         |
| <i>metronidazole external gel 0.75 %, 1 %</i>                        | T1            |                         |
| <i>metronidazole external lotion 0.75 %</i>                          | T1            |                         |
| <i>miconazole nitrate external cream 2 %</i>                         | T1            |                         |
| <i>miconazole external powder 2 %</i>                                | T1            |                         |
| <i>mometasone furoate external cream 0.1 %</i>                       | T1            |                         |
| <i>mometasone furoate external ointment 0.1 %</i>                    | T1            |                         |
| <i>mometasone furoate external solution 0.1 %</i>                    | T1            |                         |
| <i>mupirocin external ointment 2 %</i>                               | T1            |                         |
| <i>naftifine hcl external cream 1 %, 2 %</i>                         | T3            |                         |
| <b>NAFTIN EXTERNAL GEL 1 %, 2 %</b>                                  | T3            |                         |
| <b>NEOSTRATA HQ SKIN LIGHTENING EXTERNAL GEL 2 %</b>                 | T1            |                         |
| <b>NEUAC EXTERNAL GEL 1.2-5 %</b>                                    | T1            |                         |
| <b>NEUTROGENA CLEAR PORE EXTERNAL LIQUID 3.5 %</b>                   | T1            |                         |
| <b>NORITATE EXTERNAL CREAM 1 %</b>                                   | T3            |                         |
| <i>nystatin external cream 100000 unit/gm</i>                        | T1            |                         |
| <i>nystatin external ointment 100000 unit/gm</i>                     | T1            |                         |
| <i>nystatin external powder 100000 unit/gm</i>                       | T1            |                         |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>    | T1            |                         |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i> | T1            |                         |
| <b>OC8 EXTERNAL GEL 7 %</b>  | T1            |                         |
| <i>oxiconazole nitrate external cream 1 %</i>                        | T3            |                         |
| <b>OXISTAT EXTERNAL LOTION 1 %</b>                                   | T3            |                         |
| <b>PANRETIN EXTERNAL GEL 0.1 %</b>                                   | T2            |                         |
| <i>permethrin external cream 5 %</i>                                 | T1            | QL (120 GM per 30 days) |
| <i>permethrin external lotion 1 %</i>                                | T1            |                         |
| <i>plantar wart remover external pad 40 %</i>                        | T1            |                         |
| <b>PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 %</b>                | T3            |                         |
| <i>podofilox external solution 0.5 %</i>                             | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <b>PRAMOSONE E EXTERNAL CREAM 1-2.5 %</b>                   | T1            |                        |
| <b>PRAMOSONE EXTERNAL CREAM 1-1 %</b>                       | T1            |                        |
| <b>PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %</b>             | T1            |                        |
| <b>PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 %</b>           | T1            |                        |
| <i>prednicarbate external cream 0.1 %</i>                   | T1            |                        |
| <i>prednicarbate external ointment 0.1 %</i>                | T1            |                        |
| <b>PRO:12 MOUSSE AL12 EXTERNAL FOAM 12 %</b>                | T1            |                        |
| <i>pyrethins-piperonyl butoxide external liquid 0.2-2 %</i> | T1            |                        |
| <i>ra acne maximum external pad 2 %</i>                     | T1            |                        |
| <i>ra aloe vera/lidocaine external gel 0.5 %</i>            | T1            |                        |
| <i>ra first aid anti-itch spray external solution 1 %</i>   | T1            |                        |
| <i>ra lice egg remover external gel</i>                     | T1            |                        |
| <i>ra lice solution combination kit 0.5-0.33-4 %</i>        | T1            |                        |
| <b>REGENECARE HA EXTERNAL LIQUID 2 %</b>                    | T1            |                        |
| <b>REGRANEX EXTERNAL GEL 0.01 %</b>                         | T3            | PA                     |
| <b>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %</b>               | T1            |                        |
| <b>REVINA EXTERNAL OINTMENT</b>                             | T1            | QL (60 GM per 30 days) |
| <b>RID ESSENTIAL LICE ELIMINATION EXTERNAL KIT 0.33-4 %</b> | T1            |                        |
| <i>saline wound wash external solution 0.9 %</i>            | T1            |                        |
| <b>SANTYL EXTERNAL OINTMENT 250 UNIT/GM</b>                 | T3            | QL (60 GM per 30 days) |
| <i>scalacort external lotion 2 %</i>                        | T1            |                        |
| <b>SCHOOLTIME SHAMPOO EXTERNAL SHAMPOO</b>                  | T2            |                        |
| <b>SECURA PROTECTIVE EXTERNAL CREAM 10 %</b>                | T3            |                        |
| <i>silver sulfadiazine external cream 1 %</i>               | T1            |                        |
| <i>sss 10-5 external foam 10-5 %</i>                        | T1            |                        |
| <b>STEP 2 EXTERNAL SOLUTION 8 %</b>                         | T2            |                        |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>     | T1            |                        |
| <i>sulfacetamide sodium external liquid 10 %</i>            | T1            |                        |
| <i>sulfacetamide sodium external suspension 10 %</i>        | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>sulfacetamide sodium-sulfur external cream 10-2 % , 10-5 %</i>        | T1            |              |
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>              | T3            |              |
| <i>sulfacetamide sodium-sulfur external emulsion 10-5 %</i>              | T1            |              |
| <i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>               | T1            |              |
| <i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>                | T1            |              |
| <i>sulfacetamide sodium-sulfur external lotion 9.8-4.8 %</i>             | T3            |              |
| <i>sulfacetamide sodium-sulfur external pad 10-4 % , 10-5 %</i>          | T1            |              |
| <i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>            | T1            |              |
| <i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>             | T1            |              |
| <i>sulfacetamide-sulfur in urea external gel 10-5 %</i>                  | T1            |              |
| <b>SULFAMYLON EXTERNAL CREAM 85 MG/GM</b>                                | T3            |              |
| <i>sulfurated lime external solution</i>                                 | T1            |              |
| <i>tacrolimus external ointment 0.03 % , 0.1 %</i>                       | T2            |              |
| <b>TARGRETIN EXTERNAL GEL 1 %</b>  | T3            |              |
| <i>tazarotene external cream 0.1 %</i>                                   | T2            |              |
| <b>TAZORAC EXTERNAL CREAM 0.05 %</b>                                     | T2            |              |
| <b>TAZORAC EXTERNAL GEL 0.05 % , 0.1 %</b>                               | T2            |              |
| <i>terbinafine hcl external cream 1 %</i>                                | T1            |              |
| <b>TEXACORT EXTERNAL SOLUTION 2.5 %</b>                                  | T1            |              |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>     | T3            |              |
| <i>triamcinolone acetonide external cream 0.025 % , 0.1 % , 0.5 %</i>    | T1            |              |
| <i>triamcinolone acetonide external lotion 0.025 % , 0.1 %</i>           | T1            |              |
| <i>triamcinolone acetonide external ointment 0.025 % , 0.1 % , 0.5 %</i> | T1            |              |
| <b>TRIANEX EXTERNAL OINTMENT 0.05 %</b>                                  | T1            |              |
| <b>TRIDERM EXTERNAL CREAM 0.1 %</b>                                      | T1            |              |
| <i>trixaicin hp external cream 0.075 %</i>                               | T1            |              |
| <b>ULESFIA EXTERNAL LOTION 5 %</b>                                       | T2            |              |
| <i>urea external cream 20 % , 50 %</i>                                   | T2            |              |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <i>urea external cream 40 %</i>   | T1            |   |
| <i>urea external gel 40 %</i>   | T2            |   |
| <i>urea external lotion 10 %, 40 %</i>  | T2            |   |
| <b>VASOLEX EXTERNAL OINTMENT</b>  | T1            | QL (60 GM per 30 days)  |
| <b>VERDESO EXTERNAL FOAM 0.05 %</b>   | T3            |   |
| <b>VEREGEN EXTERNAL OINTMENT 15 %</b>   | T3            |   |
| <i>zaclir cleansing external lotion 8 %</i>   | T1            |   |
| <i>zinc oxide external paste 25 %</i>   | T3            |   |
| <b>ZOVIRAX EXTERNAL CREAM 5 %</b>   | T2            |   |
| <b>*Diagnostic Products*</b>  |               |   |
| <b>GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG</b>  | T2            |   |
| <b>KETOCARE IN VITRO STRIP</b>  | T1            |   |
| <b>ONETOUCH VERIO STRIP IN VITRO</b>  | T2            | C (QL 100/90 for members not on insulin and QL 300/90 for members on insulin) |
| <b>*Dietary Products/Dietary Management Products*</b>   |               |   |
| <i>nutritional drink mix oral powder</i>  | T1            |   |
| <b>*Digestive Aids*</b>   |               |   |
| <b>CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT</b> | T2            |   |
| <b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 4200 UNIT</b>                   | T2            |   |
| <i>pancrelipase (lip-prot-amyl) oral capsule delayed release particles 5000 unit</i>                                    | T2            |   |
| <b>PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 8000 UNIT</b>   | T2            |   |
| <b>SUCRAID ORAL SOLUTION 8500 UNIT/ML</b>   | T3            |   |
| <b>ULTRESA ORAL CAPSULE DELAYED RELEASE PARTICLES 13800 UNIT, 20700 UNIT, 23000 UNIT</b>                                | T2            |   |
| <b>VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT</b>   | T2            |   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000-51000 UNIT, 20000-68000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000-136000 UNIT, 5000 UNIT</b> | T2            |                        |
| <b>*Diuretics*</b>   |               |                        |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>   | T1            | QL (60 EA per 30 days) |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i>  | T1            |                        |
| <i>amiloride hcl oral tablet 5 mg</i>  | T1            |                        |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>   | T1            |                        |
| <i>bumetanide injection solution 0.25 mg/ml</i>  | T1            |                        |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>   | T1            |                        |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i>   | T1            |                        |
| <i>chlorthalidone oral tablet 100 mg, 25 mg, 50 mg</i>   | T1            |                        |
| <b>DIURIL ORAL SUSPENSION 250 MG/5ML</b>   | T1            |                        |
| <i>furosemide injection solution 10 mg/ml</i>  | T1            |                        |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>  | T1            |                        |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>  | T1            |                        |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>  | T1            |                        |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>   | T1            |                        |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>  | T1            |                        |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>  | T1            |                        |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>   | T1            |                        |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>  | T1            |                        |
| <i>torseamide intravenous solution 20 mg/2ml, 50 mg/5ml</i>  | T1            |                        |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>   | T1            |                        |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>  | T1            |                        |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>   | T1            |                        |
| <b>*Endocrine And Metabolic Agents - Misc.*</b>  |               |                        |
| <b>ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML</b>  | T2            | PA                     |
| <i>alendronate sodium oral solution 70 mg/75ml</i>   | T2            |                        |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 40 mg, 5 mg, 70 mg</i>   | T1            |                        |
| <i>cabergoline oral tablet 0.5 mg</i>  | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>   | T1            |              |
| <i>calcitriol intravenous solution 1 mcg/ml</i>  | T1            |              |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>   | T1            |              |
| <i>calcitriol oral solution 1 mcg/ml</i>   | T1            |              |
| <b>CARBAGLU ORAL TABLET 200 MG</b>   | T2            | PA           |
| <b>DDAVP RHINAL TUBE NASAL SOLUTION 0.01 %</b>   | T1            |              |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>   | T1            |              |
| <i>desmopressin acetate injection solution 4 mcg/ml</i>  | T1            |              |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>   | T1            |              |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>  | T1            |              |
| <i>doxercalciferol intravenous solution 4 mcg/2ml</i>  | T2            |              |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>  | T2            |              |
| <b>ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML</b>  | T2            | PA           |
| <b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>  | T3            | PA           |
| <b>FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT</b>   | T2            |              |
| <b>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG</b> | T3            | PA           |
| <b>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG</b>  | T3            | PA           |
| <b>HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML</b>  | T2            |              |
| <i>ibandronate sodium oral tablet 150 mg</i>   | T2            |              |
| <b>KUVAN ORAL TABLET SOLUBLE 100 MG</b>  | T2            | PA           |
| <b>LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG</b>  | T1            | PA           |
| <b>NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML</b>  | T2            | PA           |
| <b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML</b>   | T3            | PA           |
| <b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML</b>  | T3            | PA           |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                 |
|---|---------------|------------------------------|
| <i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>   | T2            |                              |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>  | T2            |                              |
| <i>raloxifene hcl oral tablet 60 mg</i>   | T2            |                              |
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>  | T3            |                              |
| <i>risedronate sodium oral tablet delayed release 35 mg</i>   | T3            |                              |
| <b>SAMSCA ORAL TABLET 15 MG, 30 MG</b>  | T2            |                              |
| <b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG</b>  | T1            | PA                           |
| <b>SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG, 30 MG</b>   | T1            |                              |
| <b>SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG</b>   | T2            | PA                           |
| <b>SYNAREL NASAL SOLUTION 2 MG/ML</b>   | T2            |                              |
| <b>XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML</b>   | T3            | PA                           |
| <b>*Estrogens*</b>  |               |                              |
| <b>ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG</b>  | T3            | GR-F                         |
| <b>CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY</b>  | T3            | GR-F                         |
| <b>COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY</b>   | T2            | GR-F                         |
| <b>DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML</b>   | T2            |                              |
| <b>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM</b>   | T2            |                              |
| <b>DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM</b>  | T2            | GR-F                         |
| <b>ENJUVIA ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>   | T2            |                              |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>   | T1            | GR-F                         |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>         | T1            | GR-F; QL (8 EA per 28 days)  |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> | T1            | GR-F; QL (4 EA per 28 days)  |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>  | T1            | GR-F; QL (30 EA per 30 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>                 |
|--|---------------|------------------------------|
| <b>ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)</b>                      | T3            | GR-F                         |
| <i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>                         | T1            |                              |
| <b>EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY</b>                            | T2            | GR-F                         |
| <b>JINTELI ORAL TABLET 1-5 MG-MCG</b>  | T1            | GR-F                         |
| <b>LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG</b>                             | T1            | GR-F; QL (30 EA per 30 days) |
| <b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG</b>                  | T3            |                              |
| <b>MIMVEY LO ORAL TABLET 0.5-0.1 MG</b>                                      | T1            | GR-F; QL (30 EA per 30 days) |
| <b>MIMVEY ORAL TABLET 1-0.5 MG</b>   | T1            | GR-F; QL (30 EA per 30 days) |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>                | T1            | GR-F                         |
| <b>PREFEST ORAL TABLET 1/1-0.09 MG (15/15)</b>                               | T3            | GR-F                         |
| <b>PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG</b>                       | T2            |                              |
| <b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>       | T2            | GR-F; QL (30 EA per 30 days) |
| <b>PREMPHASE ORAL TABLET 0.625-5 MG</b>                                      | T2            | GR-F                         |
| <b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b> | T2            | GR-F                         |
| <b>*Fluoroquinolones*</b>  |               |                              |
| <b>CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)</b>                   | T2            | PA                           |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                  | T1            |                              |
| <i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>          | T2            | PA                           |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                       | T1            |                              |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                   | T1            | QL (21 EA per 30 days)       |
| <i>ofloxacin oral tablet 400 mg</i>  | T1            |                              |
| <b>*Gastrointestinal Agents - Misc.*</b>                                     |               |                              |
| <b>AMITIZA ORAL CAPSULE 24 MCG, 8 MCG</b>                                    | T2            |                              |
| <b>APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM</b>                 | T2            | QL (120 EA per 30 days)      |
| <i>balsalazide disodium oral capsule 750 mg</i>                              | T1            |                              |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                     | T1            |                              |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                      | T1            |                              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>             |
|---|---------------|--------------------------|
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                      | T2            |                          |
| <i>cvs gas relief oral tablet chewable 80 mg</i>                        | T1            |                          |
| <b>DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG</b>                     | T2            | QL (180 EA per 30 days)  |
| <i>gas relief oral tablet chewable 80 mg</i>                            | T1            |                          |
| <i>lactulose encephalopathy oral solution 10 gm/15ml</i>                | T1            |                          |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i> | T2            |                          |
| <i>mesalamine oral tablet delayed release 1.2 gm</i>                    | T2            |                          |
| <i>mesalamine rectal enema 4 gm</i>                                     | T1            | QL (1800 ML per 30 days) |
| <i>metoclopramide hcl injection solution 5 mg/ml</i>                    | T1            |                          |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>            | T1            |                          |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                       | T1            |                          |
| <b>PHOSLYRA ORAL SOLUTION 667 MG/5ML</b>                                | T1            |                          |
| <b>RELISTOR SUBCUTANEOUS KIT 12 MG/0.6ML</b>                            | T2            |                          |
| <b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>           | T2            |                          |
| <b>RENAGEL ORAL TABLET 400 MG, 800 MG</b>                               | T2            |                          |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                   | T2            |                          |
| <i>sevelamer carbonate oral tablet 800 mg</i>                           | T2            |                          |
| <b>SFROWASA RECTAL ENEMA 4 GM/60ML</b>                                  | T1            | QL (1800 ML per 30 days) |
| <i>simethicone oral capsule 125 mg</i>                                  | T1            |                          |
| <i>sulfasalazine oral tablet 500 mg</i>                                 | T1            |                          |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                 | T1            |                          |
| <i>ursodiol oral capsule 300 mg</i>                                     | T1            |                          |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                              | T1            |                          |
| <b>*Genitourinary Agents - Miscellaneous*</b>                           |               |                          |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>      | T1            |                          |
| <b>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>       | T3            |                          |
| <b>CYSTAGON ORAL CAPSULE 150 MG, 50 MG</b>                              | T2            |                          |
| <i>cytra k crystals oral packet 3300-1002 mg</i>                        | T1            |                          |
| <i>cytra-2 oral solution 500-334 mg/5ml</i>                             | T1            |                          |
| <b>CYTRA-3 ORAL SYRUP 550-500-334 MG/5ML</b>                            | T3            |                          |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>cytra-k oral solution 1100-334 mg/5ml</i>  | T1            |              |
| <i>dutasteride oral capsule 0.5 mg</i>  | T2            |              |
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>   | T3            |              |
| <b>ELMIRON ORAL CAPSULE 100 MG</b>  | T3            | PA           |
| <i>finasteride oral tablet 5 mg</i>   | T1            |              |
| <b>ORACIT ORAL SOLUTION 490-640 MG/5ML</b>  | T1            |              |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg</i>  | T1            |              |
| <i>phenazopyridine hcl powder</i>   | T1            |              |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | T1            |              |
| <i>potassium citrate monohydrate granules</i>   | T1            |              |
| <i>potassium citrate powder</i>   | T1            |              |
| <b>RAPAFLO ORAL CAPSULE 4 MG, 8 MG</b>  | T3            |              |
| <b>RENACIDIN IRRIGATION SOLUTION</b>  | T3            |              |
| <i>sm urinary pain relief max st oral tablet 97.5 mg</i>  | T1            |              |
| <i>sodium chloride irrigation solution 0.9 %</i>  | T1            |              |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>   | T1            |              |
| <i>tricitrates oral solution 550-500-334 mg/5ml</i>   | T3            |              |
| <b>VH ESSENTIALS UTI RELIEF ORAL TABLET 97.2 MG</b>   | T1            |              |
| <b>*Glycopeptides***</b>  |               |              |
| <b>FIRST-VANCOMYCIN 25 ORAL SOLUTION 25 MG/ML</b>   | T1            |              |
| <b>FIRST-VANCOMYCIN 50 ORAL SOLUTION 50 MG/ML</b>   | T1            |              |
| <b>FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML</b>   | T2            |              |
| <i>vancomycin hcl intravenous solution reconstituted 10 gm, 500 mg, 750 mg</i>                              | T1            |              |
| <b>*Gout Agents*</b>  |               |              |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>   | T1            |              |
| <i>colchicine oral tablet 0.6 mg</i>  | T2            |              |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>   | T1            |              |
| <b>KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML</b>   | T2            |              |
| <i>probenecid oral tablet 500 mg</i>  | T1            |              |
| <b>ULORIC ORAL TABLET 40 MG, 80 MG</b>  | T3            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <b>*Hematological Agents - Misc.*</b>  |               |                        |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>  | T2            |                        |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>   | T2            |                        |
| <b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>   | T2            | QL (60 EA per 30 days) |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>  | T1            |                        |
| <i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>   | T1            |                        |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>  | T1            |                        |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>   | T1            |                        |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i>   | T2            |                        |
| <i>ticlopidine hcl oral tablet 250 mg</i>  | T1            |                        |
| <b>*Hematopoietic Agents*</b>  |               |                        |
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>   | T3            | PA                     |
| <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b> | T3            | PA                     |
| <i>b complex-folic acid oral tablet 500-5-200 mcg-mg-mcg</i>   | T1            |                        |
| <b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT, 400 UNIT</b>  | T2            |                        |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>   | T1            |                        |
| <b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>  | T2            | PA                     |
| <b>ELITE IRON ORAL TABLET 15 MG</b>  | T2            |                        |
| <b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>  | T3            | PA                     |
| <b>EZFE 200 ORAL CAPSULE 434.8 (200 FE) MG</b>   | T2            |                        |
| <b>FA-8 ORAL CAPSULE 0.8 MG</b>  | T1            |                        |
| <b>FEMIRON ORAL TABLET 63 (20 FE) MG</b>   | T1            |                        |
| <i>ferretts chewable iron oral tablet chewable 18 mg</i>   | T1            |                        |
| <i>ferretts ips oral solution 40 mg/15ml</i>   | T1            |                        |
| <i>ferretts oral tablet 325 (106 fe) mg</i>  | T1            |                        |
| <b>FERRIMIN 150 ORAL TABLET 150 MG</b>   | T1            |                        |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| <i>ferrous aspartate oral tablet 112 (18 fe) mg</i>   | T1            |  |
| <i>ferrous fumarate oral tablet 29 mg</i>   | T2            |  |
| <i>ferrous fumarate oral tablet 324 (106 fe) mg</i>   | T1            |  |
| <i>ferrous gluconate oral tablet 225 (27 fe) mg</i>   | T2            |  |
| <i>ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg, 325 (36 fe) mg</i> | T1            |  |
| <i>ferrous sulfate er oral tablet extended release 140 (45 fe) mg</i>                                 | T1            |  |
| <i>ferrous sulfate er oral tablet extended release 50 mg</i>  | T2            |  |
| <i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>   | T1            | AL (Max 12 Years)  |
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>   | T1            | QL (50 ML per 30 days); AL (Max 12 Years)                        |
| <i>ferrous sulfate oral syrup 300 (60 fe) mg/5ml</i>  | T1            | AL (Max 12 Years)  |
| <i>ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg</i>  | T1            |  |
| <i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>                     | T1            |  |
| <i>folic acid oral capsule 20 mg</i>  | T1            |  |
| <i>folic acid oral tablet 1 mg</i>  | T1            |  |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>  | T1            | GR-F; QL (30 EA per 30 days); AL (Min 14 Years and Max 50 Years) |
| <b>FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG</b>  | T1            |  |
| <b>HEMATRON DROPS ORAL LIQUID 15-0.008-0.4 MG/ML</b>  | T1            |  |
| <i>high potency iron oral capsule 86 (27 fe) mg</i>   | T2            |  |
| <i>high potency iron oral tablet 134 mg</i>   | T1            |  |
| <i>hm iron oral tablet 200 (65 fe) mg</i>   | T1            |  |
| <b>IFEREX 150 ORAL CAPSULE 150 MG</b>   | T2            |  |
| <i>iron (ferrous gluconate) oral tablet 256 (28 fe) mg</i>  | T1            |  |
| <i>iron chews pediatric oral tablet chewable 15 mg</i>  | T1            |  |
| <i>iron oral tablet 90 (18 fe) mg</i>   | T1            |  |
| <i>iron oral tablet extended release 142 (45 fe) mg, 18 mg</i>  | T1            |  |
| <b>IRON UP ORAL LIQUID 15 MG/0.5ML</b>  | T2            |  |
| <b>LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG</b>   | T2            | PA   |
| <i>miglustat oral capsule 100 mg</i>  | T3            |  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>      |
|---|---------------|-------------------|
| <b>MYKIDZ IRON 10 ORAL SUSPENSION 15 MG/1.5ML</b>   | T2            |                   |
| <i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>   | T1            |                   |
| <b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>  | T2            | PA                |
| <b>NOVAFERRUM 50 ORAL CAPSULE 50 MG</b>   | T1            |                   |
| <b>NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML</b>  | T2            |                   |
| <b>PERFECT IRON ORAL TABLET 25 MG</b>   | T2            |                   |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>  | T1            |                   |
| <b>PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b> | T3            | PA                |
| <b>PROFE ORAL CAPSULE 391.3 (180 FE) MG</b>   | T1            |                   |
| <b>PROFERRIN ES ORAL TABLET 12 MG</b>   | T2            |                   |
| <b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>               | T3            | PA                |
| <i>slow iron oral tablet extended release 160 (50 fe) mg</i>  | T1            |                   |
| <i>slow release iron oral tablet extended release 45 mg, 47.5 mg</i>  | T1            |                   |
| <i>sm slow release iron oral tablet extended release 143 (45 fe) mg</i>   | T1            |                   |
| <b>SPATONE PUR-ABSORB IRON ORAL LIQUID 5 MG/20ML</b>  | T1            | AL (Max 12 Years) |
| <i>vitamin b-12 oral tablet 1000 mcg</i>  | T1            |                   |
| <i>wee care oral suspension 15 mg/1.25ml</i>  | T2            |                   |
| <b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>   | T2            | PA                |
| <b>*Hemostatics*</b>  |               |                   |
| <b>AMICAR ORAL TABLET 1000 MG</b>   | T3            |                   |
| <i>aminocaproic acid oral tablet 500 mg</i>   | T2            |                   |
| <b>*Hepatitis C Agent - Combinations***</b>   |               |                   |
| <b>MAVYRET ORAL TABLET 100-40 MG</b>  | T3            | PA                |
| <b>*Hypnotics*</b>  |               |                   |
| <i>chloral hydrate crystals</i>   | T3            |                   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>  |
|--|---------------|---|
| <i>diphenhydramine-apap (sleep) oral tablet 25-500 mg</i>  | T1            |   |
| <i>estazolam oral tablet 1 mg, 2 mg</i>  | T1            |   |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>  | T1            |   |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i>  | T1            |   |
| <i>ibuprofen pm oral tablet 200-38 mg</i>  | T1            |   |
| <i>midazolam hcl oral syrup 2 mg/ml</i>  | T1            |   |
| <i>phenobarbital oral elixir 20 mg/5ml</i>   | T1            |   |
| <i>phenobarbital oral solution 20 mg/5ml</i>   | T1            |   |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | T1            |   |
| <b>ROZEREM ORAL TABLET 8 MG</b>  | T3            |   |
| <b>SECONAL ORAL CAPSULE 100 MG</b>   | T3            |   |
| <i>sleep-aid maximum strength oral capsule 50 mg</i>   | T1            |   |
| <i>temazepam oral capsule 15 mg, 30 mg</i>   | T1            | QL (30 EA per 30 days); AL (Max 64 Years)                     |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>   | T1            | AL (Max 64 Years)   |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>   | T1            |   |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>   | T1            | QL (30 EA per 30 days)  |
| <b>*Laxatives*</b>   |               |   |
| <b>BISAC-EVAC RECTAL SUPPOSITORY 10 MG</b>   | T1            |   |
| <i>bisacodyl ec oral tablet delayed release 5 mg</i>   | T1            |   |
| <i>chocolated laxative oral tablet chewable 15 mg</i>  | T1            |   |
| <b>COLACE CLEAR ORAL CAPSULE 50 MG</b>   | T1            |   |
| <i>docusate sodium oral capsule 100 mg</i>   | T1            |   |
| <b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>   | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM</b>   | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM</b>                            | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <i>glycerin adult rectal suppository 2 gm</i>  | T1            |   |
| <b>GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM</b>   | T1            | QL (1 EA per 365 days)  |
| <b>KRISTALOSE ORAL PACKET 20 GM</b>  | T2            |   |
| <i>lactulose oral packet 10 gm</i>   | T2            |   |
| <i>lactulose oral solution 10 gm/15ml</i>  | T1            |   |
| <i>magnesium citrate oral solution 1.745 gm/30ml</i>   | T1            |   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <b>MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM</b>  | T3            |   |
| <b>OSMOPREP ORAL TABLET 1.102-0.398 GM</b>  | T3            |   |
| <i>peg 3350 oral packet</i>   | T1            |   |
| <i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>                                     | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>                               | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>                                     | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <b>PEG-PREP ORAL KIT 5-210 MG-GM</b>  | T2            |   |
| <i>polyethylene glycol 3350 oral powder</i>   | T1            |   |
| <i>senna oral syrup 8.8 mg/5ml</i>  | T1            |   |
| <i>senna oral tablet 8.6 mg</i>   | T1            |   |
| <i>senna-s oral tablet 8.6-50 mg</i>  | T1            |   |
| <b>TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM</b>   | T1            | QL (4000 ML per 365 days); AL (Min 50 Years and Max 75 Years) |
| <b>*Local Anesthetics-Parenteral*</b>   |               |   |
| <i>lidocaine hcl (pf) injection solution 4 %</i>  | T1            |   |
| <b>*Macrolides*</b>   |               |   |
| <i>azithromycin oral packet 1 gm</i>  | T1            | QL (2 EA per 30 days)   |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                            | T1            |   |
| <i>azithromycin oral tablet 250 mg</i>  | T1            | C (6 per 5, 2 fills per 30days); QL (12 EA per 30 days)       |
| <i>azithromycin oral tablet 500 mg, 600 mg</i>  | T1            |   |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                          | T1            |   |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>  | T1            |   |
| <b>DIFICID ORAL TABLET 200 MG</b>   | T3            | PA  |
| <i>erythromycin ethylsuccinate powder</i>   | T2            |   |
| <b>*Medical Devices*</b>  |               |   |
| <i>1st choice lancets super thin</i>  | T1            |   |
| <i>1st choice lancets thin</i>  | T1            |   |
| <i>1st choice lancets ultra thin</i>  | T1            |   |
| <i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>      | T2            | QL (200 EA per 30 days)                                       |
| <i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | T2            | QL (200 EA per 30 days)                                       |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>1st tier unilet comfortouch</i>  | T1            |                         |
| <b>ACCU-CHEK FASTCLIX LANCET KIT</b>  | T1            |                         |
| <b>ACCU-CHEK FASTCLIX LANCETS</b>   | T1            |                         |
| <b>ACCU-CHEK MULTICLIX LANCET DEV KIT</b>   | T1            |                         |
| <b>ACCU-CHEK MULTICLIX LANCETS</b>  | T1            |                         |
| <b>ACCU-CHEK SAFE-T PRO LANCETS</b>   | T1            |                         |
| <b>ACCU-CHEK SOFT TOUCH LANCETS</b>   | T1            |                         |
| <b>ACCU-CHEK SOFTCLIX LANCET DEV</b>  | T1            |                         |
| <b>ACCU-CHEK SOFTCLIX LANCET DEV KIT</b>  | T1            |                         |
| <b>ACCU-CHEK SOFTCLIX LANCETS</b>   | T1            |                         |
| <i>acti-lance 28g</i>   | T1            |                         |
| <i>acti-lance lite lancets 28g</i>  | T1            |                         |
| <i>acti-lance special lancets 17g</i>   | T1            |                         |
| <i>acti-lance universal 23g</i>   | T1            |                         |
| <i>adjustable lancing device</i>  | T1            |                         |
| <b>ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>                    | T2            | QL (200 EA per 30 days) |
| <b>ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b> | T1            | QL (200 EA per 30 days) |
| <b>ADVOCATE LANCETS</b>   | T1            |                         |
| <b>ADVOCATE SAFETY LANCETS</b>  | T1            |                         |
| <b>AGAMATRIX ULTRA-THIN LANCETS</b>   | T1            |                         |
| <i>alcohol prep pad 70 %</i>  | T1            |                         |
| <i>alternate site lancing device</i>  | T1            |                         |
| <i>anti-stick insulin syringe 29g x 1/2" 1 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>aqua lance adjustable lancing device</i>   | T1            |                         |
| <i>assure comfort lancets 28g</i>   | T1            |                         |
| <i>assure comfort lancets 30g</i>   | T1            |                         |
| <b>ASSURE HAEMOLANCE PLUS HIGH</b>  | T1            |                         |
| <b>ASSURE HAEMOLANCE PLUS LOW</b>   | T1            |                         |
| <b>ASSURE HAEMOLANCE PLUS MICRO</b>   | T1            |                         |
| <b>ASSURE HAEMOLANCE PLUS NORMAL</b>  | T1            |                         |
| <b>ASSURE HAEMOLANCE PLUS PED</b>   | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>ASSURE LANCE LANCETS</b>   | T1            |                         |
| <i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>aurora unifine pentips 31g x 5 mm , 32g x 4 mm</i>   | T2            | QL (200 EA per 30 days) |
| <b>AUTO-LANCET</b>  | T1            |                         |
| <b>AUTO-LANCET MINI</b>   | T1            |                         |
| <b>AUTOLET IMPRESSION</b>   | T1            |                         |
| <b>AUTOLET LANCING DEVICE</b>   | T1            |                         |
| <b>BAYER MICROLET 2 LANCING DEVIC</b>   | T1            |                         |
| <b>BAYER MICROLET LANCETS</b>   | T1            |                         |
| <b>BD AUTOSHIELD 29G X 12MM , 29G X 5MM , 29G X 8MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD AUTOSHIELD DUO 30G X 5 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, U-100 1 ML</b>                                 | T2            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 1 ML</b> | T2            | QL (200 EA per 30 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>BD INTEGRA INSULIN SYRINGE 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>BD INTEGRA SYRINGE 25G X 1" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>BD LANCET DEVICE</b>  | T1            |                         |
| <b>BD LANCET ULTRAFINE 30G</b>   | T1            |                         |
| <b>BD LANCET ULTRAFINE 33G</b>   | T1            |                         |
| <b>BD LUER-LOK SYRINGE 20G X 1" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD MICROTAINER LANCETS</b>  | T1            |                         |
| <b>BD PEN NEEDLE MINI U/F 31G X 5 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD PEN NEEDLE NANO U/F 32G X 4 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD PEN NEEDLE SHORT U/F 31G X 8 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <i>bullseye mini safety lancets</i>  | T1            |                         |
| <b>BULLSEYE SAFETY LANCETS</b>   | T1            |                         |
| <b>CARDIOCOM LANCING DEVICE</b>  | T1            |                         |
| <b>CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM</b> | T2            | QL (200 EA per 30 days) |
| <i>careone advanced lancing dev</i>  | T1            |                         |
| <i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 1 ml</i>               | T2            | QL (200 EA per 30 days) |
| <i>careone insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>careone lancet thin 23g</i>   | T1            |                         |
| <i>careone lancet ultra thin 28g</i>   | T1            |                         |
| <i>careone unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                        | T2            | QL (200 EA per 30 days) |
| <i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>                   | T2            | QL (200 EA per 30 days) |
| <b>CLEANLET LANCETS 28G</b>  | T1            |                         |
| <b>CLEVER CHEK LANCETS</b>   | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <b>COAGUCHEK LANCETS</b>   | T1            |                         |
| <b>COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <i>comfort assured lancets 28g</i>   | T1            |                         |
| <i>comfort assured lancets 33g</i>   | T1            |                         |
| <b>COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>                                   | T1            | QL (200 EA per 30 days) |
| <b>COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b> | T2            | QL (200 EA per 30 days) |
| <b>COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>  | T2            | QL (200 EA per 30 days) |
| <i>comfort lancets</i>   | T1            |                         |
| <i>cool mist humidifier</i>  | T1            |                         |
| <i>cvs lancets 21g</i>   | T1            |                         |
| <i>cvs lancets micro thin 33g</i>  | T1            |                         |
| <i>cvs lancets thin 26g</i>  | T1            |                         |
| <i>cvs lancets ultra thin 30g</i>  | T1            |                         |
| <i>cvs lancing device</i>  | T1            |                         |
| <i>cvs ultra thin lancets</i>  | T1            |                         |
| <b>DIASTAR EASY TEST II LANCETS</b>  | T1            |                         |
| <b>DIASTAR EASY TEST LANCETS</b>   | T1            |                         |
| <b>DROPLET LANCETS ULTRA THIN 30G</b>  | T1            |                         |
| <b>DROPLET LANCING DEVICE</b>  | T1            |                         |
| <i>drug mart lancets thin 26g</i>  | T1            |                         |
| <b>DRUG MART LANCING DEVICE</b>  | T1            |                         |
| <b>DRUG MART ON-THE-GO LANCET 30G</b>  | T1            |                         |
| <i>drug mart ultra comfort syr 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>drug mart unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>drug mart unifine pentips plus 32g x 4 mm</i>   | T2            | QL (200 EA per 30 days) |
| <b>DRUG MART UNILET LANCETS 28G</b>  | T1            |                         |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>DRUG MART UNILET LANCETS 30G</b>   | T1            |                         |
| <i>duane reade lancet altern site</i>   | T1            |                         |
| <i>duane reade lancet super thin</i>  | T1            |                         |
| <i>duane reade lancet ultra thin</i>  | T1            |                         |
| <i>duane reade unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>   | T2            | QL (200 EA per 30 days) |
| <b>EASIVENT</b>   | T2            | QL (2 EA per 365 days)  |
| <b>EASIVENT MASK LARGE</b>  | T2            | QL (2 EA per 365 days)  |
| <b>EASIVENT MASK MEDIUM</b>   | T2            | QL (2 EA per 365 days)  |
| <b>EASIVENT MASK SMALL</b>  | T2            | QL (2 EA per 365 days)  |
| <i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml</i>  | T2            | QL (200 EA per 30 days) |
| <i>easy comfort insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>easy comfort lancets</i>   | T1            |                         |
| <i>easy comfort pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>easy mini lancing device</i>   | T1            |                         |
| <b>EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b> | T2            | QL (200 EA per 30 days) |
| <b>EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>EASY TOUCH LANCETS 21G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 23G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 26G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 28G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 28G/TWIST</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 30G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 30G/TWIST</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 32G</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 32G/TWIST</b>   | T1            |                         |
| <b>EASY TOUCH LANCETS 33G/TWIST</b>   | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>EASY TOUCH LANCING DEVICE</b>   | T1            |                         |
| <b>EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>EASY TOUCH SAFETY LANCETS 21G</b>   | T1            |                         |
| <b>EASY TOUCH SAFETY LANCETS 23G</b>   | T1            |                         |
| <b>EASY TOUCH SAFETY LANCETS 26G</b>   | T1            |                         |
| <b>EASY TOUCH SAFETY LANCETS 28G</b>   | T1            |                         |
| <b>EASY TWIST &amp; CAP LANCETS</b>  | T1            |                         |
| <b>EMBRACE LANCETS ULTRA THIN 30G</b>  | T1            |                         |
| <i>eql color lancets 21g</i>   | T1            |                         |
| <i>eql color lancets micro 33g</i>   | T1            |                         |
| <i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                    | T2            | QL (200 EA per 30 days) |
| <i>eql insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i> | T1            | QL (200 EA per 30 days) |
| <i>eql short pen needle 31g x 8 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>eql super thin lancets 30g</i>  | T1            |                         |
| <i>eql thin lancets 26g</i>  | T1            |                         |
| <i>eql ultra comfort insulin syr 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>eql ultra short pen needle 31g x 6 mm</i>   | T2            | QL (200 EA per 30 days) |
| <b>EXCEL COMFORT POINT PEN NEEDLE 29G X 12MM , 31G X 6 MM , 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML</b>           | T1            | QL (200 EA per 30 days) |
| <b>EXEL COMFORT POINT INSULIN SYR 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b>          | T2            | QL (200 EA per 30 days) |
| <b>E-Z JECT LANCET MICRO-THIN 33G</b>  | T1            |                         |
| <b>E-Z JECT LANCET SUPER THIN 30G</b>  | T1            |                         |
| <b>E-Z JECT LANCETS</b>  | T1            |                         |
| <b>E-Z JECT LANCETS 21G</b>  | T1            |                         |
| <b>E-Z JECT LANCETS THIN 26G</b>   | T1            |                         |
| <b>EZ SMART BLOOD GLUCOSE LANCETS</b>  | T1            |                         |
| <b>EZ-LETS LANCETS 21G</b>   | T1            |                         |
| <b>EZ-LETS LANCETS 26G</b>   | T1            |                         |
| <b>EZ-LETS LANCETS 28G</b>   | T1            |                         |
| <b>EZ-LETS LANCETS 30G</b>   | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>FIFTY50 LANCING DEVICE</b>  | T1            |                         |
| <b>FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>FIFTY50 SAFETY SEAL LANCETS</b>   | T1            |                         |
| <b>FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>FINE 30</b>   | T1            |                         |
| <b>FINGERSTIX LANCETS</b>  | T1            |                         |
| <b>FORA LANCETS</b>  | T1            |                         |
| <b>FORA LANCING DEVICE</b>   | T1            |                         |
| <i>freds pharmacy autolet lancing</i>  | T1            |                         |
| <i>freds pharmacy unifine pentip+ 31g x 5 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>freds pharmacy unifine pentips 32g x 4 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>freds pharmacy unilet lanc 28g</i>  | T1            |                         |
| <i>freds pharmacy unilet lanc 30g</i>  | T1            |                         |
| <b>FREESTYLE LANCETS</b>   | T1            |                         |
| <b>FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>FREESTYLE UNISTICK II LANCETS</b>   | T1            |                         |
| <i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>                                   | T1            | QL (200 EA per 30 days) |
| <i>global inject ease insulin syr 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | T2            | QL (200 EA per 30 days) |
| <i>global inject ease lancets 28g</i>  | T1            |                         |
| <i>global inject ease lancets 30g</i>  | T1            |                         |
| <i>global lancing device</i>   | T1            |                         |
| <b>GLUCOCOM LANCETS 28G</b>  | T1            |                         |
| <b>GLUCOCOM LANCETS 30G</b>  | T1            |                         |
| <b>GLUCOCOM LANCETS 33G</b>  | T1            |                         |
| <b>GLUCOLET 2 AUTOMATIC LANCING</b>  | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <b>GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>                           | T2            | QL (200 EA per 30 days) |
| <b>GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>GLUCOSOURCE LANCET DEVICE</b>  | T1            |                         |
| <b>GLUCOSOURCE LANCETS</b>  | T1            |                         |
| <i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>           | T1            | QL (200 EA per 30 days) |
| <i>gnp insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                | T2            | QL (200 EA per 30 days) |
| <i>gnp lancets</i>  | T1            |                         |
| <i>gnp lancets 21g</i>  | T1            |                         |
| <i>gnp lancets micro thin 33g</i>   | T1            |                         |
| <i>gnp lancets super thin 30g</i>   | T1            |                         |
| <i>gnp lancets thin</i>   | T1            |                         |
| <i>gnp lancets thin 26g</i>   | T1            |                         |
| <i>gnp micro thin lancets 33g</i>   | T1            |                         |
| <i>gnp super thin lancets 30g</i>   | T1            |                         |
| <i>gnp ultra com insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i> | T1            | QL (200 EA per 30 days) |
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                      | T2            | QL (200 EA per 30 days) |
| <b>HEALTH CARE LANCING DEVICE</b>   | T1            |                         |
| <i>healthwise lancets 30g</i>   | T1            |                         |
| <i>healthwise lancing pen</i>   | T1            |                         |
| <i>healthwise mini pen needles 31g x 6 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>healthwise pen needles 29g x 12mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>healthwise short pen needles 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>healthwise unifine pentips 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>healthy accents lancing device</i>   | T1            |                         |
| <i>healthy accents unifine pentip 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>healthy accents unilet lancets</i>   | T1            |                         |
| <i>h-e-b incontrol adv lancing</i>  | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>h-e-b incontrol lancets 28g</i>   | T1            |                         |
| <i>h-e-b incontrol lancets 30g</i>   | T1            |                         |
| <i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <b>HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>HYPOLANCE AST LANCING KIT</b>   | T1            |                         |
| <i>insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>                | T1            | QL (200 EA per 30 days) |
| <i>insulin syringe 28g x 1/2" 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | T2            | QL (200 EA per 30 days) |
| <i>insulin syringe/needle 27g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>insulin syringe/needle 28g x 1/2" 0.5 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>insupen pen needles 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <b>INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>INSUPEN ULTRAFIN 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM</b>  | T2            | QL (200 EA per 30 days) |
| <i>kinney lancets</i>  | T1            |                         |
| <i>kinney thin lancets</i>   | T1            |                         |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 1 ml</i>  | T2            | QL (200 EA per 30 days) |
| <i>kinray insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>knee stabilizer/elastic/sm/med</i>  | T1            |                         |
| <i>croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>croger insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>                            | T1            | QL (200 EA per 30 days) |
| <i>croger lancets 21g</i>  | T1            |                         |
| <i>croger lancets micro thin 33g</i>   | T1            |                         |
| <i>croger lancets super thin</i>   | T1            |                         |
| <i>croger lancets thin 26g</i>   | T1            |                         |
| <i>croger lancets ultrathin 30g</i>  | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>croger lancing device</i>  | T1            |                         |
| <i>croger pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>lancet transporter case</i>  | T1            |                         |
| <i>lancets</i>  | T1            |                         |
| <i>lancets 28g</i>  | T1            |                         |
| <i>lancets 30g</i>  | T1            |                         |
| <i>lancets micro thin 33g</i>   | T1            |                         |
| <i>lancets super thin 28g</i>   | T1            |                         |
| <i>lancets thin</i>   | T1            |                         |
| <b>LANCETS ULTRA FINE</b>   | T1            |                         |
| <b>LANCETS ULTRA THIN</b>   | T1            |                         |
| <i>lancets ultra thin 30g</i>   | T1            |                         |
| <i>lancing device</i>   | T1            |                         |
| <i>leader advanced lancing device</i>   | T1            |                         |
| <i>leader insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>    | T1            | QL (200 EA per 30 days) |
| <i>leader insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                         | T2            | QL (200 EA per 30 days) |
| <b>LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM</b>   | T2            | QL (200 EA per 30 days) |
| <i>lite touch lancets</i>   | T1            |                         |
| <b>LITE TOUCH LANCING DEVICE</b>  | T1            |                         |
| <b>LITE TOUCH LANCING PEN</b>   | T1            |                         |
| <b>LITE TOUCH PEN NEEDLES 31G X 5 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b> | T1            | QL (200 EA per 30 days) |
| <b>LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>                      | T2            | QL (200 EA per 30 days) |
| <b>LITETOUCH LANCETS</b>  | T1            |                         |
| <b>LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 6 MM , 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <i>live better adv lancing device</i>   | T1            |                         |
| <i>live better lancet super thin</i>  | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>live better lancet ultra thin</i>  | T1            |                         |
| <i>live better pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                         | T2            | QL (200 EA per 30 days) |
| <i>longs insulin syringe 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>longs lancets standard</i>   | T1            |                         |
| <i>longs lancets thin</i>   | T1            |                         |
| <i>longs lancets ultra thin</i>   | T1            |                         |
| <b>MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b> | T2            | QL (200 EA per 30 days) |
| <b>MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML</b>    | T1            | QL (200 EA per 30 days) |
| <b>MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML</b>                                       | T1            | QL (200 EA per 30 days) |
| <i>medic insulin syringe 30g x 5/16" 0.3 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>medic insulin syringe 30g x 5/16" 0.5 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>medichoice safety lancet</i>   | T1            |                         |
| <i>medichoice safety lancet extra</i>   | T1            |                         |
| <i>medichoice safety lancet norm</i>  | T1            |                         |
| <i>medicine shoppe pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                     | T2            | QL (200 EA per 30 days) |
| <b>MEDISENSE THIN LANCETS</b>   | T1            |                         |
| <b>MEDLANCE LITE 25G</b>  | T1            |                         |
| <b>MEDLANCE PLUS EXTRA 21G</b>  | T1            |                         |
| <b>MEDLANCE PLUS LANCETS</b>  | T1            |                         |
| <b>MEDLANCE PLUS LITE 25G</b>   | T1            |                         |
| <b>MEDLANCE PLUS SPECIAL 0.8MM</b>  | T1            |                         |
| <b>MEDLANCE PLUS SUPERLITE 30G</b>  | T1            |                         |
| <b>MEDLANCE PLUS UNIVERSAL 21G</b>  | T1            |                         |
| <b>MEDLANCE UNIVERSAL 21G</b>   | T1            |                         |
| <b>MEIJER LANCETS</b>   | T1            |                         |
| <b>MEIJER LANCETS THIN</b>  | T1            |                         |
| <b>MEIJER LANCETS UNIVERSAL 30G</b>   | T1            |                         |
| <b>MEIJER LANCETS UNIVERSAL 33G</b>   | T1            |                         |
| <i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                              | T2            | QL (200 EA per 30 days) |
| <b>MEIJER SUPER THIN LANCETS</b>  | T1            |                         |
| <b>MICROLET LANCETS</b>   | T1            |                         |
| <b>MICROTAINER SAFETY FLOW LANCET</b>   | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                 |
|---|---------------|------------------------------|
| <i>mini lancing device</i>  | T1            |                              |
| <b>MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, U-100 1 ML</b> | T2            | QL (200 EA per 30 days)      |
| <b>MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML</b>  | T1            | QL (200 EA per 30 days)      |
| <b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>                                      | T1            | QL (200 EA per 30 days)      |
| <b>MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b>   | T2            | QL (200 EA per 30 days)      |
| <b>MONOJECTOR END CAPS</b>  | T1            |                              |
| <b>MONOJECTOR OPD END CAPS</b>  | T1            |                              |
| <b>MONOLET LANCETS</b>  | T1            |                              |
| <b>MONOLET OPD LANCETS</b>  | T1            |                              |
| <b>MONOLETTOR SAFETY LANCETS</b>  | T1            |                              |
| <b>MOORE MONO INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days)      |
| <b>MOORE MONO INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML</b>  | T2            | QL (200 EA per 30 days)      |
| <i>ms insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days)      |
| <i>ms insulin syringe 31g x 5/16" 1 ml</i>  | T2            | QL (200 EA per 30 days)      |
| <i>multi-lancet device</i>  | T1            |                              |
| <b>MYGLUCOHEALTH LANCETS 30G</b>  | T1            |                              |
| <b>NOVA SAFETY LANCETS 23G</b>  | T1            |                              |
| <b>NOVA SAFETY LANCETS 28G</b>  | T1            |                              |
| <b>NOVA SUREFLEX LANCETS</b>  | T1            |                              |
| <b>NOVA SUREFLEX LANCING DEVICE</b>   | T1            |                              |
| <b>NOVOFINE 30G X 8 MM , 32G X 6 MM</b>   | T2            | QL (200 EA per 30 days)      |
| <b>NOVOFINE AUTOCOVER 30G X 8 MM</b>  | T2            | QL (200 EA per 30 days)      |
| <b>NOVOFINE PLUS 32G X 4 MM</b>   | T2            | QL (200 EA per 30 days)      |
| <b>NOVOTWIST 30G X 8 MM , 32G X 5 MM</b>  | T2            | QL (200 EA per 30 days)      |
| <b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>ON CALL LANCETS</b>  | T1            |                              |
| <b>ON CALL LANCING DEVICE</b>   | T1            |                              |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <b>ON CALL PLUS LANCETS</b>   | T1            |   |
| <b>ON CALL PLUS LANCING DEVICE</b>  | T1            |   |
| <b>ONETOUCH DELICA LANCETS 33G</b>  | T1            | C (QL 100/90 for members not on insulin and QL 300/90 for members on insulin) |
| <b>ONETOUCH DELICA LANCETS FINE</b>   | T1            | C (QL 100/90 for members not on insulin and QL 300/90 for members on insulin) |
| <b>ONETOUCH DELICA LANCING DEV</b>  | T1            |   |
| <b>ONETOUCH FINEPOINT LANCETS</b>   | T1            |   |
| <b>ONETOUCH SURESOFT LANCING DEV</b>  | T1            |   |
| <b>ONETOUCH ULTRASOFT LANCETS</b>   | T1            |   |
| <b>ONETOUCH VERIO SOLUTION IN VITRO</b>   | T1            | QL (1 EA per 365 days)  |
| <b>ORTHO DIAPHRAGM ALL-FLEX VAGINAL DIAPHRAGM 65 MM, 70 MM, 75 MM, 80 MM</b>                          | T1            | GR-F; QL (1 EA per 365 days)  |
| <b>ORTHO DIAPHRAGM COIL VAGINAL KIT 100 MM, 105 MM, 50 MM</b>   | T1            | GR-F; QL (1 EA per 365 days)  |
| <b>ORTHO DIAPHRAGM FLAT VAGINAL KIT 55 MM, 60 MM, 65 MM, 70 MM, 75 MM, 80 MM, 85 MM, 90 MM, 95 MM</b> | T1            | GR-F; QL (1 EA per 365 days)  |
| <i>pc lancets super thin 30g</i>  | T1            |   |
| <i>pc unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                           | T2            | QL (200 EA per 30 days)   |
| <i>pen needles 1/2" 29g x 12mm</i>  | T2            | QL (200 EA per 30 days)   |
| <i>pen needles 29g x 12mm , 31g x 6 mm</i>  | T2            | QL (200 EA per 30 days)   |
| <i>pen needles 3/16" 31g x 5 mm</i>   | T2            | QL (200 EA per 30 days)   |
| <i>pen needles 5/16" 30g x 8 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days)   |
| <b>PENLET II BLOOD SAMPLER KIT</b>  | T1            |   |
| <b>PERFECT LANCETS 28G</b>  | T1            |   |
| <b>PERFECT LANCETS 30G</b>  | T1            |   |
| <b>PHARMACIST CHOICE LANCETS</b>  | T1            |   |
| <b>PHARMACY COUNTER LANCETS</b>   | T1            |   |
| <b>PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML</b>  | T2            | QL (200 EA per 30 days)   |
| <b>PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days)   |
| <b>PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML</b>  | T1            | QL (200 EA per 30 days)   |
| <b>PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.5 ML</b>              | T2            | QL (200 EA per 30 days)   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>preferred plus insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml</i> | T2            | QL (200 EA per 30 days) |
| <i>preferred plus lancets colored</i>   | T1            |                         |
| <i>preferred plus lancets thin</i>  | T1            |                         |
| <i>preferred plus unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>            | T2            | QL (200 EA per 30 days) |
| <b>PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>PRODIGY LANCETS 28G</b>  | T1            |                         |
| <b>PRODIGY LANCING DEVICE</b>   | T1            |                         |
| <b>PRODIGY TWIST TOP LANCETS 28G</b>  | T1            |                         |
| <i>px advanced lancing device</i>   | T1            |                         |
| <i>px extra short pen needles 31g x 6 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>px insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 1 ml</i>               | T2            | QL (200 EA per 30 days) |
| <i>px insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>px lancet auto injector</i>  | T1            |                         |
| <i>px lancets ultra thin</i>  | T1            |                         |
| <i>px mini pen needles 31g x 5 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>px pen needle 29g x 12mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>qc lancets super thin 30g</i>  | T1            |                         |
| <i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>qc unifine pentips 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <b>RA E-ZJECT COLOR LANCETS 33G</b>   | T1            |                         |
| <b>RA E-ZJECT LANCETS 28G</b>   | T1            |                         |
| <b>RA E-ZJECT LANCETS THIN 26G</b>  | T1            |                         |
| <b>RA E-ZJECT LANCETS THIN 28G</b>  | T1            |                         |
| <b>RA E-ZJECT LANCETS ULTRA THIN</b>  | T1            |                         |
| <i>ra insulin syringe 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>ra insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 1 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>ra lancing device</i>  | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>            |
|---|---------------|-------------------------|
| <i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>   | T2            | QL (200 EA per 30 days) |
| <b>RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>RELION INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>                    | T2            | QL (200 EA per 30 days) |
| <b>RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>RELION INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b> | T1            | QL (200 EA per 30 days) |
| <b>RELION LANCETS MICRO-THIN 33G</b>  | T1            |                         |
| <b>RELION LANCETS THIN 26G</b>  | T1            |                         |
| <b>RELION LANCETS ULTRA-THIN 30G</b>  | T1            |                         |
| <b>RELION LANCING DEVICE</b>  | T1            |                         |
| <b>RELION LANCING DEVICE KIT</b>  | T1            |                         |
| <b>RELION MINI PEN NEEDLES 31G X 6 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>RELION PEN NEEDLES 29G X 12MM , 31G X 8 MM , 32G X 4 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>RELION SHORT PEN NEEDLES 31G X 8 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>RELION ULTRA THIN LANCETS 30G</b>  | T1            |                         |
| <b>RELION ULTRA THIN PLUS LANCETS</b>   | T1            |                         |
| <b>REXALL LANCETS ULTRA THIN 30G</b>  | T1            |                         |
| <b>RIGHTEST ALTERNATE SITE ADAPT</b>  | T1            |                         |
| <b>RIGHTEST GD500 LANCING DEVICE</b>  | T1            |                         |
| <b>RIGHTEST GL300 LANCETS</b>   | T1            |                         |
| <b>SAFESNAP INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML</b>                                      | T2            | QL (200 EA per 30 days) |
| <b>SAFESNAP INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML</b>   | T1            | QL (200 EA per 30 days) |
| <i>safety lancet 21g/pressure act</i>   | T1            |                         |
| <i>safety lancet 28g/pressure act</i>   | T1            |                         |
| <b>SAFETY LANCETS</b>   | T1            |                         |
| <b>SAFETY LANCETS 21G</b>   | T1            |                         |
| <i>safety lancets 28g</i>   | T1            |                         |
| <b>SAFETY LET LANCETS</b>   | T1            |                         |
| <b>SAFETY SEAL LANCETS</b>  | T1            |                         |
| <b>SAFETY-GLIDE SYRINGE 29G X 1/2" 0.3 ML</b>   | T2            | QL (200 EA per 30 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>sapscare twist top lancets</i>  | T1            |                         |
| <i>sb insulin syringe 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>  | T2            | QL (200 EA per 30 days) |
| <i>sb insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 1 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>sb lancets thin</i>   | T1            |                         |
| <i>sb lancets ultra thin</i>   | T1            |                         |
| <i>schnucks insulin syringe 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml</i>  | T2            | QL (200 EA per 30 days) |
| <b>SHOPKO AUTOLET LANCING DEVICE</b>   | T1            |                         |
| <b>SHOPKO ON-THE-GO LANCETS 30G</b>  | T1            |                         |
| <b>SHOPKO UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>SHOPKO UNILET LANCETS 28G</b>   | T1            |                         |
| <b>SHOPKO UNILET LANCETS 30G</b>   | T1            |                         |
| <b>SIMPLE DIAGNOSTICS LANCING DEV</b>  | T1            |                         |
| <i>sm insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days) |
| <i>sm insulin syringe 31g x 5/16" 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <i>sm lancets 33g</i>  | T1            |                         |
| <b>SMART DIABETES VANTAGE LANCETS</b>  | T1            |                         |
| <b>SMART DIABETES VANTAGE LANCING</b>  | T1            |                         |
| <b>SMART SENSE COLOR LANCETS 33G</b>   | T1            |                         |
| <b>SMART SENSE STANDARD LANCETS</b>  | T1            |                         |
| <b>SMART SENSE SUPER THIN LANCETS</b>  | T1            |                         |
| <b>SMART SENSE THIN LANCETS 26G</b>  | T1            |                         |
| <b>SMARTTEST LANCETS 28G</b>   | T1            |                         |
| <b>SOLUS V2 LANCETS 28G</b>  | T1            |                         |
| <b>SOLUS V2 LANCING DEVICE</b>   | T1            |                         |
| <b>SOLUS V2 TWIST LANCETS 30G</b>  | T1            |                         |
| <b>STERILANCE PA</b>   | T1            |                         |
| <b>STERILANCE TL</b>   | T1            |                         |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>                                   | T1            | QL (200 EA per 30 days) |
| <i>sure comfort insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | T2            | QL (200 EA per 30 days) |
| <i>sure comfort lancets 28g</i>  | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <i>sure comfort lancets 30g</i>  | T1            |                         |
| <i>sure comfort lancing pen</i>  | T1            |                         |
| <i>sure comfort pen needles 30g x 8 mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>  | T2            | QL (200 EA per 30 days) |
| <b>SURE-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>SURE-JECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>                              | T1            | QL (200 EA per 30 days) |
| <b>SURE-JECT INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>SURE-LANCE FLAT LANCETS</b>   | T1            |                         |
| <b>SURE-LANCE LANCETS 26G</b>  | T1            |                         |
| <b>SURE-LANCE THIN LANCETS 28G</b>   | T1            |                         |
| <b>SURE-LANCE ULTRA THIN LANCETS</b>   | T1            |                         |
| <b>SURELITE LANCETS</b>  | T1            |                         |
| <b>SURE-PEN</b>  | T1            |                         |
| <b>SURE-TOUCH LANCETS UNIVERSAL</b>  | T1            |                         |
| <b>TECHLITE LANCETS 30G</b>  | T1            |                         |
| <b>TERUMO INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.3 ML, 30G X 3/8" 0.5 ML, 30G X 3/8" 1 ML</b> | T2            | QL (200 EA per 30 days) |
| <b>TERUMO INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>TERUMO SURGUARD INSULIN SYR 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>TERUMO SURGUARD INSULIN SYR 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <i>tgt advanced lancing device</i>   | T1            |                         |
| <i>tgt lancet alternate site</i>   | T1            |                         |
| <i>tgt lancet micro thin 33g</i>   | T1            |                         |
| <i>tgt lancet super thin 30g</i>   | T1            |                         |
| <i>tgt lancet thin 23g</i>   | T1            |                         |
| <i>tgt lancet thin 26g</i>   | T1            |                         |
| <i>tgt lancet ultra thin 28g</i>   | T1            |                         |
| <i>tgt lancet ultra thin 30g</i>   | T1            |                         |
| <i>tgt lancing device</i>  | T1            |                         |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>THINPRO INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>THINPRO INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 3/8" 0.3 ML, 30G X 3/8" 0.5 ML, 30G X 3/8" 1 ML, 31G X 3/8" 0.3 ML, 31G X 3/8" 0.5 ML, 31G X 3/8" 1 ML</b> | T2            | QL (200 EA per 30 days) |
| <i>todays health lancing device</i>  | T1            |                         |
| <i>todays health mini pen needles 31g x 6 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>todays health pen needles 29g x 12mm</i>  | T2            | QL (200 EA per 30 days) |
| <i>todays health short pen needle 31g x 8 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>todays health thin lancets 28g</i>  | T1            |                         |
| <i>todays health thin lancets 30g</i>  | T1            |                         |
| <i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>   | T2            | QL (200 EA per 30 days) |
| <i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>  | T2            | QL (200 EA per 30 days) |
| <i>topcare ultra comfort ins syr 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>   | T1            | QL (200 EA per 30 days) |
| <b>TRUEDRAW LANCING DEVICE</b>   | T1            |                         |
| <b>TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>TRUEPLUS LANCETS 26G</b>  | T1            |                         |
| <b>TRUEPLUS LANCETS 28G</b>  | T1            |                         |
| <b>TRUEPLUS LANCETS 30G</b>  | T1            |                         |
| <b>TRUEPLUS LANCETS 33G</b>  | T1            |                         |
| <b>TRUEPLUS SAFETY LANCETS 28G</b>   | T1            |                         |
| <b>ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML</b>   | T2            | QL (200 EA per 30 days) |
| <b>ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML</b>   | T1            | QL (200 EA per 30 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b> | T2            | QL (200 EA per 30 days) |
| <b>ULTICARE MICRO PEN NEEDLES 32G X 4 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>ULTICARE MINI PEN NEEDLES 31G X 6 MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>ULTICARE PEN NEEDLES 29G X 12.7MM , 29G X 12MM</b>  | T2            | QL (200 EA per 30 days) |
| <b>ULTICARE SHORT PEN NEEDLES 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>ULTI-LANCE AUTOMATIC</b>  | T1            |                         |
| <b>ULTILET CLASSIC LANCETS</b>   | T1            |                         |
| <b>ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>ULTILET LANCETS</b>   | T1            |                         |
| <b>ULTILET PEN NEEDLE 31G X 8 MM</b>   | T2            | QL (200 EA per 30 days) |
| <b>ULTILET SAFETY LANCETS 23G</b>  | T1            |                         |
| <i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>ultra thin lancets 28g</i>  | T1            |                         |
| <i>ultra thin lancets 30g</i>  | T1            |                         |
| <i>ultra-comfort insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>                              | T1            | QL (200 EA per 30 days) |
| <i>ultra-comfort insulin syringe 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>   | T2            | QL (200 EA per 30 days) |
| <b>ULTRALANCE</b>  | T1            |                         |
| <b>ULTRA-THIN II AUTO LANCET</b>   | T1            |                         |
| <b>ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML</b>  | T1            | QL (200 EA per 30 days) |
| <b>ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML</b>  | T2            | QL (200 EA per 30 days) |
| <b>ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>      | T2            | QL (200 EA per 30 days) |
| <i>unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | T2            | QL (200 EA per 30 days) |
| <b>UNILET COMFORTOUCH LANCET</b>   | T1            |                         |
| <b>UNILET EXCELITE</b>   | T1            |                         |
| <b>UNILET EXCELITE II</b>  | T1            |                         |
| <b>UNILET G.P. SUPERLITE LANCET</b>  | T1            |                         |
| <b>UNILET GP 28 ULTRA THIN</b>   | T1            |                         |
| <b>UNISTIK 2</b>   | T1            |                         |
| <b>UNISTIK 2 COMFORT</b>   | T1            |                         |
| <b>UNISTIK 2 EXTRA</b>   | T1            |                         |
| <b>UNISTIK 2 NORMAL</b>  | T1            |                         |
| <b>UNISTIK 2 SUPER</b>   | T1            |                         |
| <b>UNISTIK 3 COMFORT</b>   | T1            |                         |
| <b>UNISTIK 3 EXTRA</b>   | T1            |                         |
| <b>UNISTIK 3 GENTLE</b>  | T1            |                         |
| <b>UNISTIK 3 NEONATAL</b>  | T1            |                         |
| <b>UNISTIK 3 NORMAL</b>  | T1            |                         |
| <b>UNISTIK CZT COMFORT</b>   | T1            |                         |
| <b>UNISTIK CZT NORMAL</b>  | T1            |                         |
| <b>UNIVERSAL 1 LANCETS THIN 26G</b>  | T1            |                         |
| <b>UNIVERSAL 1 LANCETS ULTRA THIN</b>  | T1            |                         |
| <i>value health insulin syringe 29g x 1/2" 0.5 ml</i>                                      | T2            | QL (200 EA per 30 days) |
| <i>value health insulin syringe 29g x 1/2" 1 ml</i>  | T1            | QL (200 EA per 30 days) |
| <i>value plus lancet standard 21g</i>  | T1            |                         |
| <i>value plus lancing device</i>   | T1            |                         |
| <i>valumark lancet super thin 30g</i>  | T1            |                         |
| <i>valumark lancet ultra thin 28g</i>  | T1            |                         |
| <i>valumark pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                           | T2            | QL (200 EA per 30 days) |
| <b>VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML</b>   | T1            | QL (200 EA per 30 days) |
| <b>VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML</b>                                       | T2            | QL (200 EA per 30 days) |
| <b>VIDA MIA AUTOLET LANCING DEV</b>  | T1            |                         |
| <b>VIDA MIA UNIFINE PENTIPS 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM</b>          | T2            | QL (200 EA per 30 days) |
| <b>VIDA MIA UNILET LANCETS 28G</b>   | T1            |                         |



| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                 |
|---|---------------|------------------------------|
| <b>VIDA MIA UNILET LANCETS 30G</b>  | T1            |                              |
| <i>vp insulin syringe 29g x 1/2" 0.3 ml</i>   | T2            | QL (200 EA per 30 days)      |
| <b>V-R MONO INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 1 ML</b>                    | T1            | QL (200 EA per 30 days)      |
| <b>V-R MONO INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML</b> | T2            | QL (200 EA per 30 days)      |
| <i>walgreens adv travel lancets</i>   | T1            |                              |
| <b>WALGREENS LANCETS</b>  | T1            |                              |
| <i>walgreens lancets micro thin</i>   | T1            |                              |
| <i>walgreens lancets super thin</i>   | T1            |                              |
| <b>WALGREENS THIN LANCETS</b>   | T1            |                              |
| <b>WALGREENS ULTRA THIN LANCETS</b>   | T1            |                              |
| <i>warm mist vaporizer</i>  | T1            |                              |
| <i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i> | T2            | QL (200 EA per 30 days)      |
| <b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>                                   | T1            | GR-F; QL (1 EA per 365 days) |
| <b>*Migraine Products*</b>  |               |                              |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                               | T2            |                              |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i>                                       | T1            |                              |
| <i>frovatriptan succinate oral tablet 2.5 mg</i>                                      | T2            |                              |
| <i>isometheptene-dichloral-apap oral capsule 65-100-325 mg</i>                        | T1            |                              |
| <b>MIGERGOT RECTAL SUPPOSITORY 2-100 MG</b>   | T1            |                              |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>                                       | T1            |                              |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                   | T1            |                              |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                       | T1            |                              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>                                      | T2            |              |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                              | T1            |              |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i> | T3            |              |
| <i>sumatriptan succinate subcutaneous solution 4 mg/0.5ml, 6 mg/0.5ml</i>                  | T1            |              |
| <i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>                                   | T3            |              |
| <b>SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR 6 MG/0.5ML</b>                       | T3            |              |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>   | T2            |              |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                                   | T2            |              |
| <b>ZOMIG NASAL SOLUTION 2.5 MG, 5 MG</b>   | T2            |              |
| <b>*Minerals &amp; Electrolytes*</b>   |               |              |
| <i>calcium 500+d oral tablet 500-200 mg-unit</i>   | T1            |              |
| <i>calcium carbonate oral suspension 1250 (500 ca) mg/5ml</i>                              | T1            |              |
| <i>calcium-vitamin d oral tablet 500-200 mg-unit</i>                                       | T1            |              |
| <b>CERALYTE 70 ORAL SOLUTION</b>   | T2            |              |
| <b>CERASPORT ORAL SOLUTION</b>   | T2            |              |
| <i>effervescent pot chloride oral tablet effervescent 25 meq</i>                           | T1            |              |
| <b>ENFAMIL ENFALYTE ORAL SOLUTION</b>  | T2            |              |
| <i>k-effervescent oral tablet effervescent 25 meq</i>                                      | T1            |              |
| <b>KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ</b>                                    | T1            |              |
| <b>K-PHOS ORAL TABLET 500 MG</b>   | T1            |              |
| <b>K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ</b>   | T1            |              |
| <i>magnesium sulfat e in d5w intravenous solution 10-5 gm/500ml-%</i>                      | T1            |              |
| <b>ORAZINC ORAL TABLET 110 MG</b>  | T2            |              |
| <b>PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>                                      | T1            |              |
| <i>phosphorus supplement oral packet 280-160-250 mg</i>                                    | T1            |              |
| <i>potassium bicarbonate granules</i>  | T1            |              |
| <i>potassium bicarbonate powder</i>  | T1            |              |
| <i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>              | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                              |
|---|---------------|---|
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>      | T1            |   |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>       | T1            |   |
| <i>potassium chloride granules</i>  | T1            |   |
| <i>potassium chloride oral packet 20 meq</i>                                  | T1            |   |
| <i>potassium chloride oral solution 20 meq/15ml (10%)</i>                     | T1            |   |
| <i>sodium chloride flush intravenous solution 0.9 %</i>                       | T1            |   |
| <i>sodium chloride injection solution 0.9 %</i>                               | T1            |   |
| <i>sodium chloride intravenous solution 0.9 %</i>                             | T1            |   |
| <i>sodium chloride oral tablet 1 gm</i>                                       | T1            |   |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                        | T1            | QL (30 ML per 30 days); AL (Max 10 Years) |
| <i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>      | T1            | QL (30 EA per 30 days); AL (Max 10 Years) |
| <b>VITALINE BUFFERED ZINC-220 ORAL TABLET EXTENDED RELEASE 220 (50 ZN) MG</b> | T2            |   |
| <b>ZINC 15 ORAL TABLET 66 MG</b>  | T2            |   |
| <i>zinc sulfate granules</i>  | T2            |   |
| <i>zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml</i>                     | T2            |   |
| <i>zinc sulfate oral tablet 140 (50 zn) mg</i>                                | T1            |   |
| <i>zinc sulfate oral tablet 220 (50 zn) mg</i>                                | T2            |   |
| <i>zinc-220 oral capsule 220 (50 zn) mg</i>                                   | T2            |   |
| <b>*Monobactams***</b>  |               |   |
| <b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>                        | T3            | PA  |
| <b>*Mouth/Throat/Dental Agents*</b>   |               |   |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                   | T1            |   |
| <i>clotrimazole mouth/throat lozenge 10 mg</i>                                | T1            |   |
| <b>GEL-TIN DENTAL GEL 0.4 %</b>   | T1            |   |
| <i>lidocaine hcl mouth/throat solution 4 %</i>                                | T1            |   |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                        | T1            |   |
| <b>PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %</b>                               | T1            |   |
| <i>pilocarpine hcl oral tablet 7.5 mg</i>                                     | T1            |   |
| <i>sf 5000 plus dental cream 1.1 %</i>  | T1            |   |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                       | T1            |   |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <b>*Multivitamins*</b>   |               |              |
| <i>antioxidant formula sg oral capsule extended release</i>      | T1            |              |
| <b>AQUADEKS ORAL LIQUID</b>                                      | T1            |              |
| <i>b-complex/vitamin c oral tablet</i>                           | T1            |              |
| <i>b-complex-c oral tablet</i>                                   | T1            |              |
| <i>biovol oral syrup</i>   | T2            |              |
| <b>CENTRUM KIDS COMPLETE ORAL TABLET CHEWABLE 60 MG</b>          | T1            |              |
| <b>CEROVITE JR ORAL TABLET CHEWABLE 60 MG</b>                    | T1            |              |
| <i>childrens gummies oral tablet chewable</i>                    | T1            |              |
| <i>childrens multivitamin oral tablet chewable 60 mg</i>         | T1            |              |
| <i>childrens multivitamin/iron oral tablet chewable 15 mg</i>    | T1            |              |
| <b>COMPLETE FORMULATION PEDIATRIC ORAL SOLUTION 45 MG/0.5ML</b>  | T2            |              |
| <b>CORVITA ORAL TABLET 1.25 MG</b>                               | T2            |              |
| <i>cvs childrens complete oral tablet chewable 60 mg</i>         | T1            |              |
| <i>daily multiple vitamins oral tablet</i>                       | T1            |              |
| <i>daily multiple vitamins/min oral tablet</i>                   | T1            |              |
| <b>DAILY PAK MAXIMUM MULTIVITAMIN ORAL</b>                       | T2            |              |
| <i>daily vitamin plus oral capsule</i>                           | T1            |              |
| <b>DIALYVITE SUPREME D ORAL TABLET 3 MG</b>                      | T2            |              |
| <b>DINO-LIFE W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3</b>       | T2            |              |
| <b>ELDERTONIC ORAL ELIXIR</b>                                    | T2            |              |
| <i>eq complete multivitamin child oral tablet chewable 60 mg</i> | T1            |              |
| <i>eql child multivit/minerals oral tablet chewable 60 mg</i>    | T1            |              |
| <i>eql childrens multivitamins oral tablet chewable</i>          | T1            |              |
| <b>FLINTSTONES COMPLETE ORAL TABLET CHEWABLE 60 MG</b>           | T1            |              |
| <b>FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE 60 MG</b> | T1            |              |
| <b>FLINTSTONES TODDLER ORAL TABLET CHEWABLE 40 MG</b>            | T1            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <i>gnp childrens complete oral tablet chewable 30 mg</i>         | T1            |              |
| <i>hm animal shapes oral tablet chewable 60 mg</i>               | T1            |              |
| <b>HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3</b>     | T2            |              |
| <i>kids vitamins complete oral tablet chewable 60 mg</i>         | T1            |              |
| <b>MEGA MULTIVITAMIN ORAL POWDER</b>                             | T2            |              |
| <i>multi-delyn oral liquid</i>                                   | T1            |              |
| <i>multi-delyn/iron oral liquid</i>                              | T1            |              |
| <i>multi-vitamin gummies oral tablet chewable</i>                | T1            |              |
| <i>multivitamin oral liquid</i>                                  | T2            |              |
| <i>multivitamins pediatric oral solution</i>                     | T1            |              |
| <b>MYKIDZ IRON ORAL SUSPENSION 10 MG/2ML</b>                     | T1            |              |
| <b>NANOVM T/F ORAL LIQUID</b>                                    | T2            |              |
| <b>NANOVM T/F ORAL POWDER</b>                                    | T1            |              |
| <b>O-CAL PRENATAL ORAL TABLET</b>                                | T1            | GR-F         |
| <i>poly vitamin oral tablet chewable</i>                         | T1            |              |
| <i>polyvitamin oral solution 35 mg/ml</i>                        | T1            |              |
| <i>polyvitamin/iron oral solution 10 mg/ml</i>                   | T1            |              |
| <i>polyvitamin/iron oral tablet chewable</i>                     | T1            |              |
| <i>prenatal plus oral tablet 27-1 mg</i>                         | T1            | GR-F         |
| <i>prenatal vitamins oral tablet 28-0.8 mg</i>                   | T1            | GR-F         |
| <i>qc childrens complete oral tablet chewable 60 mg</i>          | T1            |              |
| <i>qc childrens vitamins/extra c oral tablet chewable</i>        | T1            |              |
| <i>ra vitamins complete childrens oral tablet chewable 60 mg</i> | T1            |              |
| <b>RENAL ORAL CAPSULE 1 MG</b>                                   | T1            |              |
| <b>SCOOBY-DOO ONE A DAY ORAL TABLET CHEWABLE</b>                 | T1            |              |
| <b>SEA BUDDIES DAILY MULTIPLE ORAL TABLET CHEWABLE 60 MG</b>     | T1            |              |
| <i>sm animal shapes complete oral tablet chewable 60 mg</i>      | T1            |              |
| <i>stress formula/zinc oral tablet</i>                           | T1            |              |
| <i>super b-complex/vit c/fa oral tablet</i>                      | T1            |              |
| <b>SUPERVITE EC ORAL TABLET DELAYED RELEASE 1 MG</b>             | T2            |              |
| <b>SYNATEK ORAL CAPSULE 1.25 MG</b>                              | T2            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>             |
|--|---------------|--------------------------|
| <i>tab-a-vite/iron oral tablet</i>   | T1            |                          |
| <b>TL G-FOL OS ORAL TABLET 500-1.1 MG</b>                                  | T1            |                          |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                   | T1            | GR-F                     |
| <i>tri-vit/fluoride oral solution 0.25 mg/ml</i>                           | T1            |                          |
| <i>tri-vitamin/fluoride oral solution 0.5 mg/ml</i>                        | T1            |                          |
| <b>UDAMIN SP ORAL TABLET 1 MG</b>  | T2            |                          |
| <i>ultra-mega oral tablet extended release</i>                             | T1            |                          |
| <b>VINATE CARE ORAL TABLET CHEWABLE 40-1 MG</b>                            | T1            | GR-F                     |
| <b>VINATE DHA RF ORAL CAPSULE 27-1.13 MG</b>                               | T1            | GR-F                     |
| <b>VITALETS CHILDRENS ORAL TABLET CHEWABLE 40 MG</b>                       | T1            |                          |
| <b>VITALETS ORAL TABLET CHEWABLE 40 MG</b>                                 | T1            |                          |
| <i>vitamin c-electrolytes oral packet</i>                                  | T2            |                          |
| <i>zinc oral lozenge</i>   | T1            |                          |
| <i>zoo friends oral tablet chewable 60 mg</i>                              | T1            |                          |
| <b>*Musculoskeletal Therapy Agents*</b>                                    |               |                          |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                   | T1            |                          |
| <i>chlorzoxazone oral tablet 500 mg</i>                                    | T1            |                          |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                         | T1            |                          |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                 | T1            |                          |
| <i>metaxalone oral tablet 800 mg</i>                                       | T1            |                          |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                            | T1            |                          |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i> | T1            |                          |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                        | T3            |                          |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                               | T1            |                          |
| <b>*Nasal Agents - Systemic And Topical*</b>                               |               |                          |
| <i>allergy spray 24 hour nasal aerosol 55 mcg/act</i>                      | T1            | QL (16.9 ML per 30 days) |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>                         | T1            |                          |
| <i>budesonide nasal suspension 32 mcg/act</i>                              | T1            |                          |
| <i>cvs nasal allergy spray nasal aerosol 55 mcg/act</i>                    | T1            | QL (16.9 ML per 30 days) |
| <i>eq nasal allergy nasal aerosol 55 mcg/act</i>                           | T1            | QL (16.9 ML per 30 days) |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i>                      | T1            |                          |
| <i>fluticasone propionate nasal suspension 50 mcg/act</i>                  | T1            |                          |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>             |
|---|---------------|--------------------------|
| <i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>                                     | T1            | QL (16.9 ML per 30 days) |
| <i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>                                 | T1            | QL (16.9 ML per 30 days) |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                      | T1            |                          |
| <i>mometasone furoate nasal suspension 50 mcg/act</i>   | T2            |                          |
| <b>NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT</b>   | T1            |                          |
| <i>nasal allergy 24 hour aerosol 55 mcg/act nasal 55 mcg/act</i>                              | T1            | QL (16.9 ML per 30 days) |
| <i>nasal spray moisturizing 12 hr nasal solution 0.05 %</i>                                   | T1            |                          |
| <b>OMNARIS NASAL SUSPENSION 50 MCG/ACT</b>  | T3            |                          |
| <i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>                     | T1            |                          |
| <i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>   | T1            |                          |
| <i>ra nasal allergy nasal aerosol 55 mcg/act</i>  | T1            | QL (16.9 ML per 30 days) |
| <b>RHINOCORT ALLERGY NASAL SUSPENSION 32 MCG/ACT</b>  | T1            |                          |
| <i>sodium chloride nasal solution 0.65 %</i>  | T1            | QL (90 ML per 30 days)   |
| <i>triamcinolone acetate nasal aerosol 55 mcg/act</i>   | T1            | QL (16.9 GM per 30 days) |
| <b>*Neuromuscular Agents*</b>   |               |                          |
| <i>riluzole oral tablet 50 mg</i>   | T2            |                          |
| <b>*Nutrients*</b>  |               |                          |
| <i>alba-lybe nr oral liquid 325-10-50 mg/5ml</i>  | T1            |                          |
| <b>*Ophthalmic Agents*</b>  |               |                          |
| <i>advanced lubricant ophthalmic solution 0.05-1 %</i>  | T1            |                          |
| <b>ALOCRILOPHthalmic SOLUTION 2 %</b>   | T3            |                          |
| <b>ALOMIDE OPHTHALMIC SOLUTION 0.1 %</b>  | T3            |                          |
| <b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</b>   | T1            |                          |
| <b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>  | T2            |                          |
| <b>ALTACHLORE OPHTHALMIC OINTMENT 5 %</b>   | T1            |                          |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>  | T3            |                          |
| <i>artificial tears ophthalmic ointment 83-15 %</i>   | T1            |                          |
| <i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.4 %, 1-0.3 %, 5-6 mg/ml</i> | T1            |                          |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>              |
|---|---------------|---------------------------|
| <i>artificial tears ophthalmic solution 1.4 %</i>                   | T2            |                           |
| <i>atropine sulfate ophthalmic ointment 1 %</i>                     | T1            |                           |
| <i>atropine sulfate ophthalmic solution 1 %</i>                     | T1            |                           |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                    | T1            |                           |
| <b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>                              | T2            |                           |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                   | T1            |                           |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | T1            |                           |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>        | T1            |                           |
| <b>BEPREVE OPHTHALMIC SOLUTION 1.5 %</b>                            | T3            |                           |
| <b>BESIVANCE OPHTHALMIC SUSPENSION 0.6 %</b>                        | T3            |                           |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                      | T1            |                           |
| <b>BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %</b>                    | T3            |                           |
| <b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>                      | T1            |                           |
| <i>bimatoprost ophthalmic solution 0.03 %</i>                       | T1            | ST; QL (5 ML per 30 days) |
| <b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %</b>               | T1            |                           |
| <b>BLINK TEARS OPHTHALMIC GEL 0.25 %</b>                            | T2            |                           |
| <b>BLINK TEARS OPHTHALMIC SOLUTION 0.25 %</b>                       | T2            |                           |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>       | T1            |                           |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>     | T1            |                           |
| <i>bromfenac sodium ophthalmic solution 0.09 %</i>                  | T1            |                           |
| <i>carteolol hcl ophthalmic solution 1 %</i>                        | T1            |                           |
| <b>CILOXAN OPHTHALMIC OINTMENT 0.3 %</b>                            | T2            |                           |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                  | T1            |                           |
| <b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>                       | T3            |                           |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                      | T1            |                           |
| <i>cvs lubricant drops ophthalmic gel 0.25-0.3 %</i>                | T2            |                           |
| <i>cvs lubricant drops ophthalmic gel 1 %</i>                       | T1            |                           |
| <i>cvs sodium chloride ophthalmic ointment 5 %</i>                  | T1            |                           |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <b>CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %</b>                           | T2            |              |
| <i>cyclopentolate hcl ophthalmic solution 0.5 %</i>                      | T2            |              |
| <i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>                   | T1            |              |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>          | T1            |              |
| <i>diclofenac sodium ophthalmic solution 0.1 %</i>                       | T1            |              |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                           | T1            |              |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>    | T1            |              |
| <b>EMADINE OPHTHALMIC SOLUTION 0.05 %</b>                                | T3            |              |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>                         | T1            |              |
| <b>EQ GENTLE LUBRICANT OPHTHALMIC SOLUTION 0.3 %</b>                     | T1            |              |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                          | T1            |              |
| <i>eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %</i> | T1            |              |
| <i>eye drops allergy relief ophthalmic solution 0.05-0.25 %</i>          | T1            |              |
| <i>eye drops ophthalmic solution 0.012-0.2 %</i>                         | T1            |              |
| <i>eye lubricant ophthalmic ointment</i>                                 | T1            |              |
| <b>FLAREX OPHTHALMIC SUSPENSION 0.1 %</b>                                | T1            |              |
| <i>fluorometholone ophthalmic suspension 0.1 %</i>                       | T1            |              |
| <i>flurbiprofen sodium ophthalmic solution 0.03 %</i>                    | T1            |              |
| <b>FML OPHTHALMIC OINTMENT 0.1 %</b>                                     | T3            |              |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                            | T2            |              |
| <b>GENTAK OPHTHALMIC OINTMENT 0.3 %</b>                                  | T1            |              |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                      | T1            |              |
| <b>GENTEAL MILD OPHTHALMIC SOLUTION 0.2 %</b>                            | T1            |              |
| <b>GENTEAL SEVERE OPHTHALMIC GEL 0.3 %</b>                               | T2            |              |
| <i>goniosoft ophthalmic solution 2.5 %</i>                               | T1            |              |
| <b>HOMATROPAIRE OPHTHALMIC SOLUTION 5 %</b>                              | T1            |              |
| <i>homatropine hbr ophthalmic solution 5 %</i>                           | T1            |              |
| <b>HYPOTEARs OPHTHALMIC SOLUTION 1-1 %</b>                               | T1            |              |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b> |
|--|---------------|--------------|
| <b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>                                  | T3            |              |
| <b>ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 2 %</b>                        | T1            |              |
| <b>ISOPTO TEARS OPHTHALMIC SOLUTION 0.5 %</b>                            | T2            |              |
| <i>ketorolac tromethamine ophthalmic solution 0.4 % , 0.5 %</i>          | T1            |              |
| <i>ketotifen fumarate ophthalmic solution 0.025 %</i>                    | T1            |              |
| <b>LASTACFT OPHTHALMIC SOLUTION 0.25 %</b>                               | T3            |              |
| <i>latanoprost ophthalmic solution 0.005 %</i>                           | T1            |              |
| <i>levobunolol hcl ophthalmic solution 0.25 % , 0.5 %</i>                | T1            |              |
| <i>levofloxacin ophthalmic solution 0.5 %</i>                            | T3            |              |
| <b>LOTEMAX OPHTHALMIC GEL 0.5 %</b>                                      | T2            |              |
| <b>LOTEMAX OPHTHALMIC OINTMENT 0.5 %</b>                                 | T2            |              |
| <b>LOTEMAX OPHTHALMIC SUSPENSION 0.5 %</b>                               | T2            |              |
| <i>lubricant drops/dual-action ophthalmic solution 0.5-0.9 %</i>         | T1            |              |
| <i>lubricant eye drops ophthalmic solution 0.4-0.3 % , 0.5 %</i>         | T1            |              |
| <i>lubricant eye drops ophthalmic solution 0.6 %</i>                     | T2            |              |
| <i>metipranolol ophthalmic solution 0.3 %</i>                            | T1            |              |
| <b>MIOSTAT INTRAOCULAR SOLUTION 0.01 %</b>                               | T2            |              |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                        | T2            |              |
| <i>multi-purpose solution solution</i>                                   | T1            |              |
| <b>MURO 128 OPHTHALMIC SOLUTION 2 %</b>                                  | T1            |              |
| <i>naphazoline hcl ophthalmic solution 0.1 %</i>                         | T2            |              |
| <b>NATACYN OPHTHALMIC SUSPENSION 5 %</b>                                 | T2            |              |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>    | T1            |              |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>     | T1            |              |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>   | T1            |              |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b> |
|---|---------------|--------------|
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>          | T1            |              |
| <b>NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %</b>                           | T1            |              |
| <b>NEVANAC OPHTHALMIC SUSPENSION 0.1 %</b>                              | T3            |              |
| <b>NUTRATEAR OPHTHALMIC SOLUTION 0.6 %</b>                              | T1            |              |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                              | T1            |              |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i>                        | T1            |              |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i>                        | T2            |              |
| <b>PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %</b>     | T2            |              |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | T1            |              |
| <b>PRED MILD OPHTHALMIC SUSPENSION 0.12 %</b>                           | T1            |              |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                   | T1            |              |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>            | T1            |              |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                       | T1            |              |
| <i>ra sterile eye drops ophthalmic solution 0.03-0.5 %</i>              | T1            |              |
| <i>redness relief max strength ophthalmic solution 0.03-0.5 %</i>       | T1            |              |
| <b>REDNESS RELIEF OPHTHALMIC SOLUTION 0.012-0.25 %</b>                  | T1            |              |
| <b>REFRESH CELLUVISC OPHTHALMIC GEL 1 %</b>                             | T1            |              |
| <b>REFRESH LIQUIGEL OPHTHALMIC SOLUTION 1 %</b>                         | T1            |              |
| <b>REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %</b>       | T1            |              |
| <b>REFRESH OPTIVE SENSITIVE OPHTHALMIC SOLUTION 0.5-0.9 %</b>           | T1            |              |
| <b>RESTASIS OPHTHALMIC EMULSION 0.05 %</b>                              | T2            |              |
| <b>RETAIN MGD OPHTHALMIC EMULSION 0.5-0.5 %</b>                         | T2            |              |
| <b>RETISERT INTRAOCULAR IMPLANT 0.59 MG</b>                             | T2            |              |
| <i>sm redness relief ophthalmic solution 0.012-0.2 %</i>                | T1            |              |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>              |
|---|---------------|---------------------------|
| <i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>     | T1            |                           |
| <i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>     | T1            |                           |
| <b>SOOTHE OPHTHALMIC SOLUTION 0.6-0.6 %</b>                     | T1            |                           |
| <b>STERILE LUBRICANT OPHTHALMIC LIQUID 0.7 %</b>                | T2            |                           |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>            | T1            |                           |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>            | T1            |                           |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | T1            |                           |
| <b>SYSTANE OPHTHALMIC GEL 0.4-0.3 %</b>                         | T2            |                           |
| <b>SYSTANE OVERNIGHT THERAPY OPHTHALMIC GEL 0.3 %</b>           | T2            |                           |
| <i>tetracaine hcl ophthalmic solution 0.5 %</i>                 | T1            |                           |
| <i>tetrahydrozoline hcl ophthalmic solution 0.05 %</i>          | T1            |                           |
| <i>tgt lubricant eye drops ophthalmic solution 0.95 %</i>       | T1            |                           |
| <b>THERATEARS PF OPHTHALMIC SOLUTION 0.25 %</b>                 | T1            |                           |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>        | T1            |                           |
| <b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %</b>       | T1            |                           |
| <b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>                   | T1            |                           |
| <b>TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %</b>             | T1            |                           |
| <i>tobramycin ophthalmic solution 0.3 %</i>                     | T1            |                           |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | T1            |                           |
| <b>TOBREX OPHTHALMIC OINTMENT 0.3 %</b>                         | T2            |                           |
| <i>travoprost ophthalmic solution 0.004 %</i>                   | T2            | ST; QL (5 ML per 30 days) |
| <i>trifluridine ophthalmic solution 1 %</i>                     | T1            |                           |
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i>               | T1            |                           |
| <i>tropicamide powder</i>                                       | T1            |                           |
| <b>VASOCLEAR-A OPHTHALMIC SOLUTION 0.02-0.25 %</b>              | T2            |                           |
| <b>VEXOL OPHTHALMIC SUSPENSION 1 %</b>                          | T3            |                           |
| <b>VISINE TEARS OPHTHALMIC SOLUTION 0.2-0.36-1 %</b>            | T1            |                           |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>            |
|--|---------------|-------------------------|
| <b>ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %</b>   | T2            |                         |
| <b>*Otic Agents*</b>   |               |                         |
| <i>acetic acid otic solution 2 %</i>   | T1            |                         |
| <i>acetic acid-aluminum acetate otic solution 2 %</i>  | T2            |                         |
| <i>antipyrine-benzocaine otic solution 5.4-1.4 %, 5.5-1.4 %</i>  | T1            |                         |
| <b>CIPRO HC OTIC SUSPENSION 0.2-1 %</b>  | T2            |                         |
| <b>CIPRODEX OTIC SUSPENSION 0.3-0.1 %</b>  | T2            |                         |
| <i>ciprofloxacin hcl otic solution 0.2 %</i>   | T1            |                         |
| <i>ear wax cleansing otic kit 6.5 %</i>  | T1            |                         |
| <i>ear wax removal drops otic solution 6.5 %</i>   | T1            |                         |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>  | T1            |                         |
| <i>neomycin-polymyxin-hc otic solution 1 %</i>   | T1            |                         |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>   | T1            |                         |
| <i>ofloxacin otic solution 0.3 %</i>   | T1            |                         |
| <i>otomax-hc otic solution 10-10-1 mg/ml</i>   | T1            |                         |
| <i>pinnacaine otic otic solution 20 %</i>  | T2            |                         |
| <b>*Oxytocics*</b>   |               |                         |
| <i>methylergonovine maleate injection solution 0.2 mg/ml</i>   | T1            |                         |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>   | T1            | QL (28 EA per 365 days) |
| <b>*Passive Immunizing Agents*</b>   |               |                         |
| <b>HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>   | T1            |                         |
| <b>RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT</b>                             | T1            |                         |
| <b>SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML</b>   | T2            | PA                      |
| <b>*Penicillins*</b>   |               |                         |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>   | T1            |                         |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>                  | T1            |                         |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>  | T1            |                         |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>   | T1            |                         |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | T1            |                         |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>                                       | T1            | QL (42 EA per 14 days) |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>                           | T1            | QL (28 EA per 14 days) |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>                  | T1            | AL (Max 11 Years)      |
| <i>ampicillin oral capsule 250 mg, 500 mg</i>   | T1            |                        |
| <i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                          | T1            |                        |
| <b>BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML</b>                     | T2            |                        |
| <b>BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML</b>                                   | T2            |                        |
| <b>BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML</b> | T2            |                        |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>   | T1            |                        |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                | T1            |                        |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>  | T1            |                        |
| <b>*Pharmaceutical Adjuvants*</b>   |               |                        |
| <i>benzyl alcohol liquid</i>  | T1            |                        |
| <i>cherry concentrate oral syrup</i>  | T2            |                        |
| <i>cherry oral syrup</i>  | T2            |                        |
| <i>fattibase external ointment</i>  | T1            |                        |
| <i>lip balm base external ointment</i>  | T1            |                        |
| <b>ORA-BLEND ORAL SUSPENSION</b>  | T1            |                        |
| <b>ORA-SWEET ORAL SYRUP</b>   | T1            |                        |
| <b>PCCA POLYPEG BASE EXTERNAL OINTMENT</b>  | T1            |                        |
| <i>peg blend external ointment</i>  | T1            |                        |
| <i>polybase external ointment</i>   | T1            |                        |
| <i>polyethylene glycol 3350 powder</i>  | T1            |                        |
| <i>simple syrup oral syrup</i>  | T1            |                        |
| <b>SUPPOSIBASE EXTERNAL OINTMENT</b>  | T1            |                        |
| <b>*Progestins*</b>   |               |                        |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                              | T1            | GR-F                   |
| <i>norethindrone acetate oral tablet 5 mg</i>   | T1            | GR-F                   |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i>                                      | T2            | GR-F                   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>  |
|---|---------------|---|
| <b>*Psychotherapeutic And Neurological Agents - Misc.*</b>                        |               |   |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                     | T1            |   |
| <b>AVONEX INTRAMUSCULAR KIT 30 MCG</b>  | T3            | PA  |
| <b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML</b>                    | T3            | PA  |
| <b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML</b>          | T3            | PA  |
| <b>BETASERON SUBCUTANEOUS KIT 0.3 MG</b>  | T3            | PA  |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | T1            | QL (180 EA per 365 days)                                    |
| <b>CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG</b>                              | T1            | C (90 days of coverage per year);<br>QL (60 EA per 30 days) |
| <b>CHANTIX ORAL TABLET 0.5 MG, 1 MG</b>   | T1            | C (90 days of coverage per year);<br>QL (60 EA per 30 days) |
| <b>CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 &amp; 1 MG X 42</b>         | T1            | C (90 days of coverage per year);<br>QL (60 EA per 30 days) |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>                        | T3            |   |
| <i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>                       | T1            |   |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                | T3            |   |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                      | T1            |   |
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i>                                      | T1            |   |
| <i>donepezil hcl oral tablet 23 mg</i>  | T2            |   |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                          | T1            |   |
| <b>EXTAVIA SUBCUTANEOUS KIT 0.3 MG</b>  | T3            | PA  |
| <i>fluoxetine hcl (pmdd) oral capsule 10 mg, 20 mg</i>                            | T1            |   |
| <i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>                             | T3            |   |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                     | T1            |   |
| <b>GILENYA ORAL CAPSULE 0.5 MG</b>  | T3            | PA  |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>        | T3            | PA  |
| <b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>                   | T3            | PA  |
| <i>memantine hcl oral solution 2 mg/ml</i>  | T2            |   |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>                                      | T1            | QL (60 EA per 30 days)                                      |
| <i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>                                | T1            | QL (49 EA per 365 days)                                     |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>  | T1            | C (90 days of coverage per year);<br>QL (270 EA per 30 days) |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                                    | T1            | C (90 days of coverage per year);<br>QL (270 EA per 30 days) |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i>   | T1            | C (90 days of coverage per year)                             |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>                   | T1            | C (90 days of coverage per year)                             |
| <b>NICOTROL INHALATION INHALER 10 MG</b>  | T1            | C (90 days of coverage per year)                             |
| <b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>  | T1            | C (90 days of coverage per year)                             |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>   | T3            |  |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>     | T3            |  |
| <i>pimozide oral tablet 1 mg, 2 mg</i>  | T2            |  |
| <b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML</b>          | T3            | PA   |
| <b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b> | T3            | PA   |
| <b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML</b>               | T3            | PA   |
| <b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 &amp; 6X22 MCG</b>      | T3            | PA   |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                          | T1            |  |
| <b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>                                      | T3            |  |
| <b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>                                  | T3            |  |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>   | T2            |  |
| <b>TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML</b>  | T3            | PA   |
| <b>*Respiratory Agents - Misc.*</b>   |               |  |
| <b>PULMOZYME INHALATION SOLUTION 1 MG/ML</b>  | T2            | PA   |
| <b>*Serotonin Modulators***</b>   |               |  |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                       | T3            |  |



| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>   | T1            |                        |
| <b>VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG</b>   | T3            | PA                     |
| <b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>  |               |                        |
| <b>INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>  | T2            | QL (60 EA per 30 days) |
| <b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>  | T2            | QL (60 EA per 30 days) |
| <b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>   | T2            | QL (60 EA per 30 days) |
| <b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG</b>  | T2            | QL (60 EA per 30 days) |
| <b>*Sulfonamides*</b>  |               |                        |
| <i>sulfisoxazole crystals</i>  | T1            |                        |
| <b>*Tetracyclines*</b>   |               |                        |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>  | T1            |                        |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>   | T1            |                        |
| <i>doxycycline hyclate powder</i>  | T1            |                        |
| <b>MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG</b>   | T1            |                        |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>   | T1            |                        |
| <i>minocycline hcl powder</i>  | T1            |                        |
| <b>MORGIDOX ORAL CAPSULE 100 MG</b>  | T1            |                        |
| <b>*Thyroid Agents*</b>  |               |                        |
| <b>ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG</b>   | T1            |                        |
| <i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>   | T1            |                        |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | T1            |                        |
| <b>LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>                       | T1            |                        |

| <b>Drug</b>  | <b>Status</b> | <b>Notes</b>           |
|--|---------------|------------------------|
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>   | T1            |                        |
| <i>methimazole oral tablet 10 mg, 5 mg</i>   | T1            |                        |
| <i>methimazole powder</i>  | T1            |                        |
| <b>NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG</b> | T1            |                        |
| <i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>   | T1            |                        |
| <i>propylthiouracil oral tablet 50 mg</i>  | T1            |                        |
| <b>SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>                    | T2            |                        |
| <i>thyroid oral tablet 65 mg</i>   | T1            |                        |
| <i>thyroid powder</i>  | T2            |                        |
| <b>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>                                       | T1            |                        |
| <b>UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</b>                    | T1            |                        |
| <b>WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG</b>   | T1            |                        |
| <b>WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG</b>   | T1            |                        |
| <b>*Topical Anesthetic Gases***</b>  |               |                        |
| <i>ethyl chloride external aerosol</i>   | T1            |                        |
| <b>*Ulcer Drugs*</b>   |               |                        |
| <i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>  | T1            |                        |
| <b>CANTIL ORAL TABLET 25 MG</b>  | T3            |                        |
| <b>CARAFATE ORAL SUSPENSION 1 GM/10ML</b>  | T1            |                        |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>   | T1            |                        |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>   | T1            |                        |
| <i>cvs esomeprazole magnesium capsule delayed release 20 mg oral 20 mg</i>   | T1            | QL (60 EA per 30 days) |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                              |
|---|---------------|---|
| <b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>                             | T3            |   |
| <i>dicyclomine hcl intramuscular solution 10 mg/ml</i>                                | T1            |   |
| <i>dicyclomine hcl oral capsule 10 mg</i>   | T1            | AL (Max 64 Years)                         |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>  | T1            |   |
| <i>dicyclomine hcl oral tablet 20 mg</i>  | T1            | AL (Max 64 Years)                         |
| <i>esomeprazole magnesium capsule delayed release 20 mg oral (otc) 20 mg</i>          | T1            | QL (60 EA per 30 days)                    |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i>                      | T3            |   |
| <i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml, 500 mg/50ml</i> | T1            |   |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                             | T1            |   |
| <i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>                                     | T1            |   |
| <b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>                                     | T1            | QL (150 ML per 30 days); AL (Max 2 Years) |
| <b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>                                       | T1            | QL (150 ML per 30 days); AL (Max 2 Years) |
| <b>GLYCATE ORAL TABLET 1.5 MG</b>   | T1            |   |
| <i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>   | T1            |   |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>  | T1            |   |
| <b>GOODSENSE ESOMEPRAZOLE CAPSULE DELAYED RELEASE 20 MG ORAL 20 MG</b>                | T1            | QL (60 EA per 30 days)                    |
| <i>heartburn treatment 24 hour capsule delayed release 20 mg oral 20 mg</i>           | T1            | QL (60 EA per 30 days)                    |
| <i>hm esomeprazole magnesium dr capsule delayed release 20 mg oral 20 mg</i>          | T1            | QL (60 EA per 30 days)                    |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>           | T1            | AL (Max 64 Years)                         |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>                                   | T1            |   |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                                  | T1            |   |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                                       | T1            | AL (Max 64 Years)                         |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                           | T1            | AL (Max 64 Years)                         |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>                      | T1            | AL (Max 64 Years)                         |
| <i>lansoprazole oral capsule delayed release 15 mg</i>                                | T1            | QL (60 EA per 30 days)                    |
| <i>lansoprazole oral capsule delayed release 30 mg</i>                                | T1            | QL (30 EA per 30 days)                    |
| <i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>                              | T3            |   |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>           |
|---|---------------|------------------------|
| <b>LEVSIN INJECTION SOLUTION 0.5 MG/ML</b>                                    | T1            |                        |
| <i>methscopolamine bromide oral tablet 2.5 mg</i>                             | T1            | AL (Max 64 Years)      |
| <i>methscopolamine bromide oral tablet 5 mg</i>                               | T1            |                        |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                               | T1            |                        |
| <b>NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG</b>                   | T3            |                        |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                 | T1            |                        |
| <i>nizatidine oral solution 15 mg/ml</i>                                      | T1            |                        |
| <i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>                   | T1            | QL (30 EA per 30 days) |
| <i>omeprazole oral capsule delayed release 20 mg</i>                          | T1            | QL (60 EA per 30 days) |
| <i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc) 20-1100 mg</i> | T1            | QL (60 EA per 30 days) |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>           | T1            |                        |
| <b>PEPCID AC MAXIMUM STRENGTH ORAL TABLET CHEWABLE 20 MG</b>                  | T1            |                        |
| <i>phenobarbital-belladonna alk oral elixir 16.2 mg/5ml</i>                   | T1            |                        |
| <b>PRILOSEC ORAL PACKET 10 MG, 2.5 MG</b>                                     | T3            |                        |
| <b>PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG</b>                         | T1            | QL (60 EA per 30 days) |
| <i>propantheline bromide oral tablet 15 mg</i>                                | T2            |                        |
| <b>PYLERA ORAL CAPSULE 140-125-125 MG</b>                                     | T2            | PA                     |
| <i>ra omeprazole-sodium bicarb capsule 20-1100 mg oral 20-1100 mg</i>         | T1            | QL (60 EA per 30 days) |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                   | T1            |                        |
| <i>ranitidine hcl injection solution 1000 mg/40ml, 150 mg/6ml, 50 mg/2ml</i>  | T2            |                        |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i>                             | T1            |                        |
| <i>ranitidine hcl oral syrup 15 mg/ml</i>                                     | T1            |                        |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg, 75 mg</i>                       | T1            |                        |
| <i>sm esomeprazole magnesium capsule delayed release 20 mg oral 20 mg</i>     | T1            | QL (60 EA per 30 days) |
| <i>sucralfate oral tablet 1 gm</i>  | T1            |                        |
| <b>SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG</b>                     | T1            |                        |
| <b>*Urinary Anti-Infectives*</b>  |               |                        |
| <i>methenamine hippurate oral tablet 1 gm</i>                                 | T1            |                        |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>                                |
|---|---------------|---|
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>                                 | T1            |   |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                  | T1            |   |
| <i>nitrofurantoin macrocrystal powder</i>   | T1            |   |
| <i>nitrofurantoin monohyd macro oral capsule 100 mg</i>                               | T1            |   |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i>                                       | T1            | AL (Max 12 Years)                           |
| <b>*Urinary Antispasmodics*</b>   |               |   |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | T2            |   |
| <i>flavoxate hcl oral tablet 100 mg</i>   | T1            |   |
| <b>GELNIQUE TRANSDERMAL GEL 10 %, 3 (28) % (MG/ACT)</b>                               | T3            |   |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | T1            |   |
| <i>oxybutynin chloride oral syrup 5 mg/5ml</i>  | T1            |   |
| <i>oxybutynin chloride oral tablet 5 mg</i>   | T1            |   |
| <b>OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR</b>                   | T2            |   |
| <b>OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR</b>                             | T2            |   |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>       | T2            |   |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                    | T2            |   |
| <b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG</b>                         | T3            |   |
| <i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>               | T2            |   |
| <i>trospium chloride oral tablet 20 mg</i>  | T2            | QL (60 EA per 30 days)                      |
| <b>VESICARE ORAL TABLET 10 MG, 5 MG</b>   | T2            |   |
| <b>*Vaccines*</b>   |               |   |
| <b>AFLURIA INTRAMUSCULAR SUSPENSION</b>   | T1            | QL (0.5 ML per 365 days); AL (Min 5 Years)  |
| <b>AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>    | T1            | QL (0.5 ML per 365 days); AL (Min 5 Years)  |
| <b>AFLURIA QUADRIVALENT SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR 0.5 ML</b>  | T1            | QL (0.5 ML per 365 days); AL (Min 5 Years)  |
| <b>FLUAD SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR 0.5 ML</b>                 | T1            | QL (0.5 ML per 365 days); AL (Min 65 Years) |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>   |
|---|---------------|--|
| <b>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>       | T1            | QL (0.5 ML per 365 days); AL (Min 6 Months)                    |
| <b>FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>                  | T1            |  |
| <b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>                               | T1            | QL (0.5 ML per 365 days); AL (Min 6 Months)                    |
| <b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>      | T1            | QL (0.5 ML per 365 days); AL (Min 9 Years)                     |
| <b>FLUVIRIN INTRAMUSCULAR SUSPENSION</b>  | T1            | QL (0.5 ML per 365 days); AL (Min 4 Years)                     |
| <b>FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>                   | T1            | QL (0.5 ML per 365 days); AL (Min 4 Years)                     |
| <b>FLUVIRIN PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b> | T1            | QL (0.5 ML per 365 days); AL (Min 4 Years)                     |
| <b>FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR 0.5 ML</b>   | T1            | QL (0.5 ML per 365 days); AL (Min 65 Years)                    |
| <b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>                                | T1            | QL (0.5 ML per 365 days); AL (Min 6 Months)                    |
| <b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML</b>                         | T1            | QL (0.5 ML per 365 days); AL (Min 3 Years)                     |
| <b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML</b>      | T1            | QL (0.25 ML per 365 days); AL (Min 6 Months and Max 35 Months) |
| <b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>       | T1            | QL (0.5 ML per 365 days); AL (Min 3 Years)                     |
| <b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG</b>                       | T1            | QL (1 ml per 1 Lifetime); AL (Min 50 Years)                    |
| <b>ZOSTAVAX SUBCUTANEOUS SOLUTION RECONSTITUTED 19400 UNT/0.65ML</b>                | T1            | AL (Min 60 Years)  |
| <b>*Vaginal Products*</b>   |               |  |
| <b>AVC VAGINAL VAGINAL CREAM 15 %</b>   | T2            | GR-F   |
| <b>CLEOCIN VAGINAL SUPPOSITORY 100 MG</b>   | T3            | GR-F   |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                      | T1            | GR-F   |
| <i>clotrimazole 3 vaginal cream 2 %</i>   | T1            | GR-F   |
| <i>clotrimazole-7 vaginal cream 1 %</i>   | T1            | GR-F   |
| <b>CRINONE VAGINAL GEL 4 %, 8 %</b>   | T3            |  |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>          |
|---|---------------|-----------------------|
| <b>ENDOMETRIN VAGINAL INSERT 100 MG</b>   | T3            |                       |
| <i>estradiol vaginal cream 0.1 mg/gm</i>  | T2            | GR-F                  |
| <b>ESTRING VAGINAL RING 2 MG</b>  | T2            | GR-F                  |
| <b>FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR</b>                             | T3            | GR-F                  |
| <b>FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG</b>                      | T2            |                       |
| <b>FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG</b>                      | T2            |                       |
| <b>FIRST-PROGESTERONE VGS 25 VAGINAL SUPPOSITORY 25 MG</b>                        | T2            |                       |
| <b>FIRST-PROGESTERONE VGS 400 VAGINAL SUPPOSITORY 400 MG</b>                      | T2            |                       |
| <b>FIRST-PROGESTERONE VGS 50 VAGINAL SUPPOSITORY 50 MG</b>                        | T2            |                       |
| <b>GYNAZOLE-1 VAGINAL CREAM 2 %</b>   | T1            |                       |
| <i>metronidazole vaginal gel 0.75 %</i>   | T1            | GR-F                  |
| <i>miconazole 1 vaginal kit 1200 &amp; 2 mg &amp; %</i>                           | T1            | GR-F                  |
| <i>miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>             | T1            | GR-F                  |
| <i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>                 | T1            | GR-F                  |
| <i>miconazole 3 vaginal cream 4 %</i>   | T3            | GR-F                  |
| <i>miconazole 3 vaginal suppository 200 mg</i>                                    | T1            | GR-F                  |
| <i>miconazole 7 vaginal cream 2 %</i>   | T1            | GR-F                  |
| <i>miconazole 7 vaginal suppository 100 mg</i>                                    | T1            | GR-F                  |
| <b>MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 &amp; 2 MG-% (9GM)</b>               | T1            | GR-F                  |
| <b>OPERAND POVIDONE-IODINE VAGINAL SOLUTION 10 %</b>                              | T1            |                       |
| <b>PREMARIN VAGINAL CREAM 0.625 MG/GM</b>   | T3            | GR-F                  |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                     | T1            | GR-F                  |
| <i>terconazole vaginal suppository 80 mg</i>                                      | T1            | GR-F                  |
| <b>YUVAFEM VAGINAL TABLET 10 MCG</b>  | T1            | GR-F                  |
| <b>*Vasopressors*</b>   |               |                       |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml injection 0.15 mg/0.15ml</i> | T1            | QL (2 EA per 30 days) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml injection 0.15 mg/0.3ml</i>   | T1            | QL (2 EA per 30 days) |

| <b>Drug</b>   | <b>Status</b> | <b>Notes</b>          |
|---|---------------|-----------------------|
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml<br/>injection 0.3 mg/0.3ml</i> | T1            | QL (2 EA per 30 days) |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                              | T1            |                       |
| <b>*Vitamins*</b>   |               |                       |
| <i>d 1000 oral tablet 1000 unit</i>   | T1            |                       |
| <i>d 5000 oral tablet 5000 unit</i>   | T1            |                       |
| <i>niacin er oral capsule extended release 250 mg</i>                             | T2            |                       |
| <i>niacin er oral tablet extended release 1000 mg,<br/>250 mg, 500 mg, 750 mg</i> | T2            |                       |
| <i>niacin oral tablet 500 mg</i>  | T1            |                       |
| <i>phytonadione oral tablet 5 mg</i>  | T2            |                       |
| <i>sodium ascorbate granules</i>  | T1            |                       |
| <i>vitamin d (cholecalciferol) oral capsule 400 unit</i>                          | T1            |                       |
| <i>vitamin d (cholecalciferol) oral tablet 400 unit</i>                           | T1            |                       |
| <i>vitamin d (ergocalciferol) oral capsule 50000 unit</i>                         | T1            | QL (4 EA per 28 days) |
| <i>vitamin e oral capsule 400 unit</i>  | T1            |                       |





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