

# Pharmacy Program Quarterly Update Changes Effective July 1, 2026 – Part 1

May 7, 2026

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## Change in Benefit Coverage for Select High-Cost Products

**Reminder:** Quarterly Pharmacy Changes are published in two parts. The part 1 article covers changes that require member notification – drug list revisions/exclusions, dispensing limits, utilization-management changes and general information on pharmacy benefit program updates. Our members receive letters regarding these changes. The part 2 article includes updates that do not require member notification. These changes will be published closer to the July 1, 2026, effective date.

# Drug List Changes

Based on the availability of new prescription medications and Prime’s National Pharmacy and Therapeutics Committee’s review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Illinois drug lists, effective on or after July 1, 2026.

The July Quarterly Pharmacy Changes Part 2 article with coverage additions will be published closer to July 1, 2026.

Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Drug-list changes are listed on the charts below, or you can view the July 2026 drug lists on the [BCBSIL member website](#).

Please note: The drug list changes below do not apply to members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists’ revisions and/or exclusions will be applied on or after Jan. 1, 2027.

Members with [BCBSIL HMO Illinois®](#) or [Blue Advantage HMO<sup>SM</sup>](#) will not have any of these drug list revisions/exclusions applied to their pharmacy benefits until on or after Jan. 1, 2027.

## Drug List Exclusions and Revisions

| BALANCED DRUG LIST EXCLUSIONS   |  |                    |
|---|--|--------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION          |
| CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)  | ciprofloxacin solution, ciprofloxacin/dexamethasone suspension, fluocinolone oil, neomycin/polymyxin/hydrocortisone solution, neomycin/polymyxin/hydrocortisone suspension, ofloxacin solution | Ear Infections     |
| DISKETTS (methadone hcl tab for oral susp 40 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Opioid addiction   |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Seizures           |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Cancer             |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs)) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Multiple Sclerosis |

| BALANCED DRUG LIST EXCLUSIONS   |  |  |
|---|--|--|
| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION                                    |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO   | Autoimmune Disorders                         |
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.   | Hypophosphatemia, increase urinary phosphate |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)  | neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, tobramycin/dexamethasone suspension | Inflammatory conditions of eye               |

| BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS  |  |                      |
|---|--|----------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION            |
| CIPRO HC (ciprofloxacin-hydrocortisone otic susp 0.2-1%)  | ciprofloxacin solution, ciprofloxacin/dexamethasone suspension, fluocinolone oil, neomycin/polymyxin/hydrocortisone solution, neomycin/polymyxin/hydrocortisone suspension, ofloxacin solution | Ear Infections       |
| DISKETTS (methadone hcl tab for oral susp 40 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Opioid addiction     |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Seizures             |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Cancer               |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Multiple Sclerosis   |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO   | Autoimmune Disorders |

**BALANCED BIOSIMILAR DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>                             |
|--|--|--|
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.   | Hypophosphatemia, increase urinary phosphate |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)                         | neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, tobramycin/dexamethasone suspension | Inflammatory conditions of eye               |

**PERFORMANCE AND PERFORMANCE ANNUAL DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>  | <b>CONDITION</b>                             |
|---|---|--|
| DISKETS (methadone hcl tab for oral susp 40 mg)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Opioid addiction                             |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Cancer                                       |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Multiple Sclerosis                           |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO  | Autoimmune Disorders                         |
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Hypophosphatemia, increase urinary phosphate |

**PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>                         | <b>ALTERNATIVE</b>  | <b>CONDITION</b> |
|---|---|------------------|
| DISKETS (methadone hcl tab for oral susp 40 mg) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Opioid addiction |

| PERFORMANCE BIOSIMILAR DRUG LIST EXCLUSIONS   |   |  |
|---|---|--|
| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION                                    |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Cancer                                       |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Multiple Sclerosis                           |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO  | Autoimmune Disorders                         |
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Hypophosphatemia, increase urinary phosphate |

| PERFORMANCE FULL DRUG LIST EXCLUSIONS   |   |                      |
|---|---|----------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION            |
| DISKETTS (methadone hcl tab for oral susp 40 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Opioid addiction     |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures             |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Cancer               |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Multiple Sclerosis   |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO  | Autoimmune Disorders |

**PERFORMANCE FULL DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>                             |
|--|--|--|
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia, increase urinary phosphate |

**PERFORMANCE SELECT DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>   | <b>CONDITION</b>                             |
|---|--|--|
| DISKETS (methadone hcl tab for oral susp 40 mg)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Opioid addiction                             |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Seizures                                     |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Cancer                                       |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Multiple Sclerosis                           |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO   | Autoimmune Disorders                         |
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.   | Hypophosphatemia, increase urinary phosphate |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)  | neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, tobramycin/dexamethasone suspension | Inflammatory conditions of eye               |

**PERFORMANCE SELECT BIOSIMILAR DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>   | <b>CONDITION</b>                             |
|---|--|--|
| DISKETTS (methadone hcl tab for oral susp 40 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Opioid addiction                             |
| FYCOMPA (perampanel susp 0.5 mg/mL)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Seizures                                     |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Cancer                                       |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.  | Multiple Sclerosis                           |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO   | Autoimmune Disorders                         |
| WES-PHOS 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.   | Hypophosphatemia, increase urinary phosphate |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)  | neomycin/polymyxin/bacitracin/hydrocortisone ointment, neomycin/polymyxin/dexamethasone ointment, neomycin/polymyxin/dexamethasone suspension, tobramycin/dexamethasone suspension | Inflammatory conditions of eye               |

**HEALTH INSURANCE MARKETPLACE DRUG LIST EXCLUSIONS**

| <b>DRUG<sup>1</sup></b>                          | <b>ALTERNATIVE</b>  | <b>CONDITION</b> |
|--|---|------------------|
| DISKETTS (methadone hcl tab for oral susp 40 mg) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Opioid addiction |
| FYCOMPA (perampanel susp 0.5 mg/mL)              | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Epilepsy         |
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Cancer           |

### HEALTH INSURANCE MARKETPLACE DRUG LIST EXCLUSIONS

| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION            |
|---|---|----------------------|
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs))   | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Multiple Sclerosis   |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 mL, 12.5 mg/0.4 mL, 15 mg/0.4 mL, 17.5 mg/0.4 mL, 20 mg/0.4 mL, 22.5 mg/0.4 mL, 25 mg/0.4 mL) | RASUVO  | Autoimmune disorders |

### BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER LISTS REMOVALS

| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION                      |
|---|---|--------------------------------|
| GLEOSTINE (lomustine cap 10 mg, 40 mg, 100 mg)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Cancer                         |
| MAVENCLAD (cladribine tab therapy pack 10 mg (4 tabs, 5 tabs, 6 tabs, 7 tabs, 8 tabs, 9 tabs, 10 tabs)) | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Multiple sclerosis             |
| ZYLET (loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)  | There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Inflammatory Conditions of eye |

## Drug Tier Changes

The tier changes listed below apply to members on a managed drug list. Members may pay more for these drugs after July 1, 2026.

### BALANCED DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE <sup>1, 2</sup>  | CONDITION   | NEW TIER            |
|--|--|---|---------------------|
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)                      | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |

| BALANCED DRUG LIST TIER CHANGES  |  |                            |                     |
|--|--|----------------------------|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE <sup>1, 2</sup>  | CONDITION                  | NEW TIER            |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)   | fluocinolone ointment, mometasone, triamcinolone cream, triamcinolone ointment                   | Dermatoses                 | Non-Preferred Brand |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety        | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |

| BALANCED DRUG LIST TIER CHANGES  |  |   |                     |
|--|--|---|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE <sup>1, 2</sup>  | CONDITION   | NEW TIER            |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)   | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                                     | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitracin-polymyx Neomycin-Bacitracin-Polymyxin Ointment 3.5 mg-400 unt-10,000 unt/g) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)                                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| PHENOBARBITAL (phenobarbital elixir 20 mg/ 5 mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |

| BALANCED DRUG LIST TIER CHANGES   |   |  |                     |
|---|---|--|---------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE <sup>1, 2</sup>   | CONDITION                                    | NEW TIER            |
| PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seizures                                     | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                       | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)                                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/<br>HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg)      | benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |

| BALANCED DRUG LIST TIER CHANGES   |   |                        |                     |
|---|---|------------------------|---------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE <sup>1, 2</sup>   | CONDITION              | NEW TIER            |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| TIMOLOL MALEATE (timolol maleate tab 5 mg, 20 mg)   | atenolol, bisoprolol, carvedilol, HEMANGEOL, labetalol, metoprolol, nebivolol, PROPRANOLOL SOLUTION, propranolol tablet | Hypertension           | Non-Preferred Brand |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetonide lotion 0.025%)   | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream                                | Dermatoses             | Non-Preferred Brand |

**BALANCED BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE<sup>1, 2</sup></b>  | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|--|--|---|---------------------|
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)   | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/ 1-35/0.5-35 mg-mcg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)   | fluocinolone ointment, mometasone, triamcinolone cream, triamcinolone ointment                   | Dermatoses  | Non-Preferred Brand |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety                                     | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

**BALANCED BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE<sup>1, 2</sup></b>  | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|--|--|---|---------------------|
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)   | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                                     | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitracin-polymyx Neomycin-Bacitracin-Polymyxin Ointment 3.5 mg-400 unt-10,000 unt/g) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |

**BALANCED BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE<sup>1, 2</sup></b>  | <b>CONDITION</b>                                   | <b>NEW TIER</b>     |
|--|--|--|---------------------|
| NEOMYCIN/POLYMYXIN/<br>BACITRACIN/HYDROCORTISONE<br>(bacitracin-polymyxin-neomycin-<br>hc ophth oint 1%)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Bacterial infection of<br>eye                      | Non-Preferred Brand |
| PERIOMED (stannous fluoride<br>conc 0.63%)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Tooth-decay<br>prevention                          | Preferred Brand     |
| PHENOBARBITAL (phenobarbital<br>elixir 20 mg/5 mL)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seizures   | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital<br>tab 15 mg, 16.2 mg, 30 mg,<br>32.4 mg, 60 mg, 64.8 mg,<br>97.2 mg, 100 mg) | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seizures   | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot<br>phos monobasic w/sod phos di &<br>monobas tab 155-852-130 mg)                  | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos<br>monobasic w/sod phos di &<br>monobas tab 155-852-130 mg)                          | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250 NEUTRAL<br>(pot phos monobasic w/sod phos<br>di & monobas tab 155-852-<br>130 mg)         | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium<br>phosphate monobasic tab<br>500 mg)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride<br>soln nebu 7%)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Loosen mucus in<br>lungs                           | Non-Preferred Brand |
| QUINAPRIL/<br>HYDROCHLOROTHIAZIDE<br>(quinapril-hydrochlorothiazide<br>tab<br>10-12.5 mg, 20-12.5 mg)      | benazepril/hydrochlorothiazide,<br>enalapril/hydrochlorothiazide,<br>fosinopril/hydrochlorothiazide,<br>lisinopril/hydrochlorothiazide | Hypertension                                       | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium<br>sulfide lotion 2.5%)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seborrheic<br>dermatitis                           | Non-Preferred Brand |

**BALANCED BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE<sup>1, 2</sup></b>  | <b>CONDITION</b>       | <b>NEW TIER</b>     |
|---|--|------------------------|---------------------|
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs  | Non-Preferred Brand |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |

| BALANCED BIOSIMILAR DRUG LIST TIER CHANGES                             |   |                        |                     |
|--|---|------------------------|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE <sup>1, 2</sup>   | CONDITION              | NEW TIER            |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                        | Tooth-decay prevention | Preferred Brand     |
| TIMOLOL MALEATE (timolol maleate tab 5 mg, 20 mg)                      | atenolol, bisoprolol, carvedilol, HEMANGEOL, labetalol, metoprolol, nebivolol, PROPRANOLOL SOLUTION, propranolol tablet | Hypertension           | Non-Preferred Brand |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetonide lotion 0.025%)        | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream                                | Dermatoses             | Non-Preferred Brand |

| PERFORMANCE DRUG LIST TIER CHANGES                                   |  |   |                     |
|--|--|---|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)                      | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)                            | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

**PERFORMANCE DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|--|--|---|---------------------|
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety                                     | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)   | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

PERFORMANCE DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION                                    | NEW TIER            |
|--|--|--|---------------------|
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                          | Non-Preferred Brand |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                          | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                        | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitracin-zn-polymyx 5(3.5) mg-400 unit-10000 unit op oint) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)        | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                   | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                       | Preferred Brand     |
| PHENOBARBITAL (phenobarbital elixir 20 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg)    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)             | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |

| PERFORMANCE DRUG LIST TIER CHANGES  |   |  |                     |
|---|---|--|---------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION                                    | NEW TIER            |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLORO THIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg)                                     | benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Alkalinizing agent                           | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Alkalinizing agent                           | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |

| PERFORMANCE DRUG LIST TIER CHANGES                                     |  |                        |                     |
|--|--|------------------------|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION              | NEW TIER            |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))                    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)                           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetonide lotion 0.025%)        | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream         | Dermatoses             | Non-Preferred Brand |

| PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES                        |  |   |                     |
|--|--|---|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)                      | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)                            | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

**PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>       | <b>NEW TIER</b>     |
|--|--|------------------------|---------------------|
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety    | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema                  | Non-Preferred Brand |

**PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>   | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|---|--|---|---------------------|
| HEMMOREX-HC<br>(hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema,<br>hydrocortisone perianal cream   | Hemorrhoids,<br>inflammatory conditions<br>of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE<br>(hydrocortisone acetate suppos 25 mg)                                   | hydrocortisone enema,<br>hydrocortisone perianal cream   | Hemorrhoids,<br>inflammatory conditions<br>of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease   | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BAC ITRACIN (neomycin-bacitrac zn-polymyx 5(3.5) mg-400 unt-10000 unt op oint) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                                    | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BAC ITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                                    | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| PHENOBARBITAL (phenobarbital elixir 20 mg/5 mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)               | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia,<br>increase urinary phosphate               | Non-Preferred Brand |
| PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                       | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia,<br>increase urinary phosphate               | Non-Preferred Brand |

**PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>  | <b>CONDITION</b>                             | <b>NEW TIER</b>     |
|---|---|--|---------------------|
| PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLORO THIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg)                                     | benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Alkalinizing agent                           | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Alkalinizing agent                           | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |

| PERFORMANCE BIOSIMILAR DRUG LIST TIER CHANGES                          |  |                        |                     |
|--|--|------------------------|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION              | NEW TIER            |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)                           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))                    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)                           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetone lotion 0.025%)          | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream         | Dermatoses             | Non-Preferred Brand |

| PERFORMANCE FULL DRUG LIST TIER CHANGES                              |  |   |                     |
|--|--|---|---------------------|
| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)                      | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |

PERFORMANCE FULL DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION              | NEW TIER            |
|--|--|------------------------|---------------------|
| CLINPRO 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety    | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |

PERFORMANCE FULL DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION   | NEW TIER            |
|---|--|---|---------------------|
| FUROSEMIDE (furosemide oral soln 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)   | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)                                      | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                                     | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitrac zn-polymyx 5(3.5) mg-400 unt-10000 unt op oint)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)     | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| PHENOBARBITAL (phenobarbital elixir 20 mg/ 5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |

PERFORMANCE FULL DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>   | ALTERNATIVE   | CONDITION                                    | NEW TIER            |
|---|---|--|---------------------|
| PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)       | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)               | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)                              | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLORO THIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg) | benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)        | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Alkalinizing agent                           | Non-Preferred Brand |

| PERFORMANCE FULL DRUG LIST TIER CHANGES   |  |                        |                     |
|---|--|------------------------|---------------------|
| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION              | NEW TIER            |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetone lotion 0.025%)   | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream         | Dermatoses             | Non-Preferred Brand |

| PERFORMANCE SELECT DRUG LIST TIER CHANGES        |   |   |                     |
|--|---|---|---------------------|
| DRUG <sup>1</sup>                                | ALTERNATIVE   | CONDITION   | NEW TIER            |
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg) | hydrocortisone enema, hydrocortisone perianal cream | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |

PERFORMANCE SELECT DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION                  | NEW TIER            |
|--|--|----------------------------|---------------------|
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception              | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety        | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention     | Preferred Brand     |

PERFORMANCE SELECT DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
|--|--|---|---------------------|
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)                                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                                     | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitrac zn-polymyx 5(3.5) mg-400 unt-10000 unt op oint) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| PHENOBARBITAL (phenobarbital elixir 20 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures  | Non-Preferred Brand |

PERFORMANCE SELECT DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE   | CONDITION                                    | NEW TIER            |
|--|---|--|---------------------|
| PHENOBARBITAL<br>(phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seizures                                     | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)                          | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250 NEUTRAL (pot phos monobasic w/sod phos di & monobas tab 155-852-130 mg)             | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLORO THIAZIDE (quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg)            | benazepril/hydrochlorothiazide, enalapril/hydrochlorothiazide, fosinopril/hydrochlorothiazide, lisinopril/hydrochlorothiazide | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SF 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Tooth-decay prevention                       | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition.                              | Loosen mucus in lungs                        | Non-Preferred Brand |

PERFORMANCE SELECT DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION              | NEW TIER            |
|---|--|------------------------|---------------------|
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334-mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetone lotion 0.025%)   | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream         | Dermatoses             | Non-Preferred Brand |

**PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|--|--|---|---------------------|
| ANUCORT-HC<br>(hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema,<br>hydrocortisone perianal cream   | Hemorrhoids,<br>inflammatory conditions<br>of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema,<br>hydrocortisone perianal cream   | Hemorrhoids,<br>inflammatory conditions<br>of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                                    | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety   | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention  | Preferred Brand     |

**PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>  | <b>ALTERNATIVE</b>   | <b>CONDITION</b>  | <b>NEW TIER</b>     |
|--|--|---|---------------------|
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)                                     | hydrocortisone enema, hydrocortisone perianal cream  | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| MEMANTINE HCL TITRATION PAK (memantine hcl tab 28x5 mg & 21x10 mg titration pack)                | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alzheimer's Disease                                     | Non-Preferred Brand |
| NEBUSAL (sodium chloride soln nebu 3%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitrac zn-polymyx 5(3.5) mg-400 unt-10000 unt op oint) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)    | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| PERIOMED (stannous fluoride conc 0.63%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

**PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>   | <b>CONDITION</b>                                   | <b>NEW TIER</b>     |
|---|--|--|---------------------|
| PHENOBARBITAL<br>(phenobarbital elixir 20 mg/<br>5 mL)  | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seizures   | Non-Preferred Brand |
| PHENOBARBITAL<br>(phenobarbital tab 15 mg,<br>16.2 mg, 30 mg, 32.4 mg,<br>60 mg, 64.8 mg, 97.2 mg,<br>100 mg) | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seizures   | Non-Preferred Brand |
| PHOSPHA 250 NEUTRAL (pot<br>phos monobasic w/sod phos<br>di & monobas tab 155-852-<br>130 mg)                 | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHOROUS (pot phos<br>monobasic w/sod phos di &<br>monobas tab 155-852-<br>130 mg)                         | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN 250<br>NEUTRAL (pot phos<br>monobasic w/sod phos di &<br>monobas tab 155-852-<br>130 mg)         | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PHOSPHO-TRIN K500<br>(potassium phosphate<br>monobasic tab 500 mg)  | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Hypophosphatemia,<br>increase urinary<br>phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride<br>soln nebu 7%)  | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Loosen mucus in lungs                              | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLORO<br>THIAZIDE (quinapril-<br>hydrochlorothiazide tab 10-<br>12.5 mg, 20-12.5 mg)          | benazepril/hydrochlorothiazide,<br>enalapril/hydrochlorothiazide,<br>fosinopril/hydrochlorothiazide,<br>lisinopril/hydrochlorothiazide | Hypertension                                       | Non-Preferred Brand |
| SELENIUM SULFIDE<br>(selenium sulfide lotion<br>2.5%)   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Seborrheic dermatitis                              | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1%<br>(0.5% f))   | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Tooth-decay prevention                             | Preferred Brand     |
| SF 5000 PLUS (sodium<br>fluoride cream 1.1%)  | Please talk to your doctor or<br>pharmacist about other<br>medication(s) available for your<br>condition.                              | Tooth-decay prevention                             | Preferred Brand     |

**PERFORMANCE SELECT BIOSIMILAR DRUG LIST TIER CHANGES**

| <b>DRUG<sup>1</sup></b>   | <b>ALTERNATIVE</b>   | <b>CONDITION</b>       | <b>NEW TIER</b>     |
|---|--|------------------------|---------------------|
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs  | Non-Preferred Brand |
| SODIUM CITRATE AND CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM CITRATE/CITRIC ACID (sodium citrate & citric acid soln 500-334 mg/5 mL)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Alkalinizing agent     | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride rinse 0.2%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetone lotion 0.025%)   | alclometasone, betamethasone ointment, desonide cream, fluocinolone, triamcinolone cream         | Dermatoses             | Non-Preferred Brand |

## HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
|--|--|---|---------------------|
| ADRENAMAX (amino acids cap)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Dietary supplement                                      | Non-Preferred Brand |
| ANUCORT-HC (hydrocortisone acetate suppos 25 mg)                     | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ANUSOL-HC (hydrocortisone acetate suppos 25 mg)                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| ARANELLE (norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Contraception   | Non-Preferred Brand |
| BACITRACIN/POLYMYXIN B (bacitracin-polymyxin b ophth oint)           | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                              | Non-Preferred Brand |
| CLINPRO 5000 (sodium fluoride paste 1.1%)                            | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DENTA 5000 PLUS (sodium fluoride cream 1.1%)                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DENTAGEL (sodium fluoride gel 1.1% (0.5% f))                         | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| DOXEPIN HCL (doxepin hcl conc 10 mg/mL)                              | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Depression, anxiety                                     | Non-Preferred Brand |
| EASYGEL (stannous fluoride gel 0.4%)                                 | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

## HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>  | ALTERNATIVE  | CONDITION   | NEW TIER            |
|--|--|---|---------------------|
| FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX DAILY DEFENSE (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX DAILY RENEWAL (stannous fluoride conc 0.63%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIDEX ENHANCED WHITENING (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FLUORIMAX 5000 (sodium fluoride paste 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FRAICHE 5000 DENTAL (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |
| FUROSEMIDE (furosemide oral soln 10 mg/mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Edema   | Non-Preferred Brand |
| HEMMOREX-HC (hydrocortisone acetate suppos 25 mg)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| HYDROCORTISONE ACETATE (hydrocortisone acetate suppos 25 mg)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hemorrhoids, inflammatory conditions of rectum and anus | Non-Preferred Brand |
| JUST RIGHT 5000 (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                                  | Preferred Brand     |

## HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION                                    | NEW TIER            |
|---|--|--|---------------------|
| NEBUSAL (sodium chloride soln nebu 3%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                        | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN (neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin)      | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                   | Non-Preferred Brand |
| NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE (bacitracin-polymyxin-neomycin-hc ophth oint 1%)     | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Bacterial infection of eye                   | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital elixir 20 mg/5 mL)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     | Non-Preferred Brand |
| PHENOBARBITAL (phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seizures                                     | Non-Preferred Brand |
| PHOSPHO-TRIN K500 (potassium phosphate monobasic tab 500 mg)                                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypophosphatemia, increase urinary phosphate | Non-Preferred Brand |
| PULMOSAL (sodium chloride soln nebu 7%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs                        | Non-Preferred Brand |
| QUINAPRIL/HYDROCHLOROTHIAZIDE (quinapril-hydrochlorothiazide tab 20-12.5 mg)                      | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Hypertension                                 | Non-Preferred Brand |
| SELENIUM SULFIDE (selenium sulfide lotion 2.5%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Seborrheic dermatitis                        | Non-Preferred Brand |
| SF (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention                       | Preferred Brand     |

## HEALTH INSURANCE MARKETPLACE DRUG LIST TIER CHANGES

| DRUG <sup>1</sup>   | ALTERNATIVE  | CONDITION              | NEW TIER            |
|---|--|------------------------|---------------------|
| SF 5000 PLUS (sodium fluoride cream 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM CHLORIDE (sodium chloride soln nebu 3%, 7%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Loosen mucus in lungs  | Non-Preferred Brand |
| SODIUM FLUORIDE (sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)) | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE (sodium fluoride gel 1.1% (0.5% f))   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PLUS (sodium fluoride cream 1.1%)  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM DRY MOUTH (sodium fluoride gel 1.1% (0.5% f))  | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| SODIUM FLUORIDE 5000 PPM (sodium fluoride paste 1.1%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Tooth-decay prevention | Preferred Brand     |
| TRIAMCINOLONE ACETONIDE (triamcinolone acetone lotion 0.025%)   | Please talk to your doctor or pharmacist about other medication(s) available for your condition. | Dermatoses             | Non-Preferred Brand |

# Utilization Management Program Changes

Utilization Management programs are implemented to regularly review the appropriateness of medications within drug-therapy programs, and as a result, may adjust dispensing limits, prior authorization or step-therapy requirements. The following drug programs reflect those changes.

## Standard Prior Authorization Program Changes

Changes to drug categories and/or medications will be made to the prior authorization programs or dispensing limits (ql) for standard pharmacy benefit plans upon renewal for non-ASO groups. This includes ASO groups with a standard UM package and/or subcategory selection with auto updates.

For groups that have not selected the auto update, these programs will be available to be added to their benefit design as of the program effective date.

**Note:** Step Therapy programs do not apply to fully insured plans effective Jan. 1, 2026, but do remain available for some ASO plans.

Members received letters regarding the program changes listed below. All changes are effective July 1, 2026.

| BASIC, BASIC ANNUAL, BASIC MULTI-TIER, BASIC MULTI-TIER ANNUAL, ENHANCED, ENHANCED ANNUAL, ENHANCED MULTI-TIER, ENHANCED MULTI-TIER ANNUAL DRUG LISTS |                      |                     |
|---|----------------------|---------------------|
| PROGRAM NAME  | TARGET AGENTS        | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA   | Glassia              | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA   | Prolastin-C          | Prior Authorization |
| Therapeutic Alternatives PAQL   | Droxia caps          | Prior Authorization |
| Therapeutic Alternatives PAQL   | Pokonza powder packs | Prior Authorization |

| BALANCED DRUG LIST              |                      |                     |
|---------------------------------|----------------------|---------------------|
| PROGRAM NAME                    | TARGET AGENTS        | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA | Glassia              | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C          | Prior Authorization |
| Therapeutic Alternatives PAQL   | Droxia caps          | Prior Authorization |
| Therapeutic Alternatives PAQL   | Pokonza powder packs | Prior Authorization |

| BALANCED BIOSIMILAR DRUG LIST   |                      |                               |
|---------------------------------|----------------------|-------------------------------|
| PROGRAM NAME                    | TARGET AGENTS        | PROGRAM TYPE                  |
| Alpha-1 Proteinase Inhibitor PA | Glassia              | Prior Authorization           |
| Therapeutic Alternatives PAQL   | Droxia caps          | Prior Authorization           |
| Therapeutic Alternatives PAQL   | Pokonza powder packs | Prior Authorization           |
| Alpha-1 Proteinase Inhibitor    | Prolastin-C          | Specialty Prior Authorization |

| PERFORMANCE DRUG LIST           |               |                     |
|---------------------------------|---------------|---------------------|
| PROGRAM NAME                    | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C   | Prior Authorization |

| PERFORMANCE BIOSIMILAR DRUG LIST |               |                     |
|----------------------------------|---------------|---------------------|
| PROGRAM NAME                     | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA  | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA  | Prolastin-C   | Prior Authorization |

| PERFORMANCE ANNUAL DRUG LIST    |               |                     |
|---------------------------------|---------------|---------------------|
| PROGRAM NAME                    | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C   | Prior Authorization |

| PERFORMANCE FULL DRUG LIST      |               |                     |
|---------------------------------|---------------|---------------------|
| PROGRAM NAME                    | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C   | Prior Authorization |

| PERFORMANCE SELECT DRUG LIST    |               |                     |
|---------------------------------|---------------|---------------------|
| PROGRAM NAME                    | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C   | Prior Authorization |

| PERFORMANCE SELECT BIOSIMILAR DRUG LIST |               |                     |
|---|---------------|---------------------|
| PROGRAM NAME                            | TARGET AGENTS | PROGRAM TYPE        |
| Alpha-1 Proteinase Inhibitor PA         | Glassia       | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA         | Prolastin-C   | Prior Authorization |

## HEALTH INSURANCE MARKETPLACE DRUG LIST

| PROGRAM NAME                    | MEDICATION(S) <sup>1</sup> | PROGRAM TYPE        |
|---------------------------------|----------------------------|---------------------|
| Alpha-1 Proteinase Inhibitor PA | Glassia                    | Prior Authorization |
| Alpha-1 Proteinase Inhibitor PA | Prolastin-C                | Prior Authorization |

### New Standard Utilization Management Programs

The following are new programs or new drugs that do not have drug utilization. Members were not lettered on the programs listed.

| PROGRAM NAME                           | PROGRAM TYPE                                   | CHANGES MADE                     | DRUG LISTS   | EFFECTIVE DATE |
|--|--|----------------------------------|--|----------------|
| Aqvesme PAQL                           | Prior Authorization and Dispensing Limits (QL) | Aqvesme tab added as new program | Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Performance, Performance Biosimilar, Performance Full, Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar | 7/1/2026       |
| Familial Chylomicronemia Syndrome PAQL | Prior Authorization and Dispensing Limits (QL) | Redemplo added as target         | Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Performance, Performance Biosimilar, Performance Full, Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar | 7/1/2026       |

| PROGRAM NAME    | PROGRAM TYPE                                   | CHANGES MADE               | DRUG LISTS   | EFFECTIVE DATE |
|-----------------|--|----------------------------|--|----------------|
| Furosemide PAQL | Prior Authorization and Dispensing Limits (QL) | Lasix Onyu added as target | Basic, Basic Multi-Tier, Enhanced, Enhanced Multi-Tier, Basic Annual, Basic Multi-Tier Annual, Enhanced Annual, Enhanced Multi-Tier Annual, HIM, Performance, Performance Biosimilar, Performance Full, Performance Select, Performance Select Biosimilar, Balanced, Balanced Biosimilar | 7/1/2026       |

## Dispensing Limit Changes

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration approved dosage regimens and product labeling.

BCBSIL may send letters to all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

**Please note:** The dispensing limits listed below do not apply to members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2027. They also may not apply to BCBSIL HMO members on the 2025 or 2026 Health Insurance Marketplace Drug Lists until on or after Jan. 1, 2027.

**Dispensing Limit changes are listed below with their effective date.**

View the most up-to-date drug list and list of drug dispensing limits, visit the [provider pharmacy webpage](#).

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also log in to [Blue Access for Members<sup>SM</sup>](#) or [MyPrime.com](#) for more online resources.

| BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, HIM, BALANCED, PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE FULL, PERFORMANCE SELECT DRUG LISTS |  |                      |                |
|---|--|----------------------|----------------|
| PROGRAM   | TARGET AGENT                                       | DISPENSING LIMIT     | EFFECTIVE DATE |
| Supplemental Therapeutic Alternative PAQL   | Crexont (carbidopa/levodopa)<br>35-140 mg cap ER   | 450 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL   | Crexont (carbidopa/levodopa)<br>52.5-210 mg cap ER | 300 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL   | Crexont (carbidopa/levodopa)<br>70-280 mg cap ER   | 210 caps per 30 days | 7/1/2026       |

**BASIC, BASIC MULTI-TIER, ENHANCED, ENHANCED MULTI-TIER, HIM, BALANCED,  
PERFORMANCE, PERFORMANCE ANNUAL, PERFORMANCE FULL, PERFORMANCE SELECT DRUG LISTS**

| PROGRAM                                   | TARGET AGENT                                       | DISPENSING LIMIT     | EFFECTIVE DATE |
|---|--|----------------------|----------------|
| Supplemental Therapeutic Alternative PAQL | Crexont (carbidopa/levodopa)<br>87.5-350 mg cap ER | 180 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>36.25-145 mg cap ER | 480 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>48.75-195 mg cap ER | 360 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>61.25-245 mg cap ER | 300 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary(carbidopa/levodopa)<br>23.75-95 mg cap ER   | 750 caps per 30 days | 7/1/2026       |

**BALANCED BIOSIMILAR, PERFORMANCE BIOSIMILAR, PERFORMANCE SELECT BIOSIMILAR DRUG LISTS**

| PROGRAM                                   | TARGET AGENT                                       | DISPENSING LIMIT     | EFFECTIVE DATE |
|---|--|----------------------|----------------|
| Supplemental Therapeutic Alternative PAQL | Crexont (carbidopa/levodopa)<br>35-140 mg cap ER   | 450 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Crexont (carbidopa/levodopa)<br>52.5-210 mg cap ER | 300 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Crexont (carbidopa/levodopa)<br>70-280 mg cap ER   | 210 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Crexont (carbidopa/levodopa)<br>87.5-350 mg cap ER | 180 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>36.25-145 mg cap ER | 480 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>48.75-195 mg cap ER | 360 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary (carbidopa/levodopa)<br>61.25-245 mg cap ER | 300 caps per 30 days | 7/1/2026       |
| Supplemental Therapeutic Alternative PAQL | Rytary(carbidopa/levodopa)<br>23.75-95 mg cap ER   | 750 caps per 30 days | 7/1/2026       |

## Change in Benefit Coverage for Select High-Cost Products

Several high-cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL's members who have prescription-drug benefits administered by Prime Therapeutics<sup>†</sup>. This change is part of an ongoing effort to ensure our members and employer groups have access to safe, cost-effective medications. Members were lettered on these changes unless otherwise noted.

| PRODUCT(S) NO LONGER COVERED <sup>1</sup>                             | COVERED ALTERNATIVE(S) <sup>1, 2</sup>                      | CONDITION                                    |
|---|---|--|
| beclomethasone dipropionate HFA 40 mg/ACT, 80 mcg/ACT                 | QVAR REDIBALER/ASMANEX HFA/ARNUITY ELLIPTA                  | Asthma                                       |
| KETOPROFEN cap 50 mg (Oncora Pharma)                                  | meloxicam, ibuprofen, naproxen                              | Pain and inflammation                        |
| NATALCHEW (Blue Heron Pharmaceutical)                                 | Amneal Prenatal+, Prenatal19, Prenatal-U, SE-Natal, Trinate | Prenatal care                                |
| RELGAABI cap 200 mg (Method Pharmaceuticals)                          | Generic gabapentin capsules                                 | Nerve pain                                   |
| tolmetin sodium cap 400 mg (Galt Pharmaceuticals)                     | meloxicam, ibuprofen, naproxen                              | Pain and inflammation                        |
| umeclidinium inhalation powder breath activated 62.5 mcg/ACT (PRASCO) | INCRUSE ELLIPTA   | Chronic obstructive pulmonary disease (COPD) |

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medicines may be available in this drug class.

<sup>3</sup>Coverage of medications is still subject to the limits, exclusions and out-of-pocket requirements based on the member's plan.

<sup>4</sup>This drug is based on group-specific coverage. Members should refer to their benefit materials for coverage details or call the number on the back of their member ID card.

**Please note:** If coverage of the member's medication is changed on their prescription drug list, the amount the member will pay for the same medication under this preventive drug benefit may also change.

<sup>†</sup>Prime Therapeutics, LLC is a separate company BCBSIL contracts with Prime Therapeutics to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. MyPrime.com is a pharmacy-benefit website owned and operated by Prime Therapeutics LLC.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.