

## **Pharmacy Program**

NH Healthy Families is committed to providing appropriate, high quality, and cost effective drug therapy to all NH Healthy Families members. NH Healthy Families works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. NH Healthy Families covers prescription medications and certain over-the-counter (OTC) medications when ordered by a prescriber. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

## **Preferred Drug List**

The NH Healthy Families Preferred Drug List (PDL) is the list of covered drugs. The PDL applies to drugs members can receive at retail pharmacies. The NH Healthy Families PDL is continually evaluated by the Pharmacy and Therapeutics (P&T) Committee to promote the appropriate and cost-effective use of medications. The Committee is composed of the physicians, pharmacists, and other healthcare professionals.

## **Pharmacy Benefit Manager**

NH Healthy Families works with a Pharmacy Benefit Manager (PBM) to process pharmacy claims for prescribed drugs and maintain the pharmacy network. The Pharmacy Benefit Manager ensures claims are processed in line with the NH Healthy Families preferred drug list.

## **Specialty Drugs**

NH Healthy Families contracts with a number of specialty pharmacies, such as AcariaHealth Specialty Pharmacy, to ensure members have adequate access to the specialty drugs they require. Specialty drugs, such as biopharmaceuticals and injectables, may require PA to be approved for payment by NH Healthy Families. PA requirements are programmed specific to the drug.

## **Dispensing Limits**

Drugs may be dispensed up to a maximum of thirty-four (34) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for PDL drugs (excluding ophthalmic drugs which are set at 70%).

## **Appropriate Use and Safety Edits**

The health and safety of the member are top priorities for NH Healthy Families. One of the ways we address member safety is through point-of sale (POS) edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization.

## **Prior Authorizations**

Some medications listed on the NH Healthy Families PDL may require PA. The information should be submitted by the prescriber to the Pharmacy Services team on the **Medication Prior Authorization Form**. This form should be **faxed to the Pharmacy Services team at 833-645-2738**. This document can be found on the NH Healthy Families website.

NH Healthy Families will cover the medication if it is determined that:

1. There is a medical reason the member needs the specific medication.
2. Depending on the medication, other medications on the PDL have not worked.

Authorization requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team notifies the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, NH Healthy

Families will notify the member and their prescriber of alternatives and provide information regarding the appeal process.

### **Quantity Limits**

NH Healthy Families may limit how much of a certain medication a member can get at one time. If the prescriber feels the member has a medical reason for getting a greater amount, a PA may be requested. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

### **Age Limits**

Some medications on the NH Healthy Families PDL may have age limits. These are set for certain drugs based on FDA approved labeling and for safety concerns and quality standards of care. Age limits align with current FDA alerts for the appropriate use of pharmaceuticals.

### **Non-Preferred**

NH Healthy Families incorporates a Preferred Drug List. A notation of non-preferred corresponds to drugs identified on the NH Healthy Families PDL indicating the trial and failure of preferred alternatives. The number of preferred drugs that must be tried prior to approval of non-preferred drugs varies by therapeutic drug class. To request the approval of a non-preferred drug please submit rationale via prior authorization request form to the Pharmacy Services team at fax number 833-645-2738.

### **Medical Necessity Requests**

If the member requires a medication that does not appear on the PDL, the member's prescriber can make a medical necessity (MN) request for the medication. It is anticipated that such exceptions will be rare as the PDL medications are appropriate to treat the vast majority of medical conditions.

For a MN request NH Healthy Families requires:

- Documentation of failure of PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications) for the same diagnosis (e.g. migraine, neuropathic pain, etc.); or
- Documented intolerance or contraindication to PDL agent(s) within the same therapeutic class (provided agents exist in the therapeutic category with comparable labeled indications); or
- Documented clinical history or presentation where the patient is not a candidate for PDL agents for the indication.

These requests are reviewed by a licensed clinical pharmacist using the criteria established by the P&T Committee. If the request is approved, the Pharmacy Services team will notify the prescriber by fax. If the clinical information provided does not meet the coverage criteria for the requested medication, the member and their prescriber will be notified of alternatives and provide information regarding the appeal process.

### **72-Hour Emergency Supply Policy**

State and Federal law require that a pharmacy dispense at least a 72-hour (3 day) supply of medication to any member awaiting PA determination. The purpose is to avoid interruption of current therapy or delay in the initiation of therapy. A provision of a 72-hour supply does not guarantee that the medication will be approved after a PA review. All participating pharmacies are authorized to provide a 72-hour supply of medication and will be reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication, whether or not the PA request is ultimately approved or denied. The pharmacy must call the Pharmacy Help Desk at the number located on the back of your member ID card for an override.

### **Newly Approved Products**

NH Healthy Families reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If NH Healthy Families does not grant PA we will notify the member and their prescriber and provide information regarding the appeal process.

### **Over-the-Counter Medications**

NH Healthy Families covers some OTC medications. These medications can be found throughout the NH Healthy Families PDL. NH Healthy Families covers OTC products listed on the PDL if the member has a prescription from a licensed prescriber that meets all the legal requirements for a prescription.

### **CMS Labeler Requirements**

NH Healthy Families requires manufacturers to enter into the federal rebate agreement program as outlined in the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) in order to be eligible for coverage under the NH Healthy Families preferred drug list. Manufacturers and products which do not engage in this rebate program will be ineligible for coverage under the preferred drug list.

### **Drug Efficacy Study and Implementation (DESI) Drugs**

DESI products and known related drug products are defined as less than effective by the Food and Drug Administration because there is a lack of substantial evidence of effectiveness for all labeling indications and because a compelling justification for their medical need has not been established. DESI products are not covered by NH Healthy Families.

### **Filling a Prescription**

A member can have prescriptions filled at a NH Healthy Families network pharmacy. If the member decides to have a prescription filled at a network pharmacy, they can locate a pharmacy near them by contacting NH Healthy Families Member Services. At the pharmacy, the member will need to provide the pharmacist with the prescription and their NH Healthy Families ID card.

### **Step Therapy**

Some medications listed on the NH Healthy Families' PDL may require specific medications to be used before the member can receive the step therapy medication. If NH Healthy Families has a record that the required medication was tried first the step therapy medications are automatically covered. If NH Healthy Families does not have a record that the required medication was tried, the member's prescriber may be required to provide additional information. If authorization is not granted, NH Healthy Families will notify the member and their prescriber and provide information regarding the appeal process.

| <b>Trial and Failure of 1 Preferred Product Required Prior to Non-Preferred Products</b>        |
|-------------------------------------------------------------------------------------------------|
| Antibiotics - 3rd Generation Quinolones                                                         |
| Anticonvulsants - Carbamazepine Derivatives                                                     |
| Behavioral Health - Atypical Antipsychotics & Combos                                            |
| Cardiovascular - Oral Pulmonary Hypertension Agents                                             |
| Central Nervous System - Calcitonin Gene-Related Peptide Inhibitors, Multiple Sclerosis - Other |
| Endocrinology - Biguanides & Combos, Dipeptidyl Peptidase-4 Inhibitors and Combos, Insulins     |
| Endocrinology - Meglitinides, SGLT-2 Inhibitors and Combos, Thiazolidinediones & Combos         |
| Gastrointestinal - Hepatitis C Agents                                                           |
| Genitourinary/Renal - Androgen Hormone Inhibitors, Electrolyte Depleters                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| Immunologic - Systemic Immunomodulators                                                                           |
| Miscellaneous - Smoking Cessation, Topical Androgenic Agents                                                      |
| Osteoporosis - Nasal Calcitonins                                                                                  |
| Respiratory - Inhaled Corticosteroids and Long/Short Acting Beta Adrenergics & Combos - Inhalers/Nebs             |
| Topical - Antiparasitics, Very High Potency Steroids, Topical Combination Benzoyl Peroxide & Clindamycin Products |

|                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Trial and Failure of 2 Preferred Products Required Prior to Non-Preferred Products</b>                                                                                    |
| Analgesic - Non-Selective NSAIDs, Long Acting Opioids, Tramadol & Tramadol Like Derivatives                                                                                  |
| Antibiotics - 2nd/3rd Generation Cephalosporins, 2nd Generation Quinolones, Herpetic Antivirals, Macrolides                                                                  |
| Anticonvulsants - 1st/2nd Generation                                                                                                                                         |
| Antifungals - Onychomycosis                                                                                                                                                  |
| Antivirals - Treatment/Prophylaxis of Influenza                                                                                                                              |
| Behavioral Health - Alzheimer's Agents, Antihyperkinesia, Serotonin Reuptake Inhibitors & Combos                                                                             |
| Cardiovascular - Angiotensin Receptor Blockers & Combos, Calcium Channel Blockers & Combos, High Potency Statins & Combos, Platelet Inhibitors, Triglyceride Lowering Agents |
| Central Nervous System - Triptans                                                                                                                                            |
| Endocrinology - 2nd Generation Sulfonylureas & Combos, Alpha-Glucosidase Inhibitors, Growth Hormone                                                                          |
| Gastrointestinal - Antiemetics, Proton Pump Inhibitors & Combos, Ulcerative Colitis                                                                                          |
| Genitourinary/Renal - Alpha Blockers for Benign Prostatic Hyperplasia                                                                                                        |
| Hematologic - Anticoagulants                                                                                                                                                 |
| Miscellaneous - Pancreatic Enzymes                                                                                                                                           |
| Ophthalmic - Nonsteroidal Antiinflammatory, Quinolones, Antihistamines, Carbonic Anhydrase Inhibitors, Prostaglandin Agonists                                                |
| Osteoporosis - Bisphosphonates                                                                                                                                               |
| Otic/Antibiotic - Quinolones and Combos                                                                                                                                      |
| Respiratory - COPD Agents, Leukotriene Modifiers, Nasal Antihistamines, Nasal Corticosteroids                                                                                |
| Topical - High/Medium/Low Potency Steroids, Topical Agents for Psoriasis, Antibiotics, Antivirals, Retinoids                                                                 |

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| <b>Trial and Failure of 3 Preferred Products Required Prior to Non-Preferred Products</b>           |
| Behavioral Health - Anxiolytics                                                                     |
| Cardiovascular - ACE Inhibitors & Combos, Beta Blockers & Combos, Calcium Channel Blockers & Combos |
| Central Nervous System - Multiple Sclerosis - Disease Modifying Therapy                             |
| Genitourinary/Renal - Urinary Antispasmodics                                                        |
| Miscellaneous - Skeletal Muscle Relaxants                                                           |
| Respiratory - Adrenergic Combinations, Low-Sedating Antihistamines & Combos                         |

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| <b>Trial and Failure of 5 Preferred Products Required Prior to Non-Preferred Products</b> |
| Ophthalmic/Glaucoma - Beta Blocker Agents                                                 |

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|---------------------------------------------------------------------------------------------|
| <b>Trial and Failure of All Preferred Products Required Prior to Non-Preferred Products</b> |
| Ophthalmic/Glaucoma - Alpha-2 Adrenergic Agents                                             |

## Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the limitations and restrictions column.

|                |                                                        |
|----------------|--------------------------------------------------------|
| DS/DU:         | Day Supply per Dosage Unit                             |
| Max Days Sply: | Maximum Day Supply                                     |
| Max Fills:     | Maximum Fills (per a designated time period)           |
| Max Qty:       | Maximum Quantity (per claim or designated time period) |
| Min DS:        | Minimum Day Supply                                     |
| MP:            | Maintenance Product (eligible for 90-day supply)       |
| PA:            | Prior Authorization                                    |
| Pkg Size:      | Package Size                                           |
| SP             | Specialty Drug                                         |
| PV             | Preventative                                           |
| QL             | Quantity Limit                                         |
| ST             | Step Therapy                                           |
| AL             | Age Limit                                              |
| RX/OTC         | Over-the-Counter Medication (prescription required)    |

## Tier Definitions

|    |                                   |
|----|-----------------------------------|
| 0  | \$0 Copay                         |
| 1  | Preferred Generic                 |
| 2  | Preferred Brand                   |
| CO | Carve-Out Drug - Covered by State |
| NP | Non- Preferred                    |

## Brand/Generic Drug Designation

| Drug Type | Designation                              |
|-----------|------------------------------------------|
| Brand     | First letter of drug name is capitalized |
| Generic   | First letter of drug name is lowercase   |

## Contact Information

NH Healthy Families: 866-769-3085, [www.nhhealthyfamilies.com](http://www.nhhealthyfamilies.com)

| Drug Name                                                                                              | Drug Tier | Requirements/ Limits                                                |
|--------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b> |           |                                                                     |
| <b>Amphetamines</b>                                                                                    |           |                                                                     |
| ADDERALL XR CP24<br>(Use amphetamine-dextroamphetamine)                                                | NP        | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP |
| ADDERALL TABS (Use amphetamine-dextroamphetamine)                                                      | 2         | Generic for Adderall; QL(3 EA daily); MP                            |
| amphetamine sulfate TABS                                                                               | 1         | Generic for Evekeo; MP; PA                                          |
| amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG                                      | 1         | MP                                                                  |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                             | 1         | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP |
| amphetamine-dextroamphetamine TABS                                                                     | 1         | Generic for Adderall; QL(3 EA daily); MP                            |
| dextroamphetamine sulfate CP24 10 MG, 15 MG                                                            | 1         | Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP   |
| dextroamphetamine sulfate CP24 5 MG                                                                    | 1         | Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP   |
| dextroamphetamine sulfate SOLN                                                                         | 1         | Generic for Procentra; MP; PA                                       |
| dextroamphetamine sulfate SOLN                                                                         | NP        | Generic for Procentra; MP; PA                                       |
| dextroamphetamine sulfate TABS 5 MG, 10 MG                                                             | NP        | AL(At least 3 yrs old); MP                                          |

| Drug Name                                                     | Drug Tier | Requirements/ Limits                                               |
|---------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG            | 1         | MP                                                                 |
| dextroamphetamine sulfate TABS 5 MG, 10 MG                    | 1         | AL(At least 3 yrs old); MP                                         |
| DYANAVAL XR TBCR                                              | NP        |                                                                    |
| lisdexamfetamine dimesylate CAPS                              | 1         | QL(1 EA daily); MP; PA                                             |
| lisdexamfetamine dimesylate CHEW                              | 1         | MP; PA                                                             |
| methamphetamine hcl                                           | 1         | Generic for Desoxyx; MP; PA                                        |
| VYVANSE CAPS                                                  | 2         | QL(1 EA daily); MP; PA                                             |
| VYVANSE CHEW                                                  | 2         | MP; PA                                                             |
| XELSTRYM                                                      | NP        |                                                                    |
| <b>Analeptics</b>                                             |           |                                                                    |
| caffeine citrate SOLN PO                                      | 1         | QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP |
| <b>Anti-Obesity Agents</b>                                    |           |                                                                    |
| IMCIVREE                                                      | NP        | SP; PA                                                             |
| SAXENDA                                                       | 2         | PA                                                                 |
| WEGOVY                                                        | 2         | PA                                                                 |
| ZEPBOUND SOAJ                                                 | NP        | PA                                                                 |
| ZEPBOUND SOLN                                                 | NP        | PA                                                                 |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD) Agents</b> |           |                                                                    |
| atomoxetine hcl                                               | 1         | Generic for Strattera; AL(At least 6 yrs old); MP                  |
| clonidine hcl (adhd) TB12                                     | 1         | Generic for Kapvay; MP                                             |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                            |
|------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| <i>guanfacine hcl (adhd)</i>                               | 1         | Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP |
| QELBREE                                                    | NP        | MP                                                              |
| Stimulants - Misc.                                         |           |                                                                 |
| AZSTARYS                                                   | NP        | MP                                                              |
| CONCERTA TBCR ( <i>Use methylphenidate hcl</i> )           | 2         | Generic for Concerta; AL(At least 6 yrs old); MP                |
| <i>dexmethylphenidate hcl CP24</i>                         | 1         | Generic for Focalin XR; MP; PA                                  |
| <i>dexmethylphenidate hcl TABS</i>                         | 1         | Generic for Focalin; QL(2 EA daily); AL(At least 6 yrs old); MP |
| FOCALIN XR CP24 ( <i>Use dexmethylphenidate hcl</i> )      | NP        | Generic for Focalin XR; MP; PA                                  |
| METHYLIN SOLN ( <i>Use methylphenidate hcl</i> )           | 2         | Generic for Methylin; MP; PA                                    |
| <i>methylphenidate hcl CHEW</i>                            | 1         | MP; PA                                                          |
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i> | 1         | Generic for Ritalin LA; MP; PA                                  |
| <i>methylphenidate hcl CP24 60 MG</i>                      | 1         | MP; PA                                                          |
| <i>methylphenidate hcl CP24</i>                            | 1         | Generic for Aptensio XR; MP; PA                                 |
| <i>methylphenidate hcl CPCR</i>                            | 1         | Generic for Metadate CD; AL(At least 6 yrs old); MP             |
| <i>methylphenidate hcl SOLN</i>                            | 1         | Generic for Methylin; MP; PA                                    |
| <i>methylphenidate hcl TABS</i>                            | 1         | Generic for Ritalin; AL(At least 3 yrs old); MP                 |

| Drug Name                                                            | Drug Tier | Requirements/ Limits                             |
|----------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>methylphenidate hcl TB24</i>                                      | 1         | AL(At least 6 yrs old); MP                       |
| <i>methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG</i>           | 1         | Generic for Concerta; AL(At least 6 yrs old); MP |
| <i>methylphenidate hcl TBCR 45 MG, 63 MG</i>                         | 1         | AL(At least 6 yrs old)                           |
| <i>methylphenidate hcl TBCR 10 MG, 20 MG</i>                         | 1         | AL(At least 6 yrs old); MP                       |
| RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG                             | 2         | Generic for Concerta; AL(At least 6 yrs old); MP |
| RELEXXII TBCR 45 MG, 63 MG ( <i>Use methylphenidate hcl</i> )        | 2         | AL(At least 6 yrs old)                           |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC                                 |           |                                                  |
| Allergenic Extracts                                                  |           |                                                  |
| ORALAIR SUBL                                                         | 2         | PA                                               |
| ALTERNATIVE MEDICINES                                                |           |                                                  |
| Alternative Medicine - G's                                           |           |                                                  |
| <i>ginger (zingiber officinalis) CAPS 250 MG</i>                     | 1         | QL(4 EA daily)                                   |
| Alternative Medicine - M's                                           |           |                                                  |
| <i>melatonin TABS 3 MG, 5 MG</i>                                     | 1         | QL(1 EA daily)                                   |
| AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections                |           |                                                  |
| Aminoglycosides                                                      |           |                                                  |
| BETHKIS NEBU ( <i>Use tobramycin</i> )                               | 2         | SP; PA                                           |
| KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML ( <i>Use tobramycin</i> ) | 2         | SP; PA                                           |
| <i>neomycin sulfate TABS</i>                                         | 1         |                                                  |
| TOBI NEBU ( <i>Use tobramycin</i> )                                  | NP        | SP; PA                                           |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| <i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML</i>                                                              | 1         | PA                   | ADALIMUMAB-AACF(PS/UV STARTER) AJKT | 2         | SP; PA               |
| <i>tobramycin sulfate SOLR</i>                                                                                                             | 1         | PA                   | ADALIMUMAB-AATY (1 PEN) AJKT        | 2         | SP; PA               |
| <i>tobramycin NEBU</i>                                                                                                                     | 1         | SP; PA               | ADALIMUMAB-AATY (2 PEN) AJKT        | 2         | SP; PA               |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>                                         |           |                      | ADALIMUMAB-AATY (2 SYRINGE) PSKT    | 2         | SP; PA               |
| <b>Antirheumatic - Enzyme Inhibitors</b>                                                                                                   |           |                      | ADALIMUMAB-ADAZ SOAJ 80 MG/0.8ML    | NP        | SP; PA               |
| OLUMIANT                                                                                                                                   | NP        | SP; PA               | ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML    | 2         | SP; PA               |
| RINVOQ LQ SOLN                                                                                                                             | 2         | SP                   | ADALIMUMAB-ADAZ SOSY                | 2         | SP; PA               |
| RINVOQ TB24                                                                                                                                | 2         | SP; PA               | ADALIMUMAB-ADAZ SOSY                | NP        | SP; PA               |
| XELJANZ SOLN                                                                                                                               | NP        | SP; PA               | ADALIMUMAB-ADAZ SOSY                | NP        | SP; PA               |
| <b>Antirheumatic Antimetabolites</b>                                                                                                       |           |                      | ADALIMUMAB-ADBM (2 PEN) AJKT        | 2         | SP; PA               |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML                               | 2         | SP; PA               | ADALIMUMAB-ADBM (2 SYRINGE) PSKT    | 2         | SP; PA               |
| RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML | 2         | SP; PA               | ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT | 2         | SP; PA               |
| <b>Anti-TNF-alpha - Monoclonal Antibodies</b>                                                                                              |           |                      | ADALIMUMAB-ADBM(PS/UV STARTER) AJKT | 2         | SP; PA               |
| ABRILADA (1 PEN) AJKT                                                                                                                      | NP        | SP; PA               | ADALIMUMAB-FKJP (2 PEN) AJKT        | 2         | SP; PA               |
| ABRILADA (2 PEN) AJKT                                                                                                                      | NP        | SP; PA               | ADALIMUMAB-FKJP (2 SYRINGE) PSKT    | 2         | SP; PA               |
| ABRILADA (2 SYRINGE) PSKT                                                                                                                  | NP        | SP; PA               | ADALIMUMAB-RYVK (2 PEN) AJKT        | 2         | SP; PA               |
| ADALIMUMAB-AACF (2 PEN) AJKT                                                                                                               | 2         | SP; PA               | ADALIMUMAB-RYVK (2 SYRINGE) PSKT    | 2         | SP; PA               |
| ADALIMUMAB-AACF (2 SYRINGE) PSKT                                                                                                           | NP        | SP; PA               | AMJEVITA-PED 10KG TO <15KG SOSY     | NP        | SP; PA               |
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT                                                                                                        | 2         | SP; PA               | AMJEVITA-PED 15KG TO <30KG SOSY     | NP        | SP; PA               |
|                                                                                                                                            |           |                      | AMJEVITA SOAJ                       | NP        | SP; PA               |
|                                                                                                                                            |           |                      | AMJEVITA SOSY                       | NP        | SP; PA               |
|                                                                                                                                            |           |                      | CYLTEZO (2 PEN) AJKT                | NP        | SP; PA               |

| Drug Name                                | Drug Tier | Requirements/ Limits | Drug Name                                                | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|----------------------------------------------------------|-----------|----------------------|
| CYLTEZO (2 SYRINGE) PSKT                 | NP        | SP; PA               | HYRIMOZ-PLAQ PSOR/UEIT START SOAJ                        | NP        | SP; PA               |
| CYLTEZO-CD/UC/HS STARTER AJKT            | NP        | SP; PA               | HYRIMOZ-PLAQUE PSORIASIS START SOAJ                      | NP        | SP; PA               |
| CYLTEZO-PSORIASIS/UV STARTER AJKT        | NP        | SP; PA               | HYRIMOZ SOAJ                                             | NP        | SP; PA               |
| HADLIMA PUSHTOUCH SOAJ                   | NP        | SP; PA               | HYRIMOZ SOSY                                             | NP        | SP; PA               |
| HADLIMA SOSY                             | NP        | SP; PA               | IDACIO (2 PEN) AJKT                                      | NP        | SP; PA               |
| HULIO (2 PEN) AJKT                       | NP        | SP; PA               | IDACIO (2 SYRINGE) PSKT                                  | NP        | SP; PA               |
| HULIO (2 SYRINGE) PSKT                   | NP        | SP; PA               | IDACIO-CROHNS/UC STARTER AJKT                            | NP        | SP; PA               |
| HUMIRA (2 PEN) AJKT                      | 2         | SP; PA               | IDACIO-PSORIASIS STARTER AJKT                            | NP        | SP; PA               |
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | 2         | SP; PA               | SIMLANDI (1 PEN) AJKT                                    | NP        | SP; PA               |
| HUMIRA (2 SYRINGE) PSKT                  | 2         | SP; PA               | SIMLANDI (2 PEN) AJKT                                    | NP        | SP; PA               |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 2         | SP; PA               | SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML                    | NP        | SP; PA               |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 2         | SP; PA               | YUFLYMA (1 PEN) AJKT                                     | NP        | SP; PA               |
| HUMIRA-PED<40KG CROHNS STARTER PSKT      | 2         | SP; PA               | YUFLYMA (2 PEN) AJKT                                     | NP        | SP; PA               |
| HUMIRA-PED>=40KG CROHNS START PSKT       | 2         | SP; PA               | YUFLYMA (2 SYRINGE) PSKT                                 | NP        | SP; PA               |
| HUMIRA-PED>=40KG UC STARTER AJKT         | 2         | SP; PA               | YUFLYMA-CD/UC/HS STARTER AJKT                            | NP        | SP; PA               |
| HUMIRA-PS/UV/ADOL HS STARTER AJKT        | 2         | SP; PA               | YUSIMRY                                                  | NP        | SP; PA               |
| HUMIRA-PSORIASIS/UEIT STARTER AJKT       | 2         | SP; PA               | Interleukin-6 Receptor Inhibitors                        |           |                      |
| HYRIMOZ-CROHNS/UC STARTER SOAJ           | NP        | SP; PA               | TOFIDENCE                                                | NP        | SP; PA               |
| HYRIMOZ-PED<40KG CROHN STARTER SOSY      | NP        | SP; PA               | TYENNE SOAJ                                              | NP        | SP; PA               |
| HYRIMOZ-PED>=40KG CROHN START SOSY       | NP        | SP; PA               | TYENNE SOLN                                              | NP        | SP; PA               |
|                                          |           |                      | TYENNE SOSY                                              | NP        | SP; PA               |
|                                          |           |                      | Nonsteroidal Anti-inflammatory Agents (NSAIDs)           |           |                      |
|                                          |           |                      | ADVIL TABS ( <i>Use ibuprofen</i> )                      | 0         | MP                   |
|                                          |           |                      | <i>celecoxib</i>                                         | 1         | QL(2 EA daily); PA   |
|                                          |           |                      | CHILDRENS ADVIL SUSP 100 MG/5ML ( <i>Use ibuprofen</i> ) | 0         | MP; RX/OTC           |

| Drug Name                                                | Drug Tier | Requirements/ Limits                                   |
|----------------------------------------------------------|-----------|--------------------------------------------------------|
| CHILDRENS MOTRIN SUSP 100 MG/5ML (Use <i>ibuprofen</i> ) | 0         | MP; RX/OTC                                             |
| <i>diclofenac potassium TABS 50 MG</i>                   | 1         | MP                                                     |
| <i>diclofenac sodium TB24</i>                            | 1         | MP                                                     |
| <i>diclofenac sodium TBEC</i>                            | 1         | MP                                                     |
| <i>etodolac CAPS</i>                                     | 1         | MP                                                     |
| <i>etodolac TABS</i>                                     | 1         | MP                                                     |
| <i>etodolac TB24</i>                                     | 1         | MP                                                     |
| <i>flurbiprofen TABS</i>                                 | 1         | MP                                                     |
| <i>ibuprofen CHEW</i>                                    | 0         | MP                                                     |
| <i>ibuprofen SUSP</i>                                    | 0         | MP; RX/OTC                                             |
| <i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>     | 0         | MP                                                     |
| <i>indomethacin CAPS 25 MG, 50 MG</i>                    | 1         | MP                                                     |
| <i>indomethacin CPCR</i>                                 | 1         | MP                                                     |
| INFANTS ADVIL SUSP (Use <i>ibuprofen</i> )               | 0         | MP                                                     |
| <i>ketoprofen CAPS 50 MG</i>                             | 1         | MP                                                     |
| <i>ketoprofen CP24</i>                                   | 1         | MP                                                     |
| <i>ketorolac tromethamine TABS</i>                       | 1         | QL(20 EA per fill retail); AL(At least 17 yrs old); MP |
| <i>meloxicam TABS</i>                                    | 1         | MP                                                     |
| MOTRIN CHILDRENS CHEW (Use <i>ibuprofen</i> )            | 0         | MP                                                     |
| MOTRIN INFANTS DROPS SUSP (Use <i>ibuprofen</i> )        | 0         | MP                                                     |
| <i>nabumetone</i>                                        | 1         | MP                                                     |
| <i>naproxen sodium TABS 220 MG</i>                       | 1         | QL(2 EA daily); MP                                     |
| <i>naproxen sodium TABS 275 MG, 550 MG</i>               | 1         | MP                                                     |
| <i>naproxen-esomeprazole magnesium</i>                   | 1         | PA                                                     |
| <i>naproxen SUSP</i>                                     | 1         | MP                                                     |

| Drug Name                                                                   | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------|-----------|----------------------|
| <i>naproxen TABS</i>                                                        | 1         | MP                   |
| <i>naproxen TBEC</i>                                                        | 1         | QL(2 EA daily); MP   |
| <i>oxaprozin TABS</i>                                                       | 1         | MP                   |
| <i>piroxicam CAPS</i>                                                       | 1         | MP                   |
| <i>sulindac TABS</i>                                                        | 1         | MP                   |
| <i>tolmetin sodium CAPS</i>                                                 | 1         | MP                   |
| <i>tolmetin sodium TABS 600 MG</i>                                          | 1         | MP                   |
| Phosphodiesterase 4 (PDE4) Inhibitors                                       |           |                      |
| OTEZLA TABS                                                                 | 2         | SP; PA               |
| OTEZLA TBPK                                                                 | 2         | SP; PA               |
| Pyrimidine Synthesis Inhibitors                                             |           |                      |
| <i>leflunomide</i>                                                          | 1         | QL(1 EA daily); MP   |
| Soluble Tumor Necrosis Factor Receptor Agents                               |           |                      |
| ENBREL MINI SOCT                                                            | 2         | SP; PA               |
| ENBREL SURECLICK SOAJ                                                       | 2         | SP; PA               |
| ENBREL SOLN                                                                 | 2         | SP; PA               |
| ENBREL SOSY                                                                 | 2         | SP; PA               |
| ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |                      |
| Analgesic Combinations                                                      |           |                      |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>            | 1         | QL(4 EA daily)       |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>            | 1         | QL(4 EA daily)       |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                           | 1         |                      |
| <i>butalbital-aspirin-caffeine CAPS</i>                                     | 1         | QL(4 EA daily)       |
| Analgesics - Sodium Channel Pain Signal Inhibitors                          |           |                      |

| Drug Name                                                       | Drug Tier | Requirements/ Limits                                   | Drug Name                                                              | Drug Tier | Requirements/ Limits            |
|-----------------------------------------------------------------|-----------|--------------------------------------------------------|------------------------------------------------------------------------|-----------|---------------------------------|
| JOURNAVX                                                        | 2         | QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail) | salsalate                                                              | 1         |                                 |
| Analgesics Other                                                |           |                                                        | ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions |           |                                 |
|                                                                 |           |                                                        | Opioid Agonists                                                        |           |                                 |
| acetaminophen CHEW                                              | 0         |                                                        | codeine sulfate TABS 30 MG                                             | 1         | QL(2 EA daily)                  |
| acetaminophen ELIX                                              | 0         |                                                        | CODEINE SULFATE TABS                                                   | 2         | QL(2 EA daily)                  |
| acetaminophen LIQD 160 MG/5ML                                   | 0         |                                                        | CONZIP CP24 (Use tramadol hcl)                                         | NP        | PA                              |
| acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML | 0         |                                                        | fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR                    | 1         | PA                              |
| acetaminophen SUPP 120 MG, 650 MG                               | 0         | QL(12 EA per fill retail)                              | fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR   | 1         | 10 per month; QL(0.34 EA daily) |
| acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML                    | 1         |                                                        | hydrocodone bitartrate CP12                                            | 1         |                                 |
| acetaminophen TABS 325 MG, 500 MG                               | 1         |                                                        | HYDROMORPHONE HCL SUPP                                                 | 2         | QL(12 EA per fill retail)       |
| FEVERALL JUNIOR STRENGTH SUPP                                   | 0         | QL(12 EA per fill retail)                              | hydromorphone hcl TABS                                                 | 1         | QL(8 EA daily)                  |
| TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen)            | 0         |                                                        | hydromorphone hcl TB24                                                 | 1         | PA                              |
| Analgesics-Peptide Channel Blockers                             |           |                                                        | meperidine hcl SOLN PO 50 MG/5ML                                       | 1         | QL(500 ML per fill retail)      |
| PRIALT                                                          | 2         | SP; PA                                                 | meperidine hcl TABS 50 MG                                              | 1         | QL(6 EA daily)                  |
| Salicylates                                                     |           |                                                        | methadone hcl TABS 10 MG                                               | 1         | QL(10 EA daily); PA             |
| aspirin buffered (cal carb-mag carb-mag oxide)                  | 1         |                                                        | methadone hcl TABS 5 MG                                                | 1         | QL(4 EA daily); PA              |
| aspirin CHEW                                                    | 0         |                                                        | morphine sulfate beads                                                 | 1         | PA                              |
| ASPIRIN SUPP 300 MG                                             | 0         | QL(12 EA per fill retail)                              | morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG | 1         | PA                              |
| aspirin TABS 325 MG                                             | 0         |                                                        | morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML                          | 1         | QL(16.67 ML daily)              |
| aspirin TBEC 81 MG, 325 MG                                      | 0         |                                                        | morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML                          | 1         | QL(240 ML per fill retail)      |
| diflunisal TABS                                                 | 1         | MP                                                     |                                                                        |           |                                 |
| ECOTRIN ARTHRTIS PAIN TBEC (Use aspirin)                        | 0         |                                                        |                                                                        |           |                                 |
| ECOTRIN TBEC (Use aspirin)                                      | 0         |                                                        |                                                                        |           |                                 |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits      | Drug Name                                                                                                   | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|---------------------------|-------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>morphine sulfate SUPP</i>                                                  | 1         | QL(24 EA per fill retail) | <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | 1         | QL(180 ML daily)     |
| <i>morphine sulfate TABS</i>                                                  | 1         | QL(6 EA daily)            | <i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>                                                          | 1         | QL(6 EA daily)       |
| <i>morphine sulfate TBCR</i>                                                  | 1         | QL(3 EA daily)            | <i>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>                                                         | 1         | QL(8 EA daily)       |
| <i>OXAYDO TABS 5 MG</i>                                                       | 2         | QL(6 EA daily)            | <i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>                                                           | 1         | QL(12 EA daily)      |
| <i>oxycodone hcl CAPS</i>                                                     | 1         | QL(6 EA daily)            | <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                             | 1         | QL(6 EA daily)       |
| <i>oxycodone hcl CONC 100 MG/5ML</i>                                          | 1         | QL(6 ML daily)            | <i>tramadol-acetaminophen</i>                                                                               | 1         | QL(4 EA daily)       |
| <i>oxycodone hcl SOLN</i>                                                     | 1         |                           | Opioid Partial Agonists                                                                                     |           |                      |
| <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>                                 | 1         | QL(2 EA daily); PA        | <i>BRIXADI (WEEKLY) SOSY</i>                                                                                | 2         | SP                   |
| <i>oxycodone hcl T12A 80 MG</i>                                               | 1         | PA                        | <i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>                                               | 2         | SP                   |
| <i>oxycodone hcl TABS</i>                                                     | 1         | QL(6 EA daily)            | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>                                           | 1         | QL(6 EA daily)       |
| <i>oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>          | 1         |                           | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>                                           | 1         | QL(3 EA daily)       |
| <i>oxymorphone hcl TB12 15 MG</i>                                             | 1         | PA                        | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                                          | 1         | QL(2 EA daily)       |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>                               | 2         | PA                        | <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>                                         | 1         | QL(12 EA daily)      |
| <i>tramadol hcl SOLN</i>                                                      | 1         |                           | <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>                                            | 1         | QL(12 EA daily)      |
| <i>TRAMADOL HCL SOLN (Use tramadol hcl)</i>                                   | 2         |                           |                                                                                                             |           |                      |
| <i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>                                 | 1         |                           |                                                                                                             |           |                      |
| <i>tramadol hcl TABS 50 MG</i>                                                | 1         | QL(8 EA daily)            |                                                                                                             |           |                      |
| <i>tramadol hcl TB24</i>                                                      | 1         | PA                        |                                                                                                             |           |                      |
| Opioid Combinations                                                           |           |                           |                                                                                                             |           |                      |
| <i>acetaminophen w/ codeine SOLN</i>                                          | 1         | QL(30 ML daily)           |                                                                                                             |           |                      |
| <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i> | 1         | QL(6 EA daily)            |                                                                                                             |           |                      |
| <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>  | 1         | QL(4 EA daily)            |                                                                                                             |           |                      |
| <i>butalbital-aspirin-caffeine w/cod</i>                                      | 1         | QL(4 EA daily)            |                                                                                                             |           |                      |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits                   | Drug Name                                                                                | Drug Tier | Requirements/ Limits          |
|-------------------------------------------------------------------------------------|-----------|----------------------------------------|------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>buprenorphine hcl-naloxone hcl dihydrate</i><br>SUBL 2 MG-8 MG                   | 1         | QL(3 EA daily)                         | <i>methyltestosterone TABS</i>                                                           | 1         |                               |
| <i>buprenorphine hcl</i> SUBL                                                       | 1         | PA                                     | TESTOPEL PLLT                                                                            | 2         | SP; PA                        |
| <i>buprenorphine</i> PTWK                                                           | 1         | PA                                     | <i>testosterone cypionate</i><br>SOLN IM 200 MG/ML                                       | 1         | QL(4 ML per 30 day(s) retail) |
| BUTRANS PTWK (Use <i>buprenorphine</i> )                                            | 2         | PA                                     | <i>testosterone GEL TD 1.62 %</i> , 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %    | 1         | PA                            |
| SUBLOCADE SOSY                                                                      | 2         | 1 max fill(s) per 30 day(s) retail; SP | <i>testosterone GEL TD 1 %</i> , 25 MG/2.5GM, 50 MG/5GM                                  | 1         |                               |
| SUBOXONE FILM SL 1 MG-4 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )   | NP        | QL(6 EA daily)                         | <i>testosterone GEL TD 1 %</i>                                                           | 2         |                               |
| SUBOXONE FILM SL 3 MG-12 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )  | NP        | QL(2 EA daily)                         | <i>testosterone SOLN</i>                                                                 | 1         | PA                            |
| SUBOXONE FILM SL 2 MG-8 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> )   | NP        | QL(3 EA daily)                         | VOGELXO PUMP GEL TD (Use <i>testosterone</i> )                                           | NP        |                               |
| SUBOXONE FILM SL 0.5 MG-2 MG (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | NP        | QL(12 EA daily)                        | <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                               |
| ZUBSOLV SUBL 0.18 MG-0.7 MG                                                         | 2         | QL(8 EA daily)                         | Intrarectal Steroids                                                                     |           |                               |
| ZUBSOLV SUBL 0.71 MG-2.9 MG                                                         | 2         | QL(6 EA daily)                         | <i>hydrocortisone (intrarectal)</i>                                                      | 1         | QL(420 ML per fill retail)    |
| ZUBSOLV SUBL 1.4 MG-5.7 MG                                                          | 2         | QL(3 EA daily)                         | Rectal Combinations                                                                      |           |                               |
| ZUBSOLV SUBL 0.36 MG-1.4 MG                                                         | 2         | QL(12 EA daily)                        | <i>phenylephrine-shark liver oil-cocoa butter</i>                                        | 1         | QL(48 EA per fill retail)     |
| ZUBSOLV SUBL 2.9 MG-11.4 MG                                                         | 2         | QL(1.5 EA daily)                       | <i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>                              | 1         | QL(12 GM per fill retail)     |
| ZUBSOLV SUBL 2.1 MG-8.6 MG                                                          | 2         | QL(2 EA daily)                         | Rectal Local Anesthetics                                                                 |           |                               |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                              |           |                                        | <i>pramoxine hcl (rectal) FOAM EX</i>                                                    | 1         | QL(15 GM per fill retail)     |
| Androgens                                                                           |           |                                        | Rectal Steroids                                                                          |           |                               |
| AVEED SOLN                                                                          | 2         | SP; PA                                 | ANUSOL-HC EX (Use <i>hydrocortisone (rectal)</i> )                                       | 2         | QL(30 GM per fill retail)     |
|                                                                                     |           |                                        | <i>hydrocortisone (rectal) EX 2.5 %</i>                                                  | 1         | QL(30 GM per fill retail)     |
|                                                                                     |           |                                        | <i>hydrocortisone (rectal) EX 1 %</i>                                                    | 1         | RX/OTC                        |
|                                                                                     |           |                                        | PREPARATION H EX 1 %                                                                     | 2         | RX/OTC                        |
|                                                                                     |           |                                        | PREPARATION H SOOTHING RELIEF EX 1 %                                                     | 2         | RX/OTC                        |

| Drug Name                                                                                                                                                | Drug Tier | Requirements/ Limits                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------|
| <b>ANTACIDS</b>                                                                                                                                          |           |                                                               |
| Antacid Combinations                                                                                                                                     |           |                                                               |
| <i>alum &amp; mag hydrox-simethicone LIQD</i>                                                                                                            | 1         | QL(16.53 ML daily)                                            |
| <i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i> | 1         | QL(16.53 ML daily)                                            |
| Antacids - Aluminum Salts                                                                                                                                |           |                                                               |
| ALUMINUM HYDROXIDE GEL SUSP                                                                                                                              | 2         |                                                               |
| Antacids - Bicarbonate                                                                                                                                   |           |                                                               |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>                                                                                                  | 1         | QL(16.53 EA daily)                                            |
| Antacids - Calcium Salts                                                                                                                                 |           |                                                               |
| <i>calcium carbonate (antacid) CHEW 500 MG</i>                                                                                                           | 1         |                                                               |
| Antacids - Magnesium Salts                                                                                                                               |           |                                                               |
| <i>magnesium oxide TABS 400 MG</i>                                                                                                                       | 1         |                                                               |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>                                                                                                    |           |                                                               |
| Anthelmintics                                                                                                                                            |           |                                                               |
| BENZNIDAZOLE                                                                                                                                             | 2         | SP; PA                                                        |
| EMVERM CHEW                                                                                                                                              | 2         | QL(1 EA per 14 day(s) retail)                                 |
| <i>ivermectin</i>                                                                                                                                        | 1         |                                                               |
| PIN RID CHEW                                                                                                                                             | 2         | QL(4 EA per fill retail); 1 max fill(s) per 30 day(s) retail  |
| <i>pyrantel pamoate SUSP</i>                                                                                                                             | 1         | QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| STROMEKTOL ( <i>Use ivermectin</i> )                       | 2         |                      |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>      |           |                      |
| Antianginals-Other                                         |           |                      |
| ASPRUZYO SPRINKLE PACK                                     | NP        |                      |
| <i>ranolazine TB12</i>                                     | 1         |                      |
| Nitrates                                                   |           |                      |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | 1         | MP                   |
| <i>isosorbide mononitrate TABS</i>                         | 1         | QL(2 EA daily); MP   |
| ISOSORBIDE MONONITRATE TABS                                | 2         | QL(2 EA daily); MP   |
| <i>isosorbide mononitrate TB24</i>                         | 1         | QL(1 EA daily); MP   |
| NITRO-BID OINT                                             | 2         | MP                   |
| <i>nitroglycerin CPCR</i>                                  | 1         | MP                   |
| <i>nitroglycerin PT24</i>                                  | 1         | MP                   |
| <i>nitroglycerin SUBL</i>                                  | 1         | MP                   |
| <b>ANTIANSXIETY AGENTS - Drugs to Treat Anxiety</b>        |           |                      |
| Antianxiety Agents - Misc.                                 |           |                      |
| <i>buspirone hcl</i>                                       | 1         | MP                   |
| <i>droperidol SOLN 2.5 MG/ML</i>                           | 1         |                      |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>             | 1         |                      |
| HYDROXYZINE HCL SOLN 50 MG/ML                              | 2         |                      |
| <i>hydroxyzine hcl SYRP</i>                                | 1         |                      |
| <i>hydroxyzine hcl TABS</i>                                | 1         | MP                   |
| <i>hydroxyzine pamoate CAPS 50 MG</i>                      | 1         | MP                   |
| <i>hydroxyzine pamoate CAPS 25 MG, 100 MG</i>              | 1         |                      |
| <i>meprobamate</i>                                         | 1         |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits       |
|---------------------------------------------------------|-----------|----------------------------|
| Benzodiazepines                                         |           |                            |
| ALPRAZOLAM INTENSOL CONC                                | 2         |                            |
| <i>alprazolam TABS</i>                                  | 1         | QL(4 EA daily)             |
| <i>alprazolam TB24</i>                                  | 1         |                            |
| <i>alprazolam TBDP</i>                                  | 1         |                            |
| <i>chlordiazepoxide hcl CAPS</i>                        | 1         | QL(4 EA daily)             |
| <i>clorazepate dipotassium TABS</i>                     | 1         | QL(3 EA daily)             |
| <i>diazepam CONC</i>                                    | 1         |                            |
| DIAZEPAM SOAJ                                           | 2         |                            |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>              | 1         |                            |
| <i>diazepam SOLN PO 5 MG/5ML</i>                        | 1         | QL(500 ML per fill retail) |
| DIAZEPAM SOLN IJ 5 MG/ML                                | 2         |                            |
| <i>diazepam TABS</i>                                    | 1         | QL(4 EA daily)             |
| <i>lorazepam CONC</i>                                   | 1         |                            |
| <i>lorazepam TABS 1 MG</i>                              | 1         | QL(4 EA daily)             |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                      | 1         | QL(3 EA daily)             |
| LOREEV XR CS24                                          | NP        |                            |
| <i>oxazepam CAPS</i>                                    | 1         | QL(4 EA daily)             |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms |           |                            |
| Antiarrhythmics Type I-A                                |           |                            |
| <i>disopyramide phosphate CAPS</i>                      | 1         | MP                         |
| NORPACE CAPS ( <i>Use disopyramide phosphate</i> )      | 2         | MP                         |
| <i>quinidine gluconate TBCR</i>                         | 1         | MP                         |
| <i>quinidine sulfate TABS</i>                           | 1         | MP                         |
| Antiarrhythmics Type I-C                                |           |                            |
| <i>flecainide acetate</i>                               | 1         | MP                         |
| <i>propafenone hcl TABS</i>                             | 1         | MP                         |
| Antiarrhythmics Type III                                |           |                            |

| Drug Name                                                                | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------|-----------|----------------------|
| <i>amiodarone hcl TABS 200 MG</i>                                        | 1         | MP                   |
| <i>dofetilide</i>                                                        | 1         | MP; PA               |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions |           |                      |
| Antiasthmatic - Monoclonal Antibodies                                    |           |                      |
| CINQAIR                                                                  | NP        | SP; PA               |
| FASENRA PEN SOAJ                                                         | 2         | SP; PA               |
| FASENRA SOSY 10 MG/0.5ML                                                 | 2         | SP; PA               |
| NUCALA SOAJ                                                              | 2         | SP; PA               |
| NUCALA SOLR                                                              | 2         | SP; PA               |
| NUCALA SOSY                                                              | 2         | SP; PA               |
| TEZSPIRE SOAJ                                                            | NP        | SP; PA               |
| TEZSPIRE SOSY                                                            | NP        | SP; PA               |
| XOLAIR SOAJ                                                              | 2         | SP; PA               |
| XOLAIR SOLR                                                              | 2         | SP; PA               |
| XOLAIR SOSY                                                              | 2         | SP; PA               |
| Anti-Inflammatory Agents                                                 |           |                      |
| <i>cromolyn sodium NEBU</i>                                              | 1         | QL(8 ML daily)       |
| Bronchodilators - Anticholinergics                                       |           |                      |
| ATROVENT HFA                                                             | 2         | QL(0.867 GM daily)   |
| <i>ipratropium bromide SOLN 0.02 %</i>                                   | 1         | QL(15 ML daily)      |
| SPIRIVA HANDIHALER CAPS ( <i>Use tiotropium bromide monohydrate</i> )    | 2         |                      |
| <i>tiotropium bromide monohydrate CAPS</i>                               | 1         |                      |
| Leukotriene Modulators                                                   |           |                      |
| <i>montelukast sodium CHEW</i>                                           | 1         | QL(1 EA daily); MP   |
| <i>montelukast sodium PACK</i>                                           | 1         | QL(1 EA daily)       |
| <i>montelukast sodium TABS</i>                                           | 1         | QL(1 EA daily); MP   |
| <i>zafirlukast</i>                                                       | 1         |                      |

| Drug Name                                                              | Drug Tier | Requirements/ Limits                                     | Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                          |
|------------------------------------------------------------------------|-----------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>zileuton TB12</i>                                                   | 1         |                                                          | AIRDUO RESPICLICK 55/14 AEPB ( <i>Use fluticasone-salmeterol</i> )                                        | 2         |                                               |
| Steroid Inhalants                                                      |           |                                                          | AIRSUPRA                                                                                                  | NP        |                                               |
| ARMONAIR DIGIHALER                                                     | NP        |                                                          | <i>albuterol sulfate AERS</i>                                                                             | 0         | Limit 2 inhalers per month; QL(0.45 GM daily) |
| ASMANEX (120 METERED DOSES) AEPB                                       | 2         |                                                          | <i>albuterol sulfate AERS</i>                                                                             | 0         | Limit 2 inhalers per month; QL(0.57 GM daily) |
| ASMANEX (14 METERED DOSES) AEPB                                        | 2         |                                                          | <i>albuterol sulfate AERS</i>                                                                             | 0         | Limit 2 inhalers per month; QL(1.2 GM daily)  |
| ASMANEX (30 METERED DOSES) AEPB                                        | 2         |                                                          | <i>albuterol sulfate NEBU</i>                                                                             | 1         | QL(2 EA daily)                                |
| ASMANEX (60 METERED DOSES) AEPB                                        | 2         |                                                          | <i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>                                                    | 1         | QL(375 ML per 30 day(s) retail)               |
| <i>budesonide (inhalation) SUSP</i>                                    | 1         | QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old) | <i>albuterol sulfate NEBU 0.083 %</i>                                                                     | 1         | QL(375 ML per 25 day(s) retail)               |
| FLOVENT DISKUS AEPB ( <i>Use fluticasone propionate (inhalation)</i> ) | 2         | QL(2 EA daily)                                           | ALBUTEROL SULFATE NEBU                                                                                    | 2         | QL(2 ML daily)                                |
| FLOVENT DISKUS AEPB                                                    | 2         | QL(2 EA daily)                                           | <i>albuterol sulfate SYRP</i>                                                                             | 1         | MP                                            |
| <i>fluticasone propionate (inhalation) AEPB</i>                        | 1         | QL(2 EA daily)                                           | <i>albuterol sulfate TABS</i>                                                                             | 1         |                                               |
| <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>             | 1         | QL(12 GM per 30 day(s) retail)                           | BEVESPI AEROSPHERE                                                                                        | NP        |                                               |
| <i>fluticasone propionate hfa 44 MCG/ACT</i>                           | 1         | QL(11 GM per 30 day(s) retail)                           | BREO ELLIPTA                                                                                              | 2         |                                               |
| PULMICORT FLEXHALER AEPB                                               | NP        | QL(1 EA per 25 day(s) retail)                            | BREZTRI AEROSPHERE                                                                                        | NP        |                                               |
| Sympathomimetics                                                       |           |                                                          | <i>budesonide-formoterol fumarate dihydrate</i>                                                           | 1         | QL(11 GM per 30 day(s) retail)                |
| ADVAIR DISKUS AEPB ( <i>Use fluticasone-salmeterol</i> )               | 2         | QL(2 EA daily)                                           | COMBIVENT RESPIMAT AERS                                                                                   | 2         | QL(4 GM per 30 day(s) retail)                 |
| ADVAIR HFA AERO ( <i>Use fluticasone-salmeterol</i> )                  | 2         |                                                          | DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT                                                       | 2         | QL(13 GM per 30 day(s) retail)                |
| AIRDUO DIGIHALER                                                       | NP        |                                                          | DULERA 50 MCG/ACT-5 MCG/ACT                                                                               | 2         |                                               |
| AIRDUO RESPICLICK 113/14 AEPB ( <i>Use fluticasone-salmeterol</i> )    | 2         |                                                          | <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | 1         | QL(2 EA daily)                                |
| AIRDUO RESPICLICK 232/14 AEPB ( <i>Use fluticasone-salmeterol</i> )    | 2         |                                                          |                                                                                                           |           |                                               |

| Drug Name                                                        | Drug Tier | Requirements/ Limits                             |
|------------------------------------------------------------------|-----------|--------------------------------------------------|
| <i>fluticasone-salmeterol AERO</i>                               | 1         |                                                  |
| <i>ipratropium-albuterol SOLN</i>                                | 1         | QL(12 ML daily)                                  |
| <i>levalbuterol hcl</i>                                          | 1         |                                                  |
| <i>levalbuterol tartrate</i>                                     | 1         |                                                  |
| PROAIR DIGIHALER                                                 | NP        |                                                  |
| PROVENTIL HFA AERS<br>(Use <i>albuterol sulfate</i> )            | 0         | Limit 2 inhalers per month;<br>QL(0.45 GM daily) |
| SEREVENT DISKUS                                                  | 2         | QL(2 EA daily)                                   |
| STIOLTO RESPIMAT                                                 | 2         |                                                  |
| SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i> ) | 2         | QL(11 GM per 30 day(s) retail)                   |
| <i>terbutaline sulfate TABS</i>                                  | 1         | MP                                               |
| VENTOLIN HFA AERS<br>(Use <i>albuterol sulfate</i> )             | 0         | Limit 2 inhalers per month;<br>QL(0.54 GM daily) |
| VENTOLIN HFA AERS<br>(Use <i>albuterol sulfate</i> )             | 0         | Limit 2 inhalers per month;<br>QL(1.2 GM daily)  |
| XOPENEX HFA (Use <i>levalbuterol tartrate</i> )                  | 2         |                                                  |
| <b>Xanthines</b>                                                 |           |                                                  |
| THEO-24 CP24 100 MG                                              | 2         | MP                                               |
| THEO-24 CP24 200 MG, 300 MG, 400 MG                              | 2         |                                                  |
| <i>theophylline ELIX</i>                                         | 1         |                                                  |
| <i>theophylline SOLN</i>                                         | 1         | QL(475 ML per fill retail); MP                   |
| <i>theophylline TB12 100 MG, 200 MG, 300 MG</i>                  | 1         |                                                  |
| <i>theophylline TB12 450 MG</i>                                  | 1         |                                                  |
| <i>theophylline TB24</i>                                         | 1         | MP                                               |
| <b>ANTICOAGULANTS - Blood Thinners</b>                           |           |                                                  |
| <b>Coumarin Anticoagulants</b>                                   |           |                                                  |
| <i>warfarin sodium TABS</i>                                      | 1         | MP                                               |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits            |
|-------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| <b>Direct Factor Xa Inhibitors</b>                                                                                |           |                                 |
| ELIQUIS DVT/PE STARTER PACK TBPK                                                                                  | 2         | QL(4 EA daily)                  |
| ELIQUIS TABS                                                                                                      | 2         | QL(4 EA daily)                  |
| <i>rivaroxaban TABS 2.5 MG</i>                                                                                    | 1         |                                 |
| XARELTO STARTER PACK TBPK                                                                                         | 2         |                                 |
| XARELTO SUSR                                                                                                      | 2         |                                 |
| XARELTO TABS 10 MG, 20 MG                                                                                         | 2         | QL(1 EA daily)                  |
| XARELTO TABS 15 MG                                                                                                | 2         | QL(2 EA daily)                  |
| <b>Heparins And Heparinoid-Like Agents</b>                                                                        |           |                                 |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                                                                       | 1         | QL(180 ML per 30 day(s) retail) |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>                                                           | 1         | QL(48 ML per 30 day(s) retail)  |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                                                                | 1         | QL(60 ML per 30 day(s) retail)  |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                                                                         | 1         | QL(18 ML per 30 day(s) retail)  |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>                                                            | 1         | QL(36 ML per 30 day(s) retail)  |
| <i>fondaparinux sodium</i>                                                                                        | 1         | PA                              |
| FRAGMIN SOLN 10000 UNIT/4ML                                                                                       | NP        | SP                              |
| <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1         |                                 |
| <b>Thrombin Inhibitors</b>                                                                                        |           |                                 |
| <i>dabigatran etexilate mesylate CAPS</i>                                                                         | 1         |                                 |
| PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i> )                                                          | 2         |                                 |
| PRADAXA PACK                                                                                                      | 2         | SP                              |
| <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>                                                                  |           |                                 |

| Drug Name                             | Drug Tier | Requirements/ Limits           | Drug Name                                          | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|--------------------------------|----------------------------------------------------|-----------|----------------------|
| Anticonvulsants - Benzodiazepines     |           |                                | <i>lamotrigine TB24</i>                            | 1         |                      |
| <i>clobazam SUSP</i>                  | 1         |                                | <i>lamotrigine TBDP</i>                            | 1         |                      |
| <i>clobazam TABS</i>                  | 1         |                                | <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i> | 1         | QL(30 ML daily); MP  |
| <i>clonazepam TABS</i>                | 1         | QL(4 EA daily)                 | <i>levetiracetam TABS</i>                          | 1         | MP                   |
| <i>clonazepam TBDP</i>                | 1         |                                | <i>levetiracetam TB24</i>                          | 1         | MP                   |
| LIBERVANT FILM                        | NP        |                                | MOTPOLY XR CP24                                    | NP        |                      |
| VALTOCO 10 MG DOSE LIQD               | 2         | QL(10 EA per 30 day(s) retail) | <i>oxcarbazepine SUSP</i>                          | 1         | MP                   |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML  | 2         | QL(10 EA per 30 day(s) retail) | <i>oxcarbazepine TABS</i>                          | 1         | MP                   |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML   | 2         | QL(10 EA per 30 day(s) retail) | <i>pregabalin CAPS</i>                             | 1         | PA                   |
| VALTOCO 5 MG DOSE LIQD                | 2         | QL(10 EA per 30 day(s) retail) | <i>pregabalin SOLN</i>                             | 1         | PA                   |
| Anticonvulsants - Misc.               |           |                                | <i>primidone 125 MG</i>                            | 1         |                      |
| BRIVIACT SOLN IV 50 MG/5ML            | 2         | SP; PA                         | <i>primidone 50 MG, 250 MG</i>                     | 1         | MP                   |
| <i>carbamazepine CHEW 100 MG</i>      | 1         | MP                             | <i>rufinamide SUSP</i>                             | 1         | SP                   |
| <i>carbamazepine CHEW 200 MG</i>      | 1         |                                | TEGRETOL-XR TB12 (Use carbamazepine)               | 2         | MP                   |
| <i>carbamazepine CP12</i>             | 1         | MP                             | TOPAMAX SPRINKLE CPSP (Use topiramate)             | 2         | MP                   |
| <i>carbamazepine SUSP</i>             | 1         | MP                             | <i>topiramate CPSP 15 MG, 25 MG</i>                | 1         | MP                   |
| <i>carbamazepine TABS</i>             | 1         | MP                             | <i>topiramate TABS 25 MG</i>                       | 1         | QL(6 EA daily); MP   |
| <i>carbamazepine TB12</i>             | 1         | MP                             | <i>topiramate TABS 50 MG, 100 MG, 200 MG</i>       | 1         | MP                   |
| CARBATROL CP12 (Use carbamazepine)    | 2         | MP                             | TRILEPTAL SUSP (Use oxcarbazepine)                 | 2         | MP                   |
| ELEPSIA XR TB24                       | NP        |                                | ZONISADE SUSP                                      | NP        |                      |
| EPRONTIA SOLN                         | NP        |                                | <i>zonisamide CAPS</i>                             | 1         | MP                   |
| <i>gabapentin CAPS 300 MG, 400 MG</i> | 1         | MP                             | ZTALMY                                             | NP        |                      |
| <i>gabapentin CAPS 100 MG</i>         | 1         | QL(9 EA daily); MP             | Carbamates                                         |           |                      |
| <i>gabapentin SOLN</i>                | 1         | MP                             | <i>felbamate SUSP</i>                              | 1         |                      |
| <i>gabapentin TABS 600 MG, 800 MG</i> | 1         | MP                             | <i>felbamate TABS</i>                              | 1         |                      |
| <i>lamotrigine CHEW</i>               | 1         | MP                             | XCOPRI (250 MG DAILY DOSE) TBPk                    | NP        |                      |
| <i>lamotrigine KIT 25 MG</i>          | 1         |                                | XCOPRI TABS                                        | NP        |                      |
| <i>lamotrigine TABS</i>               | 1         | MP                             | GABA Modulators                                    |           |                      |
|                                       |           |                                | GABITRIL 12 MG, 16 MG (Use tiagabine hcl)          | 2         |                      |

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| GABITRIL 2 MG, 4 MG<br>(Use tiagabine hcl)       | 2         | MP                   |
| SABRIL PACK (Use vigabatrin)                     | 2         | SP; PA               |
| SABRIL TABS (Use vigabatrin)                     | 2         | SP; PA               |
| tiagabine hcl 2 MG, 4 MG                         | 1         | MP                   |
| tiagabine hcl 12 MG, 16 MG                       | 1         |                      |
| vigabatrin PACK                                  | 1         | SP; PA               |
| vigabatrin TABS                                  | 1         | SP; PA               |
| Hydantoins                                       |           |                      |
| DILANTIN (Use phenytoin sodium extended)         | NP        | MP                   |
| DILANTIN INFATABS CHEW (Use phenytoin)           | 2         | MP                   |
| phenytoin sodium extended 100 MG, 200 MG, 300 MG | 1         | MP                   |
| phenytoin sodium extended 200 MG, 300 MG         | NP        | MP                   |
| phenytoin CHEW                                   | 1         | MP                   |
| phenytoin SUSP                                   | 1         | MP                   |
| Succinimides                                     |           |                      |
| CELONTIN (Use methsuximide)                      | 2         |                      |
| ethosuximide CAPS                                | 1         | MP                   |
| ethosuximide SOLN                                | 1         | MP                   |
| methsuximide                                     | 1         |                      |
| Valproic Acid                                    |           |                      |
| DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)  | 2         | MP                   |
| divalproex sodium CSDR                           | 1         | MP                   |
| divalproex sodium TB24                           | 1         | MP                   |
| divalproex sodium TBEC                           | 1         | MP                   |

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML | 1         | MP                   |
| valproic acid CAPS                               | 1         | MP                   |
| ANTIDEPRESSANTS - Drugs to Treat Depression      |           |                      |
| Alpha-2 Receptor Antagonists (Tetracyclics)      |           |                      |
| mirtazapine TABS                                 | 1         | MP                   |
| mirtazapine TBDP                                 | 1         |                      |
| Antidepressant Combinations                      |           |                      |
| AUVELITY                                         | NP        |                      |
| Antidepressants - Misc.                          |           |                      |
| bupropion hcl TABS                               | 1         | MP                   |
| bupropion hcl TB12 200 MG                        | 1         | QL(2 EA daily); MP   |
| bupropion hcl TB12 150 MG                        | 1         | QL(3 EA daily); MP   |
| bupropion hcl TB12 100 MG                        | 1         | QL(4 EA daily); MP   |
| bupropion hcl TB24 300 MG                        | 1         | QL(1 EA daily); MP   |
| bupropion hcl TB24 150 MG                        | 1         | QL(3 EA daily); MP   |
| bupropion hcl TB24 450 MG                        | 2         |                      |
| FORFIVO XL TB24 (Use bupropion hcl)              | NP        |                      |
| GABA Receptor Modulator - Neuroactive Steroid    |           |                      |
| ZULRESSO                                         | 2         | SP; PA               |
| ZURZUVAE                                         | NP        | SP                   |
| Monoamine Oxidase Inhibitors (MAOIs)             |           |                      |
| phenelzine sulfate                               | 1         |                      |
| tranylcypromine sulfate                          | 1         |                      |
| Selective Serotonin Reuptake Inhibitors (SSRIs)  |           |                      |
| CITALOPRAM HYDROBROMIDE CAPS                     | 2         |                      |
| citalopram hydrobromide SOLN                     | 1         |                      |

| Drug Name                                               | Drug Tier | Requirements/ Limits                       | Drug Name                                                  | Drug Tier | Requirements/ Limits                       |
|---------------------------------------------------------|-----------|--------------------------------------------|------------------------------------------------------------|-----------|--------------------------------------------|
| <i>citalopram hydrobromide TABS</i>                     | 1         | MP                                         | DESVENLAFAXINE ER                                          | 2         |                                            |
| <i>escitalopram oxalate SOLN</i>                        | 1         |                                            | <i>desvenlafaxine succinate 100 MG</i>                     | 1         | QL(4 EA daily); MP                         |
| <i>escitalopram oxalate TABS</i>                        | 1         | MP                                         | <i>desvenlafaxine succinate 25 MG, 50 MG</i>               | 1         | QL(1 EA daily); MP                         |
| <i>fluoxetine hcl CAPS</i>                              | 1         | MP                                         | <i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>             | 1         | QL(1 EA daily); AL(At least 7 yrs old); MP |
| <i>fluoxetine hcl CPDR</i>                              | 1         |                                            | <i>duloxetine hcl CPEP 60 MG</i>                           | 1         | QL(2 EA daily); AL(At least 7 yrs old); MP |
| <i>fluoxetine hcl SOLN</i>                              | 1         |                                            | VENLAFAXINE BESYLATE ER                                    | NP        |                                            |
| <i>fluoxetine hcl TABS 10 MG</i>                        | 1         | AL(At least 7 yrs old); MP                 | <i>venlafaxine hcl CP24 37.5 MG</i>                        | 1         | QL(4 EA daily); MP                         |
| <i>fluoxetine hcl TABS 60 MG</i>                        | 1         |                                            | <i>venlafaxine hcl CP24 75 MG</i>                          | 1         | QL(5 EA daily); MP                         |
| <i>fluoxetine hcl TABS 20 MG</i>                        | 1         | QL(4 EA daily); AL(At least 7 yrs old)     | <i>venlafaxine hcl CP24 150 MG</i>                         | 1         | QL(2 EA daily); MP                         |
| FLUOXETINE HCL TABS (Use <i>fluoxetine hcl</i> )        | 2         |                                            | <i>venlafaxine hcl TABS</i>                                | 1         | MP                                         |
| <i>fluvoxamine maleate CP24</i>                         | 1         |                                            | <i>venlafaxine hcl TB24</i>                                | 1         | QL(1 EA daily)                             |
| <i>fluvoxamine maleate TABS</i>                         | 1         |                                            | Tricyclic Agents                                           |           |                                            |
| <i>paroxetine hcl TABS</i>                              | 1         | MP                                         | <i>amitriptyline hcl TABS</i>                              | 1         | MP                                         |
| <i>paroxetine hcl TB24</i>                              | 1         |                                            | <i>amoxapine</i>                                           | 1         |                                            |
| SERTRALINE HCL CAPS                                     | 2         | PA                                         | <i>clomipramine hcl</i>                                    | 1         |                                            |
| <i>sertraline hcl CONC</i>                              | 1         |                                            | <i>desipramine hcl TABS</i>                                | 1         |                                            |
| <i>sertraline hcl TABS</i>                              | 1         | MP                                         | <i>doxepin hcl CAPS 150 MG</i>                             | 1         |                                            |
| Serotonin Modulators                                    |           |                                            | <i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i> | 1         | MP                                         |
| <i>nefazodone hcl</i>                                   | 1         |                                            | <i>doxepin hcl CONC</i>                                    | 1         |                                            |
| <i>trazodone hcl TABS 300 MG</i>                        | 1         |                                            | <i>imipramine hcl TABS</i>                                 | 1         |                                            |
| <i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>         | 1         | MP                                         | <i>imipramine pamoate</i>                                  | 1         |                                            |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)    |           |                                            | <i>nortriptyline hcl CAPS</i>                              | 1         |                                            |
| CYMBALTA CPEP 60 MG (Use <i>duloxetine hcl</i> )        | NP        | QL(2 EA daily); AL(At least 7 yrs old); MP | <i>nortriptyline hcl SOLN</i>                              | 1         |                                            |
| CYMBALTA CPEP 20 MG, 30 MG (Use <i>duloxetine hcl</i> ) | NP        | QL(1 EA daily); AL(At least 7 yrs old); MP | <i>protriptyline hcl</i>                                   | 1         |                                            |
|                                                         |           |                                            | <i>trimipramine maleate CAPS</i>                           | 1         |                                            |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar           |           |                                            |                                                            |           |                                            |

| Drug Name                                                                                         | Drug Tier | Requirements/ Limits                        | Drug Name                                         | Drug Tier | Requirements/ Limits         |
|---------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|---------------------------------------------------|-----------|------------------------------|
| Alpha-Glucosidase Inhibitors                                                                      |           |                                             | <i>metformin hcl TB24 500 MG, 1000 MG</i>         | 1         |                              |
| <i>acarbose</i>                                                                                   | 1         |                                             | <i>metformin hcl TB24 500 MG, 750 MG</i>          | 1         | MP                           |
| <i>miglitol</i>                                                                                   | 1         |                                             | Diabetic Other                                    |           |                              |
| Antidiabetic Combinations                                                                         |           |                                             | BAQSIMI ONE PACK POWD                             | 2         | QL(0.069 EA daily)           |
| <i>alogliptin-metformin hcl</i>                                                                   | 1         | QL(2 EA daily); MP                          | BAQSIMI TWO PACK POWD                             | 2         | QL(0.069 EA daily)           |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>               | 1         | QL(1 EA daily); MP                          | BD GLUCOSE CHEW                                   | 2         | QL(1.67 EA daily); MP        |
| <i>glipizide-metformin hcl</i>                                                                    | 1         | MP                                          | CVS GLUCOSE CHEW                                  | 2         | QL(1.67 EA daily); MP        |
| <i>glyburide-metformin</i>                                                                        | 1         | MP                                          | CVS SOFT GLUCOSE CHEW                             | 2         | QL(1.67 EA daily); MP        |
| GLYXAMBI                                                                                          | 2         |                                             | DEX4 QUICK DISSOLVE GLUCOSE CHEW                  | 2         | QL(1.67 EA daily); MP        |
| JANUMET XR TB24                                                                                   | 2         |                                             | <i>diazoxide</i>                                  | 1         |                              |
| JANUMET TABS                                                                                      | 2         |                                             | GLUCAGEN HYPOKIT                                  | 2         | MP                           |
| JENTADUETO TABS                                                                                   | 2         | QL(2 EA daily); AL(At least 18 yrs old); MP | <i>glucagon (rdna)</i>                            | 1         | QL(1 EA per fill retail); MP |
| KAZANO ( <i>Use alogliptin-metformin hcl</i> )                                                    | 2         | QL(2 EA daily); MP                          | GLUCAGON EMERGENCY ( <i>Use glucagon (rdna)</i> ) | 2         | QL(1 EA per fill retail); MP |
| KOMBIGLYZE XR ( <i>Use saxagliptin-metformin hcl</i> )                                            | 2         |                                             | GLUCO TO GO CHEW                                  | 2         | QL(1.67 EA daily); MP        |
| OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG ( <i>Use alogliptin-pioglitazone</i> ) | 2         | QL(1 EA daily); MP                          | GLUCOSE CHEW                                      | 2         | QL(1.67 EA daily); MP        |
| <i>pioglitazone hcl-glimepiride</i>                                                               | 1         |                                             | GNP GLUCOSE CHEW                                  | 2         | QL(1.67 EA daily); MP        |
| <i>pioglitazone hcl-metformin hcl TABS</i>                                                        | 1         | QL(2 EA daily); MP                          | GNP QUICK DISSOLVE GLUCOSE CHEW                   | 2         | QL(1.67 EA daily); MP        |
| <i>saxagliptin-metformin hcl</i>                                                                  | 1         |                                             | GVOKE KIT SOLN                                    | NP        |                              |
| SITAGLIPTIN BASE-METFORMIN HCL TABS                                                               | 2         |                                             | LEADER QUICK DISSOLVE GLUCOSE CHEW                | 2         | QL(1.67 EA daily); MP        |
| ZITUVIMET TABS                                                                                    | NP        |                                             | <i>mifepristone (hyperglycemia)</i>               | 1         | SP; PA                       |
| Biguanides                                                                                        |           |                                             | PROGLYCEM ( <i>Use diazoxide</i> )                | 2         |                              |
| <i>metformin hcl SOLN</i>                                                                         | 1         |                                             | TRUEPLUS GLUCOSE ON THE GO CHEW                   | 2         | QL(1.67 EA daily); MP        |
| <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>                                                 | 1         | MP                                          |                                                   |           |                              |
| <i>metformin hcl TABS 625 MG</i>                                                                  | 1         |                                             |                                                   |           |                              |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                   |
|--------------------------------------------------|-----------|--------------------------------------------------------|
| TRUEPLUS GLUCOSE CHEW                            | 2         | QL(1.67 EA daily); MP                                  |
| WALGREENS GLUCOSE CHEW                           | 2         | QL(1.67 EA daily); MP                                  |
| ZEGALOGUE SOAJ                                   | 2         |                                                        |
| ZEGALOGUE SOSY                                   | 2         |                                                        |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> |           |                                                        |
| <i>alogliptin benzoate</i>                       | 1         | QL(1 EA daily); MP                                     |
| JANUVIA                                          | 2         |                                                        |
| NESINA ( <i>Use alogliptin benzoate</i> )        | 2         | QL(1 EA daily); MP                                     |
| ONGLYZA ( <i>Use saxagliptin hcl</i> )           | 2         |                                                        |
| <i>saxagliptin hcl</i>                           | 1         |                                                        |
| SITAGLIPTIN                                      | 2         |                                                        |
| TRADJENTA                                        | 2         | QL(1 EA daily); AL(At least 18 yrs old); MP            |
| ZITUVIO                                          | NP        |                                                        |
| <b>Incretin Mimetic Agents</b>                   |           |                                                        |
| BYETTA 5 MCG PEN SOPN                            | 2         | QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old) |
| <i>exenatide SOPN 10 MCG/0.04ML</i>              | 1         | QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old) |
| EXENATIDE SOPN 5 MCG/0.02ML                      | 2         | QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old) |
| <i>liraglutide</i>                               | 1         | QL(0.3 ML daily)                                       |
| MOUNJARO                                         | NP        | PA                                                     |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN               | 2         | PA                                                     |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML                | 2         | PA                                                     |
| OZEMPIC (2 MG/DOSE) SOPN                         | 2         | PA                                                     |
| RYBELSUS TABS                                    | NP        |                                                        |

| Drug Name                                  | Drug Tier | Requirements/ Limits           |
|--------------------------------------------|-----------|--------------------------------|
| TRULICITY                                  | 2         | PA                             |
| <b>Insulin</b>                             |           |                                |
| HUMALOG JUNIOR KWIKPEN SOPN                | 2         |                                |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML           | NP        | QL(30 ML per 30 day(s) retail) |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML           | 2         | QL(30 ML per 30 day(s) retail) |
| HUMALOG MIX 50/50 KWIKPEN SUPN             | 2         | QL(30 ML per 30 day(s) retail) |
| HUMALOG MIX 50/50 SUSP                     | 2         | QL(40 ML per 30 day(s) retail) |
| HUMALOG MIX 75/25 KWIKPEN SUPN             | 2         | QL(30 ML per 30 day(s) retail) |
| HUMALOG MIX 75/25 SUSP                     | 2         | QL(40 ML per 30 day(s) retail) |
| HUMALOG TEMPO PEN SOPN                     | 2         |                                |
| HUMALOG SOLN IJ                            | 2         | QL(40 ML per 30 day(s) retail) |
| HUMULIN 70/30 SUSP                         | 2         | QL(40 ML per 30 day(s) retail) |
| HUMULIN N SUSP                             | 2         | QL(40 ML per 30 day(s) retail) |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC     | 2         |                                |
| HUMULIN R U-500 KWIKPEN SOPN SC            | 2         |                                |
| HUMULIN R SOLN IJ                          | 2         | QL(40 ML per 30 day(s) retail) |
| INSULIN ASP PROT & ASP FLEXPEN SUPN        | 2         | QL(30 ML per 30 day(s) retail) |
| INSULIN ASPART PROT & ASPART SUSP          | 2         | QL(40 ML per 30 day(s) retail) |
| INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML | 2         | QL(30 ML per 30 day(s) retail) |
| INSULIN GLARGINE SOLN                      | 2         |                                |
| INSULIN GLARGINE-YFGN SOLN                 | 2         | Generic for Semglee            |

| Drug Name                                          | Drug Tier | Requirements/ Limits           |
|----------------------------------------------------|-----------|--------------------------------|
| INSULIN GLARGINE-YFGN SOPN                         | 2         | Generic for Semglee            |
| INSULIN LISPRO (1 UNIT DIAL) SOPN                  | 2         | QL(30 ML per 30 day(s) retail) |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN                 | 2         |                                |
| INSULIN LISPRO PROT & LISPRO SUPN                  | 2         | QL(30 ML per 30 day(s) retail) |
| INSULIN LISPRO SOLN IJ                             | 2         | QL(40 ML per 30 day(s) retail) |
| LANTUS SOLOSTAR SOPN                               | 2         | QL(30 ML per 30 day(s) retail) |
| LEVEMIR FLEXPEN SOPN                               | 2         |                                |
| LEVEMIR SOLN                                       | 2         |                                |
| LYUMJEV TEMPO PEN SOPN                             | NP        |                                |
| NOVOLOG 70/30 FLEXPEN RELION SUPN                  | 2         | QL(30 ML per 30 day(s) retail) |
| NOVOLOG MIX 70/30 FLEXPEN SUPN                     | 2         | QL(30 ML per 30 day(s) retail) |
| NOVOLOG MIX 70/30 RELION SUSP                      | 2         | QL(40 ML per 30 day(s) retail) |
| NOVOLOG MIX 70/30 SUSP                             | 2         | QL(40 ML per 30 day(s) retail) |
| REZVOGLAR KWIKPEN                                  | NP        |                                |
| SEMGLEE (YFGN) SOLN                                | NP        |                                |
| SEMGLEE (YFGN) SOPN                                | NP        |                                |
| SEMGLEE SOPN                                       | NP        | QL(30 ML per 30 day(s) retail) |
| Insulin Sensitizing Agents                         |           |                                |
| <i>pioglitazone hcl</i>                            | 1         | QL(1 EA daily); MP             |
| Meglitinide Analogues                              |           |                                |
| <i>nateglinide</i>                                 | 1         | QL(3 EA daily); MP             |
| <i>repaglinide</i>                                 | 1         |                                |
| Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                                |
| <i>dapagliflozin propanediol</i>                   | 1         |                                |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| INVOKANA                                                 | NP        | MP                   |
| JARDIANCE                                                | 2         | QL(1 EA daily)       |
| Sulfonylureas                                            |           |                      |
| <i>glimepiride 3 MG</i>                                  | 1         |                      |
| <i>glimepiride 1 MG, 2 MG</i>                            | 1         | QL(4 EA daily); MP   |
| <i>glimepiride 4 MG</i>                                  | 1         | QL(2 EA daily); MP   |
| <i>glipizide TABS 5 MG, 10 MG</i>                        | 1         | MP                   |
| <i>glipizide TABS 2.5 MG</i>                             | 1         |                      |
| <i>glipizide TB24</i>                                    | 1         | MP                   |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>           | 1         | MP                   |
| <i>glyburide TABS</i>                                    | 1         | MP                   |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea |           |                      |
| Antidiarrheal/Probiotic Agents - Misc.                   |           |                      |
| ACIDOPHILUS HIGH-POTENCY CAPS                            | 2         | RX/OTC               |
| ACIDOPHILUS PEARLS CAPS                                  | 2         | RX/OTC               |
| ACIDOPHILUS PROBIOTIC BLEND CAPS                         | 2         | RX/OTC               |
| ACIDOPHILUS SUPER PROBIOTIC CAPS                         | 2         | RX/OTC               |
| ACIDOPHILUS/GOAT MILK CAPS                               | 2         | RX/OTC               |
| ACTIPHLOA CAPS                                           | 2         | RX/OTC               |
| ADVANCED PROBIOTIC-14 CAPS                               | 2         | RX/OTC               |
| ADVANCED PROBIOTIC CAPS                                  | 2         | RX/OTC               |
| ALIGN EXTRA STRENGTH CAPS                                | 2         | RX/OTC               |
| ALIGN CAPS 10 MG                                         | 2         | RX/OTC               |
| ALOE 10000 & PROBIOTICS CAPS                             | 2         | RX/OTC               |
| BACICAP CAPS                                             | 2         | RX/OTC               |

| Drug Name                                                                                             | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| BACID CAPS                                                                                            | 2         | RX/OTC               | CVS ADULT PROBIOTIC CAPS            | 2         | RX/OTC               |
| BILAC CAPS                                                                                            | 2         | RX/OTC               | CVS DAILY PROBIOTIC CHILDRENS PACK  | 2         |                      |
| BIOHM PROBIOTIC SUPPLEMENT CAPS                                                                       | 2         | RX/OTC               | CVS DAILY PROBIOTIC CAPS            | 2         | RX/OTC               |
| BIOHM PROBIOTIC/VITAMIN C CAPS                                                                        | 2         | RX/OTC               | CVS DIGESTIVE PROBIOTIC CAPS        | 2         | RX/OTC               |
| BIO-KULT CAPS                                                                                         | 2         | RX/OTC               | CVS EVERYDAY CARE PROBIOTIC CAPS    | 2         | RX/OTC               |
| BIOZEN CAPS                                                                                           | 2         | RX/OTC               | CVS MOOD SUPPORT PROBIOTIC CAPS     | 2         | RX/OTC               |
| <i>bismuth subsalicylate</i><br>CHEW 262 MG                                                           | 1         |                      | CVS PROBIOTIC ADULT 50+ CAPS        | 2         | RX/OTC               |
| <i>bismuth subsalicylate</i><br>SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML | 1         |                      | CVS PROBIOTIC MAXIMUM STRENGTH CAPS | 2         | RX/OTC               |
| COMPLETE PROBIOTIC PEARLS CAPS                                                                        | 2         | RX/OTC               | CVS PROBIOTIC PEARLS EX ST CAPS     | 2         | RX/OTC               |
| CULTURELLE BLOATING & GAS DEF CAPS                                                                    | 2         | RX/OTC               | CVS PROBIOTIC CAPS                  | 2         | RX/OTC               |
| CULTURELLE IMMUNE DEFENSE CAPS                                                                        | 2         | RX/OTC               | CVS SENIOR PROBIOTIC CAPS           | 2         | RX/OTC               |
| CULTURELLE KID PROBIOTIC+FIBER PACK                                                                   | 2         |                      | DAILY DIGESTIVE PROBIOTIC CAPS      | 2         | RX/OTC               |
| CULTURELLE KIDS PURELY CHEW                                                                           | 2         |                      | DAILY PROBIOTIC CAPS                | 2         | RX/OTC               |
| CULTURELLE KIDS PURELY PACK                                                                           | 2         |                      | DAILY ULTIMATE PROBIOTIC-14 CAPS    | 2         | RX/OTC               |
| CULTURELLE KIDS CHEW                                                                                  | 2         |                      | DERMACINRX PROBITRAN CAPS           | 2         | RX/OTC               |
| CULTURELLE KIDS PACK                                                                                  | 2         |                      | DERMACINRX PROBISOL CAPS            | 2         | RX/OTC               |
| CULTURELLE METABOLISM-WEIGHT CAPS                                                                     | 2         | RX/OTC               | DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS | 2         | RX/OTC               |
| CULTURELLE PROBIOTICS KIDS PACK                                                                       | 2         |                      | DIGESTIVE ADV LACTOSE SUPPORT CAPS  | 2         | RX/OTC               |
| CULTURELLE PRO-WELL CAPS                                                                              | 2         | RX/OTC               | DIGESTIVE ADV MULTI-STRAIN CAPS     | 2         | RX/OTC               |
| CVS ADULT 50+ PROBIOTIC CAPS                                                                          | 2         | RX/OTC               | DIGESTIVE ADV+BOWEL SUPPORT CAPS    | 2         | RX/OTC               |
|                                                                                                       |           |                      | DIGESTIVE ADV+GAS DEFENSE CAPS      | 2         | RX/OTC               |

| Drug Name                           | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| DIGESTIVE ADV+LACTOSE SUPPORT CAPS  | 2         | RX/OTC               | FORTIFY OPTIMA WOMENS ADV CARE CPDR | 2         |                      |
| DIGESTIVE ADVANTAGE CAPS            | 2         | RX/OTC               | FORTIFY PROBIOTIC WOMENS EX ST CPDR | 2         |                      |
| ENVIVE CAPS                         | 2         | RX/OTC               | FORTIFY PROBIOTIC WOMENS CPDR       | 2         |                      |
| EQ PROBIOTIC CAPS                   | 2         | RX/OTC               | FT ACIDOPHILUS PROBIOTIC BLEND CAPS | 2         | RX/OTC               |
| EQ PROBIOTIC CPDR                   | 2         |                      | GENORAVANCE CAPS                    | 2         | RX/OTC               |
| EQL DAILY PROBIOTIC CAPS            | 2         | RX/OTC               | GNP ACIDOPHILUS HIGH POTENCY CAPS   | 2         | RX/OTC               |
| EQL PROBIOTIC COLON SUPPORT CAPS    | 2         | RX/OTC               | GNP ADVANCED PROBIOTIC CAPS         | 2         | RX/OTC               |
| ESTROVEN SLIMBIOTICS CAPS           | 2         | RX/OTC               | GNP PROBIOTIC COLON SUPPORT CAPS    | 2         | RX/OTC               |
| FEM-DOPHILUS WOMENS CAPS            | 2         | RX/OTC               | HIGH POTENCY PROBIOTIC CAPS         | 2         | RX/OTC               |
| FLORA VANCE CAPS                    | 2         | RX/OTC               | JARRO-DOPHILUS EPS PROBIOTIC CPDR   | 2         |                      |
| FLORAJEN DIGESTION CAPS             | 2         | RX/OTC               | JARRO-DOPHILUS EPS CPDR             | 2         |                      |
| FLORAJEN KIDS CAPS                  | 2         | RX/OTC               | JARRO-DOPHILUS HYPOALLERGENIC CAPS  | 2         | RX/OTC               |
| FLORASAVE CPDR                      | 2         |                      | JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS | 2         | RX/OTC               |
| FLORASTOR ADVANCED CAPS             | 2         | RX/OTC               | JARRO-DOPHILUS VAGINAL PROBIOT CPDR | 2         |                      |
| FLORASTOR DIGEST DE-STRESS CAPS     | 2         | RX/OTC               | LACTEROL CAPS                       | 2         | RX/OTC               |
| FLORASTOR SELECT GUT BOOST CAPS     | 2         | RX/OTC               | LACTOVIVE CAPS                      | 2         | RX/OTC               |
| FLORASTOR SELECT IMMUNITY BOOS CAPS | 2         | RX/OTC               | MAGE CPDR                           | 2         |                      |
| FLORRAXIS CAPS                      | 2         | RX/OTC               | MEGA PROBIOTIC CAPS                 | 2         | RX/OTC               |
| FORTIFY 30 BILLION PROBIOT 50+ CPDR | 2         |                      | META BIOTIC/BIO-ACTIVE 12 CAPS      | 2         | RX/OTC               |
| FORTIFY 50 BILLION PROBIOT 50+ CPDR | 2         |                      | MICROFLOR 33 CAPS                   | 2         | RX/OTC               |
| FORTIFY DAILY PROBIOTIC EX ST CPDR  | 2         |                      | MICROFLOR CAPS                      | 2         | RX/OTC               |
| FORTIFY DAILY PROBIOTIC CAPS        | 2         | RX/OTC               | MOMMY'S BLISS PROBIOTIC PACK        | 2         |                      |
| FORTIFY OPTIMA PROBIOTIC CPDR       | 2         |                      |                                     |           |                      |

| Drug Name                          | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| MVW COMPL FORM PROBIOTIC-KIDS CPDR | 2         |                      | PROBIOTIC COLON SUPPORT CAPS        | 2         | RX/OTC               |
| MVW COMPLETE PROBIOTIC CPDR        | 2         |                      | PROBIOTIC DAILY CAPS                | 2         | RX/OTC               |
| NATRUL PROBIOTIC CAPS              | 2         | RX/OTC               | PROBIOTIC DIGESTIVE SUPP CAPS       | 2         | RX/OTC               |
| NEXABIOTIC CPDR                    | 2         |                      | PROBIOTIC MATURE ADULT CAPS         | 2         | RX/OTC               |
| PEARLS IC CAPS                     | 2         | RX/OTC               | PROBIOTIC PEARLS ADVANTAGE CAPS     | 2         | RX/OTC               |
| PHILLIPS COLON HEALTH CAPS         | 2         | RX/OTC               | PROBIOTIC PEARLS MAX POTENCY CAPS   | 2         | RX/OTC               |
| PREORBOTIC CAPS                    | 2         | RX/OTC               | PROBIOTIC PEARLS WOMENS CAPS        | 2         | RX/OTC               |
| PRIMADOPHILUS BIFIDUS CPDR         | 2         |                      | PROBIOTIC PEARLS CAPS               | 2         | RX/OTC               |
| PRIMIDAR CAPS                      | 2         | RX/OTC               | PROBIOTIC PRODUCT CAPS              | 2         | RX/OTC               |
| PROBINATE CAPS                     | 2         | RX/OTC               | PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS | 2         | RX/OTC               |
| PROBIO DEFENSE CAPS                | 2         | RX/OTC               | PROBITROL CAPS                      | 2         | RX/OTC               |
| PROBIOFLEXX CAPS                   | 2         | RX/OTC               | PROBIZEN CAPS                       | 2         | RX/OTC               |
| PROBIOMAX COMPLETE DF CAPS         | 2         | RX/OTC               | PRO-FLORA IMMUNE CAPS               | 2         | RX/OTC               |
| PROBIOMAX DAILY DF CAPS            | 2         | RX/OTC               | PROMELLA IN PREBIOTIC CAPS          | 2         | RX/OTC               |
| PROBIOMAX IG 26 DF CAPS            | 2         | RX/OTC               | PROMEROL CAPS                       | 2         | RX/OTC               |
| PROBIOMAX LEAN DF CAPS             | 2         | RX/OTC               | QUAD-PROBIOTIC CAPS                 | 2         | RX/OTC               |
| PROBIOMAX SB DF CAPS               | 2         | RX/OTC               | RA PROBIOTIC COLON CARE CAPS        | 2         | RX/OTC               |
| PROBIONEXX CAPS                    | 2         | RX/OTC               | RA PROBIOTIC COMPLEX CAPS           | 2         | RX/OTC               |
| PROBIOTIC & ACIDOPHILUS EX ST CAPS | 2         | RX/OTC               | RA PROBIOTIC DIGESTIVE SUPPORT CAPS | 2         | RX/OTC               |
| PROBIOTIC + OMEGA-3 CAPS           | 2         | RX/OTC               | RA PROBIOTIC MAX STRENGTH CAPS      | 2         | RX/OTC               |
| PROBIOTIC + TURMERIC EXTRACT CAPS  | 2         | RX/OTC               | RESTORA CAPS                        | 2         | RX/OTC               |
| PROBIOTIC 10 ULTRA STRENGTH CAPS   | 2         | RX/OTC               | RISAQUAD-2 CAPS                     | 2         | RX/OTC               |
| PROBIOTIC ADVANCED FORMULA CAPS    | 2         | RX/OTC               | RISAQUAD CAPS                       | 2         | RX/OTC               |
| PROBIOTIC BLEND CAPS               | 2         | RX/OTC               | SD PROBIOTIC-10 COMPLEX ULTRA CAPS  | 2         | RX/OTC               |

| Drug Name                            | Drug Tier | Requirements/ Limits | Drug Name                             | Drug Tier | Requirements/ Limits   |
|--------------------------------------|-----------|----------------------|---------------------------------------|-----------|------------------------|
| SM ADVANCED PROBIOTIC CAPS           | 2         | RX/OTC               | CULTURELLE DIGESTIVE HEALTH CAPS      | 2         |                        |
| SUPER PROBIOTIC DIGESTIVE CAPS       | 2         | RX/OTC               | CULTURELLE DIGESTIVE HEALTH CHEW      | 2         |                        |
| SUPER PROBIOTIC CAPS                 | 2         | RX/OTC               | CULTURELLE HEALTH (INULIN) CAPS       | 2         |                        |
| SUPERIOR PROBIOTIC CAPS              | 2         | RX/OTC               | CULTURELLE ULTIMATE STRENGTH CAPS     | 2         |                        |
| SUREBIOTIC PROBIOTIC SUPPORT CAPS    | 2         | RX/OTC               | GNP PROBIOTIC EXTRA STRENGTH CAPS     | 2         |                        |
| SV PROBIOTIC EXTRA STRENGTH CAPS     | 2         | RX/OTC               | PROBIOTIC DIGESTIVE SUPPORT CAPS      | 2         |                        |
| TRUBIOTICS DIGEST + IMM HEALTH CAPS  | 2         | RX/OTC               | VIActiv DIGESTIVE HEALTH CHEW         | 2         |                        |
| TRUBIOTICS CAPS                      | 2         | RX/OTC               | Antiperistaltic Agents                |           |                        |
| ULTRAFLORA IMMUNE HEALTH CAPS        | 2         | RX/OTC               | <i>diphenoxylate w/ atropine LIQD</i> | 1         |                        |
| UP4 PROBIOTICS ADULT CAPS            | 2         | RX/OTC               | <i>diphenoxylate w/ atropine TABS</i> | 1         |                        |
| UP4 PROBIOTICS MENS CAPS             | 2         | RX/OTC               | <i>loperamide hcl CAPS</i>            | 1         | QL(8 EA daily); RX/OTC |
| UP4 PROBIOTICS ULTRA CAPS            | 2         | RX/OTC               | <i>loperamide hcl TABS</i>            | 1         | QL(8 EA daily)         |
| UP4 PROBIOTICS WOMENS CAPS           | 2         | RX/OTC               | ANTIDOTES AND SPECIFIC ANTAGONISTS    |           |                        |
| VH ESSENTIALS OPTIBALANCE CAPS       | 2         | RX/OTC               | Antidotes - Chelating Agents          |           |                        |
| VISBIOME GI CARE CAPS                | 2         | RX/OTC               | CHEMET                                | 2         |                        |
| VSL#3 CAPS                           | 2         | RX/OTC               | <i>deferasirox PACK</i>               | 1         | SP; PA                 |
| WELLPRO 31 CAPS                      | 2         | RX/OTC               | <i>deferasirox TABS</i>               | 1         | SP; PA                 |
| XYBIOTIC CAPS                        | 2         | RX/OTC               | <i>deferasirox TBSO</i>               | 1         | SP; PA                 |
| ZELAC CAPS                           | 2         | RX/OTC               | <i>deferiprone TABS</i>               | 1         | SP; PA                 |
| Antidiarrheal/Probiotic Combinations |           |                      | FERRIPROX SOLN                        | 2         | SP; PA                 |
| CULTURELLE ADULT ULT BALANCE CAPS    | 2         |                      | Antidotes and Specific Antagonists    |           |                        |
| CULTURELLE DIGESTIVE DAILY PRO CAPS  | 2         |                      | ANDEXXA 200 MG                        | 2         | SP; PA                 |
| CULTURELLE DIGESTIVE DAILY CAPS      | 2         |                      | BRIDION SOLN                          | 2         | PA                     |
|                                      |           |                      | <i>deferoxamine mesylate</i>          | 1         | SP; PA                 |
|                                      |           |                      | SM IPECAC SYRUP                       | 2         |                        |
|                                      |           |                      | VISTOGARD                             | 2         |                        |
|                                      |           |                      | Opioid Antagonists                    |           |                        |

| Drug Name                                        | Drug Tier | Requirements/ Limits                       | Drug Name                                           | Drug Tier | Requirements/ Limits                        |
|--------------------------------------------------|-----------|--------------------------------------------|-----------------------------------------------------|-----------|---------------------------------------------|
| KLOXXADO LIQD                                    | 0         | QL(18 EA per 90 day(s) retail); MP         | <i>ondansetron TBDP 4 MG, 8 MG</i>                  | 1         | QL(2 EA daily)                              |
| <i>naloxone hcl LIQD</i>                         | 0         | QL(18 EA per 90 day(s) retail); MP; RX/OTC | Antiemetics - Anticholinergic                       |           |                                             |
| <i>naloxone hcl SOCT</i>                         | 0         | QL(18 ML per 90 day(s) retail); MP         | <i>meclizine hcl CHEW</i>                           | 1         | RX/OTC                                      |
| <i>naloxone hcl SOLN 0.4 MG/ML</i>               | 0         | QL(18 ML per 90 day(s) retail); MP         | <i>meclizine hcl TABS 12.5 MG, 25 MG</i>            | 1         | RX/OTC                                      |
| <i>naloxone hcl SOLN 4 MG/10ML</i>               | 0         | QL(180 ML per 90 day(s) retail); MP        | Antiemetics - Miscellaneous                         |           |                                             |
| <i>naloxone hcl SOSY 0.4 MG/ML</i>               | 1         |                                            | BONJESTA TBCR                                       | 2         |                                             |
| <i>naloxone hcl SOSY 2 MG/2ML</i>                | 0         | QL(18 ML per 90 day(s) retail); MP         | <i>doxylamine-pyridoxine TBEC</i>                   | 1         |                                             |
| <i>naltrexone hcl</i>                            | 0         | MP                                         | Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |                                             |
| NARCAN LIQD ( <i>Use naloxone hcl</i> )          | 0         | QL(18 EA per 90 day(s) retail); MP; RX/OTC | APONVIE EMUL                                        | NP        |                                             |
| OPVEE NA                                         | 0         | QL(6 EA per 30 day(s) retail); MP          | <i>aprepitant CAPS</i>                              | 1         |                                             |
| REXTOVY LIQD                                     | 2         |                                            | <i>aprepitant MISC</i>                              | 1         |                                             |
| VIVITROL                                         | 0         | SP; MP                                     | ANTIFUNGALS - Drugs to Treat Fungal Infections      |           |                                             |
| ZIMHI SOSY                                       | 0         | QL(9 ML per 90 day(s) retail); MP          | Antifungals                                         |           |                                             |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting |           |                                            | <i>griseofulvin microsize SUSP</i>                  | 1         |                                             |
| 5-HT3 Receptor Antagonists                       |           |                                            | <i>griseofulvin microsize TABS</i>                  | 1         |                                             |
| <i>granisetron hcl TABS</i>                      | 1         |                                            | <i>griseofulvin ultramicrosize</i>                  | 1         |                                             |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>          | 1         | QL(50 ML per fill retail)                  | <i>nystatin TABS</i>                                | 1         | QL(6 EA daily)                              |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>           | 1         | QL(2 EA daily)                             | <i>terbinafine hcl TABS</i>                         | 1         | QL(1 EA daily; 90 EA per 120 day(s) retail) |
| <i>ondansetron TBDP 16 MG</i>                    | 1         |                                            | Imidazole-Related Antifungals                       |           |                                             |
|                                                  |           |                                            | <i>fluconazole SUSR</i>                             | 1         | QL(70 ML per fill retail)                   |
|                                                  |           |                                            | <i>fluconazole TABS 200 MG</i>                      | 1         |                                             |
|                                                  |           |                                            | <i>fluconazole TABS 50 MG</i>                       | 1         | QL(7 EA per fill retail)                    |
|                                                  |           |                                            | <i>fluconazole TABS 100 MG</i>                      | 1         | QL(1 EA daily)                              |
|                                                  |           |                                            | <i>fluconazole TABS 150 MG</i>                      | 1         | QL(2 EA daily)                              |
|                                                  |           |                                            | <i>itraconazole CAPS</i>                            | 1         | QL(1 EA daily); PA                          |

| Drug Name                                                           | Drug Tier | Requirements/ Limits               |
|---------------------------------------------------------------------|-----------|------------------------------------|
| <i>itraconazole SOLN</i>                                            | 1         | PA                                 |
| <b>ANTI HISTAMINES - Drugs to Treat Allergies</b>                   |           |                                    |
| <b>Antihistamines - Alkylamines</b>                                 |           |                                    |
| <i>chlorpheniramine maleate SYRP</i>                                | 1         | QL(60 ML daily)                    |
| <i>chlorpheniramine maleate TABS</i>                                | 1         | QL(120 EA per fill retail)         |
| <i>dexchlorpheniramine maleate SOLN</i>                             | 1         |                                    |
| <b>Antihistamines - Ethanolamines</b>                               |           |                                    |
| <b>BENADRYL ALLERGY EXTRA STR TABS</b>                              | 2         | QL(4 EA daily)                     |
| <i>clemastine fumarate TABS 1.34 MG</i>                             | 1         | QL(2 EA daily)                     |
| <b>DAYHIST ALLERGY 12 HOUR RELIEF TABS</b>                          | 2         | QL(2 EA daily)                     |
| <i>diphenhydramine hcl CAPS</i>                                     | 1         | QL(4 EA daily)                     |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>                         | 1         | QL(240 ML per fill retail)         |
| <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1         | QL(240 ML per fill retail)         |
| <i>diphenhydramine hcl TABS 25 MG</i>                               | 1         | QL(4 EA daily)                     |
| <b>Antihistamines - Non-Sedating</b>                                |           |                                    |
| <i>cetirizine hcl CAPS</i>                                          | 1         |                                    |
| <i>cetirizine hcl CHEW</i>                                          | 1         | QL(1 EA daily)                     |
| <i>cetirizine hcl SOLN PO</i>                                       | 1         | QL(240 ML per fill retail); RX/OTC |
| <i>cetirizine hcl SYRP PO</i>                                       | 1         | QL(240 ML per fill retail); RX/OTC |
| <i>cetirizine hcl TABS</i>                                          | 1         | QL(1 EA daily)                     |
| <i>desloratadine TBDP</i>                                           | 1         |                                    |
| <i>fexofenadine hcl SUSP</i>                                        | 1         |                                    |
| <i>fexofenadine hcl TABS 180 MG</i>                                 | 1         | QL(1 EA daily)                     |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                               |
|--------------------------------------------------------------|-----------|----------------------------------------------------|
| <i>fexofenadine hcl TABS 60 MG</i>                           | 1         | QL(2 EA daily)                                     |
| <i>levocetirizine dihydrochloride SOLN</i>                   | 1         | RX/OTC                                             |
| <i>loratadine CAPS</i>                                       | 1         |                                                    |
| <i>loratadine CHEW</i>                                       | 1         |                                                    |
| <i>loratadine SOLN</i>                                       | 1         | QL(240 ML per fill retail)                         |
| <i>loratadine TABS</i>                                       | 1         |                                                    |
| <i>loratadine TBDP 10 MG</i>                                 | 1         |                                                    |
| <b>Antihistamines - Phenothiazines</b>                       |           |                                                    |
| <i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>    | 1         | QL(240 ML per fill retail); AL(At least 2 yrs old) |
| <i>promethazine hcl SUPP</i>                                 | 1         | QL(12 EA per fill retail); AL(At least 2 yrs old)  |
| <i>promethazine hcl TABS</i>                                 | 1         | AL(At least 2 yrs old)                             |
| <b>Antihistamines - Piperidines</b>                          |           |                                                    |
| <i>cycloheptadine hcl SYRP</i>                               | 1         |                                                    |
| <i>cycloheptadine hcl TABS</i>                               | 1         |                                                    |
| <b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b> |           |                                                    |
| <b>Antihyperlipidemics - Combinations</b>                    |           |                                                    |
| <i>ezetimibe-simvastatin</i>                                 | 1         |                                                    |
| <b>Antihyperlipidemics - Misc.</b>                           |           |                                                    |
| <i>omega-3-acid ethyl esters</i>                             | 1         |                                                    |
| <b>Bile Acid Sequestrants</b>                                |           |                                                    |
| <i>cholestyramine light PACK</i>                             | 1         | MP                                                 |
| <i>cholestyramine light POWD</i>                             | 1         | MP                                                 |
| <i>cholestyramine PACK</i>                                   | 1         | MP                                                 |
| <i>cholestyramine POWD</i>                                   | 1         | MP                                                 |
| <i>colestipol hcl GRAN</i>                                   | 1         | MP                                                 |
| <i>colestipol hcl TABS</i>                                   | 1         | MP                                                 |
| <b>Fibric Acid Derivatives</b>                               |           |                                                    |

| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| <i>fenofibrate micronized 67 MG</i>                       | 1         | QL(2 EA daily); MP   |
| <i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>        | 1         |                      |
| <i>fenofibrate micronized 134 MG, 200 MG</i>              | 1         | QL(1 EA daily); MP   |
| <i>fenofibrate CAPS</i>                                   | 2         | MP                   |
| <i>fenofibrate TABS 54 MG</i>                             | 1         | QL(3 EA daily); MP   |
| <i>fenofibrate TABS 40 MG, 120 MG</i>                     | 1         |                      |
| <i>fenofibric acid</i>                                    | 1         |                      |
| <i>FIBRICOR (Use fenofibric acid)</i>                     | NP        |                      |
| <i>gemfibrozil TABS</i>                                   | 1         | QL(2 EA daily); MP   |
| <i>LIPOFEN CAPS (Use fenofibrate)</i>                     | NP        | MP                   |
| HMG CoA Reductase Inhibitors                              |           |                      |
| <i>ATORVALIQ SUSP</i>                                     | NP        |                      |
| <i>atorvastatin calcium TABS</i>                          | 1         | QL(1 EA daily); MP   |
| <i>fluvastatin sodium CAPS</i>                            | 1         |                      |
| <i>fluvastatin sodium TB24</i>                            | 1         |                      |
| <i>lovastatin TABS 40 MG</i>                              | 1         | QL(2 EA daily); MP   |
| <i>lovastatin TABS 10 MG, 20 MG</i>                       | 1         | QL(1 EA daily); MP   |
| <i>pravastatin sodium</i>                                 | 1         | QL(1 EA daily); MP   |
| <i>rosuvastatin calcium TABS</i>                          | 1         | QL(1 EA daily); MP   |
| <i>simvastatin TABS 80 MG</i>                             | 1         | MP                   |
| <i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>         | 1         | QL(1 EA daily); MP   |
| Intestinal Cholesterol Absorption Inhibitors              |           |                      |
| <i>ezetimibe</i>                                          | 1         |                      |
| Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |                      |
| <i>JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG</i>                 | 2         | SP; PA               |

| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| Nicotinic Acid Derivatives                                      |           |                      |
| <i>niacin (antihyperlipidemic) TBCR</i>                         | 1         | MP                   |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors        |           |                      |
| <i>PRALUENT SOAJ</i>                                            | 2         | SP; PA               |
| <i>REPATHA SURECLICK SOAJ</i>                                   | 2         | SP; PA               |
| <i>REPATHA SOSY</i>                                             | 2         | SP; PA               |
| ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure          |           |                      |
| ACE Inhibitors                                                  |           |                      |
| <i>benazepril hcl 5 MG, 10 MG, 20 MG</i>                        | 1         | QL(1 EA daily); MP   |
| <i>benazepril hcl 40 MG</i>                                     | 1         | QL(2 EA daily); MP   |
| <i>captopril</i>                                                | 1         | QL(3 EA daily); MP   |
| <i>enalapril maleate TABS</i>                                   | 1         | QL(2 EA daily); MP   |
| <i>fosinopril sodium</i>                                        | 1         | QL(1 EA daily); MP   |
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1         | MP                   |
| <i>moexipril hcl</i>                                            | 1         |                      |
| <i>perindopril erbumine</i>                                     | 1         |                      |
| <i>quinapril hcl</i>                                            | 1         | QL(1 EA daily); MP   |
| <i>ramipril CAPS</i>                                            | 1         | QL(2 EA daily); MP   |
| <i>trandolapril 1 MG, 2 MG</i>                                  | 1         | QL(1 EA daily); MP   |
| <i>trandolapril 4 MG</i>                                        | 1         | QL(2 EA daily); MP   |
| Agents for Pheochromocytoma                                     |           |                      |
| <i>metyrosine</i>                                               | 1         | SP; PA               |
| Angiotensin II Receptor Antagonists                             |           |                      |
| <i>candesartan cilexetil</i>                                    | 1         |                      |

| Drug Name                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                           | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------|-----------|----------------------|
| <i>irbesartan</i>                                                   | 1         | QL(1 EA daily); MP   | EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i> )  | NP        |                      |
| <i>losartan potassium</i>                                           | 1         | QL(1 EA daily); MP   | <i>fosinopril sodium &amp; hydrochlorothiazide</i>                  | 1         | QL(1 EA daily); MP   |
| <i>olmesartan medoxomil</i>                                         | 1         |                      | <i>irbesartan-hydrochlorothiazide</i>                               | 1         | QL(1 EA daily); MP   |
| <i>telmisartan</i>                                                  | 1         |                      | <i>lisinopril &amp; hydrochlorothiazide</i>                         | 1         | MP                   |
| <i>valsartan SOLN</i>                                               | 1         |                      | <i>losartan potassium &amp; hydrochlorothiazide</i>                 | 1         | QL(1 EA daily); MP   |
| <i>valsartan TABS</i>                                               | 1         | QL(1 EA daily); MP   | <i>metoprolol &amp; hydrochlorothiazide TABS</i>                    | 1         | QL(2 EA daily); MP   |
| Antiadrenergic Antihypertensives                                    |           |                      | <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>          | 1         |                      |
| <i>clonidine hcl TABS</i>                                           | 1         | MP                   | <i>olmesartan medoxomil-hydrochlorothiazide</i>                     | 1         |                      |
| <i>doxazosin mesylate</i>                                           | 1         | MP                   | <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                  | 1         | QL(4 EA daily)       |
| <i>guanfacine hcl</i>                                               | 1         | MP                   | <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                  | 1         | QL(3 EA daily)       |
| <i>methyldopa TABS</i>                                              | 1         | MP                   | <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                    | 1         | QL(2 EA daily)       |
| <i>prazosin hcl CAPS</i>                                            | 1         | MP                   | <i>telmisartan-amlodipine</i>                                       | 1         |                      |
| <i>terazosin hcl</i>                                                | 1         | MP                   | <i>telmisartan-hydrochlorothiazide</i>                              | 1         | QL(1 EA daily)       |
| Antihypertensive Combinations                                       |           |                      | <i>trandolapril-verapamil hcl</i>                                   | 1         |                      |
| ACCURETIC 12.5 MG-10 MG (Use <i>quinapril-hydrochlorothiazide</i> ) | NP        | QL(3 EA daily)       | <i>valsartan-hydrochlorothiazide</i>                                | 1         | QL(1 EA daily); MP   |
| <i>amlodipine besylate-benazepril hcl</i>                           | 1         | QL(1 EA daily); MP   | Antihypertensives - Misc.                                           |           |                      |
| <i>amlodipine besylate-olmesartan medoxomil</i>                     | 1         |                      | VECAMYL                                                             | 2         | SP; PA               |
| <i>amlodipine besylate-valsartan</i>                                | 1         |                      | Vasodilators                                                        |           |                      |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>                     | 1         |                      | <i>hydralazine hcl TABS</i>                                         | 1         | MP                   |
| <i>atenolol &amp; chlorthalidone</i>                                | 1         | QL(1 EA daily); MP   | <i>minoxidil 2.5 MG, 10 MG</i>                                      | 1         | MP                   |
| <i>benazepril &amp; hydrochlorothiazide</i>                         | 1         | QL(1 EA daily); MP   | ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections |           |                      |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                         | 1         | QL(1 EA daily); MP   |                                                                     |           |                      |
| <i>candesartan cilexetil-hydrochlorothiazide</i>                    | 1         |                      |                                                                     |           |                      |
| <i>captopril &amp; hydrochlorothiazide</i>                          | 1         | QL(2 EA daily); MP   |                                                                     |           |                      |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>                  | 1         | QL(2 EA daily); MP   |                                                                     |           |                      |

| Drug Name                                                                | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------------------------------|-----------|----------------------------|
| Anti-infective Agents - Misc.                                            |           |                            |
| <i>metronidazole TABS 250 MG, 500 MG</i>                                 | 1         |                            |
| <i>trimethoprim TABS</i>                                                 | 1         |                            |
| Anti-infective Misc. - Combinations                                      |           |                            |
| <i>methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG</i> | 1         |                            |
| <i>sulfamethoxazole-trimethoprim SUSP</i>                                | 1         |                            |
| <i>sulfamethoxazole-trimethoprim TABS</i>                                | 1         |                            |
| URETRON D/S TABS 81.6 MG                                                 | 2         |                            |
| Carbapenems                                                              |           |                            |
| <i>ertapenem sodium IJ</i>                                               | 1         | SP; PA                     |
| Glycopeptides                                                            |           |                            |
| <i>vancomycin hcl CAPS 250 MG</i>                                        | 1         | QL(8 EA daily)             |
| <i>vancomycin hcl CAPS 125 MG</i>                                        | 1         | QL(4 EA daily)             |
| <i>vancomycin hcl SOLR IV 500 MG</i>                                     | 1         | QL(0.467 EA daily)         |
| <i>vancomycin hcl SOLR IV 1 GM</i>                                       | 1         | QL(14 EA per fill retail)  |
| <i>vancomycin hcl SOLR PO 25 MG/ML</i>                                   | 1         | QL(300 ML per fill retail) |
| VANCOMYCIN HCL SOLR IV 500 MG                                            | 2         | QL(0.467 EA daily)         |
| VANCOMYCIN HCL SOLR IV 1 GM                                              | 2         | QL(14 EA per fill retail)  |
| Leprostatics                                                             |           |                            |
| <i>dapsone</i>                                                           | 1         |                            |
| Lincosamides                                                             |           |                            |
| <i>clindamycin hcl 150 MG, 300 MG</i>                                    | 1         |                            |
| <i>clindamycin palmitate hydrochloride</i>                               | 1         | QL(100 ML per fill retail) |

| Drug Name                                                     | Drug Tier | Requirements/ Limits          |
|---------------------------------------------------------------|-----------|-------------------------------|
| Monobactams                                                   |           |                               |
| CAYSTON                                                       | NP        | SP; PA                        |
| Oxazolidinones                                                |           |                               |
| SIVEXTRO TABS                                                 | 2         | QL(6 EA per fill retail); PA  |
| Urinary Anti-infectives                                       |           |                               |
| <i>methenamine mandelate</i>                                  | 1         |                               |
| <i>nitrofurantoin</i>                                         | 1         | QL(40 ML daily)               |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>              | 1         |                               |
| <i>nitrofurantoin monohyd macro</i>                           | 1         |                               |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) |           |                               |
| Antimalarial Combinations                                     |           |                               |
| COARTEM                                                       | 2         | QL(24 EA per fill retail)     |
| Antimalarials                                                 |           |                               |
| <i>chloroquine phosphate TABS 500 MG</i>                      | 0         | QL(8 EA per 56 day(s) retail) |
| <i>chloroquine phosphate TABS 250 MG</i>                      | 0         | QL(2 EA daily); MP            |
| DARAPRIM (Use pyrimethamine)                                  | NP        | SP; PA                        |
| KRINTAFEL                                                     | 2         | QL(2 EA per 30 day(s) retail) |
| <i>mefloquine hcl</i>                                         | 1         |                               |
| <i>pyrimethamine</i>                                          | 1         | SP; PA                        |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS                             |           |                               |
| Antimyasthenic/Cholinergic Agents                             |           |                               |
| FIRDAPSE                                                      | 2         | SP; PA                        |
| <i>pyridostigmine bromide TABS 60 MG</i>                      | 1         |                               |
| <i>pyridostigmine bromide TBCR</i>                            | 1         |                               |
| ANTIMYCOBACTERIAL AGENTS - Drugs to Treat                     |           |                               |

| Drug Name                                                                | Drug Tier | Requirements/ Limits | Drug Name                                                                       | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------|-----------|----------------------|---------------------------------------------------------------------------------|-----------|----------------------|
| <b>Tuberculosis (Bacterial Infections)</b>                               |           |                      | YONDELIS                                                                        | 2         | SP; PA               |
| <b>Antimycobacterial Agents</b>                                          |           |                      | <b>Antimetabolites</b>                                                          |           |                      |
| <i>ethambutol hcl TABS</i>                                               | 1         | MP                   | <i>azacitidine SUSR</i>                                                         | 1         | SP; PA               |
| <i>isoniazid SYRP</i>                                                    | 1         | MP                   | <i>capecitabine</i>                                                             | 1         | SP; PA               |
| <i>isoniazid TABS</i>                                                    | 1         | MP                   | <i>cladribine 10 MG/10ML</i>                                                    | 1         | SP; PA               |
| <i>pyrazinamide</i>                                                      | 1         |                      | <i>cytarabine SOLN</i>                                                          | 1         | SP; PA               |
| <i>rifampin CAPS</i>                                                     | 1         |                      | <i>decitabine</i>                                                               | 1         | SP; PA               |
| TRECTOR                                                                  | 2         |                      | <i>fludarabine phosphate SOLN</i>                                               | 1         | SP; PA               |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>  |           |                      | FLUDARABINE PHOSPHATE SOLN                                                      | 2         | SP; PA               |
| <b>Alkylating Agents</b>                                                 |           |                      | <i>fludarabine phosphate SOLR</i>                                               | 1         | SP; PA               |
| BELRAPZO SOLN                                                            | 2         | SP; PA               | FOLOTYN                                                                         | 2         | SP; PA               |
| BENDAMUSTINE HCL SOLN                                                    | 2         | SP; PA               | <i>mercaptopurine SUSP 2000 MG/100ML</i>                                        | 1         |                      |
| <i>bendamustine hcl SOLR</i>                                             | 1         | SP; PA               | <i>mercaptopurine TABS</i>                                                      | 1         |                      |
| BENDEKA SOLN                                                             | 2         | SP; PA               | <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | 1         |                      |
| <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i> | 1         | SP; PA               | <i>methotrexate sodium TABS 2.5 MG</i>                                          | 1         | MP                   |
| <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>             | 1         | SP; PA               | <i>pemetrexed disodium SOLR 100 MG, 500 MG</i>                                  | 1         | SP; PA               |
| CISPLATIN SOLR                                                           | 2         | SP; PA               | <i>pralatrexate</i>                                                             | 1         | SP; PA               |
| <i>cyclophosphamide CAPS 50 MG</i>                                       | 1         |                      | TABLOID                                                                         | 2         | SP; PA               |
| CYCLOPHOSPHAMIDE TABS                                                    | 2         |                      | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                                         | 2         |                      |
| EVOMELA IV                                                               | 2         | SP; PA               | <b>Antineoplastic - Angiogenesis Inhibitors</b>                                 |           |                      |
| KEMOPLAT SOLN                                                            | 2         | SP; PA               | AVASTIN                                                                         | 2         | SP; PA               |
| LEUKERAN                                                                 | 2         |                      | CYRAMZA                                                                         | 2         | SP; PA               |
| <i>melphalan</i>                                                         | 1         |                      | INLYTA                                                                          | 2         | SP; PA               |
| <i>melphalan hcl IV</i>                                                  | 1         | SP; PA               | LENVIMA (10 MG DAILY DOSE)                                                      | 2         | SP; PA               |
| MYLERAN TABS                                                             | 2         |                      | LENVIMA (12 MG DAILY DOSE)                                                      | 2         | SP; PA               |
| TEMODAR SOLR                                                             | 2         | SP; PA               | LENVIMA (14 MG DAILY DOSE)                                                      | 2         | SP; PA               |
| <i>temozolomide CAPS</i>                                                 | 1         | SP; PA               |                                                                                 |           |                      |
| VIVIMUSTA SOLN                                                           | 2         | SP; PA               |                                                                                 |           |                      |

| Drug Name                                  | Drug Tier | Requirements/ Limits | Drug Name                                    | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|----------------------------------------------|-----------|----------------------|
| LENVIMA (18 MG DAILY DOSE)                 | 2         | SP; PA               | VENCLEXTA STARTING PACK TBPK                 | 2         | SP; PA               |
| LENVIMA (20 MG DAILY DOSE)                 | 2         | SP; PA               | VENCLEXTA TABS                               | 2         | SP; PA               |
| LENVIMA (24 MG DAILY DOSE)                 | 2         | SP; PA               | Antineoplastic - Cellular Immunotherapy      |           |                      |
| LENVIMA (4 MG DAILY DOSE)                  | 2         | SP; PA               | KYMRIAH                                      | 2         | SP; PA               |
| LENVIMA (8 MG DAILY DOSE)                  | 2         | SP; PA               | PROVENGE                                     | 2         | SP; PA               |
| MVASI                                      | 2         | SP; PA               | YESCARTA                                     | 2         | SP; PA               |
| ZALTRAP                                    | 2         | SP; PA               | Antineoplastic - EGFR Inhibitors             |           |                      |
| Antineoplastic - Antibodies                |           |                      | ERBITUX                                      | 2         | SP; PA               |
| ADCETRIS                                   | 2         | SP; PA               | <i>erlotinib hcl</i>                         | 1         | SP; PA               |
| ARZERRA                                    | 2         | SP; PA               | <i>gefitinib</i>                             | 1         | SP; PA               |
| BLINCYTO                                   | 2         | SP; PA               | GILOTRIF                                     | 2         | SP; PA               |
| DARZALEX                                   | 2         | SP; PA               | PORTRAZZA                                    | 2         | SP; PA               |
| EMPLICITI                                  | 2         | SP; PA               | TAGRISO                                      | 2         | SP; PA               |
| GAZYVA                                     | 2         | SP; PA               | VECTIBIX 100 MG/5ML, 400 MG/20ML             | 2         | SP; PA               |
| KADCYLA                                    | 2         | SP; PA               | VIZIMPRO                                     | 2         | SP; PA               |
| KEYTRUDA                                   | 2         | SP; PA               | Antineoplastic - Hedgehog Pathway Inhibitors |           |                      |
| LIBTAYO                                    | 2         | SP; PA               | DAURISMO                                     | 2         | SP; PA               |
| LUMOXITI                                   | 2         | SP; PA               | ERIVEDGE                                     | 2         | SP; PA               |
| OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML | 2         | SP; PA               | ODOMZO                                       | 2         | SP; PA               |
| POLIVY 140 MG                              | 2         | SP; PA               | Antineoplastic - Hormonal and Related Agents |           |                      |
| POTELIGEO                                  | 2         | SP; PA               | <i>abiraterone acetate</i>                   | 1         | SP; PA               |
| RITUXAN                                    | 2         | SP; PA               | <i>anastrozole</i>                           | 1         | MP                   |
| TECENTRIQ                                  | 2         | SP; PA               | <i>bicalutamide</i>                          | 1         | QL(1 EA daily)       |
| UNITUXIN                                   | 2         | SP; PA               | CAMCEVI                                      | 2         | SP                   |
| YERVOY                                     | 2         | SP; PA               | ELIGARD SC 22.5 MG, 30 MG, 45 MG             | 2         | SP; PA               |
| ZEVALIN Y-90                               | 2         | SP; PA               | ELIGARD KIT SC 7.5 MG                        | 2         | SP; PA               |
| Antineoplastic - Anti-HER2 Agents          |           |                      | EMCYT                                        | 2         | SP; PA               |
| KANJINTI 420 MG                            | 2         | SP; PA               | ERLEADA 60 MG                                | 2         | SP; PA               |
| PERJETA                                    | 2         | SP; PA               | EULEXIN                                      | 2         |                      |
| Antineoplastic - BCL-2 Inhibitors          |           |                      | <i>exemestane</i>                            | 1         |                      |
|                                            |           |                      | FIRMAGON 80 MG                               | 2         | SP; PA               |
|                                            |           |                      | FIRMAGON (240 MG DOSE)                       | 2         | SP; PA               |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                | Drug Name                                                    | Drug Tier | Requirements/ Limits   |
|------------------------------------------------------|-----------|-----------------------------------------------------|--------------------------------------------------------------|-----------|------------------------|
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | 1         | QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA | <i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i> | 1         | SP; PA                 |
| <i>letrozole</i>                                     | 1         | QL(1 EA daily); MP                                  | <i>valrubicin</i>                                            | 1         | SP; PA                 |
| <i>leuprolide acetate (3 month) INJ 22.5 MG</i>      | 1         |                                                     | Antineoplastic Combinations                                  |           |                        |
| LEUPROLIDE ACETATE-BUPIVACAINE                       | 2         | SP; PA                                              | HERCEPTIN HYLECTA                                            | 2         | SP; PA                 |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>          | 1         | SP; PA                                              | LONSURF                                                      | 2         | SP; PA                 |
| LUPRON DEPOT (1-MONTH) KIT IM                        | 2         | SP; PA                                              | Antineoplastic Enzyme Inhibitors                             |           |                        |
| LUPRON DEPOT (3-MONTH) KIT IM                        | 2         | SP; PA                                              | ALECENSA                                                     | 2         | SP; PA                 |
| LUPRON DEPOT (4-MONTH) IM                            | 2         | SP; PA                                              | BELEODAQ                                                     | 2         | SP; PA                 |
| LUPRON DEPOT (6-MONTH) IM                            | 2         | SP; PA                                              | <i>bortezomib SOLR IJ</i>                                    | 1         | SP; PA                 |
| LUTRATE DEPOT INJ 22.5 MG                            | 2         |                                                     | BORTEZOMIB SOLR IV 3.5 MG                                    | 2         | SP; PA                 |
| LYSODREN                                             | 2         | SP; PA                                              | BOSULIF TABS 100 MG, 500 MG                                  | 2         | SP; PA                 |
| <i>megestrol acetate SUSP</i>                        | 1         |                                                     | BRAFTOVI 75 MG                                               | 2         | SP; PA                 |
| <i>megestrol acetate TABS</i>                        | 1         |                                                     | CABOMETYX TABS                                               | 2         | SP; PA                 |
| <i>tamoxifen citrate TABS</i>                        | 1         | MP                                                  | CAPRELSA                                                     | 2         | SP; PA                 |
| <i>toremifene citrate</i>                            | 1         | PA                                                  | COMETRIQ (100 MG DAILY DOSE) KIT                             | 2         | SP; PA                 |
| TRELSTAR MIXJECT 11.25 MG, 22.5 MG                   | 2         | SP; PA                                              | COMETRIQ (140 MG DAILY DOSE) KIT                             | 2         | SP; PA                 |
| TRELSTAR MIXJECT 3.75 MG                             | 2         | SP; PA                                              | COMETRIQ (60 MG DAILY DOSE) KIT                              | 2         | SP; PA                 |
| XTANDI CAPS                                          | 2         | SP; PA                                              | COTELLIC                                                     | 2         | SP; PA                 |
| ZOLADEX 10.8 MG                                      | 2         | SP; PA                                              | <i>dasatinib</i>                                             | 1         | SP; PA                 |
| ZOLADEX 3.6 MG                                       | 2         | SP; PA                                              | <i>everolimus TABS</i>                                       | 1         | SP; PA                 |
| Antineoplastic - Immunomodulators                    |           |                                                     | <i>everolimus TBSO</i>                                       | 1         | SP; PA                 |
| POMALYST                                             | 2         | SP; PA                                              | IBRANCE CAPS                                                 | 2         | SP; PA                 |
| Antineoplastic Antibiotics                           |           |                                                     | ICLUSIG 15 MG, 45 MG                                         | 2         | SP; PA                 |
| <i>daunorubicin hcl SOLN 50 MG/10ML</i>              | 1         | SP; PA                                              | <i>imatinib mesylate TABS</i>                                | 1         | SP; PA                 |
| ELLEENCE SOLN                                        | 2         | SP; PA                                              | IMBRUVICA CAPS 140 MG                                        | 2         | SP; PA                 |
|                                                      |           |                                                     | IMBRUVICA CAPS 70 MG                                         | 2         | QL(1 EA daily); SP; PA |
|                                                      |           |                                                     | IMBRUVICA TABS                                               | 2         | QL(1 EA daily); SP; PA |
|                                                      |           |                                                     | JAKAFI                                                       | 2         | SP; PA                 |
|                                                      |           |                                                     | KYPROLIS                                                     | 2         | SP; PA                 |

| Drug Name                           | Drug Tier | Requirements/ Limits | Drug Name                                        | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|--------------------------------------------------|-----------|----------------------|
| <i>lapatinib ditosylate</i>         | 1         | SP; PA               | <i>arsenic trioxide 12 MG/6ML</i>                | 1         | SP; PA               |
| LORBRENA                            | 2         | SP; PA               | <i>bexarotene</i>                                | 1         | SP; PA               |
| MEKINIST TABS                       | 2         | SP; PA               | <i>hydroxyurea</i>                               | 1         | MP                   |
| MEKTOVI                             | 2         | SP; PA               | MATULANE                                         | 2         | SP; PA               |
| NINLARO                             | 2         | SP; PA               | PHOTOFRIN                                        | 2         | SP; PA               |
| <i>pazopanib hcl</i>                | 1         | SP; PA               | PROLEUKIN                                        | 2         | SP; PA               |
| <i>romidepsin SOLR</i>              | 1         | SP; PA               | SYNRIBO                                          | 2         | SP; PA               |
| RUBRACA                             | 2         | SP; PA               | <i>tretinoin (chemotherapy)</i>                  | 1         | SP; PA               |
| <i>sorafenib tosylate</i>           | 1         | SP; PA               | Chemotherapy Adjuncts                            |           |                      |
| STIVARGA                            | 2         | SP; PA               | KEPIVANCE 6.25 MG                                | 2         | SP; PA               |
| <i>sunitinib malate</i>             | 1         | SP; PA               | Chemotherapy Rescue/Antidote/Protective Agents   |           |                      |
| TAFINLAR CAPS                       | 2         | SP; PA               | <i>dexrazoxane hcl</i>                           | 1         | SP; PA               |
| TALZENNA 0.25 MG, 1 MG              | 2         | SP; PA               | KHAPZORY                                         | 2         | SP; PA               |
| <i>temsirolimus</i>                 | 1         | SP; PA               | <i>leucovorin calcium TABS 5 MG, 25 MG</i>       | 1         |                      |
| TIBSOVO                             | 2         | SP; PA               | <i>levoleucovorin calcium SOLN</i>               | 1         | SP; PA               |
| VITRAKVI CAPS                       | 2         | SP; PA               | <i>levoleucovorin calcium SOLR</i>               | 1         | SP; PA               |
| VITRAKVI SOLN                       | 2         | SP; PA               | <i>mesna SOLN</i>                                | 1         | SP; PA               |
| VOTRIENT                            | 2         | SP; PA               | <i>mesna TABS</i>                                | 1         | SP; PA               |
| XALKORI CAPS                        | 2         | SP; PA               | MESNEX TABS                                      | 2         | SP; PA               |
| XOSPATA                             | 2         | SP; PA               | VORAXAZE                                         | 2         | SP; PA               |
| ZELBORAF                            | 2         | SP; PA               | Mitotic Inhibitors                               |           |                      |
| ZOLINZA                             | 2         | SP; PA               | <i>docetaxel CONC 160 MG/8ML</i>                 | 1         | SP; PA               |
| ZYDELIG                             | 2         | SP; PA               | DOCETAXEL CONC 160 MG/8ML                        | 2         | SP; PA               |
| ZYKADIA TABS                        | 2         | SP; PA               | <i>docetaxel SOLN</i>                            | 1         | SP; PA               |
| Antineoplastic Enzymes              |           |                      | DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML | 2         | SP; PA               |
| ONCASPAS                            | 2         | SP; PA               | DOCIVYX SOLN                                     | 2         | SP; PA               |
| Antineoplastic Radiopharmaceuticals |           |                      | <i>eribulin mesylate</i>                         | 1         | SP; PA               |
| AZEDRA DOSIMETRIC                   | 2         | SP; PA               | <i>etoposide CAPS</i>                            | 1         | SP; PA               |
| AZEDRA THERAPEUTIC                  | 2         | SP; PA               |                                                  |           |                      |
| LUTATHERA                           | 2         | SP; PA               |                                                  |           |                      |
| Antineoplastics Misc.               |           |                      |                                                  |           |                      |
| ACTIMMUNE 100 MCG/0.5ML             | 2         | SP; PA               |                                                  |           |                      |
| ALFERON N                           | 2         | SP; PA               |                                                  |           |                      |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>                             | 1         | SP; PA               |
| IXEMPRA KIT                                                                          | 2         | SP; PA               |
| JEVTANA                                                                              | 2         | SP; PA               |
| PACLITAXEL PROTEIN-BOUND PART                                                        | 2         | SP; PA               |
| <i>paclitaxel protein-bound particles</i>                                            | 1         | SP; PA               |
| <i>vincristine sulfate</i>                                                           | 1         | SP; PA               |
| Oncolytic Viral Agents                                                               |           |                      |
| IMLYGIC                                                                              | 2         | SP; PA               |
| Topoisomerase I Inhibitors                                                           |           |                      |
| HYCAMTIN CAPS                                                                        | 2         | SP; PA               |
| <i>irinotecan hcl</i>                                                                | 1         | SP; PA               |
| <i>topotecan hcl SOLN</i>                                                            | 1         | SP; PA               |
| TOPOTECAN HCL SOLN                                                                   | 2         | SP; PA               |
| <i>topotecan hcl SOLR</i>                                                            | 1         | SP; PA               |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                      |
| Antiparkinson Adjunctive Therapy                                                     |           |                      |
| <i>carbidopa</i>                                                                     | 1         |                      |
| Antiparkinson Anticholinergics                                                       |           |                      |
| <i>benztropine mesylate TABS</i>                                                     | 1         | MP                   |
| <i>trihexyphenidyl hcl SOLN</i>                                                      | 1         | MP                   |
| <i>trihexyphenidyl hcl TABS</i>                                                      | 1         | MP                   |
| Antiparkinson Dopaminergics                                                          |           |                      |
| <i>amantadine hcl CAPS</i>                                                           | 1         | MP                   |
| <i>amantadine hcl SOLN</i>                                                           | 1         | MP                   |
| <i>amantadine hcl TABS</i>                                                           | 1         | MP                   |
| APOKYN SOCT                                                                          | 2         | SP; PA               |
| <i>apomorphine hydrochloride SOCT</i>                                                | 1         | SP; PA               |
| <i>bromocriptine mesylate CAPS</i>                                                   | 1         |                      |

| Drug Name                                                              | Drug Tier | Requirements/ Limits                    |
|------------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>bromocriptine mesylate TABS 2.5 MG</i>                              | 1         |                                         |
| <i>carbidopa-levodopa TABS</i>                                         | 1         | MP                                      |
| <i>carbidopa-levodopa TBCR</i>                                         | 1         | MP                                      |
| DHIVY TABS                                                             | 2         | MP                                      |
| <i>pramipexole dihydrochloride TABS</i>                                | 1         | QL(3 EA daily); AL(At least 18 yrs old) |
| <i>pramipexole dihydrochloride TB24</i>                                | 1         |                                         |
| <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>          | 1         | QL(3 EA daily); MP                      |
| <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>               | 1         | QL(6 EA daily); MP                      |
| <i>ropinirole hydrochloride TB24</i>                                   | 1         |                                         |
| Antiparkinson Monoamine Oxidase Inhibitors                             |           |                                         |
| <i>selegiline hcl CAPS</i>                                             | 1         | MP                                      |
| <i>selegiline hcl TABS</i>                                             | 1         | MP                                      |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |                                         |
| Antimanic Agents                                                       |           |                                         |
| <i>lithium</i>                                                         | 1         |                                         |
| <i>lithium carbonate CAPS</i>                                          | 1         |                                         |
| <i>lithium carbonate TABS</i>                                          | 1         |                                         |
| <i>lithium carbonate TBCR</i>                                          | 1         |                                         |
| LITHOBID TBCR (Use <i>lithium carbonate</i> )                          | 2         |                                         |
| Antipsychotics - Misc.                                                 |           |                                         |
| CAPLYTA                                                                | NP        |                                         |
| <i>lurasidone hcl</i>                                                  | 1         |                                         |
| NUPLAZID CAPS                                                          | 2         | QL(1 EA daily); PA                      |
| NUPLAZID TABS 10 MG                                                    | 2         | QL(1 EA daily); PA                      |
| VRAYLAR CAPS                                                           | 2         |                                         |
| VRAYLAR CPPK                                                           | 2         |                                         |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits                                                                           | Drug Name                                                            | Drug Tier | Requirements/ Limits        |
|---------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|-----------------------------|
| <i>ziprasidone hcl</i>                                                    | 1         |                                                                                                | UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML | 2         | SP                          |
| <i>ziprasidone mesylate</i>                                               | 1         |                                                                                                | <b>Butyrophenones</b>                                                |           |                             |
| <b>Benzisoxazoles</b>                                                     |           |                                                                                                | <i>haloperidol decanoate</i>                                         | 1         |                             |
| ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | 2         | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 | <i>haloperidol lactate CONC</i>                                      | 1         |                             |
| INVEGA HAFYERA                                                            | 2         | 1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP                                | <i>haloperidol lactate SOLN</i>                                      | 1         |                             |
| INVEGA SUSTENNA                                                           | 2         | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 | <i>haloperidol TABS</i>                                              | 1         |                             |
| INVEGA TRINZA                                                             | 2         | 1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP                                 | <b>Dibenzapines</b>                                                  |           |                             |
| <i>paliperidone</i>                                                       | 1         |                                                                                                | <i>clozapine TABS</i>                                                | 0         |                             |
| RISPERDAL CONSTA (Use <i>risperidone microspheres</i> )                   | 2         | QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP | <i>clozapine TBDP</i>                                                | 0         |                             |
| <i>risperidone microspheres</i>                                           | 1         | QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP | <i>loxapine succinate</i>                                            | 1         |                             |
| <i>risperidone SOLN</i>                                                   | 1         |                                                                                                | <i>olanzapine SOLR</i>                                               | 1         |                             |
| <i>risperidone TABS</i>                                                   | 1         |                                                                                                | <i>olanzapine TABS</i>                                               | 1         | AL(At least 10 yrs old)     |
| <i>risperidone TBDP</i>                                                   | 1         |                                                                                                | <i>olanzapine TBDP</i>                                               | 1         |                             |
| RYKINDO SRER                                                              | NP        | AL(At least 18 yrs old); SP                                                                    | <i>quetiapine fumarate TABS</i>                                      | 1         |                             |
| UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML                      | 2         | SP                                                                                             | <i>quetiapine fumarate TB24</i>                                      | 1         |                             |
|                                                                           |           |                                                                                                | ZYPREXA RELPREVV                                                     | NP        | SP                          |
|                                                                           |           |                                                                                                | <b>Phenothiazines</b>                                                |           |                             |
|                                                                           |           |                                                                                                | <i>chlorpromazine hcl TABS</i>                                       | 1         |                             |
|                                                                           |           |                                                                                                | <i>fluphenazine decanoate</i>                                        | 1         |                             |
|                                                                           |           |                                                                                                | <i>fluphenazine hcl TABS</i>                                         | 1         |                             |
|                                                                           |           |                                                                                                | <i>perphenazine TABS</i>                                             | 1         |                             |
|                                                                           |           |                                                                                                | <i>prochlorperazine</i>                                              | 1         |                             |
|                                                                           |           |                                                                                                | <i>prochlorperazine edisylate 10 MG/2ML</i>                          | 1         |                             |
|                                                                           |           |                                                                                                | <i>prochlorperazine maleate TABS</i>                                 | 1         |                             |
|                                                                           |           |                                                                                                | <i>thioridazine hcl</i>                                              | 1         |                             |
|                                                                           |           |                                                                                                | <i>trifluoperazine hcl TABS</i>                                      | 1         |                             |
|                                                                           |           |                                                                                                | <b>Quinolinone Derivatives</b>                                       |           |                             |
|                                                                           |           |                                                                                                | ABILIFY ASIMTUFII PRSY                                               | 2         | AL(At least 18 yrs old); SP |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                       | Drug Name                                                    | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|------------------------------------------------------------|--------------------------------------------------------------|-----------|----------------------|
| ABILIFY MAINTENA PRSY                             | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP | DESCOVY 200 MG-25 MG                                         | 0         | QL(1 EA daily)       |
| ABILIFY MAINTENA SRER                             | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP | DOVATO                                                       | 0         |                      |
| ABILIFY MYCITE MAINTENANCE KIT                    | NP        | SP                                                         | EDURANT                                                      | 0         | QL(1 EA daily)       |
| ABILIFY MYCITE STARTER KIT                        | NP        | SP                                                         | <i>efavirenz CAPS 50 MG</i>                                  | 0         | QL(2 EA daily)       |
| <i>aripiprazole SOLN PO</i>                       | 1         | QL(30 ML daily)                                            | <i>efavirenz CAPS 200 MG</i>                                 | 0         | QL(1 EA daily)       |
| <i>aripiprazole TABS</i>                          | 1         | QL(1 EA daily)                                             | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> | 0         | QL(1 EA daily)       |
| <i>aripiprazole TBDP</i>                          | 1         | QL(2 EA daily)                                             | <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>    | 0         | QL(1 EA daily)       |
| ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML | 2         | QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP | <i>efavirenz TABS</i>                                        | 0         | QL(1 EA daily)       |
| Thioxanthenes                                     |           |                                                            | <i>emtricitabine CAPS</i>                                    | 0         | QL(1 EA daily)       |
| <i>thiothixene</i>                                | 1         |                                                            | <i>emtricitabine-tenofovir disoproxil fumarate</i>           | 0         | QL(1 EA daily)       |
| ANTIVIRALS - Drugs to Treat Viral Infections      |           |                                                            | EMTRIVA CAPS (Use <i>emtricitabine</i> )                     | 0         | QL(1 EA daily)       |
| Antiretrovirals                                   |           |                                                            | EMTRIVA SOLN                                                 | 0         | QL(24 ML daily)      |
| <i>abacavir sulfate-lamivudine</i>                | 0         | QL(1 EA daily)                                             | EPIVIR SOLN (Use <i>lamivudine</i> )                         | 0         | QL(30 ML daily)      |
| <i>abacavir sulfate SOLN</i>                      | 0         | QL(30 ML daily)                                            | EPIVIR TABS 150 MG (Use <i>lamivudine</i> )                  | 0         | QL(2 EA daily)       |
| <i>abacavir sulfate TABS</i>                      | 0         | QL(2 EA daily)                                             | EPIVIR TABS 300 MG (Use <i>lamivudine</i> )                  | 0         | QL(1 EA daily)       |
| APTIVUS CAPS                                      | 0         | QL(4 EA daily)                                             | EPZICOM (Use <i>abacavir sulfate-lamivudine</i> )            | 0         | QL(1 EA daily)       |
| <i>atazanavir sulfate CAPS</i>                    | 0         | QL(2 EA daily)                                             | <i>etravirine 200 MG</i>                                     | 0         | QL(2 EA daily)       |
| BIKTARVY 200 MG-50 MG-25 MG                       | 0         | QL(1 EA daily)                                             | <i>etravirine 100 MG</i>                                     | 0         | QL(4 EA daily)       |
| BIKTARVY 120 MG-30 MG-15 MG                       | 2         |                                                            | EVOTAZ                                                       | 0         | QL(1 EA daily)       |
| COMBIVIR (Use <i>lamivudine-zidovudine</i> )      | 0         | QL(2 EA daily)                                             | <i>fosamprenavir calcium TABS</i>                            | 0         | QL(4 EA daily)       |
| <i>darunavir TABS</i>                             | 0         | QL(2 EA daily)                                             | GENVOYA                                                      | 0         | QL(1 EA daily)       |
| DELSTRIGO                                         | 0         | QL(1 EA daily)                                             | INTELENCE                                                    | 0         | QL(4 EA daily)       |
| DESCOVY 120 MG-15 MG                              | 2         |                                                            | INTELENCE (Use <i>etravirine</i> )                           | 0         | QL(4 EA daily)       |
|                                                   |           |                                                            | INTELENCE 200 MG (Use <i>etravirine</i> )                    | 0         | QL(2 EA daily)       |
|                                                   |           |                                                            | ISENTRESS CHEW 25 MG                                         | 0         | QL(12 EA daily)      |

| Drug Name                                                    | Drug Tier | Requirements/ Limits       | Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------|-----------|----------------------------|----------------------------------------------------------------------------|-----------|----------------------|
| ISENTRESS CHEW 100 MG                                        | 0         | QL(6 EA daily)             | PREZISTA SUSP                                                              | 0         | QL(12 ML daily)      |
| ISENTRESS PACK                                               | 0         | QL(2 EA daily)             | PREZISTA TABS ( <i>Use darunavir</i> )                                     | 0         | QL(2 EA daily)       |
| ISENTRESS TABS                                               | 0         | QL(2 EA daily)             | PREZISTA TABS 150 MG                                                       | 0         | QL(3 EA daily)       |
| KALETRA SOLN                                                 | 0         | QL(160 ML per fill retail) | PREZISTA TABS 75 MG, 600 MG, 800 MG                                        | 0         | QL(2 EA daily)       |
| KALETRA TABS 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> ) | 0         | QL(6 EA daily)             | RETROVIR CAPS ( <i>Use zidovudine</i> )                                    | 0         | QL(6 EA daily)       |
| KALETRA TABS 25 MG-100 MG ( <i>Use lopinavir-ritonavir</i> ) | 0         | QL(4 EA daily)             | RETROVIR SYRP ( <i>Use zidovudine</i> )                                    | 0         | QL(60 ML daily)      |
| <i>lamivudine SOLN</i>                                       | 0         | QL(30 ML daily)            | REYATAZ CAPS 200 MG, 300 MG ( <i>Use atazanavir sulfate</i> )              | 0         | QL(2 EA daily)       |
| <i>lamivudine TABS 300 MG</i>                                | 0         | QL(1 EA daily)             | REYATAZ PACK                                                               | 0         | QL(6 EA daily)       |
| <i>lamivudine TABS 150 MG</i>                                | 0         | QL(2 EA daily)             | <i>ritonavir TABS</i>                                                      | 0         | QL(12 EA daily)      |
| <i>lamivudine-zidovudine</i>                                 | 0         | QL(2 EA daily)             | RUKOBIA                                                                    | 0         |                      |
| LEXIVA SUSP                                                  | 0         | QL(56 ML daily)            | SELZENTRY SOLN                                                             | 0         | QL(35 ML daily)      |
| LEXIVA TABS ( <i>Use fosamprenavir calcium</i> )             | 0         | QL(4 EA daily)             | SELZENTRY TABS 25 MG, 75 MG                                                | NP        |                      |
| <i>lopinavir-ritonavir SOLN</i>                              | 0         | QL(160 ML per fill retail) | <i>stavudine CAPS</i>                                                      | 0         | QL(2 EA daily)       |
| <i>lopinavir-ritonavir TABS 50 MG-200 MG</i>                 | 0         | QL(6 EA daily)             | STRIBILD                                                                   | 0         |                      |
| <i>lopinavir-ritonavir TABS 25 MG-100 MG</i>                 | 0         | QL(4 EA daily)             | SUNLENCA TBPK 300 MG                                                       | 2         | SP                   |
| <i>maraviroc TABS 150 MG</i>                                 | 0         | QL(2 EA daily)             | SYMFI ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )    | 0         | QL(1 EA daily)       |
| <i>maraviroc TABS 300 MG</i>                                 | 0         | QL(4 EA daily)             | SYMFI LO ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | 0         | QL(1 EA daily)       |
| <i>nevirapine SUSP</i>                                       | 0         | QL(40 ML daily)            | SYMTUZA                                                                    | 0         | QL(1 EA daily)       |
| <i>nevirapine TABS</i>                                       | 0         | QL(2 EA daily)             | <i>tenofovir disoproxil fumarate TABS</i>                                  | 0         | QL(1 EA daily)       |
| <i>nevirapine TB24 400 MG</i>                                | 0         | QL(1 EA daily)             | TIVICAY PD TBSO                                                            | 0         |                      |
| <i>nevirapine TB24 100 MG</i>                                | 0         | QL(3 EA daily)             | TIVICAY TABS                                                               | 0         |                      |
| NORVIR CAPS                                                  | 0         | QL(12 EA daily)            | TRIUMEQ PD TBSO                                                            | 0         |                      |
| NORVIR PACK                                                  | 0         |                            | TRIUMEQ TABS                                                               | 0         |                      |
| NORVIR TABS ( <i>Use ritonavir</i> )                         | 0         | QL(12 EA daily)            | TRIZIVIR                                                                   | 0         | QL(2 EA daily)       |
| ODEFSEY                                                      | 0         |                            |                                                                            |           |                      |
| PIFELTRO                                                     | 0         | QL(1 EA daily)             |                                                                            |           |                      |
| PREZCOBIX                                                    | 0         | QL(1 EA daily)             |                                                                            |           |                      |

| Drug Name                                                 | Drug Tier | Requirements/ Limits | Drug Name                                 | Drug Tier | Requirements/ Limits            |
|-----------------------------------------------------------|-----------|----------------------|-------------------------------------------|-----------|---------------------------------|
| TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) | 0         | QL(1 EA daily)       | ribavirin (hepatitis c) CAPS              | 1         | SP; PA                          |
| TYBOST                                                    | 0         | QL(1 EA daily)       | ribavirin (hepatitis c) TABS 200 MG       | 1         | SP; PA                          |
| VIRACEPT TABS 250 MG                                      | 0         | QL(9 EA daily)       | SOFOSBUVIR-VELPATASVIR TABS               | 2         | SP                              |
| VIRACEPT TABS 625 MG                                      | 0         | QL(4 EA daily)       | SOVALDI PACK                              | NP        | SP; PA                          |
| VIREAD POWD                                               | 0         |                      | SOVALDI TABS                              | NP        | SP; PA                          |
| VIREAD TABS (Use tenofovir disoproxil fumarate)           | 0         | QL(1 EA daily)       | VOSEVI                                    | NP        | SP; PA                          |
| VIREAD TABS                                               | 0         | QL(1 EA daily)       | ZEPATIER                                  | NP        | SP; PA                          |
| ZIAGEN SOLN (Use abacavir sulfate)                        | 0         | QL(30 ML daily)      | Herpes Agents                             |           |                                 |
| ZIAGEN TABS (Use abacavir sulfate)                        | 0         | QL(2 EA daily)       | acyclovir CAPS                            | 1         | QL(50 EA per 30 day(s) retail)  |
| zidovudine CAPS                                           | 0         | QL(6 EA daily)       | acyclovir SUSP                            | 1         | QL(400 ML per 30 day(s) retail) |
| zidovudine SYRP                                           | 0         | QL(60 ML daily)      | acyclovir TABS PO 400 MG                  | 1         | QL(3 EA daily)                  |
| zidovudine TABS                                           | 0         | QL(2 EA daily)       | acyclovir TABS PO 800 MG                  | 1         | QL(50 EA per 30 day(s) retail)  |
| Antiviral Combinations                                    |           |                      | famciclovir                               | 1         |                                 |
| PAXLOVID                                                  | 0         |                      | valacyclovir hcl 500 MG                   | 1         | QL(2 EA daily)                  |
| PAXLOVID (150/100)                                        | 0         |                      | valacyclovir hcl 1 GM                     | 1         | QL(42 EA per 21 day(s) retail)  |
| PAXLOVID (300/100)                                        | 0         |                      | Influenza Agents                          |           |                                 |
| CMV Agents                                                |           |                      | oseltamivir phosphate CAPS 45 MG, 75 MG   | 1         | QL(10 EA per fill retail)       |
| PREVYMIS SOLN                                             | 2         | SP; PA               | oseltamivir phosphate CAPS 30 MG          | 1         | QL(20 EA per fill retail)       |
| PREVYMIS TABS                                             | 2         | SP; PA               | oseltamivir phosphate SUSR                | 1         | QL(120 ML per fill retail)      |
| valganciclovir hcl TABS                                   | 1         | QL(2 EA daily)       | rimantadine hydrochloride TABS            | 1         | PA                              |
| Hepatitis Agents                                          |           |                      | XOFLUZA (40 MG DOSE) 40 MG                | NP        |                                 |
| EPCLUSA PACK                                              | NP        | SP; PA               | XOFLUZA (80 MG DOSE) 80 MG                | NP        |                                 |
| EPCLUSA TABS                                              | NP        | SP; PA               | Misc. Antivirals                          |           |                                 |
| HARVONI PACK                                              | NP        | SP; PA               | LAGEVRIO                                  | 0         |                                 |
| HARVONI TABS                                              | NP        | SP; PA               | TPOXX CAPS                                | 2         |                                 |
| LEDIPASVIR-SOFOSBUVIR TABS                                | 2         | SP                   | BETA BLOCKERS - Drugs to Treat High Blood |           |                                 |
| MAVYRET PACK                                              | 2         | SP                   |                                           |           |                                 |
| MAVYRET TABS                                              | 2         | SP                   |                                           |           |                                 |
| PEGASYS SOLN                                              | 2         | SP; PA               |                                           |           |                                 |
| PEGASYS SOSY                                              | 2         | SP; PA               |                                           |           |                                 |

| Drug Name                                             | Drug Tier | Requirements/ Limits | Drug Name                                                            | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------|-----------|----------------------|
| <b>Pressure</b>                                       |           |                      | <i>sotalol hcl (afib/af)</i>                                         | 1         | QL(2 EA daily); MP   |
| <b>Alpha-Beta Blockers</b>                            |           |                      | <i>sotalol hcl TABS 240 MG</i>                                       | 1         | MP                   |
| <i>carvedilol 25 MG</i>                               | 1         | QL(4 EA daily); MP   | <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>                        | 1         | QL(2 EA daily); MP   |
| <i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>          | 1         | QL(3 EA daily); MP   | <i>timolol maleate TABS</i>                                          | 1         | MP                   |
| <i>carvedilol phosphate</i>                           | 1         | QL(1 EA daily); MP   | <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                      |
| <i>labetalol hcl TABS 200 MG</i>                      | 1         | QL(6 EA daily); MP   | <b>Calcium Channel Blockers</b>                                      |           |                      |
| <i>labetalol hcl TABS 100 MG</i>                      | 1         | QL(3 EA daily); MP   | <i>amlodipine besylate TABS</i>                                      | 1         | QL(1 EA daily); MP   |
| <i>labetalol hcl TABS 300 MG</i>                      | 1         | QL(8 EA daily); MP   | CONJUPRI (Use levamlodipine maleate)                                 | 2         |                      |
| <b>Beta Blockers Cardio-Selective</b>                 |           |                      | <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>        | 1         | QL(1 EA daily); MP   |
| <i>acebutolol hcl CAPS</i>                            | 1         | MP                   | <i>diltiazem hcl coated beads CP24 360 MG</i>                        | 1         | MP                   |
| <i>atenolol TABS</i>                                  | 1         | QL(2 EA daily); MP   | <i>diltiazem hcl coated beads CP24 240 MG</i>                        | 1         | QL(2 EA daily); MP   |
| <i>betaxolol hcl</i>                                  | 1         |                      | <i>diltiazem hcl extended release beads</i>                          | 1         | QL(1 EA daily); MP   |
| <i>bisoprolol fumarate</i>                            | 1         | QL(1 EA daily); MP   | <i>diltiazem hcl CP12</i>                                            | 1         | QL(2 EA daily); MP   |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1         | QL(4 EA daily); MP   | <i>diltiazem hcl CP24 180 MG</i>                                     | 1         | MP                   |
| <i>metoprolol succinate TB24 200 MG</i>               | 1         | QL(2 EA daily); MP   | <i>diltiazem hcl CP24 120 MG, 240 MG</i>                             | 1         | QL(1 EA daily); MP   |
| <i>metoprolol tartrate TABS 100 MG</i>                | 1         | QL(4.5 EA daily); MP | <i>diltiazem hcl TABS</i>                                            | 1         | QL(3 EA daily); MP   |
| <i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>        | 1         |                      | <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>     | 1         | MP                   |
| <i>metoprolol tartrate TABS 25 MG, 50 MG</i>          | 1         | QL(4 EA daily); MP   | <i>felodipine</i>                                                    | 1         | QL(1 EA daily); MP   |
| <b>Beta Blockers Non-Selective</b>                    |           |                      | <i>isradipine CAPS</i>                                               | 1         |                      |
| <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>               | 1         | MP                   | <i>levamlodipine maleate</i>                                         | 1         |                      |
| <i>pindolol TABS</i>                                  | 1         | MP                   | <i>nicardipine hcl CAPS</i>                                          | 1         | MP                   |
| <i>propranolol hcl CP24</i>                           | 1         | QL(2 EA daily); MP   | <i>nifedipine CAPS</i>                                               | 1         | QL(4 EA daily); MP   |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>   | 1         | MP                   | <i>nifedipine TB24 30 MG, 90 MG</i>                                  | 1         | QL(1 EA daily); MP   |
| <i>propranolol hcl TABS</i>                           | 1         | MP                   |                                                                      |           |                      |

| Drug Name                                                                              | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------|-----------|----------------------|
| <i>nifedipine TB24 60 MG</i>                                                           | 1         | QL(2 EA daily); MP   |
| <i>nimodipine CAPS</i>                                                                 | 1         |                      |
| <i>nisoldipine</i>                                                                     | 1         |                      |
| NORLIQVA SOLN                                                                          | NP        |                      |
| VERAPAMIL HCL ER CP24 ( <i>Use verapamil hcl</i> )                                     | 2         | QL(2 EA daily); MP   |
| <i>verapamil hcl CP24 300 MG</i>                                                       | 1         | MP                   |
| <i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>                       | 1         | QL(2 EA daily); MP   |
| <i>verapamil hcl CP24 360 MG</i>                                                       | 1         | QL(1 EA daily); MP   |
| <i>verapamil hcl TABS</i>                                                              | 1         | QL(3 EA daily); MP   |
| <i>verapamil hcl TBCR</i>                                                              | 1         | QL(2 EA daily); MP   |
| VERELAN PM CP24 100 MG, 200 MG ( <i>Use verapamil hcl</i> )                            | NP        | QL(2 EA daily); MP   |
| VERELAN PM CP24 300 MG ( <i>Use verapamil hcl</i> )                                    | NP        | MP                   |
| <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |           |                      |
| Cardiac Glycosides                                                                     |           |                      |
| <i>digoxin SOLN PO 0.05 MG/ML</i>                                                      | 1         | MP                   |
| <i>digoxin TABS 125 MCG, 250 MCG</i>                                                   | 1         | MP                   |
| LANOXIN TABS 125 MCG, 250 MCG ( <i>Use digoxin</i> )                                   | 2         | MP                   |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |                      |
| Cardiovascular Agents Misc. - Combinations                                             |           |                      |
| <i>amlodipine besylate-atorvastatin calcium</i>                                        | 1         |                      |
| ENTRESTO CPSP                                                                          | NP        |                      |
| ENTRESTO TABS                                                                          | 2         |                      |

| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| OPSYNVI                                                   | NP        | SP                   |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors |           |                      |
| INPEFA                                                    | NP        |                      |
| Prostaglandin Vasodilators                                |           |                      |
| <i>epoprostenol sodium</i>                                | 1         | SP; PA               |
| ORENITRAM MONTH 1 TEPK                                    | NP        | SP                   |
| ORENITRAM MONTH 2 TEPK                                    | NP        | SP                   |
| ORENITRAM MONTH 3 TEPK                                    | NP        | SP                   |
| REMODULIN SOLN IJ                                         | NP        | SP; PA               |
| <i>treprostinil SOLN IJ</i>                               | 1         | SP; PA               |
| Pulmonary Hypertension - Endothelin Receptor Antagonists  |           |                      |
| <i>ambrisentan</i>                                        | 1         | SP                   |
| <i>bosentan TABS</i>                                      | 1         | SP                   |
| LETAIRIS ( <i>Use ambrisentan</i> )                       | NP        | SP                   |
| TRACLEER TABS ( <i>Use bosentan</i> )                     | NP        | SP                   |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors     |           |                      |
| LIQREV SUSP                                               | NP        | SP                   |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>   | 1         | SP; PA               |
| <i>sildenafil citrate (pulmonary hypertension) SUSP</i>   | 1         | SP; PA               |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i>   | 1         | SP; PA               |
| <i>tadalafil (pulmonary hypertension) TABS</i>            | 1         | SP; PA               |
| TADLIQ SUSP                                               | NP        | SP; PA               |
| Transthyretin Stabilizers                                 |           |                      |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                                         |
|-------------------------------------------------------------|-----------|--------------------------------------------------------------|
| VYNDAMAX                                                    | 2         | QL(1 EA daily); SP; PA                                       |
| VYNDAQEL                                                    | 2         | QL(4 EA daily); SP; PA                                       |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b> |           |                                                              |
| Cephalosporins - 1st Generation                             |           |                                                              |
| <i>cefadroxil CAPS</i>                                      | 1         |                                                              |
| <i>cefadroxil SUSR</i>                                      | 1         |                                                              |
| <i>cefadroxil TABS</i>                                      | 1         |                                                              |
| <i>cephalexin CAPS 250 MG, 500 MG</i>                       | 1         |                                                              |
| <i>cephalexin SUSR</i>                                      | 1         |                                                              |
| Cephalosporins - 2nd Generation                             |           |                                                              |
| CEFACLOR ER TB12                                            | 2         |                                                              |
| <i>cefaclor CAPS</i>                                        | 1         |                                                              |
| <i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>     | 1         |                                                              |
| <i>cefprozil SUSR</i>                                       | 1         | QL(75 ML per fill retail); AL(Up to 12 yrs old)              |
| <i>cefprozil TABS</i>                                       | 1         | QL(20 EA per fill retail)                                    |
| <i>cefuroxime axetil TABS</i>                               | 1         | QL(20 EA per fill retail)                                    |
| Cephalosporins - 3rd Generation                             |           |                                                              |
| <i>cefdinir CAPS</i>                                        | 1         | QL(20 EA per fill retail)                                    |
| <i>cefdinir SUSR</i>                                        | 1         | QL(60 ML per fill retail)                                    |
| <i>cefixime CAPS</i>                                        | 1         |                                                              |
| <i>cefixime SUSR</i>                                        | 1         |                                                              |
| <i>cefpodoxime proxetil SUSR</i>                            | 1         |                                                              |
| <i>cefpodoxime proxetil TABS</i>                            | 1         |                                                              |
| <i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>           | 1         | QL(3 EA per fill retail); 1 max fill(s) per 30 day(s) retail |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                                       |
|------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>         |           |                                                                            |
| Combination Contraceptives - Oral                          |           |                                                                            |
| <i>desogestrel &amp; ethinyl estradiol</i>                 | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>           | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>drospirenone-ethinyl estradiol</i>                      | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>ethynodiol diacet &amp; eth estrad</i>                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| FALESSA                                                    | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |

| Drug Name                                                        | Drug Tier | Requirements/ Limits                                                       | Drug Name                                                                        | Drug Tier | Requirements/ Limits                                                       |
|------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>levonorgestrel &amp; eth estradiol TABS</i>                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG</i>                      | 0         |                                                                            |
| <i>levonorgestrel-eth estradiol (triphasic)</i>                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone &amp; eth estradiol 35 MCG-0.4 MG, 35 MCG-0.5 MG</i>            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>             | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone &amp; eth estradiol 35 MCG-1 MG</i>                             | 0         |                                                                            |
| LO LOESTRIN FE TABS                                              | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| NATAZIA                                                          | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone acet &amp; eth estra TABS</i>                                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe CAPS</i>                        | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe CHEW</i>                        | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone-eth estradiol (triphasic)</i>                                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
|                                                                  |           |                                                                            | <i>norgestimate-ethinyl estradiol</i>                                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |

| Drug Name                                               | Drug Tier | Requirements/ Limits                                                           | Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                 |
|---------------------------------------------------------|-----------|--------------------------------------------------------------------------------|------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|
| <i>norgestimate-ethinyl estradiol (triphasic)</i>       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV     | ELLA                                                       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           |
| <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV     | <i>levonorgestrel (emergency oc) 1.5 MG</i>                | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           |
| TYBLUME CHEW                                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV     | Progestin Contraceptives - Implants                        |           |                                                                                                      |
| Combination Contraceptives - Transdermal                |           |                                                                                | NEXPLANON                                                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| <i>norelgestromin-ethinyl estradiol</i>                 | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV     | Progestin Contraceptives - Injectable                      |           |                                                                                                      |
| Combination Contraceptives - Vaginal                    |           |                                                                                | DEPO-SUBQ PROVERA 104 SUSY SC                              | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV |
| <i>etonogestrel-ethinyl estradiol</i>                   | 0         | PV                                                                             | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV |
| Copper Contraceptives - IUD                             |           |                                                                                | <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV |
| MIUDELLA INTRAUTERINE COPPER                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | Progestin Contraceptives - IUD                             |           |                                                                                                      |
| PARAGARD INTRAUTERINE COPPER                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV |                                                            |           |                                                                                                      |
| Emergency Contraceptives                                |           |                                                                                |                                                            |           |                                                                                                      |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                                           | Drug Name                                                            | Drug Tier | Requirements/ Limits            |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|---------------------------------|
| KYLEENA                                                                       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML                       | 2         | QL(150 ML per 30 day(s) retail) |
| LILETTA (52 MG)                                                               | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>                | 1         | QL(150 ML per 30 day(s) retail) |
| MIRENA (52 MG)                                                                | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone ELIX</i>                                            | 1         |                                 |
| SKYLA                                                                         | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV | <i>dexamethasone SOLN</i>                                            | 1         |                                 |
| Progestin Contraceptives - Oral                                               |           |                                                                                | <i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>  | 1         |                                 |
| <i>norethindrone (contraceptive)</i>                                          | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV     | <i>hydrocortisone TABS</i>                                           | 1         |                                 |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions |           |                                                                                | <i>methylprednisolone TABS 4 MG, 8 MG</i>                            | 1         |                                 |
| Glucocorticosteroids                                                          |           |                                                                                | <i>methylprednisolone TBPk</i>                                       | 1         |                                 |
| <i>budesonide TB24</i>                                                        | 1         |                                                                                | <i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>                   | 1         |                                 |
| CORTISONE ACETATE TABS                                                        | 2         |                                                                                | <i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>                  | 1         | QL(240 ML per fill retail)      |
| <i>deflazacort SUSP</i>                                                       | 1         | SP; PA                                                                         | <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>                  | 1         | QL(150 ML per fill retail)      |
| <i>deflazacort TABS</i>                                                       | 1         | SP; PA                                                                         | <i>prednisolone SOLN</i>                                             | 1         |                                 |
| DEXAMETHASONE INTENSOL CONC                                                   | 2         |                                                                                | PREDNISONE INTENSOL CONC                                             | 2         |                                 |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i> | 1         | QL(150 ML per 30 day(s) retail)                                                | <i>prednisone SOLN</i>                                               | 1         |                                 |
|                                                                               |           |                                                                                | <i>prednisone TABS</i>                                               | 1         |                                 |
|                                                                               |           |                                                                                | <i>prednisone TBPk</i>                                               | 1         |                                 |
|                                                                               |           |                                                                                | ZILRETTA SRER                                                        | 2         | SP; PA                          |
|                                                                               |           |                                                                                | Mineralocorticoids                                                   |           |                                 |
|                                                                               |           |                                                                                | <i>fludrocortisone acetate TABS</i>                                  | 1         |                                 |
|                                                                               |           |                                                                                | COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms |           |                                 |
|                                                                               |           |                                                                                | Antitussives                                                         |           |                                 |
|                                                                               |           |                                                                                | <i>benzonatate 100 MG</i>                                            | 1         | AL(At least 10 yrs old)         |

| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits                                                        | Drug Name                                              | Drug Tier | Requirements/ Limits                               |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|--------------------------------------------------------|-----------|----------------------------------------------------|
| <i>benzonatate 200 MG</i>                                                                                       | 1         | QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old) | <i>promethazine w/codeine SYRP</i>                     | 1         | QL(240 ML per fill retail); AL(At least 6 yrs old) |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>                                                    | 1         |                                                                             | <i>pseudoephedrine-ibuprofen TABS</i>                  | 1         |                                                    |
| Cough/Cold/Allergy Combinations                                                                                 |           |                                                                             | Expectorants                                           |           |                                                    |
| <i>brompheniramine &amp; phenyleph ELIX</i>                                                                     | 1         | QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail              | <i>potassium iodide (expectorant) SOLN</i>             | 1         |                                                    |
| <i>brompheniramine &amp; pseudoeph ELIX</i>                                                                     | 1         | QL(120 ML per fill retail)                                                  | Misc. Respiratory Inhalants                            |           |                                                    |
| <i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>                                                  | 1         | QL(120 ML per fill retail)                                                  | <i>sodium chloride (inhalant) AERS</i>                 | 1         | QL(240 ML per fill retail)                         |
| <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i> | 1         | QL(240 ML per fill retail)                                                  | <i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>      | 1         |                                                    |
| <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>                           | 1         | QL(240 ML per fill retail)                                                  | Mucolytics                                             |           |                                                    |
| <i>guaifenesin-codeine SOLN</i>                                                                                 | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail              | <i>acetylcysteine SOLN</i>                             | 1         |                                                    |
| <i>guaifenesin-codeine SYRP</i>                                                                                 | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail              | DERMATOLOGICALS - Drugs to Treat Skin Conditions       |           |                                                    |
| MAXI-TUSS PE LIQD                                                                                               | 2         |                                                                             | Acne Products                                          |           |                                                    |
| <i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>                                                                | 1         | QL(240 ML per fill retail)                                                  | <i>ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)</i> | NP        | QL(2 EA daily); AL(At least 12 yrs old)            |
| <i>phenylephrine-dm SOLN</i>                                                                                    | 1         | QL(240 ML per fill retail)                                                  | <i>adapalene-benzoyl peroxide GEL</i>                  | 1         |                                                    |
| <i>promethazine &amp; phenylephrine SYRP</i>                                                                    | 1         | QL(240 ML per fill retail); AL(At least 2 yrs old)                          | <i>adapalene CREA</i>                                  | 1         |                                                    |
| <i>promethazine w/codeine SOLN</i>                                                                              | 1         | QL(240 ML per fill retail); AL(At least 6 yrs old)                          | <i>adapalene GEL</i>                                   | 1         | RX/OTC                                             |
|                                                                                                                 |           |                                                                             | <i>adapalene GEL</i>                                   | 1         |                                                    |
|                                                                                                                 |           |                                                                             | <i>ADAPALENE SOLN</i>                                  | 2         |                                                    |
|                                                                                                                 |           |                                                                             | <i>AKLIEF</i>                                          | NP        |                                                    |
|                                                                                                                 |           |                                                                             | <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>           | 1         |                                                    |
|                                                                                                                 |           |                                                                             | <i>benzoyl peroxide LIQD 5 %, 10 %</i>                 | 1         |                                                    |
|                                                                                                                 |           |                                                                             | <i>benzoyl peroxide LOTN 5 %, 10 %</i>                 | 1         |                                                    |
|                                                                                                                 |           |                                                                             | <i>clindamycin phosphate (topical) GEL</i>             | 1         | QL(75 ML per fill retail)                          |
|                                                                                                                 |           |                                                                             | <i>clindamycin phosphate (topical) LOTN</i>            | 1         | QL(60 ML per fill retail)                          |

| Drug Name                                                   | Drug Tier | Requirements/ Limits                                  | Drug Name                                    | Drug Tier | Requirements/ Limits                                  |
|-------------------------------------------------------------|-----------|-------------------------------------------------------|----------------------------------------------|-----------|-------------------------------------------------------|
| <i>clindamycin phosphate (topical) SOLN</i>                 | 1         |                                                       | <i>tretinoin CREA 0.025 %</i>                | 1         | QL(20 GM per fill retail);<br>AL(Up to 35 yrs old)    |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1         |                                                       | <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i> | 1         | 1 package(s) per fill retail;<br>AL(Up to 35 yrs old) |
| <i>clindamycin phosphate-benzoyl peroxide GEL</i>           | 1         |                                                       | Antibiotics - Topical                        |           |                                                       |
| <i>clindamycin phosphate-tretinoin</i>                      | 1         |                                                       | <i>bacitracin (topical) OINT</i>             | 1         | QL(453.9 GM per fill retail)                          |
| DIFFERIN CREA (Use <i>adapalene</i> )                       | 2         |                                                       | <i>bacitracin zinc OINT</i>                  | 1         | QL(453.6 GM per fill retail)                          |
| DIFFERIN GEL 0.3 % (Use <i>adapalene</i> )                  | 2         |                                                       | <i>gentamicin sulfate (topical) CREA</i>     | 1         | QL(30 GM per fill retail)                             |
| DIFFERIN LOTN                                               | 2         |                                                       | <i>gentamicin sulfate (topical) OINT</i>     | 1         | QL(30 GM per fill retail)                             |
| <i>erythromycin (acne aid) GEL</i>                          | 1         | QL(60 GM per fill retail)                             | <i>mupirocin calcium (topical)</i>           | 1         |                                                       |
| <i>erythromycin (acne aid) SOLN</i>                         | 1         |                                                       | <i>mupirocin OINT</i>                        | 1         | QL(30 GM per fill retail)                             |
| <i>isotretinoin 10 MG, 20 MG, 40 MG</i>                     | 1         | QL(2 EA daily);<br>AL(At least 12 yrs old)            | <i>neomycin-bacitracin-polymyxin OINT</i>    | 1         | QL(56 GM per fill retail)                             |
| RETIN-A CREA (Use <i>tretinoin</i> )                        | 2         | 1 package(s) per fill retail;<br>AL(Up to 35 yrs old) | <i>neomycin-polymyxin w/ pramoxine</i>       | 1         | QL(28.3 GM per fill retail)                           |
| RETIN-A GEL (Use <i>tretinoin</i> )                         | 2         | 1 package(s) per fill retail;<br>AL(Up to 35 yrs old) | Antifungals - Topical                        |           |                                                       |
| <i>sulfacetamide sodium (acne)</i>                          | 1         | QL(120 ML per fill retail)                            | <i>ciclopirox SOLN</i>                       | 1         | PA                                                    |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>         | 1         | QL(60 GM per fill retail)                             | <i>clotrimazole (topical) CREA</i>           | 1         | QL(60 GM per fill retail);<br>RX/OTC                  |
| <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>         | 1         | QL(30 GM per fill retail)                             | <i>clotrimazole (topical) SOLN</i>           | 1         | QL(60 ML per fill retail);<br>RX/OTC                  |
| <i>tretinoin microsphere</i>                                | 1         | 1 package(s) per fill retail;<br>AL(Up to 35 yrs old) | <i>clotrimazole w/ betamethasone CREA</i>    | 1         | QL(45 GM per fill retail)                             |
| <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>                | 1         | 1 package(s) per fill retail;<br>AL(Up to 35 yrs old) | <i>clotrimazole w/ betamethasone LOTN</i>    | 1         | QL(30 ML per fill retail)                             |
|                                                             |           |                                                       | <i>econazole nitrate CREA</i>                | 1         | QL(85 GM per fill retail)                             |
|                                                             |           |                                                       | <i>ketoconazole (topical) CREA</i>           | 1         | QL(60 GM per fill retail)                             |
|                                                             |           |                                                       | <i>ketoconazole (topical) SHAM 2 %</i>       | 1         | QL(120 ML per fill retail)                            |
|                                                             |           |                                                       | <i>luliconazole</i>                          | 2         | PA                                                    |

| Drug Name                                              | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------------|-----------|----------------------------|
| LUZU ( <i>Use luliconazole</i> )                       | NP        | PA                         |
| <i>miconazole nitrate (topical) CREA</i>               | 1         | QL(92 GM per fill retail)  |
| NIZORAL SHAM                                           | 2         | QL(200 ML per fill retail) |
| <i>nystatin (topical) CREA</i>                         | 1         | QL(30 GM per fill retail)  |
| <i>nystatin (topical) OINT</i>                         | 1         | QL(30 GM per fill retail)  |
| <i>nystatin (topical) POWD EX</i>                      | 1         | QL(60 GM per fill retail)  |
| <i>nystatin-triamcinolone CREA</i>                     | 1         | QL(60 GM per fill retail)  |
| <i>nystatin-triamcinolone OINT</i>                     | 1         | QL(60 GM per fill retail)  |
| <i>oxiconazole nitrate CREA</i>                        | 1         | PA                         |
| <i>terbinafine hcl (topical) CREA</i>                  | 1         | QL(42 GM per fill retail)  |
| <i>tolnaftate CREA</i>                                 | 1         | QL(30 GM per fill retail)  |
| Antihistamines-Topical                                 |           |                            |
| ITCH RELIEF CREA                                       | 2         |                            |
| Anti-inflammatory Agents - Topical                     |           |                            |
| <i>diclofenac sodium (topical) GEL EX</i>              | 1         | QL(6.68 GM daily); RX/OTC  |
| Antineoplastic or Premalignant Lesion Agents - Topical |           |                            |
| <i>bexarotene (topical)</i>                            | 1         | SP; PA                     |
| CARAC CREA                                             | 2         | QL(30 GM per fill retail)  |
| <i>fluorouracil (topical) CREA 5 %</i>                 | 1         | QL(40 GM per fill retail)  |
| <i>fluorouracil (topical) CREA 0.5 %</i>               | 1         | QL(30 GM per fill retail)  |
| <i>fluorouracil (topical) SOLN</i>                     | 1         | QL(10 ML per fill retail)  |
| LEVULAN KERASTICK SOLR                                 | 2         | SP; PA                     |
| Antipruritics - Topical                                |           |                            |
| <i>camphor &amp; menthol LOTN</i>                      | 1         | QL(59 ML per fill retail)  |

| Drug Name                          | Drug Tier | Requirements/ Limits                            |
|------------------------------------|-----------|-------------------------------------------------|
| Antipsoriatics                     |           |                                                 |
| BIMZELX SOAJ 160 MG/ML             | NP        | SP; PA                                          |
| BIMZELX SOSY 160 MG/ML             | NP        | SP; PA                                          |
| <i>calcipotriene CREA</i>          | 1         | QL(60 GM per fill retail)                       |
| <i>calcipotriene FOAM</i>          | 1         |                                                 |
| CALCIPOTRIENE FOAM                 | 1         |                                                 |
| <i>calcipotriene OINT</i>          | 1         |                                                 |
| <i>calcipotriene SOLN</i>          | 1         | QL(60 ML per fill retail)                       |
| COSENTYX (300 MG DOSE) SOSY        | NP        | SP; PA                                          |
| COSENTYX SENSOREADY (300 MG) SOAJ  | NP        | SP; PA                                          |
| COSENTYX SENSOREADY PEN SOAJ       | NP        | SP; PA                                          |
| COSENTYX UNOREADY SOAJ             | NP        | SP; PA                                          |
| COSENTYX SOLN                      | NP        | SP; PA                                          |
| COSENTYX SOSY                      | NP        | SP; PA                                          |
| SKYRIZI PEN SOAJ                   | NP        | SP; PA                                          |
| SKYRIZI SOSY                       | NP        | SP; PA                                          |
| SORILUX FOAM                       | NP        |                                                 |
| SOTYKTU                            | NP        | SP; PA                                          |
| SPEVIGO SOLN                       | NP        | SP; PA                                          |
| SPEVIGO SOSY                       | NP        | SP; PA                                          |
| TALTZ SOSY                         | 2         | SP; PA                                          |
| <i>tazarotene CREA</i>             | 1         | QL(60 GM per fill retail); AL(Up to 21 yrs old) |
| VTAMA                              | NP        |                                                 |
| Antiseborrheic Products            |           |                                                 |
| <i>selenium sulfide LOTN 2.5 %</i> | 1         | QL(120 ML per fill retail)                      |
| <i>selenium sulfide LOTN 1 %</i>   | 1         | QL(240 ML per fill retail)                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits              | Drug Name                                            | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------|-----------|-----------------------------------|------------------------------------------------------|-----------|---------------------------|
| <i>selenium sulfide SHAM 1 %</i>                       | 1         | QL(240 ML per fill retail)        | <i>betamethasone dipropionate augmented LOTN</i>     | 1         |                           |
| <i>sulfacetamide sodium LIQD</i>                       | 1         | QL(480 ML per fill retail)        | <i>betamethasone dipropionate augmented OINT</i>     | 1         |                           |
| Antivirals - Topical                                   |           |                                   | <i>betamethasone valerate CREA</i>                   | 1         | QL(45 GM per fill retail) |
| <i>acyclovir topical CREA</i>                          | 1         | QL(1 GM daily)                    | <i>betamethasone valerate FOAM</i>                   | 1         |                           |
| <i>acyclovir topical OINT</i>                          | 1         |                                   | <i>betamethasone valerate LOTN</i>                   | 1         | QL(60 ML per fill retail) |
| <i>DENAVIR (Use penciclovir)</i>                       | 2         |                                   | <i>betamethasone valerate OINT</i>                   | 1         | QL(45 GM per fill retail) |
| <i>penciclovir</i>                                     | 1         |                                   | <i>calcipotriene-betamethasone dipropionate OINT</i> | 1         |                           |
| <i>ZOVIRAX CREA (Use acyclovir topical)</i>            | 2         | QL(1 GM daily)                    | <i>calcipotriene-betamethasone dipropionate SUSP</i> | 1         |                           |
| <i>ZOVIRAX OINT (Use acyclovir topical)</i>            | 2         |                                   | CAPEX SHAM                                           | NP        |                           |
| Burn Products                                          |           |                                   | <i>clobetasol propionate emollient base 0.05 %</i>   | 1         | QL(60 GM per fill retail) |
| <i>silver sulfadiazine</i>                             | 1         | QL(85 GM per fill retail)         | <i>clobetasol propionate emulsion</i>                | 1         |                           |
| Corticosteroids - Topical                              |           |                                   | <i>clobetasol propionate CREA 0.05 %</i>             | 1         | QL(60 GM per fill retail) |
| <i>alclometasone dipropionate CREA</i>                 | 1         |                                   | <i>clobetasol propionate FOAM</i>                    | 1         |                           |
| <i>alclometasone dipropionate OINT</i>                 | 1         |                                   | <i>clobetasol propionate GEL 0.05 %</i>              | 1         | QL(60 GM per fill retail) |
| <i>amcinonide CREA</i>                                 | 1         |                                   | <i>clobetasol propionate LIQD</i>                    | 1         |                           |
| <i>amcinonide LOTN</i>                                 | 1         |                                   | <i>clobetasol propionate LOTN</i>                    | 1         |                           |
| <i>amcinonide OINT</i>                                 | 1         |                                   | <i>clobetasol propionate OINT 0.05 %</i>             | 1         | QL(60 GM per fill retail) |
| <i>betamethasone dipropionate (topical) CREA</i>       | 1         | 1 package(s) per 30 day(s) retail | <i>clobetasol propionate SHAM</i>                    | 1         |                           |
| <i>betamethasone dipropionate (topical) LOTN</i>       | 1         |                                   | <i>clobetasol propionate SOLN 0.05 %</i>             | 1         | QL(50 ML per fill retail) |
| <i>betamethasone dipropionate (topical) OINT</i>       | 1         |                                   | <i>clocortolone pivalate</i>                         | 1         |                           |
| <i>betamethasone dipropionate augmented CREA</i>       | 1         | QL(50 GM per fill retail)         | CLODAN                                               | NP        |                           |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1         |                                   |                                                      |           |                           |

| Drug Name                           | Drug Tier | Requirements/ Limits         | Drug Name                                     | Drug Tier | Requirements/ Limits                          |
|-------------------------------------|-----------|------------------------------|-----------------------------------------------|-----------|-----------------------------------------------|
| CLODERM (Use clocortolone pivalate) | NP        |                              | fluticasone propionate CREA 0.05 %            | 1         | QL(60 GM per fill retail)                     |
| desonide CREA                       | 1         | 1 package(s) per fill retail | fluticasone propionate LOTN                   | 1         |                                               |
| desonide LOTN                       | 1         |                              | fluticasone propionate OINT                   | 1         | QL(60 GM per fill retail)                     |
| desonide OINT                       | 1         | 1 package(s) per fill retail | halcinonide CREA                              | 1         |                                               |
| desoximetasone CREA 0.05 %          | 1         | QL(60 GM per fill retail)    | halobetasol propionate CREA                   | 1         |                                               |
| desoximetasone CREA 0.25 %          | 1         |                              | halobetasol propionate FOAM                   | 1         |                                               |
| desoximetasone GEL                  | 1         |                              | halobetasol propionate OINT                   | 1         |                                               |
| desoximetasone LIQD                 | 1         |                              | hydrocortisone (topical) CREA 0.5 %           | 1         | QL(30 GM per fill retail)                     |
| desoximetasone OINT                 | 1         |                              | hydrocortisone (topical) CREA 2.5 %           | 1         | QL(453.6 GM per fill retail)                  |
| diflorasone diacetate CREA          | 1         | QL(60 GM per fill retail)    | hydrocortisone (topical) CREA 1 %             | 1         | QL(85.2 GM per fill retail); RX/OTC           |
| diflorasone diacetate OINT          | 1         | QL(60 GM per fill retail)    | hydrocortisone (topical) LOTN 2.5 %           | 1         | QL(59 ML per fill retail)                     |
| EPIFOAM FOAM                        | 2         |                              | hydrocortisone (topical) LOTN 1 %             | 1         | QL(99 GM per fill retail)                     |
| fluocinolone acetonide CREA         | 1         |                              | hydrocortisone (topical) OINT 2.5 %           | 1         | QL(454 GM per fill retail)                    |
| fluocinolone acetonide OIL          | 1         |                              | hydrocortisone (topical) OINT 0.5 %           | 1         |                                               |
| fluocinolone acetonide OINT         | 1         |                              | hydrocortisone (topical) OINT 1 %             | 1         | QL(2 GM daily; 56 GM per fill retail); RX/OTC |
| fluocinolone acetonide SOLN         | 1         |                              | hydrocortisone (topical) SOLN 1 %             | 1         |                                               |
| fluocinonide emulsified base        | 1         | QL(60 GM per fill retail)    | hydrocortisone acetate (topical) CREA 1 %     | 1         |                                               |
| fluocinonide CREA 0.1 %             | 1         |                              | hydrocortisone acetate (topical) OINT         | 1         |                                               |
| fluocinonide CREA 0.05 %            | 1         | QL(60 GM per fill retail)    | HYDROCORTISONE ACETATE CREA                   | 2         |                                               |
| fluocinonide GEL                    | 1         | QL(60 GM per fill retail)    | hydrocortisone butyrate hydrophilic lipo base | 1         |                                               |
| fluocinonide OINT                   | 1         | QL(60 GM per fill retail)    | hydrocortisone butyrate CREA                  | 1         |                                               |
| fluocinonide SOLN                   | 1         | QL(60 ML per fill retail)    |                                               |           |                                               |
| flurandrenolide CREA                | 1         |                              |                                               |           |                                               |
| flurandrenolide LOTN                | 1         |                              |                                               |           |                                               |
| flurandrenolide OINT                | 1         |                              |                                               |           |                                               |

| Drug Name                                                             | Drug Tier | Requirements/ Limits        |
|-----------------------------------------------------------------------|-----------|-----------------------------|
| <i>hydrocortisone butyrate LOTN</i>                                   | 1         |                             |
| <i>hydrocortisone butyrate OINT</i>                                   | 1         |                             |
| <i>hydrocortisone butyrate SOLN</i>                                   | 1         | QL(60 ML per fill retail)   |
| <i>hydrocortisone valerate CREA</i>                                   | 1         |                             |
| <i>hydrocortisone valerate OINT</i>                                   | 1         |                             |
| HYDROXATE GEL                                                         | NP        |                             |
| HYDROXYM GEL                                                          | NP        |                             |
| IMPEKLO LOTN                                                          | NP        |                             |
| LOCOID LIPOCREAM                                                      | NP        |                             |
| <i>mometasone furoate CREA</i>                                        | 1         | QL(50 GM per fill retail)   |
| <i>mometasone furoate OINT</i>                                        | 1         | QL(45 GM per fill retail)   |
| <i>mometasone furoate SOLN</i>                                        | 1         | QL(60 ML per fill retail)   |
| TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> ) | NP        |                             |
| <i>triamcinolone acetonide (topical) AERS</i>                         | 1         |                             |
| <i>triamcinolone acetonide (topical) CREA 0.1 %</i>                   | 1         | QL(85.2 GM per fill retail) |
| <i>triamcinolone acetonide (topical) CREA 0.5 %</i>                   | 1         | QL(15 GM per fill retail)   |
| <i>triamcinolone acetonide (topical) CREA 0.025 %</i>                 | 1         | QL(160 GM per fill retail)  |
| <i>triamcinolone acetonide (topical) LOTN</i>                         | 1         | QL(60 ML per fill retail)   |
| <i>triamcinolone acetonide (topical) OINT 0.5 %</i>                   | 1         | QL(15 GM per fill retail)   |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i>          | 1         | QL(80 GM per fill retail)   |
| <i>triamcinolone acetonide (topical) OINT 0.05 %</i>                  | 1         |                             |

| Drug Name                                           | Drug Tier | Requirements/ Limits                       |
|-----------------------------------------------------|-----------|--------------------------------------------|
| <i>triamcinolone acetonide-dimethicone-silicone</i> | 1         |                                            |
| Eczema Agents                                       |           |                                            |
| ADBRY SOAJ                                          | 2         | SP; PA                                     |
| ADBRY SOSY                                          | 2         | SP; PA                                     |
| CIBINQO                                             | NP        | SP; PA                                     |
| DUPIXENT SOAJ                                       | 2         | SP; PA                                     |
| DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML             | 2         | SP; PA                                     |
| OPZELURA                                            | NP        | PA                                         |
| Emollient/Keratolytic Agents                        |           |                                            |
| <i>urea CREA 40 %</i>                               | 1         | QL(85.05 GM per fill retail); RX/OTC       |
| <i>urea LOTN 40 %</i>                               | 1         | QL(325 GM per fill retail)                 |
| Emollients                                          |           |                                            |
| <i>lactic acid (ammonium lactate) CREA</i>          | 1         | QL(385 GM per fill retail); RX/OTC         |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i>     | 1         | QL(57 GM per fill retail); RX/OTC          |
| Hair Growth Agents                                  |           |                                            |
| LITFULO                                             | NP        | SP; PA                                     |
| Immunomodulating Agents - Topical                   |           |                                            |
| <i>imiquimod 5 %</i>                                | 1         | QL(48 EA per 180 day(s) retail)            |
| Immunosuppressive Agents - Topical                  |           |                                            |
| ELIDEL ( <i>Use pimecrolimus</i> )                  | 2         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| <i>pimecrolimus</i>                                 | 1         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| <i>tacrolimus (topical) OINT 0.03 %</i>             | 1         | QL(1 GM daily); AL(At least 2 yrs old); PA |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                               |
|-------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>tacrolimus (topical) OINT 0.1 %</i>          | 1         | PA                                                                 |
| Keratolytic/Antimitotic/Vesicant Agents         |           |                                                                    |
| <i>podofilox SOLN</i>                           | 1         | QL(4 ML per fill retail)                                           |
| <i>salicylic acid GEL 6 %</i>                   | 1         | QL(40 GM per fill retail)                                          |
| Local Anesthetics - Topical                     |           |                                                                    |
| <i>capsaicin CREA 0.025 %, 0.075 %</i>          | 1         | QL(60 GM per fill retail)                                          |
| <i>capsaicin CREA 0.035 %</i>                   | 1         | QL(42.5 GM per fill retail)                                        |
| <i>capsaicin CREA 0.1 %</i>                     | 1         | QL(56.6 GM per fill retail)                                        |
| CASTIVA WARMING LOTN                            | 2         | QL(113 GM per fill retail)                                         |
| <i>dibucaine</i>                                | 1         | QL(56.7 GM per fill retail)                                        |
| <i>lidocaine hcl CREA 4 %</i>                   | 1         | 1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail |
| <i>lidocaine hcl CREA 3 %</i>                   | 1         | QL(85 GM per fill retail)                                          |
| <i>lidocaine hcl GEL 2 %</i>                    | 1         | QL(85 ML per fill retail)                                          |
| <i>lidocaine hcl PRSY</i>                       | 1         | QL(85 ML per fill retail)                                          |
| <i>lidocaine CREA 4 %</i>                       | 1         | QL(76.5 GM per fill retail)                                        |
| LIDOCAINE CREA                                  | 2         | QL(85 GM per fill retail)                                          |
| <i>lidocaine-prilocaine CREA</i>                | 1         | QL(5800 GM per fill retail)                                        |
| Misc. Topical                                   |           |                                                                    |
| CVS LANOLIN CREA                                | 2         |                                                                    |
| <i>lanolin (topical) CREA</i>                   | 1         |                                                                    |
| LANOLOR CREA                                    | 2         |                                                                    |
| <i>zinc oxide (topical) OINT 20 %</i>           | 1         | QL(60 GM per fill retail)                                          |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical |           |                                                                    |
| ZORYVE CREA EX 0.3 %                            | NP        |                                                                    |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                                                                   |
|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| Rosacea Agents                                                               |           |                                                                                        |
| <i>metronidazole (topical) CREA</i>                                          | 1         | QL(45 GM per fill retail)                                                              |
| <i>metronidazole (topical) GEL 0.75 %</i>                                    | 1         | QL(45 GM per fill retail)                                                              |
| <i>metronidazole (topical) LOTN</i>                                          | 1         |                                                                                        |
| Scabicides & Pediculicides                                                   |           |                                                                                        |
| <i>ivermectin (pediculicide)</i>                                             | NP        |                                                                                        |
| LICEMD GEL                                                                   | 2         |                                                                                        |
| <i>lindane SHAM</i>                                                          | 1         |                                                                                        |
| <i>malathion</i>                                                             | 1         | QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail                          |
| NATROBA (Use <i>spinosad</i> )                                               | 2         | QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old) |
| NIX LICE KILLING SPRAY LIQD XX                                               | 2         |                                                                                        |
| <i>permethrin AERO</i>                                                       | 1         |                                                                                        |
| <i>permethrin CREA</i>                                                       | 1         | QL(60 GM per fill retail)                                                              |
| <i>permethrin LIQD EX</i>                                                    | 1         |                                                                                        |
| <i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>              | 1         |                                                                                        |
| <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | 1         |                                                                                        |
| <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>                         | 1         |                                                                                        |
| SCHOOLTIME SHAMPOO SHAM                                                      | 2         |                                                                                        |
| SKLICE (Use <i>ivermectin (pediculicide)</i> )                               | NP        |                                                                                        |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                   | Drug Name                          | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|----------------------------------------------------------------------------------------|------------------------------------|-----------|----------------------|
| <i>spinosad</i>                    | 1         | QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old) | COVID-19 OTC ANTIGEN 1-PACK KIT    | 0         |                      |
|                                    |           |                                                                                        | COVID-19 OTC ANTIGEN 2-PACK KIT    | 0         |                      |
| Tar Products                       |           |                                                                                        | CVS COVID-19 AT HOME TEST KIT KIT  | 0         |                      |
| <i>coal tar extract SHAM 0.5 %</i> | 1         |                                                                                        | DIATRUST COVID-19 HOME TEST KIT    | 0         |                      |
| Wound Care Products                |           |                                                                                        | ELLUME COVID-19 HOME TEST KIT      | 0         |                      |
| APLIGRAF DISK                      | 2         | PA                                                                                     | FASTEP COVID-19 ANTIGEN TEST KIT   | 0         |                      |
| <b>DIAGNOSTIC PRODUCTS</b>         |           |                                                                                        | FLOWFLEX COVID-19 AG HOME TEST KIT | 0         |                      |
| Diagnostic Drugs                   |           |                                                                                        | GENABIO COVID-19 RAPID TEST KIT    | 0         |                      |
| <i>cosyntropin SOLR</i>            | 1         | SP; PA                                                                                 | GOTOKNOW COVID-19 ANTIGEN RAPI KIT | 0         |                      |
| THYROGEN 0.9 MG                    | 2         | SP; PA                                                                                 | ID NOW COVID-19                    | 0         |                      |
| Diagnostic Tests                   |           |                                                                                        | ID NOW COVID-19 2.0 CONTROL        | 0         | RX/OTC               |
| ACCUA SARS-COV-2                   | 0         |                                                                                        | ID NOW COVID-19 2.0 TEST           | 0         |                      |
| ADVIN COVID-19 ANTIGEN TEST KIT    | 0         |                                                                                        | ID NOW COVID-19 CONTROL            | 0         | RX/OTC               |
| BD VERITOR SYSTEM SARS-COV-2       | 0         |                                                                                        | IHEALTH COVID-19 RAPID TEST KIT    | 0         |                      |
| BINAXNOW COVID-19 AG CARD          | 0         |                                                                                        | INDICAID COVID-19 RAPID TEST KIT   | 0         |                      |
| BINAXNOW COVID-19 AG HOME TEST KIT | 0         |                                                                                        | INTELISWAB COVID-19 RAPID TEST KIT | 0         |                      |
| CARESTART COVID-19 HOME TEST KIT   | 0         |                                                                                        | KETONE TEST STRP                   | 2         |                      |
| CHEMSTRIP K STRP                   | 2         |                                                                                        | KETOSTIX STRP                      | 2         |                      |
| CLEARDETECT COVID-19 AG HOME KIT   | 0         |                                                                                        | LUCIRA CHECK IT COVID-19 TEST KIT  | 0         | RX/OTC               |
| CLINITEST RAPID COVID-19 TEST KIT  | 0         |                                                                                        | LUCIRA COVID-19 ALL-IN-ONE KIT     | 0         | RX/OTC               |
| COBAS LIAT SARS-COV-2 ASSAY        | 0         |                                                                                        | LYRA DIRECT SARS-COV-2 ASSAY       | 0         |                      |
| COBAS LIAT SARS-COV-2 CONTROL      | 0         | RX/OTC                                                                                 | LYRA SARS-COV-2 ASSAY              | 0         |                      |
| COVID-19 AT HOME ANTIGEN TEST KIT  | 0         |                                                                                        |                                    |           |                      |
| COVID-19 AT-HOME TEST KIT          | 0         |                                                                                        |                                    |           |                      |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                           | Drug Name                                             | Drug Tier | Requirements/ Limits                                                                           |
|------------------------------------|-----------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|
| OHC COVID-19 ANTIGEN SELF TEST KIT | 0         |                                                                                                | ONETOUCH VERIO STRP                                   | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC |
| ON/GO COVID-19 ANTIGEN TEST KIT    | 0         |                                                                                                |                                                       |           |                                                                                                |
| ON/GO ONE COVID-19 HOME TEST KIT   | 0         |                                                                                                |                                                       |           |                                                                                                |
| ONETOUCH ULTRA BLUE TEST STRP      | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC |                                                       |           |                                                                                                |
| ONETOUCH ULTRA TEST STRP           | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | PILOT COVID-19 AT-HOME TEST KIT                       | 0         |                                                                                                |
|                                    |           |                                                                                                | QUICKVUE AT-HOME COVID-19 TEST KIT                    | 0         |                                                                                                |
|                                    |           |                                                                                                | QUICKVUE SARS ANTIGEN TEST                            | 0         |                                                                                                |
|                                    |           |                                                                                                | RAPID RESPONSE COVID-19                               | 0         |                                                                                                |
|                                    |           |                                                                                                | RELION KETONE TEST STRP                               | 2         |                                                                                                |
|                                    |           |                                                                                                | SOFIA SARS ANTIGEN FIA                                | 0         |                                                                                                |
| ONETOUCH ULTRA STRP                | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | SOFIA2 SARS ANTIGEN FIA                               | 0         |                                                                                                |
|                                    |           |                                                                                                | SPEEDY SWAB COVID-19 ANTIGEN KIT                      | 0         |                                                                                                |
|                                    |           |                                                                                                | XPERT XPRESS SARS-COV-2                               | 0         |                                                                                                |
|                                    |           |                                                                                                | DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes |           |                                                                                                |
|                                    |           |                                                                                                | Digestive Enzymes                                     |           |                                                                                                |
|                                    |           |                                                                                                | CREON CPEP                                            | 2         |                                                                                                |
| SUCRAID                            | 2         | SP; PA                                                                                         |                                                       |           |                                                                                                |

| Drug Name                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | 2         |                      |

#### DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure

|                                                                 |   |                    |
|-----------------------------------------------------------------|---|--------------------|
| Carbonic Anhydrase Inhibitors                                   |   |                    |
| <i>acetazolamide CP12</i>                                       | 1 | MP                 |
| <i>acetazolamide TABS</i>                                       | 1 | MP                 |
| <i>methazolamide TABS</i>                                       | 1 | MP                 |
| Diuretic Combinations                                           |   |                    |
| <i>amiloride &amp; hydrochlorothiazide</i>                      | 1 | QL(1 EA daily)     |
| <i>spironolactone &amp; hydrochlorothiazide</i>                 | 1 | MP                 |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i> | 1 | QL(1 EA daily); MP |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>               | 1 | QL(1 EA daily); MP |
| Loop Diuretics                                                  |   |                    |
| <i>bumetanide TABS</i>                                          | 1 | MP                 |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                     | 1 | MP                 |
| <i>furosemide TABS</i>                                          | 1 | MP                 |
| <i>SOAANZ TABS 20 MG</i>                                        | 2 | MP                 |
| <i>torsemide TABS 20 MG</i>                                     | 1 | MP                 |
| <i>torsemide TABS 5 MG, 10 MG, 100 MG</i>                       | 1 | QL(1 EA daily); MP |
| Potassium Sparing Diuretics                                     |   |                    |
| <i>amiloride hcl TABS</i>                                       | 1 | QL(4 EA daily)     |

| Drug Name                                    | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|----------------------|
| <i>spironolactone TABS</i>                   | 1         | MP                   |
| Thiazides and Thiazide-Like Diuretics        |           |                      |
| <i>chlorthalidone 25 MG, 50 MG</i>           | 1         | MP                   |
| <i>hydrochlorothiazide CAPS</i>              | 1         | MP                   |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i> | 1         | MP                   |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>       | 1         | MP                   |
| <i>metolazone</i>                            | 1         | MP                   |

#### ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones

|                                                         |   |                                              |
|---------------------------------------------------------|---|----------------------------------------------|
| Bone Density Regulators                                 |   |                                              |
| <i>alendronate sodium SOLN</i>                          | 1 | QL(10.8 ML daily); MP                        |
| <i>alendronate sodium TABS 35 MG, 70 MG</i>             | 1 | QL(0.15 EA daily); MP                        |
| <i>alendronate sodium TABS 5 MG, 10 MG</i>              | 1 | QL(1 EA daily); MP                           |
| <i>calcitonin (salmon) NA</i>                           | 1 | QL(4 ML per 30 day(s) retail)                |
| <i>calcitonin (salmon) IJ</i>                           | 1 | QL(2 ML per 30 day(s) retail)                |
| EVENITY                                                 | 2 | SP; PA                                       |
| <i>ibandronate sodium SOLN</i>                          | 1 | SP; PA                                       |
| <i>ibandronate sodium TABS</i>                          | 1 | PA                                           |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 1 | SP; PA                                       |
| PAMIDRONATE DISODIUM SOLN                               | 2 | SP; PA                                       |
| PROLIA SOSY                                             | 2 | SP; PA                                       |
| <i>risedronate sodium TABS 5 MG, 30 MG</i>              | 1 | QL(1 EA daily)                               |
| <i>risedronate sodium TABS 35 MG</i>                    | 1 | 4 per 28 days; QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TABS 150 MG</i>                   | 1 |                                              |

| Drug Name                                  | Drug Tier | Requirements/ Limits | Drug Name                                                    | Drug Tier | Requirements/ Limits     |
|--------------------------------------------|-----------|----------------------|--------------------------------------------------------------|-----------|--------------------------|
| <i>risedronate sodium TBEC</i>             | 1         |                      | LHRH/GnRH Agonist Analog Pituitary Suppressants              |           |                          |
| <i>teriparatide SOPN</i>                   | 1         | PA                   | FENSOLVI (6 MONTH) SC                                        | 2         | SP; PA                   |
| XGEVA SOLN                                 | 2         | SP; PA               | LUPRON DEPOT-PED (1-MONTH)                                   | 2         | SP; PA                   |
| <i>zoledronic acid CONC</i>                | 1         | SP; PA               | LUPRON DEPOT-PED (3-MONTH)                                   | 2         | SP; PA                   |
| <i>zoledronic acid SOLN 4 MG/100ML</i>     | 1         | SP; PA               | LUPRON DEPOT-PED (6-MONTH) IM                                | 2         | SP; PA                   |
| <i>zoledronic acid SOLN 5 MG/100ML</i>     | 1         | SP; PA               | SUPPRELIN LA                                                 | NP        | SP; PA                   |
| ZOLEDRONIC ACID SOLN                       | 2         | SP; PA               | SYNAREL                                                      | 2         | SP; PA                   |
| Corticotropin                              |           |                      | Metabolic Modifiers                                          |           |                          |
| ACTHAR GEL                                 | 2         | SP; PA               | ALDURAZYME                                                   | 2         | SP; PA                   |
| CORTROPHIN GEL                             | 2         | SP; PA               | <i>betaine</i>                                               | 1         | SP; PA                   |
| Fertility Regulators                       |           |                      | BUPHENYL POWD ( <i>Use sodium phenylbutyrate</i> )           | 2         | SP; PA                   |
| CHORIONIC GONADOTROPIN IM                  | 2         | PA                   | BUPHENYL TABS ( <i>Use sodium phenylbutyrate</i> )           | 2         | SP; PA                   |
| NOVAREL IM                                 | 2         | PA                   | <i>calcitriol CAPS</i>                                       | 1         |                          |
| PREGNYL IM                                 | 2         | PA                   | CARBAGLU ( <i>Use carglumic acid</i> )                       | 2         | SP; PA                   |
| GnRH/LHRH Antagonists                      |           |                      | <i>carglumic acid</i>                                        | 1         | SP; PA                   |
| ORILISSA                                   | 2         | SP; PA               | <i>cinacalcet hcl</i>                                        | 1         | SP; PA                   |
| Growth Hormone Receptor Antagonists        |           |                      | CRYSVITA                                                     | 2         | SP; PA                   |
| SOMAVERT                                   | 2         | SP; PA               | ELAPRASE                                                     | 2         | SP; PA                   |
| Growth Hormones                            |           |                      | FABRAZYME                                                    | 2         | SP; PA                   |
| GENOTROPIN MINIQUICK PRSY                  | 2         | SP; PA               | GALAFOLD                                                     | 2         | QL(0.5 EA daily); SP; PA |
| GENOTROPIN CART SC                         | 2         | SP; PA               | KANUMA                                                       | 2         | SP; PA                   |
| NGENLA                                     | NP        | SP; PA               | <i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i> | 1         | QL(30 ML daily)          |
| NORDITROPIN FLEXPPO SOPN                   | 2         | SP; PA               | <i>levocarnitine (metabolic modifiers) TABS</i>              | 1         | QL(3 EA daily)           |
| OMNITROPE SOCT                             | NP        | SP; PA               | LUMIZYME                                                     | 2         | SP; PA                   |
| SKYTROFA                                   | NP        | SP; PA               | MYALEPT                                                      | 2         | SP; PA                   |
| SOGROYA                                    | 2         | SP; PA               | NAGLAZYME                                                    | 2         | SP; PA                   |
| Hormone Receptor Modulators                |           |                      | <i>nitisinone CAPS</i>                                       | 1         | SP; PA                   |
| <i>raloxifene hcl</i>                      | 1         | QL(1 EA daily)       |                                                              |           |                          |
| Insulin-Like Growth Factors (Somatomedins) |           |                      |                                                              |           |                          |
| INCRELEX                                   | 2         | SP; PA               |                                                              |           |                          |

| Drug Name                                             | Drug Tier | Requirements/ Limits     | Drug Name                                            | Drug Tier | Requirements/ Limits          |
|-------------------------------------------------------|-----------|--------------------------|------------------------------------------------------|-----------|-------------------------------|
| OLPRUVA (2 GM DOSE) THPK                              | NP        | SP                       | <i>desmopressin acetate TABS</i>                     | 1         | QL(6 EA daily)                |
| OLPRUVA (3 GM DOSE) THPK                              | NP        | SP                       | Somatostatic Agents                                  |           |                               |
| OLPRUVA (4 GM DOSE) THPK                              | NP        | SP                       | <i>lanreotide acetate</i>                            | 1         | SP; PA                        |
| OLPRUVA (5 GM DOSE) THPK                              | NP        | SP                       | LANREOTIDE ACETATE                                   | 2         | SP; PA                        |
| OLPRUVA (6 GM DOSE) THPK                              | NP        | SP                       | <i>octreotide acetate KIT</i>                        | 1         | SP; PA                        |
| OLPRUVA (6.67 GM DOSE) THPK                           | NP        | SP                       | <i>octreotide acetate SOLN</i>                       | 1         | SP; PA                        |
| ORFADIN SUSP                                          | 2         | SP; PA                   | <i>octreotide acetate SOSY</i>                       | 1         | SP; PA                        |
| PALYNZIQ                                              | 2         | SP; PA                   | SIGNIFOR                                             | 2         | SP; PA                        |
| <i>paricalcitol SOLN</i>                              | 1         | SP; PA                   | SIGNIFOR LAR                                         | 2         | SP; PA                        |
| PARSABIV                                              | 2         | SP; PA                   | SOMATULINE DEPOT                                     | 2         | SP; PA                        |
| PHEBURANE PLLT                                        | 2         | PA                       | Vasopressin Receptor Antagonists                     |           |                               |
| RAVICTI                                               | 2         | SP; PA                   | <i>tolvaptan TABS</i>                                | 1         | SP; PA                        |
| REVCovi                                               | 2         | SP; PA                   | <i>tolvaptan TBPk</i>                                | 1         | SP; PA                        |
| <i>sapropterin dihydrochloride PACK</i>               | 1         | SP; PA                   | ESTROGENS - Hormone Replacement/Modifying Drugs      |           |                               |
| <i>sapropterin dihydrochloride TABS</i>               | 1         | SP; PA                   | Estrogen Combinations                                |           |                               |
| <i>sodium phenylbutyrate POWD</i>                     | 1         | SP; PA                   | COMBIPATCH PTTW                                      | 2         | QL(8 EA per 28 day(s) retail) |
| <i>sodium phenylbutyrate TABS</i>                     | 1         | SP; PA                   | <i>estradiol &amp; norethindrone acetate TABS</i>    | 1         |                               |
| STRENSIQ                                              | 2         | SP; PA                   | MYFEMBREE                                            | 2         |                               |
| VIMIZIM                                               | 2         | SP; PA                   | <i>norethindrone acetate-ethinyl estradiol</i>       | 0         |                               |
| XPHOZAH                                               | NP        | SP                       | ORIAHNN                                              | 2         | PA                            |
| Posterior Pituitary Hormones                          |           |                          | PREMPHASE                                            | 2         | QL(1 EA daily)                |
| <i>desmopressin acetate spray</i>                     | 1         | QL(5 ML per fill retail) | PREMPRO                                              | 2         | QL(1 EA daily)                |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | 1         | QL(5 ML per fill retail) | Estrogens                                            |           |                               |
| <i>desmopressin acetate SOLN IJ</i>                   | 1         | SP; PA                   | ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 2         | QL(0.29 EA daily); MP         |
| DESMOPRESSIN ACETATE SOLN NA                          | 2         | SP; PA                   | <i>estradiol PTTW</i>                                | 1         | QL(0.29 EA daily); MP         |
|                                                       |           |                          | <i>estradiol PTWK</i>                                | 1         | QL(0.143 EA daily); MP        |
|                                                       |           |                          | <i>estradiol TABS</i>                                | 1         | MP                            |
|                                                       |           |                          | PREMARIN TABS                                        | 2         | QL(1 EA daily)                |
|                                                       |           |                          | FLUOROQUINOLONES - Drugs to Treat Bacterial          |           |                               |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                  | Drug Name                                              | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|---------------------------------------|--------------------------------------------------------|-----------|----------------------|
| <b>Infections</b>                                                             |           |                                       | <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1         |                      |
| <b>Fluoroquinolones</b>                                                       |           |                                       | <i>metoclopramide hcl TABS 5 MG</i>                    | 1         | MP                   |
| <i>ciprofloxacin hcl TABS 100 MG</i>                                          | 1         | QL(6 EA per fill retail)              | <i>metoclopramide hcl TABS 10 MG</i>                   | 1         |                      |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>                          | 1         |                                       | <b>Inflammatory Bowel Agents</b>                       |           |                      |
| CIPRO SUSR                                                                    | 2         |                                       | <i>balsalazide disodium CAPS</i>                       | 1         | QL(9 EA daily)       |
| <i>levofloxacin SOLN PO</i>                                                   | 1         |                                       | CANASA SUPP (Use mesalamine)                           | 2         |                      |
| <i>levofloxacin TABS</i>                                                      | 1         | QL(1 EA daily; 14 EA per fill retail) | ENTYVIO PEN SOAJ                                       | NP        | SP; PA               |
| <i>moxifloxacin hcl TABS</i>                                                  | 1         |                                       | LIALDA TBEC (Use mesalamine)                           | 2         |                      |
| <i>ofloxacin 300 MG, 400 MG</i>                                               | 1         | QL(56 EA per fill retail)             | <i>mesalamine w/ cleanser</i>                          | 1         |                      |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |           |                                       | <i>mesalamine ENEM</i>                                 | 1         | QL(60 ML daily)      |
| <b>Antiflatulents</b>                                                         |           |                                       | <i>mesalamine SUPP</i>                                 | 1         |                      |
| <i>simethicone CHEW 80 MG</i>                                                 | 1         |                                       | <i>mesalamine TBEC 1.2 GM</i>                          | 1         |                      |
| <i>simethicone LIQD PO</i>                                                    | 1         | QL(30 ML per fill retail)             | <i>mesalamine TBEC 800 MG</i>                          | 1         | QL(3 EA daily)       |
| <i>simethicone SUSP</i>                                                       | 1         | QL(45 ML per fill retail)             | OMVOH SOAJ                                             | NP        | SP; PA               |
| <b>Bile Acid Synthesis Disorder Agents</b>                                    |           |                                       | OMVOH SOLN                                             | NP        | SP; PA               |
| CHOLBAM                                                                       | 2         | QL(5 EA daily); SP; PA                | OMVOH SOSY                                             | NP        | SP; PA               |
| <b>Farnesoid X Receptor (FXR) Agonists</b>                                    |           |                                       | SKYRIZI SOCT                                           | NP        | SP; PA               |
| OCALIVA                                                                       | 2         | SP; PA                                | SKYRIZI SOLN                                           | NP        | SP; PA               |
| <b>Gallstone Solubilizing Agents</b>                                          |           |                                       | <i>sulfasalazine TABS</i>                              | 1         | MP                   |
| <i>chenodiol</i>                                                              | 1         | SP; PA                                | <i>sulfasalazine TBEC</i>                              | 1         | MP                   |
| CTEXLI 250 MG                                                                 | 2         | SP; PA                                | TREMFYA CROHNS INDUCTION SOAJ SC 200 MG/2ML            | NP        | SP; PA               |
| <i>ursodiol CAPS</i>                                                          | 1         | QL(3 EA daily); MP                    | TREMFYA PEN SOAJ SC 200 MG/2ML                         | NP        | SP; PA               |
| <i>ursodiol TABS 250 MG</i>                                                   | 1         | QL(7 EA daily); MP                    | TREMFYA SOLN IV                                        | NP        | SP; PA               |
| <b>Gastrointestinal Stimulants</b>                                            |           |                                       | TREMFYA SOSY SC 200 MG/2ML                             | NP        | SP; PA               |
|                                                                               |           |                                       | VELSIPITY                                              | NP        | SP; PA               |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| ZYMFENTRA (1 PEN) AJKT                                                                                            | NP        | SP                   |
| ZYMFENTRA (2 PEN) AJKT                                                                                            | NP        | SP                   |
| ZYMFENTRA (2 SYRINGE) PSKT                                                                                        | NP        | SP                   |
| Intestinal Acidifiers                                                                                             |           |                      |
| <i>lactulose (encephalopathy)</i>                                                                                 | 1         |                      |
| Irritable Bowel Syndrome (IBS) Agents                                                                             |           |                      |
| <i>alosetron hcl</i>                                                                                              | 1         | PA                   |
| IBSRELA                                                                                                           | NP        | PA                   |
| LINZESS                                                                                                           | 2         | PA                   |
| Peripheral Opioid Receptor Antagonists                                                                            |           |                      |
| MOVANTIK                                                                                                          | 2         | PA                   |
| Phosphate Binder Agents                                                                                           |           |                      |
| <i>calcium acetate (phosphate binder) CAPS</i>                                                                    | 1         | MP                   |
| <i>calcium acetate (phosphate binder) TABS</i>                                                                    | 1         | RX/OTC               |
| <i>lanthanum carbonate CHEW</i>                                                                                   | 1         |                      |
| RENAGEL (Use sevelamer hcl)                                                                                       | 2         |                      |
| REVELA TABS (Use sevelamer carbonate)                                                                             | NP        |                      |
| <i>sevelamer carbonate PACK</i>                                                                                   | 1         |                      |
| <i>sevelamer carbonate TABS</i>                                                                                   | 1         |                      |
| <i>sevelamer hcl</i>                                                                                              | 1         |                      |
| Short Bowel Syndrome (SBS) Agents                                                                                 |           |                      |
| GATTEX                                                                                                            | 2         | SP; PA               |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                      |
| Alkalinizers                                                                                                      |           |                      |

| Drug Name                                      | Drug Tier | Requirements/ Limits       |
|------------------------------------------------|-----------|----------------------------|
| <i>potassium citrate (alkalinizer) TBCR</i>    | 1         |                            |
| <i>potassium citrate-citric acid PACK</i>      | 1         |                            |
| <i>sodium citrate &amp; citric acid</i>        | 1         | QL(16.67 ML daily); RX/OTC |
| Cystinosis Agents                              |           |                            |
| CYSTAGON CAPS                                  | 2         | SP; PA                     |
| PROCYSBI CPDR                                  | 2         | SP; PA                     |
| PROCYSBI PACK                                  | 2         | SP; PA                     |
| Genitourinary Irrigants                        |           |                            |
| <i>sodium chloride (gu irrigant) 0.9 %</i>     | 1         |                            |
| Interstitial Cystitis Agents                   |           |                            |
| ELMIRON CAPS                                   | 2         | QL(3 EA daily)             |
| Prostatic Hypertrophy Agents                   |           |                            |
| <i>alfuzosin hcl</i>                           | 1         |                            |
| <i>dutasteride</i>                             | 1         |                            |
| <i>dutasteride-tamsulosin hcl</i>              | 1         |                            |
| ENTADFI                                        | NP        |                            |
| <i>finasteride</i>                             | 1         | QL(1 EA daily); MP         |
| RAPAFLO 4 MG (Use silodosin)                   | NP        |                            |
| <i>silodosin</i>                               | 1         |                            |
| <i>tamsulosin hcl</i>                          | 1         | QL(2 EA daily); MP         |
| Urinary Analgesics                             |           |                            |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i> | 1         |                            |
| Urinary Stone Agents                           |           |                            |
| <i>tiopronin TABS</i>                          | 1         | SP; PA                     |
| Vesicoureteral Reflux (VUR) Agents             |           |                            |
| DEFLUX                                         | 2         | SP; PA                     |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>       |           |                            |
| Gout Agent Combinations                        |           |                            |

| Drug Name                                                                | Drug Tier | Requirements/ Limits                                                             |
|--------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| <i>colchicine w/ probenecid</i>                                          | 1         | MP                                                                               |
| Gout Agents                                                              |           |                                                                                  |
| <i>allopurinol 100 MG, 300 MG</i>                                        | 1         | MP                                                                               |
| <i>colchicine TABS</i>                                                   | 1         | 1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail |
| KRYSTEXXA                                                                | 2         | SP; PA                                                                           |
| Uricosurics                                                              |           |                                                                                  |
| <i>probenecid</i>                                                        | 1         | MP                                                                               |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>     |           |                                                                                  |
| Antihemophilic Products                                                  |           |                                                                                  |
| ADVATE                                                                   | 2         | SP; PA                                                                           |
| ADYNOVATE                                                                | 2         | SP; PA                                                                           |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT   | 2         | SP; PA                                                                           |
| ALPHANATE SOLR                                                           | 2         | SP; PA                                                                           |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                              | 2         | SP; PA                                                                           |
| ALPROLIX                                                                 | 2         | SP; PA                                                                           |
| ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 2         | SP; PA                                                                           |
| BENEFIX KIT                                                              | 2         | SP; PA                                                                           |
| COAGADEX                                                                 | 2         | SP; PA                                                                           |
| CORIFACT                                                                 | 2         | SP; PA                                                                           |
| ELOCTATE                                                                 | 2         | SP; PA                                                                           |
| ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT            | 2         | SP; PA                                                                           |
| FEIBA                                                                    | 2         | SP; PA                                                                           |
| FIBRYGA                                                                  | 2         | SP; PA                                                                           |
| HEMGENIX                                                                 | 2         | SP; PA                                                                           |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML | 2         | SP; PA               |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT | 2         | SP; PA               |
| HUMATE-P SOLR                                           | 2         | SP; PA               |
| IDELVION                                                | 2         | SP; PA               |
| IXINITY SOLR                                            | 2         | SP; PA               |
| JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT          | 2         | SP; PA               |
| KCENTRA                                                 | 2         | SP; PA               |
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT                      | 2         | SP; PA               |
| KOATE SOLR                                              | 2         | SP; PA               |
| KOGENATE FS KIT                                         | 2         | SP; PA               |
| KOVALTRY                                                | 2         | SP; PA               |
| NOVOEIGHT                                               | 2         | SP; PA               |
| NOVOSEVEN RT                                            | 2         | SP; PA               |
| NUWIQ KIT                                               | 2         | SP; PA               |
| NUWIQ SOLR                                              | 2         | SP; PA               |
| OBIZUR                                                  | 2         | SP; PA               |
| PROFILNINE                                              | 2         | SP; PA               |
| REBINYN                                                 | 2         | SP; PA               |
| RECOMBINATE SOLR                                        | 2         | SP; PA               |
| RIASTAP                                                 | 2         | SP; PA               |
| RIXUBIS SOLR                                            | 2         | SP; PA               |
| ROCTAVIAN                                               | 2         | SP; PA               |
| SEVENFACT                                               | 2         | SP; PA               |
| TRETTEN                                                 | 2         | SP; PA               |
| VONVENDI                                                | 2         | SP; PA               |
| WILATE KIT                                              | 2         | SP; PA               |
| XYNTHA                                                  | 2         | SP; PA               |
| XYNTHA SOLOFUSE                                         | 2         | SP; PA               |
| Bradykinin B2 Receptor Antagonists                      |           |                      |
| <i>icatibant acetate SOSY</i>                           | 1         | SP; PA               |
| Complement Inhibitors                                   |           |                      |

| Drug Name                                                    | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------|-----------|----------------------|
| BERINERT KIT                                                 | 2         | SP; PA               |
| CINRYZE SOLR IV                                              | 2         | SP; PA               |
| RUCONEST                                                     | 2         | SP; PA               |
| SOLIRIS                                                      | 2         | SP; PA               |
| Hemataologic - Tyrosine Kinase Inhibitors                    |           |                      |
| TAVALISSE                                                    | 2         | SP; PA               |
| Hematorheologic Agents                                       |           |                      |
| <i>pentoxifylline</i>                                        | 1         | MP                   |
| Human Protein C                                              |           |                      |
| CEPROTIN                                                     | 2         | SP; PA               |
| Plasma Kallikrein Inhibitors                                 |           |                      |
| KALBITOR                                                     | 2         | SP; PA               |
| TAKHZYRO SOLN                                                | 2         | SP; PA               |
| Plasma Proteins                                              |           |                      |
| THROMBATE III                                                | 2         | SP; PA               |
| Platelet Aggregation Inhibitors                              |           |                      |
| <i>aspirin-dipyridamole</i>                                  | 1         |                      |
| <i>cilostazol</i>                                            | 1         | QL(2 EA daily); MP   |
| <i>clopidogrel bisulfate 300 MG</i>                          | 1         |                      |
| <i>clopidogrel bisulfate 75 MG</i>                           | 1         | QL(1 EA daily); MP   |
| <i>dipyridamole</i>                                          | 1         | MP                   |
| <i>prasugrel hcl</i>                                         | 1         | QL(1 EA daily)       |
| <i>ticagrelor 60 MG, 90 MG</i>                               | 1         | QL(2 EA daily)       |
| YOSPRALA 81 MG-40 MG                                         | 2         |                      |
| Thrombolytic Agent - Misc                                    |           |                      |
| DEFITELIO                                                    | 2         | SP; PA               |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b> |           |                      |
| Agents for Gaucher Disease                                   |           |                      |
| CERDELGA                                                     | 2         | SP; PA               |
| CEREZYME 400 UNIT                                            | 2         | SP; PA               |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|----------------------|
| ELELYSO                                                                       | 2         | SP; PA               |
| <i>miglustat</i>                                                              | 1         | SP; PA               |
| VPRIV                                                                         | 2         | SP; PA               |
| Agents for Sickle Cell Disease                                                |           |                      |
| CASGEVY                                                                       | 2         | SP; PA               |
| DROXIA CAPS                                                                   | 2         |                      |
| LYFGENIA                                                                      | NP        | SP; PA               |
| SIKLOS TABS                                                                   | 2         | PA                   |
| Cobalamins                                                                    |           |                      |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>                                     | 1         |                      |
| Folic Acid/Folates                                                            |           |                      |
| <i>folic acid TABS 1 MG</i>                                                   | 1         | MP; RX/OTC           |
| <i>folic acid TABS 400 MCG, 800 MCG</i>                                       | 1         | QL(1 EA daily)       |
| Hematopoietic Gene Therapy                                                    |           |                      |
| ZYNTEGLO                                                                      | 2         | SP; PA               |
| Hematopoietic Growth Factors                                                  |           |                      |
| DOPTelet                                                                      | 2         | SP; PA               |
| <i>eltrombopag olamine PACK 12.5 MG</i>                                       | 1         | SP; PA               |
| <i>eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG</i>                  | 1         | SP; PA               |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP        | SP; PA               |
| FULPHILA                                                                      | NP        | SP; PA               |
| FYLNETRA                                                                      | NP        | SP                   |
| GRANIX SOLN                                                                   | NP        | SP; PA               |
| GRANIX SOSY                                                                   | NP        | SP; PA               |
| LEUKINE SOLR IJ                                                               | NP        | SP; PA               |
| MIRCERA                                                                       | NP        | SP; PA               |
| MULPLETA                                                                      | 2         | SP; PA               |
| NEULASTA ONPRO PSKT                                                           | NP        | SP; PA               |

| Drug Name                                               | Drug Tier | Requirements/ Limits | Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                       |
|---------------------------------------------------------|-----------|----------------------|------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| NEULASTA SOSY                                           | NP        | SP; PA               | <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>       | 1         | QL(16 ML daily)                                                                            |
| NEUPOGEN SOLN                                           | 2         | SP; PA               | <i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>          | 1         | MP                                                                                         |
| NEUPOGEN SOSY                                           | 2         | SP; PA               | <i>ferrous sulfate TBEC 325 MG</i>                         | 1         | MP                                                                                         |
| NIVESTYM SOLN                                           | NP        | SP; PA               | <i>ferrous sulfate TBEC</i>                                | 1         |                                                                                            |
| NIVESTYM SOSY                                           | NP        | SP; PA               | IRON CHEWS PEDIATRIC CHEW                                  | 2         |                                                                                            |
| NPLATE 250 MCG, 500 MCG                                 | 2         | SP; PA               | IRON TABS 28 MG                                            | 2         |                                                                                            |
| NYVEPRIA                                                | 2         | SP; PA               | <i>polysaccharide iron complex CAPS</i>                    | 1         | QL(1 EA daily)                                                                             |
| PROCRIT                                                 | NP        | SP; PA               | Stem Cell Mobilizers                                       |           |                                                                                            |
| PROCRIT                                                 | NP        | SP; PA               | <i>plerixafor</i>                                          | 1         | SP; PA                                                                                     |
| RELEUKO SOLN                                            | NP        | SP                   | HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders |           |                                                                                            |
| RELEUKO SOSY                                            | NP        | SP                   | Hemostatics - Systemic                                     |           |                                                                                            |
| RETACRIT                                                | 2         | SP; PA               | <i>aminocaproic acid SOLN PO 0.25 GM/ML</i>                | 1         | SP; PA                                                                                     |
| ROLVEDON                                                | NP        | SP                   | <i>aminocaproic acid TABS 500 MG</i>                       | 1         | QL(24 EA per fill retail); SP; PA                                                          |
| STIMUFEND                                               | NP        | SP                   | <i>aminocaproic acid TABS 1000 MG</i>                      | 1         | SP; PA                                                                                     |
| UDENYCA ONBODY SOSY                                     | NP        | SP                   | <i>tranexamic acid TABS</i>                                | 1         | QL(30 EA per 5 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old) |
| UDENYCA SOAJ                                            | NP        | SP                   | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                  |           |                                                                                            |
| UDENYCA SOSY                                            | NP        | SP; PA               | Antihistamine Hypnotics                                    |           |                                                                                            |
| ZARXIO                                                  | NP        | SP; PA               | <i>diphenhydramine hcl (sleep) CAPS</i>                    | 1         |                                                                                            |
| ZIEXTENZO                                               | NP        | SP                   | <i>diphenhydramine hcl (sleep) LIQD</i>                    | 1         |                                                                                            |
| Hematopoietic Mixtures                                  |           |                      | <i>diphenhydramine hcl (sleep) TABS 25 MG</i>              | 1         | QL(4 EA daily)                                                                             |
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i> | 1         | QL(1 EA daily)       |                                                            |           |                                                                                            |
| HEMATINIC PLUS VIT/MINERALS TABS                        | 2         | QL(1 EA daily)       |                                                            |           |                                                                                            |
| Iron                                                    |           |                      |                                                            |           |                                                                                            |
| FERRETT'S TABS                                          | 2         | QL(2 EA daily)       |                                                            |           |                                                                                            |
| <i>ferrous fumarate TABS</i>                            | 1         | QL(2 EA daily)       |                                                            |           |                                                                                            |
| <i>ferrous gluconate TABS</i>                           | 1         |                      |                                                            |           |                                                                                            |
| FERROUS GLUCONATE TABS 324 MG                           | 2         |                      |                                                            |           |                                                                                            |
| <i>ferrous sulfate dried TBCR</i>                       | 1         |                      |                                                            |           |                                                                                            |
| <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>          | 1         | QL(3.4 ML daily)     |                                                            |           |                                                                                            |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                    | Drug Name                                                             | Drug Tier | Requirements/ Limits        |
|------------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------------------------------------|-----------|-----------------------------|
| <i>diphenhydramine hcl (sleep) TABS 50 MG</i>                                | 1         |                                         | ZOLPIDEM TARTRATE CAPS                                                | 2         |                             |
| <i>diphenhydramine hcl (sleep) TBDP</i>                                      | 1         |                                         | <i>zolpidem tartrate SUBL</i>                                         | 1         |                             |
| <i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i> | 1         |                                         | <i>zolpidem tartrate TABS</i>                                         | 1         | QL(1 EA daily)              |
| <i>doxylamine succinate (sleep)</i>                                          | 1         |                                         | <i>zolpidem tartrate TBCR</i>                                         | 1         |                             |
| <i>ibuprofen-diphenhydramine citrate</i>                                     | 1         |                                         | Orexin Receptor Antagonists                                           |           |                             |
| <i>ibuprofen-diphenhydramine hcl</i>                                         | 1         |                                         | QUVIVIQ                                                               | NP        |                             |
| <i>naproxen sodium-diphenhydramine hcl</i>                                   | 1         |                                         | Selective Melatonin Receptor Agonists                                 |           |                             |
| Barbiturate Hypnotics                                                        |           |                                         | <i>ramelteon</i>                                                      | 1         |                             |
| <i>phenobarbital ELIX</i>                                                    | 1         |                                         | <i>tasimelteon CAPS</i>                                               | 1         | SP; PA                      |
| <i>phenobarbital TABS</i>                                                    | 1         |                                         | LAXATIVES - Bowel Treatment Drugs                                     |           |                             |
| Hypnotics - Tricyclic Agents                                                 |           |                                         | Bulk Laxatives                                                        |           |                             |
| <i>doxepin hcl (sleep)</i>                                                   | 1         |                                         | <i>calcium polycarbophil TABS</i>                                     | 1         | QL(10 EA daily)             |
| Non-Barbiturate Hypnotics                                                    |           |                                         | METAMUCIL CAPS                                                        | 2         |                             |
| <i>dexmedetomidine hcl in sodium chloride SOLN</i>                           | 1         |                                         | NATURAL FIBER LAXATIVE POWD                                           | 2         |                             |
| <i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>                                  | 1         |                                         | <i>psyllium CAPS 0.52 GM</i>                                          | 1         |                             |
| <i>estazolam</i>                                                             | 1         |                                         | <i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i> | 1         |                             |
| <i>eszopiclone</i>                                                           | 1         |                                         | Laxative Combinations                                                 |           |                             |
| <i>flurazepam hcl</i>                                                        | 1         | QL(1 EA daily)                          | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>          | 1         | QL(4000 ML per fill retail) |
| IGALMI FILM                                                                  | NP        |                                         | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>       | 1         | QL(4000 ML per fill retail) |
| <i>midazolam hcl SOLN IJ</i>                                                 | 1         |                                         | <i>sennosides-docusate sodium TABS</i>                                | 1         | QL(4 EA daily)              |
| MIDAZOLAM HCL SOLN IJ                                                        | 2         |                                         | Laxatives - Miscellaneous                                             |           |                             |
| <i>temazepam 7.5 MG, 22.5 MG</i>                                             | 1         |                                         | <i>glycerin (laxative) SUPP 2 GM</i>                                  | 1         |                             |
| <i>temazepam 15 MG, 30 MG</i>                                                | 1         | QL(1 EA daily); AL(At least 18 yrs old) | <i>lactulose SOLN</i>                                                 | 1         |                             |
| <i>triazolam</i>                                                             | 1         | QL(1 EA daily)                          | <i>polyethylene glycol 3350 PACK</i>                                  | 1         | QL(34 EA daily)             |
| <i>zaleplon</i>                                                              | 1         | QL(1 EA daily)                          | <i>polyethylene glycol 3350 POWD</i>                                  | 1         | QL(34 GM daily)             |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits          |
|--------------------------------------------------------------------------------|-----------|-------------------------------|
| SORBITOL PO 70 %                                                               | 2         |                               |
| Saline Laxatives                                                               |           |                               |
| <i>magnesium citrate 1.745 GM/30ML</i>                                         | 1         |                               |
| <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | 1         | QL(33 ML daily)               |
| <i>sodium phosphates ENEM</i>                                                  | 1         |                               |
| Stimulant Laxatives                                                            |           |                               |
| <i>bisacodyl SUPP</i>                                                          | 1         | QL(12 EA per fill retail)     |
| <i>bisacodyl TBEC</i>                                                          | 1         | QL(1 EA daily)                |
| <i>sennosides TABS 8.6 MG</i>                                                  | 1         |                               |
| Surfactant Laxatives                                                           |           |                               |
| <i>docusate sodium CAPS 100 MG, 250 MG</i>                                     | 1         | QL(3 EA daily)                |
| <i>docusate sodium CAPS 50 MG</i>                                              | 1         |                               |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>                             | 1         |                               |
| DOCUSATE SODIUM SYRP                                                           | 2         |                               |
| <i>docusate sodium TABS</i>                                                    | 1         |                               |
| MACROLIDES - Drugs to Treat Bacterial Infections                               |           |                               |
| Azithromycin                                                                   |           |                               |
| <i>azithromycin SUSR 100 MG/5ML</i>                                            | 0         | QL(15 ML per fill retail)     |
| <i>azithromycin SUSR 200 MG/5ML</i>                                            | 0         | QL(30 ML per fill retail)     |
| <i>azithromycin TABS 250 MG</i>                                                | 0         | QL(6 EA per fill retail)      |
| <i>azithromycin TABS 500 MG</i>                                                | 0         | QL(4 EA daily)                |
| <i>azithromycin TABS 600 MG</i>                                                | 0         | QL(8 EA per 28 day(s) retail) |
| Clarithromycin                                                                 |           |                               |

| Drug Name                                              | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------------|-----------|----------------------------|
| <i>clarithromycin SUSR</i>                             | 1         | QL(200 ML per fill retail) |
| <i>clarithromycin TABS</i>                             | 1         | QL(28 EA per fill retail)  |
| <i>clarithromycin TB24</i>                             | 1         | QL(14 EA per fill retail)  |
| Erythromycins                                          |           |                            |
| E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) | 2         |                            |
| ERYPED 200 SUSR (Use erythromycin ethylsuccinate)      | 2         |                            |
| <i>erythromycin base CPEP</i>                          | 1         |                            |
| <i>erythromycin base TABS</i>                          | 1         |                            |
| <i>erythromycin base TBEC</i>                          | 1         |                            |
| <i>erythromycin ethylsuccinate SUSR</i>                | 1         |                            |
| <i>erythromycin ethylsuccinate TABS</i>                | 1         |                            |
| MEDICAL DEVICES AND SUPPLIES                           |           |                            |
| Bandages-Dressings-Tape                                |           |                            |
| ALCOHOL PREP PADS-MISC                                 | 2         | OTC                        |
| Contraceptives                                         |           |                            |
| CONDOMS-MISC                                           | 2         | QL(36 ea per fill retail)  |
| Diabetic Supplies                                      |           |                            |
| 1ST TIER UNILET COMFORTOUCH                            | 2         | QL(6.67 EA daily); RX/OTC  |
| ACCU-CHEK FASTCLIX LANCETS                             | 2         | QL(6.67 EA daily); RX/OTC  |
| ACCU-CHEK SAFE-T PRO LANCETS                           | 2         | QL(6.67 EA daily); RX/OTC  |
| ACCU-CHEK SOFTCLIX LANCETS                             | 2         | QL(6.67 EA daily); RX/OTC  |
| ACCUTREND PLUS                                         | 2         |                            |
| ACTI-LANCE 28G                                         | 2         | QL(6.67 EA daily); RX/OTC  |
| ACTI-LANCE LITE LANCETS 28G                            | 2         | QL(6.67 EA daily); RX/OTC  |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| ACTI-LANCE SPECIAL LANCETS 17G | 2         | QL(6.67 EA daily); RX/OTC | ASSURE LANCE LANCETS 21G       | 2         | QL(6.67 EA daily); RX/OTC |
| ACTI-LANCE UNIVERSAL 23G       | 2         | QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 25G   | 2         | QL(6.67 EA daily); RX/OTC |
| ADVANCED MOBILE LANCET         | 2         | QL(6.67 EA daily); RX/OTC | ASSURE LANCE PLUS SAFETY 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE LANCETS               | 2         | QL(6.67 EA daily); RX/OTC | ASSURE LANCE SAFETY LANCET 28G | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC | AURORA LANCET SUPER THIN 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS        | 2         | QL(6.67 EA daily); RX/OTC | AURORA LANCET THIN 23G         | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS 21G    | 2         | QL(6.67 EA daily); RX/OTC | BD LANCET ULTRAFINE 30G        | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS 23G    | 2         | QL(6.67 EA daily); RX/OTC | BD LANCET ULTRAFINE 33G        | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS 26G    | 2         | QL(6.67 EA daily); RX/OTC | BD MICROTAINER LANCETS         | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE SAFETY LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC | CAREONE LANCET SUPER THIN 30G  | 2         | QL(6.67 EA daily); RX/OTC |
| AGAMATRIX ULTRA-THIN LANCETS   | 2         | QL(6.67 EA daily); RX/OTC | CAREONE LANCET THIN 23G        | 2         | QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 32G       | 2         | QL(6.67 EA daily); RX/OTC | CARESENS LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| AIMSCO TWIST LANCETS 33G       | 2         | QL(6.67 EA daily); RX/OTC | CARESENS LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC |
| AQUALANCE LANCETS 30G          | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH SAFETY LANCETS       | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE COMFORT LANCETS 28G     | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH SAFETY LANCETS 26G   | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS HIGH    | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH TWIST LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS LOW     | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH TWIST LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS MICRO   | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH TWIST LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS NORMAL  | 2         | QL(6.67 EA daily); RX/OTC | CARETOUCH TWIST MC LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE HAEMOLANCE PLUS PED     | 2         | QL(6.67 EA daily); RX/OTC | CHOSEN LANCETS 30G             | 2         | QL(6.67 EA daily); RX/OTC |
| ASSURE LANCE LANCETS           | 2         | QL(6.67 EA daily); RX/OTC | CHOSEN SAFETY LANCETS 28G      | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| CLEANLET LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC | DIATHRIVE LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| CLEVER CHEK LANCETS            | 2         | QL(6.67 EA daily); RX/OTC | DROPLET LANCETS ULTRA THIN 30G | 2         | QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE COMFORT EZ       | 2         | QL(6.67 EA daily); RX/OTC | DROPLET PERSONAL LANCETS 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 21G      | 2         | QL(6.67 EA daily); RX/OTC | DROPSAFE ACTI-LANCE 23G        | 2         | QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 23G      | 2         | QL(6.67 EA daily); RX/OTC | DRUG MART LANCETS THIN 26G     | 2         | QL(6.67 EA daily); RX/OTC |
| CLEVER CHOICE LANCETS 28G      | 2         | QL(6.67 EA daily); RX/OTC | DRUG MART ON-THE-GO LANCET 30G | 2         | QL(6.67 EA daily); RX/OTC |
| COAGUCHEK LANCETS              | 2         | QL(6.67 EA daily); RX/OTC | DRUG MART UNILET LANCETS 28G   | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT ASSURED LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC | DRUG MART UNILET LANCETS 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT ASSURED LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC | DRUG MART UNILET LANCETS 33G   | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT LANCETS                | 2         | QL(6.67 EA daily); RX/OTC | EASY COMFORT LANCETS           | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH LANCETS 31G      | 2         | QL(6.67 EA daily); RX/OTC | EASY COMFORT LANCETS TWIST TOP | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH PLUS LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 21G         | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH PLUS LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 23G         | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH TWIST LANCET 30G | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 26G         | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS 21G                | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G         | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS MICRO THIN 33G     | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 28G/TWIST   | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ORIGINAL           | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G         | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS THIN 26G           | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 30G/TWIST   | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ULTRA THIN 30G     | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G         | 2         | QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ULTRA-THIN 30G     | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 32G/TWIST   | 2         | QL(6.67 EA daily); RX/OTC |
| CVS ULTRA THIN LANCETS         | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH LANCETS 33G/TWIST   | 2         | QL(6.67 EA daily); RX/OTC |
| DIATHRIVE LANCET ULTRA THIN 30 | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                           |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits                                       |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|------------------------------------------------------------|
| EASY TOUCH SAFETY LANCETS 21G  | 2         | QL(6.67 EA daily); RX/OTC | FINE 30                        | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EASY TOUCH SAFETY LANCETS 23G  | 2         | QL(6.67 EA daily); RX/OTC | FINGERSTIX LANCETS             | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EASY TOUCH SAFETY LANCETS 26G  | 2         | QL(6.67 EA daily); RX/OTC | FORA LANCETS                   | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EASY TOUCH SAFETY LANCETS 28G  | 2         | QL(6.67 EA daily); RX/OTC | FREDS PHARMACY UNILET LANC 28G | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EMBRACE LANCETS ULTRA THIN 30G | 2         | QL(6.67 EA daily); RX/OTC | FREDS PHARMACY UNILET LANC 30G | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EMBRACE PRESSURE ACTIVATED 21G | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LANCETS              | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EMBRACE PRESSURE ACTIVATED 28G | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 14 DAY READER  | 2         | QL(1 EA per 365 day(s) retail); PA                         |
| EQL COLOR LANCETS 21G          | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 14 DAY SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          |
| EQL COLOR LANCETS MICRO 33G    | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          |
| EQL SUPER THIN LANCETS 30G     | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 READER       | 2         | QL(1 EA per 365 day(s) retail); PA                         |
| EQL THIN LANCETS 26G           | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 2 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          |
| E-Z JECT LANCET MICRO-THIN 33G | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 3 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          |
| E-Z JECT LANCET SUPER THIN 30G | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 3 READER       | 2         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA |
| E-Z JECT LANCETS 21G           | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE 3 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          |
| E-Z JECT LANCETS THIN 26G      | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE LIBRE READER         | 2         | QL(1 EA per 365 day(s) retail); PA                         |
| EZ-LETS LANCETS 21G            | 2         | QL(6.67 EA daily); RX/OTC | FREESTYLE UNISTICK II LANCETS  | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EZ-LETS LANCETS 26G            | 2         | QL(6.67 EA daily); RX/OTC | GAUZE SPONGES                  | 2         | RX/OTC                                                     |
| EZ-LETS LANCETS 28G            | 2         | QL(6.67 EA daily); RX/OTC | GENTEEL BUTTERFLY TOUCH LANCET | 2         | QL(6.67 EA daily); RX/OTC                                  |
| EZ-LETS LANCETS 30G            | 2         | QL(6.67 EA daily); RX/OTC | GENTLE-LET GP LANCETS          | 2         | QL(6.67 EA daily); RX/OTC                                  |
| FIFTY50 SAFETY SEAL LANCETS    | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                                                            |
| FIFTY50 UNILET LANCETS 33G     | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                                                            |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| GENTLE-LET LANCETS             | 2         | QL(6.67 EA daily); RX/OTC | HAEMOLANCE PLUS LOW FLOW       | 2         | QL(6.67 EA daily); RX/OTC |
| GLOBAL INJECT EASE LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC | HAEMOLANCE PLUS MAX FLOW       | 2         | QL(6.67 EA daily); RX/OTC |
| GLOBAL INJECT EASE LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC | HAEMOLANCE PLUS PEDIATRIC FLOW | 2         | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC | HEALTHY ACCENTS UNILET LANCETS | 2         | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC |
| GLUCOCOM LANCETS 33G           | 2         | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC |
| GNP LANCETS 21G                | 2         | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC |
| GNP LANCETS THIN 26G           | 2         | QL(6.67 EA daily); RX/OTC | HY-VEE LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 28G        | 2         | QL(6.67 EA daily); RX/OTC | HY-VEE THIN LANCETS            | 2         | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC | IN TOUCH STERILE LANCETS 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| GNP STERILE LANCETS 33G        | 2         | QL(6.67 EA daily); RX/OTC | KINNEY LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC |
| GOJJI STERILE LANCETS          | 2         | QL(6.67 EA daily); RX/OTC | KINNEY THIN LANCETS            | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE COLOR LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC | KROGER HEALTHPRO LANCET 26G    | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE LANCETS 26G UNIV     | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE LANCETS 30G          | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS 21G             | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE LANCETS 30G UNIV     | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS MICRO THIN 33G  | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE LANCETS 33G          | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS SUPER THIN      | 2         | QL(6.67 EA daily); RX/OTC |
| GOODSENSE LANCETS 33G UNIV     | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS THIN            | 2         | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE                     | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS THIN 26G        | 2         | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE LOW FLOW LANCETS    | 2         | QL(6.67 EA daily); RX/OTC | KROGER LANCETS ULTRATHIN 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS                | 2         | QL(6.67 EA daily); RX/OTC | LANCETS                        | 2         | QL(6.67 EA daily); RX/OTC |
| HAEMOLANCE PLUS HIGH FLOW      | 2         | QL(6.67 EA daily); RX/OTC | LANCETS 28G THIN               | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                    | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|------------------------------|-----------|---------------------------|
| LANCETS 30G                    | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LANCETS        | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS 33G                    | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LITE 25G       | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS MICRO THIN 33G         | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SPECIAL 0.8MM  | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN             | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SUPERLITE 30G  | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN 28G         | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS UNIVERSAL 21G  | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS THIN                   | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE UNIVERSAL 21G       | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN             | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN 30G         | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS THIN          | 2         | QL(6.67 EA daily); RX/OTC |
| LIBERTY MEDICAL LANCETS        | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 21G | 2         | QL(6.67 EA daily); RX/OTC |
| LITE TOUCH LANCETS             | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 30G | 2         | QL(6.67 EA daily); RX/OTC |
| LITETOUCH LANCETS              | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 33G | 2         | QL(6.67 EA daily); RX/OTC |
| LIVE BETTER LANCET SUPER THIN  | 2         | QL(6.67 EA daily); RX/OTC | MEIJER SUPER THIN LANCETS    | 2         | QL(6.67 EA daily); RX/OTC |
| LIVE BETTER LANCET ULTRA THIN  | 2         | QL(6.67 EA daily); RX/OTC | MICROLET LANCETS             | 2         | QL(6.67 EA daily); RX/OTC |
| LONGS LANCETS STANDARD         | 2         | QL(6.67 EA daily); RX/OTC | MM TWIST LANCETS             | 2         | QL(6.67 EA daily); RX/OTC |
| LONGS LANCETS THIN             | 2         | QL(6.67 EA daily); RX/OTC | MOBILE LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC |
| LONGS LANCETS ULTRA THIN       | 2         | QL(6.67 EA daily); RX/OTC | MONOLET LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET       | 2         | QL(6.67 EA daily); RX/OTC | MONOLET OPD LANCETS          | 2         | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET EXTRA | 2         | QL(6.67 EA daily); RX/OTC | MONOLETTOR SAFETY LANCETS    | 2         | QL(6.67 EA daily); RX/OTC |
| MEDICHOICE SAFETY LANCET NORM  | 2         | QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 21G        | 2         | QL(6.67 EA daily); RX/OTC |
| MEDLANCE EXTRA 21G             | 2         | QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 23G        | 2         | QL(6.67 EA daily); RX/OTC |
| MEDLANCE LITE 25G              | 2         | QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 28G        | 2         | QL(6.67 EA daily); RX/OTC |
| MEDLANCE PLUS EXTRA 21G        | 2         | QL(6.67 EA daily); RX/OTC | MPD SAFETY LANCET 30G        | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits                                          | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------------------------------------------|--------------------------------|-----------|---------------------------|
| MYGLUCOHEALTH LANCETS 30G      | 2         | QL(6.67 EA daily); RX/OTC                                     | PRECISION THINS GP LANCETS     | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SAFETY LANCETS 23G        | 2         | QL(6.67 EA daily); RX/OTC                                     | PREFERRED PLUS LANCETS COLORED | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SAFETY LANCETS 28G        | 2         | QL(6.67 EA daily); RX/OTC                                     | PREFERRED PLUS LANCETS THIN    | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SUREFLEX LANCETS          | 2         | QL(6.67 EA daily); RX/OTC                                     | PRO COMFORT LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET30G | 2         | QL(6.67 EA daily); RX/OTC                                     | PRO COMFORT LANCETS 31G        | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET33G | 2         | QL(6.67 EA daily); RX/OTC                                     | PRO COMFORT SAFETY LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA SAFETY LANCING | 2         | QL(6.67 EA daily); RX/OTC                                     | PRODIGY LANCETS 28G            | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRA 2 KIT           | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | PRODIGY SAFETY LANCETS 26G     | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRASOFT 2 LANCETS   | 2         | QL(6.67 EA daily); RX/OTC                                     | PRODIGY TWIST TOP LANCETS 28G  | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO FLEX SYSTEM KIT | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | PSS SELECT GP LANCETS          | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO REFLECT KIT     | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | PSS SELECT SAFETY LANCETS      | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO LIQD            | 2         |                                                               | PURE COMFORT LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC |
| PC LANCETS SUPER THIN 30G      | 2         | QL(6.67 EA daily); RX/OTC                                     | PX LANCETS MICROTHIN 33G       | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 28G            | 2         | QL(6.67 EA daily); RX/OTC                                     | PX LANCETS ULTRA THIN          | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 30G            | 2         | QL(6.67 EA daily); RX/OTC                                     | PX LANCETS ULTRA THIN 28G      | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT POINT SAFETY LANCETS   | 2         | QL(6.67 EA daily); RX/OTC                                     | QC LANCETS SUPER THIN 30G      | 2         | QL(6.67 EA daily); RX/OTC |
| PHARMACIST CHOICE LANCETS      | 2         | QL(6.67 EA daily); RX/OTC                                     | QC LANCETS ULTRA THIN          | 2         | QL(6.67 EA daily); RX/OTC |
| PHARMACY COUNTER LANCETS       | 2         | QL(6.67 EA daily); RX/OTC                                     | QC UNILET LANCETS 28G          | 2         | QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 28G                | 2         | QL(6.67 EA daily); RX/OTC                                     | QC UNILET LANCETS MICRO THIN   | 2         | QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 30G                | 2         | QL(6.67 EA daily); RX/OTC                                     | RA E-ZJECT LANCETS 28G         | 2         | QL(6.67 EA daily); RX/OTC |
|                                |           |                                                               | RA E-ZJECT LANCETS THIN 26G    | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/<br>Limits   | Drug Name                      | Drug Tier | Requirements/<br>Limits   |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| RA E-ZJECT LANCETS THIN 28G    | 2         | QL(6.67 EA daily); RX/OTC | SAPS HEALTH TWIST TOP LANCETS  | 2         | QL(6.67 EA daily); RX/OTC |
| RA E-ZJECT LANCETS ULTRA THIN  | 2         | QL(6.67 EA daily); RX/OTC | SAPS TWIST TOP LANCETS         | 2         | QL(6.67 EA daily); RX/OTC |
| READYLANCE SAFETY LANCETS      | 2         | QL(6.67 EA daily); RX/OTC | SAPSCARE TWIST TOP LANCETS     | 2         | QL(6.67 EA daily); RX/OTC |
| REALITY LANCETS                | 2         | QL(6.67 EA daily); RX/OTC | SB LANCETS THIN                | 2         | QL(6.67 EA daily); RX/OTC |
| REALITY TRIGGER LANCETS        | 2         | QL(6.67 EA daily); RX/OTC | SB LANCETS ULTRA THIN          | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCET DEVICES 30G      | 2         | QL(6.67 EA daily); RX/OTC | SHOPKO ON-THE-GO LANCETS 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | SHOPKO UNILET LANCETS 28G      | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS MICRO-THIN 33G  | 2         | QL(6.67 EA daily); RX/OTC | SHOPKO UNILET LANCETS 30G      | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS THIN 26G        | 2         | QL(6.67 EA daily); RX/OTC | SINGLE-LET                     | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G  | 2         | QL(6.67 EA daily); RX/OTC | SM LANCETS 33G                 | 2         | QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G  | 2         | QL(6.67 EA daily); RX/OTC | SMART SENSE COLOR LANCETS 33G  | 2         | QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN PLUS LANCETS | 2         | QL(6.67 EA daily); RX/OTC | SMART SENSE STANDARD LANCETS   | 2         | QL(6.67 EA daily); RX/OTC |
| REXALL LANCETS ULTRA THIN 30G  | 2         | QL(6.67 EA daily); RX/OTC | SMART SENSE SUPER THIN LANCETS | 2         | QL(6.67 EA daily); RX/OTC |
| RIGHTEST GL300 LANCETS         | 2         | QL(6.67 EA daily); RX/OTC | SMART SENSE THIN LANCETS 26G   | 2         | QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE                   | 2         | QL(6.67 EA daily); RX/OTC | SMARTTEST LANCETS 28G          | 2         | QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE PLUS              | 2         | QL(6.67 EA daily); RX/OTC | SOLUS V2 LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2         | QL(6.67 EA daily); RX/OTC | SOLUS V2 TWIST LANCETS 30G     | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | STERILANCE TL                  | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 21G             | 2         | QL(6.67 EA daily); RX/OTC | SUPER THIN LANCETS             | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 23G             | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 18G       | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 28G             | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 21G       | 2         | QL(6.67 EA daily); RX/OTC |
| SAPS HEALTH PLUS LANCETS       | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 23G       | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                    | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|------------------------------|-----------|---------------------------|
| SURE COMFORT LANCETS 28G       | 2         | QL(6.67 EA daily); RX/OTC | TRUEPLUS SAFETY LANCETS 28G  | 2         | QL(6.67 EA daily); RX/OTC |
| SURE COMFORT LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC | TWIST TOP LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC |
| SURELITE LANCETS               | 2         | QL(6.67 EA daily); RX/OTC | ULTILET CLASSIC LANCETS      | 2         | QL(6.67 EA daily); RX/OTC |
| TECHLITE AST LANCETS           | 2         | QL(6.67 EA daily); RX/OTC | ULTILET LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS               | 2         | QL(6.67 EA daily); RX/OTC | ULTILET SAFETY LANCETS       | 2         | QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS 26G           | 2         | QL(6.67 EA daily); RX/OTC | ULTILET SAFETY LANCETS 23G   | 2         | QL(6.67 EA daily); RX/OTC |
| TECHLITE LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC | ULTRA THIN LANCETS 31G       | 2         | QL(6.67 EA daily); RX/OTC |
| TGT LANCET MICRO THIN 33G      | 2         | QL(6.67 EA daily); RX/OTC | ULTRA-CARE LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC |
| TGT LANCET THIN 26G            | 2         | QL(6.67 EA daily); RX/OTC | ULTRA-THIN II AUTO LANCET    | 2         | QL(6.67 EA daily); RX/OTC |
| TGT LANCET ULTRA THIN 30G      | 2         | QL(6.67 EA daily); RX/OTC | ULTRA-THIN II LANCETS        | 2         | QL(6.67 EA daily); RX/OTC |
| THINLETS GP LANCETS            | 2         | QL(6.67 EA daily); RX/OTC | UNILET COMFORTOUCH LANCET    | 2         | QL(6.67 EA daily); RX/OTC |
| TODAYS HEALTH THIN LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC | UNILET EXCELITE              | 2         | QL(6.67 EA daily); RX/OTC |
| TODAYS HEALTH THIN LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC | UNILET EXCELITE II           | 2         | QL(6.67 EA daily); RX/OTC |
| TOPCARE LANCETS MICRO-THIN 33G | 2         | QL(6.67 EA daily); RX/OTC | UNILET G.P. LANCET           | 2         | QL(6.67 EA daily); RX/OTC |
| TRAVEL LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | UNILET G.P. SUPERLITE LANCET | 2         | QL(6.67 EA daily); RX/OTC |
| TRAVEL LANCETS ADVANCED 28G    | 2         | QL(6.67 EA daily); RX/OTC | UNILET GP 28 ULTRA THIN      | 2         | QL(6.67 EA daily); RX/OTC |
| TRUE COMFORT SAFETY LANCETS    | 2         | QL(6.67 EA daily); RX/OTC | UNILET LANCET                | 2         | QL(6.67 EA daily); RX/OTC |
| TRUE COMFORT TWIST TOP LANCETS | 2         | QL(6.67 EA daily); RX/OTC | UNILET MICRO-THIN 33G        | 2         | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 26G           | 2         | QL(6.67 EA daily); RX/OTC | UNILET SUPERLITE LANCET      | 2         | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC | UNILET SUPER-THIN 30G        | 2         | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC | UNILET ULTRA-THIN 28G        | 2         | QL(6.67 EA daily); RX/OTC |
| TRUEPLUS LANCETS 33G           | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 1                    | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                     | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|-------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| UNISTIK 2                     | 2         | QL(6.67 EA daily); RX/OTC | UNIVERSAL 1 LANCETS THIN 33G   | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 COMFORT             | 2         | QL(6.67 EA daily); RX/OTC | UNIVERSAL 1 LANCETS ULTRA THIN | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 EXTRA               | 2         | QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCET STANDARD 21G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 NEONATAL            | 2         | QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCETS SUPER THIN  | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 NORMAL              | 2         | QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCETS THIN 26G    | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 2 SUPER               | 2         | QL(6.67 EA daily); RX/OTC | VALUMARK LANCET SUPER THIN 30G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3                     | 2         | QL(6.67 EA daily); RX/OTC | VALUMARK LANCET ULTRA THIN 28G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 COMFORT             | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 21G  | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 EXTRA               | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 23G  | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 GENTLE              | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 28G  | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NEONATAL            | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE SAFE LANCET MINI 30G  | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 3 NORMAL              | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT COMFORT           | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK CZT NORMAL            | 2         | QL(6.67 EA daily); RX/OTC | VERIFINE UNIVERSAL LANCETS 33G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK NORMAL                | 2         | QL(6.67 EA daily); RX/OTC | VIDA MIA UNILET LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK PRO SAFETY LANCET     | 2         | QL(6.67 EA daily); RX/OTC | VIDA MIA UNILET LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK SAFETY LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC | VIVAGUARD LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK SAFETY LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC | VIVAGUARD LANCETS 30G          | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 21G | 2         | QL(6.67 EA daily); RX/OTC | VIVAGUARD SAFETY LANCETS 28G   | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 23G | 2         | QL(6.67 EA daily); RX/OTC | WALGREENS ADV TRAVEL LANCETS   | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 28G | 2         | QL(6.67 EA daily); RX/OTC | WALGREENS LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK TOUCH SAFETY LANC 30G | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                           |
| UNIVERSAL 1 LANCETS THIN 26G  | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                           |

| Drug Name                    | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| WALGREENS LANCETS MICRO THIN | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH ALCOHOL PREP MEDIUM | 2         | QL(6.67 EA daily); RX/OTC |
| WALGREENS LANCETS SUPER THIN | 2         | QL(6.67 EA daily); RX/OTC | EQL ALCOHOL SWABS              | 2         | QL(6.67 EA daily); RX/OTC |
| WALGREENS THIN LANCETS       | 2         | QL(6.67 EA daily); RX/OTC | FIFTY50 ALCOHOL PREP           | 2         | QL(6.67 EA daily); RX/OTC |
| WALGREENS ULTRA THIN LANCETS | 2         | QL(6.67 EA daily); RX/OTC | GLOBAL ALCOHOL PREP EASE       | 2         | QL(6.67 EA daily); RX/OTC |
| ZEVRX TWIST TOP LANCETS 30G  | 2         | QL(6.67 EA daily); RX/OTC | GNP ALCOHOL SWABS              | 2         | QL(6.67 EA daily); RX/OTC |
| Misc. Devices                |           |                           | GOODSENSE ALCOHOL SWABS        | 2         | QL(6.67 EA daily); RX/OTC |
| ADVOCATE ALCOHOL PREP PADS   | 2         | QL(6.67 EA daily); RX/OTC | H-E-B INCONTROL ALCOHOL        | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOH-GLOVE CONTOURED WIPE   | 2         | QL(6.67 EA daily); RX/OTC | HM STERILE ALCOHOL PREP        | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOHOL PADS                 | 2         | QL(6.67 EA daily); RX/OTC | MEIJER ALCOHOL SWABS           | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOHOL PREP                 | 2         | QL(6.67 EA daily); RX/OTC | PHARMACIST CHOICE ALCOHOL      | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOHOL PREP PADS            | 2         | QL(6.67 EA daily); RX/OTC | PRO COMFORT ALCOHOL            | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOHOL SWABS                | 2         | QL(6.67 EA daily); RX/OTC | PURE COMFORT ALCOHOL PREP      | 2         | QL(6.67 EA daily); RX/OTC |
| ALCOHOL SWABSTICK            | 2         | QL(6.67 EA daily); RX/OTC | QC ALCOHOL SWABS               | 2         | QL(6.67 EA daily); RX/OTC |
| AUM ALCOHOL PREP PADS        | 2         | QL(6.67 EA daily); RX/OTC | RA ALCOHOL SWABS               | 2         | QL(6.67 EA daily); RX/OTC |
| BD SWAB SINGLE USE REGULAR   | 2         | QL(6.67 EA daily); RX/OTC | REALITY SWABS                  | 2         | QL(6.67 EA daily); RX/OTC |
| CARETOUCH ALCOHOL PREP       | 2         | QL(6.67 EA daily); RX/OTC | RELION ALCOHOL SWABS           | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH ALCOHOL PREP   | 2         | QL(6.67 EA daily); RX/OTC | SAPS CARE ALCOHOL PREP         | 2         | QL(6.67 EA daily); RX/OTC |
| CURITY ALCOHOL PREPS         | 2         | QL(6.67 EA daily); RX/OTC | SAPS HEALTH ALCOHOL PREP       | 2         | QL(6.67 EA daily); RX/OTC |
| CVS ALCOHOL PREP PADS        | 2         | QL(6.67 EA daily); RX/OTC | SAPS HEALTH CARE ALCOHOL PREP  | 2         | QL(6.67 EA daily); RX/OTC |
| CVS PREP                     | 2         | QL(6.67 EA daily); RX/OTC | SB ALCOHOL PREP                | 2         | QL(6.67 EA daily); RX/OTC |
| DROPSAFE ALCOHOL PREP        | 2         | QL(6.67 EA daily); RX/OTC | SM ALCOHOL PREP                | 2         | QL(6.67 EA daily); RX/OTC |
| EASY COMFORT ALCOHOL PADS    | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT ALCOHOL PREP      | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                       | Drug Tier | Requirements/ Limits      | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|---------------------------------|-----------|---------------------------|-------------------------------------|-----------|----------------------------------------|
| TRUE COMFORT ALCOHOL PREP PADS  | 2         | QL(6.67 EA daily); RX/OTC | Respiratory Therapy Supplies        |           |                                        |
| TRUE COMFORT PRO ALCOHOL PREP   | 2         | QL(6.67 EA daily); RX/OTC | ACE AEROSOL CLOUD ENHANCER MISC     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| ULTICARE ALCOHOL SWABS          | 2         | QL(6.67 EA daily); RX/OTC | ACTIVITY POUCH MISC                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| ULTILET ALCOHOL SWABS           | 2         | QL(6.67 EA daily); RX/OTC | ADULT AEROSOL MASK MISC             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| ULTRA-CARE ALCOHOL PREP PADS    | 2         | QL(6.67 EA daily); RX/OTC | ADULT MASK LARGE MISC               | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| WEBCOL ALCOHOL PREP LARGE       | 2         | QL(6.67 EA daily); RX/OTC | AEROCHAMBER HOLDING CHAMBER DEVI    | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| WEBCOL ALCOHOL PREP MEDIUM      | 2         | QL(6.67 EA daily); RX/OTC | AEROCHAMBER MINI CHAMBER DEVI       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| ZEV RX STERILE ALCOHOL PREP PAD | 2         | QL(6.67 EA daily); RX/OTC | AEROCHAMBER MV MISC                 | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| Parenteral Therapy Supplies     |           |                           | AEROCHAMBER PLS FLOVU MTHPIECE DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD AUTOSHIELD DUO               | 2         | QL(5 EA daily); RX/OTC    | AEROCHAMBER PLUS FLO-VU INTERM DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE MICRO ULTRAFINE   | 2         | QL(5 EA daily)            | AEROCHAMBER PLUS FLO-VU LARGE DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE MINI ULTRAFINE    | 2         | QL(5 EA daily); RX/OTC    | AEROCHAMBER PLUS FLO-VU LARGE MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE NANO 2ND GEN      | 2         | QL(5 EA daily); RX/OTC    | AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE NANO ULTRAFINE    | 2         | QL(5 EA daily); RX/OTC    | AEROCHAMBER PLUS FLO-VU MEDIUM MISC | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE ORIG ULTRAFINE    | 2         | QL(5 EA daily)            | AEROCHAMBER PLUS FLO-VU SMALL DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE SHORT ULTRAFINE   | 2         | QL(5 EA daily); RX/OTC    | AEROCHAMBER PLUS FLO-VU SMALL MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLES                  | 2         | QL (5 ea daily); RX/OTC   | AEROCHAMBER PLUS FLO-VU W/MASK MISC | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| EMBECTA AUTOSHIELD DUO          | 2         | QL(5 EA daily); RX/OTC    |                                     |           |                                        |
| EMBECTA PEN NEEDLE NANO         | 2         | QL(5 EA daily); RX/OTC    |                                     |           |                                        |
| EMBECTA PEN NEEDLE NANO 2 GEN   | 2         | QL(5 EA daily); RX/OTC    |                                     |           |                                        |
| EMBECTA PEN NEEDLE ULTRAFINE    | 2         | QL(5 EA daily)            |                                     |           |                                        |
| INSULIN SYRINGES                | 2         | QL (5 ea daily); RX/OTC   |                                     |           |                                        |

| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|-------------------------------------|-----------|----------------------------------------|
| AEROCHAMBER PLUS FLO-VU MISC        | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHE EASE NEB MASK/CHILD MISC    | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLOW VU MISC       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHE EASE NEB MASK/INFANT MISC   | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER W/FLOWSIGNAL MISC       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHE EASE SMALL DEVI             | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS CHAMBR MISC | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHERITE VALVED MDI CHAMBER DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/LARGE MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BUBBLES THE FISH II PEDI MASK MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | CLEVER CHOICE HOLDING CHAMBER DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/SMALL MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | CO MONITOR REPLACEMENT PIECES MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS MISC        | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | COMPACT SPACE CHAMBER/LG MASK DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROTRACH PLUS MISC                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | COMPACT SPACE CHAMBER/MED MASK DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROVENT PLUS DEVI                  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | COMPACT SPACE CHAMBER/SM MASK DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AIRS PEDIATRIC AEROSOL MASK MISC    | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | COMPACT SPACE CHAMBER DEVI          | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| ALL FLOW 1000 PFT FILTER MISC       | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | EASIVENT MASK LARGE MISC            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE COMFORT CHAMBER/ADULT DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | EASIVENT MASK MEDIUM MISC           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE COMFORT CHAMBER/CHILD DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | EASIVENT MASK SMALL MISC            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE LARGE DEVI             | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | EASIVENT MISC                       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BREATHE EASE MEDIUM DEVI            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | EBASE CONTROLLER KIT MISC           | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |

| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                          | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|------------------------------------|-----------|----------------------------------------|
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUGH MASK LARGE MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUGH MASK MEDIUM MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUGH MASK SMALL MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | MICROCHAMBER DEVI                  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| FILTER AIR PP MISC                  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | MICROCHAMBER MISC                  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| FLEXICHAMBER DEVI                   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | MICROSPACER MISC                   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| FLYP HYPERSONIQ CARTRIDGE MISC      | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | MINIELITE FILTER REPLACEMENTS MISC | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| FULL KIT NEBULIZER SET MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | NEBULIZER AIR TUBE/PLUGS MISC      | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| HUDSON RCI AEROSOL MASK ADULT MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | NOSE CLIP MISC                     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| INNOSPIRE REPLACEMENT FILTER MISC   | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND DEVI           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIRACHAMBER/LARGE DEVI           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-LG MASK DEVI   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIRACHAMBER/MEDIUM DEVI          | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-MD MASK MISC   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIRACHAMBER/MOUTHPIECE DEVI      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND MISC           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIRACHAMBER/SMALL DEVI           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-SM MASK MISC   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INSPIREASE RESERVOIR BAGS           | 2         | QL(3 EA per 180 day(s) retail)         | PARI ALTERA NEBULIZER HANDSET MISC | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| INSPIREASE MISC                     | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | PARI BABY CONVERSION KIT MISC      | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |

| Drug Name                          | Drug Tier | Requirements/ Limits                   | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|------------------------------------|-----------|----------------------------------------|-------------------------------------|-----------|----------------------------------------|
| PARI ERAPID NEBULIZER HANDSET MISC | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PRO COMFORT SPACER INFANT DEVI      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI EXPIRATORY FILTER SET DEVI    | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PROCARE SPACER/ADULT MASK DEVI      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI MASK SET MISC                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PROCARE SPACER/CHILD MASK DEVI      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI SOFT PLASTIC ADULT MASK MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PROCHAMBER VHC DEVI                 | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PARI SOFT PLASTIC PED MASK MISC    | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PRONEB ULTRA FILTER SET MISC        | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PARI VORTEX ADULT MASK             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | PURE COMFORT SPACER CHAMBER DEVI    | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PEDIATRIC MOUTHPIECE MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | REPLACEMENT AIR FILTER MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PFLEX MISC                         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | REPLACEMENT FILTERS MISC            | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PHARMACIST CHOICE MASK WIPES MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | RITEFLO DEVI                        | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| PILLOW MASK/ADULT MISC             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | SAMI THE SEAL FILTERS MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PILLOW MASK/CHILD MISC             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | SIDESTREAM ADULT FACE MASK MISC     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PILLOW MASK/PEDIATRIC MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | SIDESTREAM PEDIATRIC FACE MASK MISC | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| POCKET CHAMBER DEVI                | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | SIDESTREAM PLS ADULT FACE MASK MISC | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| POCKET SPACER DEVI                 | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | SILICONE MASK/ADULT MISC            | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT SPACER ADULT MISC      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | SILICONE MASK/INFANT MISC           | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT SPACER CHILD MISC      | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | SILICONE MASK/PEDIATRIC MISC        | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                   |
|--------------------------------------------------------------|-----------|----------------------------------------|
| SOOTHENEB NBL 100 ADULT MASK MISC                            | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| SOOTHENEB NBL 100 CHILD MASK MISC                            | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| SOOTHENEB NBL 100 MED CUP MISC                               | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| SOOTHENEB NBL 100 MESH CAP MISC                              | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| THRESHOLD IMT MISC                                           | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| TUBING/WING TIP MISC                                         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI                            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI                          | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX VALVE CHAMBER-PEDI MASK DEVI                          | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| VORTEX VALVED HOLDING CHAMBER DEVI                           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| WINDMILL TRAINER MISC                                        | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                                        |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                                        |
| AJOVY SOAJ                                                   | 2         | SP; PA                                 |
| AJOVY SOSY                                                   | 2         | SP; PA                                 |
| EMGALITY (300 MG DOSE) SOSY                                  | NP        | SP; PA                                 |
| EMGALITY SOAJ                                                | 2         | SP; PA                                 |
| EMGALITY SOSY                                                | 2         | SP; PA                                 |
| NURTEC                                                       | 2         | PA                                     |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                     |
|---------------------------------------------------|-----------|----------------------------------------------------------|
| QULIPTA                                           | 2         | PA                                                       |
| UBRELVY                                           | 2         | PA                                                       |
| ZAVZPRET                                          | NP        | PA                                                       |
| <b>Migraine Combinations</b>                      |           |                                                          |
| <i>ergotamine w/ caffeine TABS</i>                | 1         |                                                          |
| <i>sumatriptan-naproxen sodium</i>                | 1         |                                                          |
| <b>Migraine Products</b>                          |           |                                                          |
| <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1         |                                                          |
| <b>Serotonin Agonists</b>                         |           |                                                          |
| <i>almotriptan malate</i>                         | 1         |                                                          |
| <i>eletriptan hydrobromide</i>                    | 1         | QL(0.2 EA daily)                                         |
| <i>frovatriptan succinate</i>                     | 1         |                                                          |
| <i>naratriptan hcl</i>                            | 1         | QL(0.3 EA daily); AL(At least 18 yrs old)                |
| <i>rizatriptan benzoate TABS</i>                  | 1         | QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)   |
| <i>rizatriptan benzoate TBDP</i>                  | 1         |                                                          |
| <i>sumatriptan</i>                                | 1         | QL(6 EA per 30 day(s) retail)                            |
| <i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>      | 1         | QL(0.67 ML daily)                                        |
| <i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>      | 1         |                                                          |
| <i>sumatriptan succinate SOCT 6 MG/0.5ML</i>      | 1         | QL(0.67 ML daily)                                        |
| <i>sumatriptan succinate SOCT 4 MG/0.5ML</i>      | 1         |                                                          |
| <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>      | 1         | QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old) |

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits          | Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|-------------------------------------------------------|-----------|----------------------|
| <i>sumatriptan succinate TABS</i>                                                                           | 1         | QL(9 EA per 30 day(s) retail) | <i>potassium chloride CPCR 10 MEQ</i>                 | 1         | MP                   |
| <i>zolmitriptan SOLN 2.5 MG</i>                                                                             | 2         |                               | <i>potassium chloride PACK PO 20 MEQ</i>              | 1         |                      |
| <i>zolmitriptan TABS</i>                                                                                    | 1         | QL(6 EA per 30 day(s) retail) | <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>    | 1         | MP                   |
| <i>zolmitriptan TBDP</i>                                                                                    | 1         | QL(6 EA per 30 day(s) retail) | <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>          | 1         | MP                   |
| <i>ZOMIG SOLN 2.5 MG (Use zolmitriptan)</i>                                                                 | NP        |                               | Zinc                                                  |           |                      |
| <b>MINERALS &amp; ELECTROLYTES</b>                                                                          |           |                               | <i>zinc sulfate CAPS</i>                              | 1         |                      |
| Calcium                                                                                                     |           |                               | <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>              |           |                      |
| <i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i> | 1         | QL(2 EA daily)                | Chelating Agents                                      |           |                      |
| <i>oyster shell</i>                                                                                         | 1         |                               | <i>penicillamine TABS</i>                             | 1         |                      |
| Fluoride                                                                                                    |           |                               | <i>trientine hcl 250 MG</i>                           | 1         | SP; PA               |
| <i>sodium fluoride CHEW</i>                                                                                 | 1         |                               | Enzymes                                               |           |                      |
| <i>sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML</i>                                                            | 1         | RX/OTC                        | <i>XIAFLEX</i>                                        | 2         | SP; PA               |
| <i>sodium fluoride SOLN 0.125 MG/DROP</i>                                                                   | 1         |                               | Fecal Incontinence Bulking Agents                     |           |                      |
| <i>SOLUVITA SOLN</i>                                                                                        | 2         | RX/OTC                        | <i>SOLESTA</i>                                        | 2         | SP; PA               |
| Magnesium                                                                                                   |           |                               | Immunomodulators                                      |           |                      |
| <i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG</i>                                        | 1         |                               | <i>lenalidomide</i>                                   | 1         | SP; PA               |
| Phosphate                                                                                                   |           |                               | <i>REVLIMID</i>                                       | 2         | SP; PA               |
| <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>                                     | 1         | QL(8 EA daily)                | <i>THALOMID</i>                                       | 2         | SP; PA               |
| Potassium                                                                                                   |           |                               | Immunosuppressive Agents                              |           |                      |
| <i>potassium bicarbonate TBEF</i>                                                                           | 1         |                               | <i>ASTAGRAF XL CP24</i>                               | 2         | PA                   |
| <i>potassium chloride microencapsulated crystals er</i>                                                     | 1         | MP                            | <i>ATGAM</i>                                          | 2         | SP; PA               |
| <i>potassium chloride CPCR 8 MEQ</i>                                                                        | 1         | QL(1 EA daily); MP            | <i>azathioprine TABS 75 MG, 100 MG</i>                | 1         |                      |
|                                                                                                             |           |                               | <i>azathioprine TABS 50 MG</i>                        | 1         | MP                   |
|                                                                                                             |           |                               | <i>cyclosporine modified (for microemulsion) CAPS</i> | 1         | PA                   |
|                                                                                                             |           |                               | <i>cyclosporine modified (for microemulsion) SOLN</i> | 1         | PA                   |
|                                                                                                             |           |                               | <i>cyclosporine CAPS</i>                              | 1         | PA                   |
|                                                                                                             |           |                               | <i>cyclosporine SOLN IV 50 MG/ML</i>                  | 1         | PA                   |
|                                                                                                             |           |                               | <i>everolimus (immunosuppressant)</i>                 | 1         | PA                   |

| Drug Name                                        | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------|-----------|----------------------------|
| GAMIFANT 10 MG/2ML, 50 MG/10ML                   | 2         | SP; PA                     |
| <i>mycophenolate mofetil hcl</i>                 | 1         | PA                         |
| <i>mycophenolate mofetil CAPS</i>                | 1         | PA                         |
| <i>mycophenolate mofetil SUSR</i>                | 1         | PA                         |
| <i>mycophenolate mofetil TABS</i>                | 1         | PA                         |
| <i>mycophenolate sodium</i>                      | 1         | PA                         |
| NULOJIX                                          | 2         | SP; PA                     |
| PROGRAF PACK                                     | 2         | PA                         |
| PROGRAF SOLN                                     | 2         | PA                         |
| SANDIMMUNE CAPS<br>(Use cyclosporine)            | 2         | PA                         |
| SANDIMMUNE SOLN IV 50 MG/ML                      | 2         | PA                         |
| <i>sirolimus SOLN</i>                            | 1         | PA                         |
| <i>sirolimus TABS</i>                            | 1         | PA                         |
| <i>tacrolimus CAPS</i>                           | 1         | PA                         |
| THYMOGLOBULIN                                    | 2         | SP; PA                     |
| Lymphatic Agents                                 |           |                            |
| SYLVANT                                          | 2         | SP; PA                     |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents |           |                            |
| VIJOICE TBPk                                     | 2         | SP; PA                     |
| Potassium Removing Agents                        |           |                            |
| LOKELMA                                          | 2         |                            |
| <i>sodium polystyrene sulfonate POWD</i>         | 1         | QL(454 GM per fill retail) |
| Systemic Lupus Erythematosus Agents              |           |                            |
| BENLYSTA SOLR                                    | 2         | SP; PA                     |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                |           |                            |
| Anesthetics Topical Oral                         |           |                            |
| <i>lidocaine hcl (mouth-throat) 2 %</i>          | 1         | QL(100 ML per fill retail) |
| Anti-infectives - Throat                         |           |                            |

| Drug Name                                     | Drug Tier | Requirements/ Limits                  |
|-----------------------------------------------|-----------|---------------------------------------|
| <i>nystatin (mouth-throat)</i>                | 1         | QL(100 ML per fill retail)            |
| Antiseptics - Mouth/Throat                    |           |                                       |
| <i>chlorhexidine gluconate (mouth-throat)</i> | 1         |                                       |
| Dental Products                               |           |                                       |
| <i>sodium fluoride (dental) CREA</i>          | 1         | QL(57 GM per fill retail)             |
| <i>sodium fluoride (dental) GEL</i>           | 1         | QL(60 GM per fill retail)             |
| <i>sodium fluoride (dental) SOLN 0.2 %</i>    | 1         |                                       |
| <i>stannous fluoride CONC</i>                 | 1         | RX/OTC                                |
| Periodontal Products                          |           |                                       |
| ARESTIN                                       | 2         | SP; PA                                |
| Steroids - Mouth/Throat/Dental                |           |                                       |
| <i>triamcinolone acetonide (mouth)</i>        | 1         | QL(5 GM per fill retail)              |
| Throat Products - Misc.                       |           |                                       |
| AQUORAL SOLN                                  | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| BIOTENE DRY MOUTH MOIST SPRAY SOLN            | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| CAPHOSOL SOLN                                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| CVS DRY MOUTH SOLN                            | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| EQL DRY MOUTH ORAL RINSE SOLN                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| MOI-STIR SOLN                                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| MOUTH KOTE REMINT SOLN                        | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| MOUTH KOTE SOLN                               | 2         | QL(900 ML per fill retail);<br>RX/OTC |

| Drug Name                          | Drug Tier | Requirements/ Limits               |
|------------------------------------|-----------|------------------------------------|
| NUMOISYN LIQD                      | 2         | QL(900 ML per fill retail); RX/OTC |
| ORAL RELIEF SPRAY SOLN             | 2         | QL(900 ML per fill retail); RX/OTC |
| <i>pilocarpine hcl (oral) 5 MG</i> | 1         | QL(6 EA daily)                     |
| RA DRY MOUTH SOLN                  | 2         | QL(900 ML per fill retail); RX/OTC |

## MULTIVITAMINS

|                                                     |   |                        |
|-----------------------------------------------------|---|------------------------|
| B-Complex Vitamins                                  |   |                        |
| <i>b-complex vitamins CAPS</i>                      | 1 | QL(1 EA daily)         |
| <i>b-complex vitamins TABS</i>                      | 1 | QL(1 EA daily)         |
| B-Complex w/ C                                      |   |                        |
| <i>b complex w/ c CAPS</i>                          | 1 | QL(1 EA daily)         |
| B-Complex w/ Folic Acid                             |   |                        |
| <i>b-complex w/ c &amp; folic acid CAPS</i>         | 1 | QL(1 EA daily); RX/OTC |
| <i>b-complex w/ c &amp; folic acid TABS</i>         | 1 | QL(1 EA daily); RX/OTC |
| Multiple Vitamins w/ Iron                           |   |                        |
| DESTRESS-IRON TABS                                  | 2 | QL(1 EA daily)         |
| <i>multiple vitamins w/ iron TABS</i>               | 1 | QL(1 EA daily)         |
| TAB-A-VITE/IRON/BETA CAROTENE TABS                  | 2 | QL(1 EA daily)         |
| Multiple Vitamins w/ Minerals                       |   |                        |
| MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND   | 2 | RX/OTC                 |
| MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED GENERIC | 1 | RX/OTC                 |
| Multivitamins                                       |   |                        |
| MULTIPLE VITAMINS TABS-ASSORTED BRAND               | 2 | QL(1 ea daily)         |

| Drug Name                                          | Drug Tier | Requirements/ Limits                                    |
|----------------------------------------------------|-----------|---------------------------------------------------------|
| MULTIPLE VITAMINS TABS-ASSORTED GENERIC            | 1         | QL(1 ea daily)                                          |
| Ped Multi Vitamins w/Fl & FE                       |           |                                                         |
| <i>ped multivitamins w/fl &amp; iron SOLN</i>      | 1         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| Ped Multiple Vitamins w/ Minerals                  |           |                                                         |
| MVW COMPLETE FORMULATION SOLN                      | 2         |                                                         |
| Ped MV w/ Fluoride                                 |           |                                                         |
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND   | 2         | QL(1 ea daily); AL(Up to 13 yrs old)                    |
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC | 1         | QL(1 ea daily); AL(Up to 13 yrs old)                    |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND   | 2         | QL(50ml per fill retail); AL(Up to 13 yrs old)          |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC | 1         | QL(50ml per fill retail); AL(Up to 13 yrs old)          |
| <i>pediatric vitamins acd w/ fluoride SOLN</i>     | 1         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| SOLUVITA ACD WITH FLUORIDE SOLN                    | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN                         | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| Ped MV w/ Iron                                     |           |                                                         |
| BPROTECTED PEDIA POLY-VITE/FE SOLN                 | 2         |                                                         |

| Drug Name                                              | Drug Tier | Requirements/ Limits                 | Drug Name                                                                      | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|--------------------------------------|--------------------------------------------------------------------------------|-----------|----------------------|
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML                 | 2         |                                      | <i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i> | 1         | SP; PA               |
| MULTIVITAMIN DROPS/IRON SOLN                           | 2         |                                      | <i>baclofen SOLN PO 10 MG/5ML</i>                                              | 2         |                      |
| MULTIVITAMIN INFANT & TODDLER SOLN                     | 2         |                                      | <i>baclofen SOLN PO 5 MG/5ML</i>                                               | 1         |                      |
| PC PEDIATRIC POLY-VITA/FE DROP SOLN                    | 2         | QL(60 ML per fill retail)            | <i>baclofen SUSP</i>                                                           | 1         |                      |
| POLY-VITA/IRON SOLN                                    | 2         | QL(60 ML per fill retail)            | <i>baclofen TABS 10 MG, 20 MG</i>                                              | 1         | MP                   |
| POLY-VITE/IRON SOLN                                    | 2         |                                      | <i>baclofen TABS 15 MG</i>                                                     | 1         |                      |
| Pediatric Multiple Vitamins                            |           |                                      | <i>baclofen TABS 5 MG</i>                                                      | 1         | PA                   |
| BPROTECTED PEDIA POLY-VITE SOLN PO                     | 2         |                                      | <i>carisoprodol TABS 250 MG</i>                                                | 1         | PA                   |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO                 | 2         |                                      | <i>carisoprodol TABS 350 MG</i>                                                | 1         | MP; PA               |
| POLY-VI-SOL SOLN PO                                    | 2         |                                      | <i>chlorzoxazone TABS 500 MG</i>                                               | 1         | MP                   |
| POLY-VITA SOLN PO                                      | 2         |                                      | <i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>                               | 1         |                      |
| POLY-VITE PEDIATRIC SOLN PO                            | 2         |                                      | <i>cyclobenzaprine hcl CP24</i>                                                | 1         |                      |
| Prenatal Vitamins                                      |           |                                      | <i>cyclobenzaprine hcl TABS 7.5 MG</i>                                         | 1         | QL(4 EA daily)       |
| PRENATAL VITAMINS-ASSORTED BRAND                       | 2         | QL(30 ea per 30 days retail); RX/OTC | <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>                                    | 1         | QL(3 EA daily); MP   |
| PRENATAL VITAMINS-ASSORTED GENERIC                     | 1         | QL(30 ea per 30 days retail); RX/OTC | <i>cyclobenzaprine hcl TABS 7.5 MG</i>                                         | NP        | QL(4 EA daily)       |
| Vitamins w/ Lipotropics                                |           |                                      | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML                                | 2         | SP; PA               |
| <i>vitamins w/ lipotropics CAPS</i>                    | 1         | QL(1 EA daily)                       | LIORESAL SOLN IT                                                               | 2         | SP; PA               |
| MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms |           |                                      | LYVISPAH PACK                                                                  | NP        |                      |
| Articular Cartilage Repair Therapy                     |           |                                      | <i>metaxalone</i>                                                              | 1         |                      |
| MACI                                                   | 2         | SP; PA                               | <i>methocarbamol TABS 500 MG</i>                                               | 1         | MP                   |
| Central Muscle Relaxants                               |           |                                      | <i>methocarbamol TABS 750 MG</i>                                               | 1         |                      |
| <i>baclofen SOLN PO 10 MG/5ML</i>                      | 2         |                                      | <i>orphenadrine citrate TB12</i>                                               | 1         |                      |
|                                                        |           |                                      | OZOBAX DS SOLN PO (Use baclofen)                                               | NP        |                      |

| Drug Name                                                                         | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------|-----------|----------------------|
| OZOBAX SOLN PO ( <i>Use baclofen</i> )                                            | 2         |                      |
| <i>tizanidine hcl CAPS</i>                                                        | 1         |                      |
| <i>tizanidine hcl TABS</i>                                                        | 1         |                      |
| Direct Muscle Relaxants                                                           |           |                      |
| <i>dantrolene sodium CAPS</i>                                                     | 1         |                      |
| Muscle Relaxant Combinations                                                      |           |                      |
| <i>orphenadrine w/ aspirin &amp; caff</i>                                         | 1         |                      |
| <i>orphenadrine w/ aspirin &amp; caff 385 MG-30 MG-25 MG</i>                      | NP        |                      |
| Viscosupplements                                                                  |           |                      |
| EUFLEXXA SOSY                                                                     | 2         | SP; PA               |
| GEL-ONE                                                                           | 2         | SP; PA               |
| GELSYN-3 SOSY                                                                     | 2         | SP; PA               |
| GENVISC 850 SOSY                                                                  | 2         | SP; PA               |
| HYALGAN SOLN                                                                      | 2         | SP; PA               |
| HYALGAN SOSY                                                                      | 2         | SP; PA               |
| HYMOVIS                                                                           | 2         | SP; PA               |
| MONOVISC                                                                          | 2         | SP; PA               |
| ORTHOVISC                                                                         | 2         | SP; PA               |
| SUPARTZ FX SOSY                                                                   | 2         | SP; PA               |
| SYNOJOYNT SOSY                                                                    | 2         | SP; PA               |
| SYNVISC ONE SOSY                                                                  | 2         | SP; PA               |
| SYNVISC SOSY                                                                      | 2         | SP; PA               |
| TRILURON SOSY                                                                     | 2         | SP; PA               |
| TRIVISC SOSY                                                                      | 2         | SP; PA               |
| VISCO-3 SOSY                                                                      | 2         | SP; PA               |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b> |           |                      |
| Nasal Agent Combinations                                                          |           |                      |
| <i>azelastine hcl-fluticasone propionate SUSP</i>                                 | 1         |                      |
| RYALTRIS                                                                          | NP        |                      |
| Nasal Agents - Misc.                                                              |           |                      |

| Drug Name                                  | Drug Tier | Requirements/ Limits                                      |
|--------------------------------------------|-----------|-----------------------------------------------------------|
| FT SALINE NASAL SPRAY SOLN                 | 2         | QL(90 ML per fill retail)                                 |
| LITTLE REMEDIES SALINE SOLN                | 2         | QL(90 ML per fill retail)                                 |
| <i>saline SOLN 0.65 %</i>                  | 1         | QL(90 ML per fill retail)                                 |
| Nasal Antiallergy                          |           |                                                           |
| <i>azelastine hcl</i>                      | 1         | QL(30 ML per fill retail); RX/OTC                         |
| <i>cromolyn sodium (nasal) 5.2 MG/ACT</i>  | 1         | QL(26 ML per fill retail)                                 |
| <i>olopatadine hcl (nasal)</i>             | 1         |                                                           |
| Nasal Anticholinergics                     |           |                                                           |
| <i>ipratropium bromide (nasal) 0.03 %</i>  | 1         | QL(30 ML per 30 day(s) retail)                            |
| <i>ipratropium bromide (nasal) 0.06 %</i>  | 1         | QL(15 ML per 30 day(s) retail)                            |
| Nasal Steroids                             |           |                                                           |
| <i>flunisolide (nasal)</i>                 | 1         | QL(25 ML per fill retail)                                 |
| <i>fluticasone propionate (nasal) SUSP</i> | 1         | QL(16 ML per fill retail); RX/OTC                         |
| <i>mometasone furoate (nasal) SUSP</i>     | 1         | QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC |
| Sympathomimetic Decongestants              |           |                                                           |
| <i>epinephrine hcl (nasal)</i>             | 1         |                                                           |
| <i>phenylephrine hcl (oral) TABS</i>       | 1         | QL(24 EA per fill retail)                                 |
| <i>pseudoephedrine hcl TABS</i>            | 1         |                                                           |
| <i>pseudoephedrine hcl TB12</i>            | 1         | QL(2 EA daily)                                            |
| SUDAFED CHILDRENS LIQD                     | 2         |                                                           |
| SUDAFED PE CHILDRENS SOLN                  | 2         | QL(120 ML per fill retail)                                |
| <b>NEUROMUSCULAR AGENTS - Drugs to</b>     |           |                                                           |

| Drug Name                        | Drug Tier | Requirements/ Limits | Drug Name                                         | Drug Tier | Requirements/ Limits |
|----------------------------------|-----------|----------------------|---------------------------------------------------|-----------|----------------------|
| <b>Relax/Paralyze Muscles</b>    |           |                      | ELEVIDYS 38.5-39.4 KG                             | 2         | SP; PA               |
| <b>ALS Agents</b>                |           |                      | ELEVIDYS 39.5-40.4 KG                             | 2         | SP; PA               |
| <i>riluzole TABS</i>             | 1         | PA                   | ELEVIDYS 40.5-41.4 KG                             | 2         | SP; PA               |
| TEGLUTIK SUSP                    | 2         | SP; PA               | ELEVIDYS 41.5-42.4 KG                             | 2         | SP; PA               |
| TIGLUTIK SUSP                    | 2         | SP; PA               | ELEVIDYS 42.5-43.4 KG                             | 2         | SP; PA               |
| <b>Muscular Dystrophy Agents</b> |           |                      | ELEVIDYS 43.5-44.4 KG                             | 2         | SP; PA               |
| AMONDYS 45                       | 2         | SP; PA               | ELEVIDYS 44.5-45.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 10.0-10.4 KG            | 2         | SP; PA               | ELEVIDYS 45.5-46.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 10.5-11.4 KG            | 2         | SP; PA               | ELEVIDYS 46.5-47.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 11.5-12.4 KG            | 2         | SP; PA               | ELEVIDYS 47.5-48.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 12.5-13.4 KG            | 2         | SP; PA               | ELEVIDYS 48.5-49.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 13.5-14.4 KG            | 2         | SP; PA               | ELEVIDYS 49.5-50.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 14.5-15.4 KG            | 2         | SP; PA               | ELEVIDYS 50.5-51.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 15.5-16.4 KG            | 2         | SP; PA               | ELEVIDYS 51.5-52.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 16.5-17.4 KG            | 2         | SP; PA               | ELEVIDYS 52.5-53.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 17.5-18.4 KG            | 2         | SP; PA               | ELEVIDYS 53.5-54.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 18.5-19.4 KG            | 2         | SP; PA               | ELEVIDYS 54.5-55.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 19.5-20.4 KG            | 2         | SP; PA               | ELEVIDYS 55.5-56.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 20.5-21.4 KG            | 2         | SP; PA               | ELEVIDYS 56.5-57.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 21.5-22.4 KG            | 2         | SP; PA               | ELEVIDYS 57.5-58.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 22.5-23.4 KG            | 2         | SP; PA               | ELEVIDYS 58.5-59.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 23.5-24.4 KG            | 2         | SP; PA               | ELEVIDYS 59.5-60.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 24.5-25.4 KG            | 2         | SP; PA               | ELEVIDYS 60.5-61.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 25.5-26.4 KG            | 2         | SP; PA               | ELEVIDYS 61.5-62.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 26.5-27.4 KG            | 2         | SP; PA               | ELEVIDYS 62.5-63.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 27.5-28.4 KG            | 2         | SP; PA               | ELEVIDYS 63.5-64.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 28.5-29.4 KG            | 2         | SP; PA               | ELEVIDYS 64.5-65.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 29.5-30.4 KG            | 2         | SP; PA               | ELEVIDYS 65.5-66.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 30.5-31.4 KG            | 2         | SP; PA               | ELEVIDYS 66.5-67.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 31.5-32.4 KG            | 2         | SP; PA               | ELEVIDYS 67.5-68.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 32.5-33.4 KG            | 2         | SP; PA               | ELEVIDYS 68.5-69.4 KG                             | 2         | SP; PA               |
| ELEVIDYS 33.5-34.4 KG            | 2         | SP; PA               | ELEVIDYS 69.5 KG PLUS                             | 2         | SP; PA               |
| ELEVIDYS 34.5-35.4 KG            | 2         | SP; PA               | EXONDYS 51                                        | 2         | SP; PA               |
| ELEVIDYS 35.5-36.4 KG            | 2         | SP; PA               | VILTEPSO                                          | 2         | SP; PA               |
| ELEVIDYS 36.5-37.4 KG            | 2         | SP; PA               | VYONDYS 53                                        | 2         | SP; PA               |
| ELEVIDYS 37.5-38.4 KG            | 2         | SP; PA               | <b>Neuromuscular Blocking Agent - Neurotoxins</b> |           |                      |

| Drug Name                            | Drug Tier | Requirements/ Limits |
|--------------------------------------|-----------|----------------------|
| BOTOX IJ                             | 2         | SP; PA               |
| DYSPORE                              | 2         | SP; PA               |
| MYOBLOC                              | 2         | SP; PA               |
| XEOMIN                               | 2         | SP; PA               |
| Spinal Muscular Atrophy Agents (SMA) |           |                      |
| EVRYSDI                              | 2         | SP; PA               |
| SPINRAZA                             | 2         | SP; PA               |
| ZOLGENSMA 20.6-21.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 10.1-10.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 10.6-11.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 11.1-11.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 11.6-12.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 12.1-12.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 12.6-13.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 13.1-13.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 13.6-14.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 14.1-14.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 14.6-15.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 15.1-15.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 15.6-16.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 16.1-16.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 16.6-17.0 KG               | 2         | SP; PA               |
| ZOLGENSMA 17.1-17.5 KG               | 2         | SP; PA               |
| ZOLGENSMA 17.6-18.0 KG               | 2         | SP; PA               |

| Drug Name                                   | Drug Tier | Requirements/ Limits               |
|---------------------------------------------|-----------|------------------------------------|
| ZOLGENSMA 18.1-18.5 KG                      | 2         | SP; PA                             |
| ZOLGENSMA 18.6-19.0 KG                      | 2         | SP; PA                             |
| ZOLGENSMA 19.1-19.5 KG                      | 2         | SP; PA                             |
| ZOLGENSMA 19.6-20.0 KG                      | 2         | SP; PA                             |
| ZOLGENSMA 2.6-3.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 20.1-20.5 KG                      | 2         | SP; PA                             |
| ZOLGENSMA 3.1-3.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 3.6-4.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 4.1-4.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 4.6-5.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 5.1-5.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 5.6-6.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 6.1-6.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 6.6-7.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 7.1-7.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 7.6-8.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 8.1-8.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 8.6-9.0 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 9.1-9.5 KG                        | 2         | SP; PA                             |
| ZOLGENSMA 9.6-10.0 KG                       | 2         | SP; PA                             |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye  |           |                                    |
| Artificial Tears and Lubricants             |           |                                    |
| <i>polyvinyl alcohol 1.4 %</i>              | 1         | QL(15 ML per fill retail)          |
| <i>white petrolatum-mineral oil</i>         | 1         | QL(5 GM per fill retail)           |
| Beta-blockers - Ophthalmic                  |           |                                    |
| <i>betaxolol hcl (ophth) SOLN</i>           | 1         | QL(5 ML per fill retail)           |
| <i>brimonidine tartrate-timolol maleate</i> | 1         |                                    |
| <i>carteolol hcl (ophth)</i>                | 1         | 1 max fill(s) per 30 day(s) retail |

| Drug Name                                                  | Drug Tier | Requirements/ Limits      |
|------------------------------------------------------------|-----------|---------------------------|
| COMBIGAN (Use brimonidine tartrate-timolol maleate)        | 2         |                           |
| DORZOLAMIDE HCL-TIMOLOL MAL                                | 2         | QL(10 ML per fill retail) |
| dorzolamide hcl-timolol maleate                            | 1         | QL(10 ML per fill retail) |
| dorzolamide hcl-timolol maleate                            | 1         |                           |
| levobunolol hcl 0.5 %                                      | 1         |                           |
| timolol maleate (ophth) SOLG 0.25 %                        | 1         |                           |
| timolol maleate (ophth) SOLN                               | 1         | QL(5 ML per fill retail)  |
| timolol maleate (ophth) SOLN 0.5 %                         | 1         |                           |
| TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %            | 2         |                           |
| TIMOPTIC OCUDOSE SOLN 0.25 % (Use timolol maleate (ophth)) | NP        | QL(60 EA per fill retail) |
| TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))      | NP        |                           |
| Cycloplegic Mydriatics                                     |           |                           |
| atropine sulfate (ophthalmic) OINT                         | 1         | QL(4 GM per fill retail)  |
| atropine sulfate (ophthalmic) SOLN                         | 1         | QL(5 ML per fill retail)  |
| ATROPINE SULFATE SOLN 1 %                                  | 2         | QL(5 EA per fill retail)  |
| CYCLOGYL 0.5 %                                             | 2         | QL(15 ML per fill retail) |
| cyclopentolate hcl 1 %                                     | 1         | QL(5 ML per fill retail)  |
| ISOPTO ATROPINE SOLN                                       | 2         | QL(5 ML per fill retail)  |
| phenylephrine hcl (mydriatic) SOLN 2.5 %                   | 1         | QL(5 ML per fill retail)  |
| tropicamide SOLN 1 %                                       | 1         | QL(3 ML per fill retail)  |

| Drug Name                                                   | Drug Tier | Requirements/ Limits      |
|-------------------------------------------------------------|-----------|---------------------------|
| tropicamide SOLN 0.5 %                                      | 1         | QL(15 ML per fill retail) |
| Miotics                                                     |           |                           |
| pilocarpine hcl SOLN 1 %, 2 %, 4 %                          | 1         |                           |
| Ophthalmic - Angiogenesis Inhibitors                        |           |                           |
| BEVACIZUMAB IZ 2.75 MG/0.11ML                               | 2         | PA                        |
| BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML | 2         | SP; PA                    |
| EYLEA SOLN                                                  | 2         | SP; PA                    |
| LUCENTIS SOSY                                               | 2         | SP; PA                    |
| Ophthalmic Adrenergic Agents                                |           |                           |
| ALPHAGAN P (Use brimonidine tartrate)                       | 2         |                           |
| apraclonidine hcl                                           | 1         |                           |
| brimonidine tartrate 0.1 %, 0.15 %                          | 1         |                           |
| brimonidine tartrate 0.2 %                                  | 1         | QL(5 ML per fill retail)  |
| SIMBRINZA                                                   | 2         |                           |
| Ophthalmic Anti-infectives                                  |           |                           |
| bacitracin-polymyxin b (ophth)                              | 1         | QL(4 GM per fill retail)  |
| ciprofloxacin hcl (ophth) SOLN                              | 1         | QL(5 ML per fill retail)  |
| ERYTHROMYCIN                                                | 2         | QL(4 GM per fill retail)  |
| erythromycin (ophth)                                        | 1         | QL(4 GM per fill retail)  |
| gatifloxacin (ophth)                                        | 1         |                           |
| gentamicin sulfate (ophth) SOLN                             | 1         | QL(5 ML per fill retail)  |
| levofloxacin (ophth) 0.5 %                                  | 1         |                           |
| moxifloxacin hcl (ophth) SOLN OP                            | 1         | QL(3 ML per fill retail)  |
| neomycin-bacitracin zn-polymyxin                            | 1         | QL(4 GM per fill retail)  |

| Drug Name                                         | Drug Tier | Requirements/ Limits               |
|---------------------------------------------------|-----------|------------------------------------|
| <i>neomycin-polymyxin-gramicidin</i>              | 1         | QL(10 ML per fill retail)          |
| <i>ofloxacin (ophth)</i>                          | 1         | QL(5 ML per fill retail)           |
| <i>polymyxin b-trimethoprim</i>                   | 1         | QL(10 ML per fill retail)          |
| <i>sulfacetamide sodium (ophth) SOLN</i>          | 1         | QL(15 ML per fill retail)          |
| <i>tobramycin (ophth) SOLN</i>                    | 1         | QL(5 ML per fill retail)           |
| TOBREX OINT                                       | 2         | QL(4 GM per fill retail)           |
| Ophthalmic Decongestants                          |           |                                    |
| <i>naphazoline w/ pheniramine 0.315 %-0.027 %</i> | 1         | QL(0.5 ML daily)                   |
| <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>   | 1         | 1 max fill(s) per 30 day(s) retail |
| <i>tetrahydrozoline hcl (ophth) 0.05 %</i>        | 1         | QL(30 ML per fill retail)          |
| Ophthalmic Immunomodulators                       |           |                                    |
| CEQUA SOLN                                        | NP        |                                    |
| <i>cyclosporine (ophth) EMUL</i>                  | 1         |                                    |
| RESTASIS MULTIDOSE EMUL                           | 2         |                                    |
| RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> ) | 2         |                                    |
| VEVYE SOLN                                        | NP        |                                    |
| Ophthalmic Integrin Antagonists                   |           |                                    |
| XIIDRA                                            | 2         | PA                                 |
| Ophthalmic Kinase Inhibitors                      |           |                                    |
| ROCKLATAN                                         | 2         | PA                                 |
| Ophthalmic Local Anesthetics                      |           |                                    |
| <i>tetracaine hcl (ophth)</i>                     | 1         |                                    |
| Ophthalmic Nerve Growth Factors                   |           |                                    |
| OXERVATE                                          | 2         | SP; PA                             |
| Ophthalmic Photodynamic Therapy Agents            |           |                                    |

| Drug Name                                                                 | Drug Tier | Requirements/ Limits      |
|---------------------------------------------------------------------------|-----------|---------------------------|
| VISUDYNE                                                                  | 2         | SP; PA                    |
| Ophthalmic Steroids                                                       |           |                           |
| <i>dexamethasone sodium phosphate (ophth)</i>                             | 1         | QL(5 ML per fill retail)  |
| DEXTENZA INST                                                             | 2         | SP; PA                    |
| EYSUVIS SUSP                                                              | NP        |                           |
| <i>fluorometholone (ophth) SUSP</i>                                       | 1         | QL(5 ML per fill retail)  |
| ILUVIEN                                                                   | 2         | SP; PA                    |
| <i>neomycin-polymy-dexameth OINT</i>                                      | 1         | QL(4 GM per fill retail)  |
| <i>neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | 1         | QL(5 ML per fill retail)  |
| <i>neomycin-polymyxin-hc (ophth)</i>                                      | 1         | QL(8 ML per fill retail)  |
| OZURDEX IMPL                                                              | 2         | SP; PA                    |
| PRED MILD                                                                 | 2         | QL(10 ML per fill retail) |
| <i>prednisolone acetate (ophth)</i>                                       | 1         | QL(5 ML per fill retail)  |
| PREDNISOLONE ACETATE P-F                                                  | 2         | QL(5 ML per fill retail)  |
| PREDNISOLONE SODIUM PHOSPHATE                                             | 2         | QL(10 ML per fill retail) |
| RETISERT                                                                  | 2         | SP; PA                    |
| <i>sulfacetamide sod-prednisolone SOLN</i>                                | 1         | QL(5 ML per fill retail)  |
| TOBRADEX OINT                                                             | 2         | QL(4 GM per fill retail)  |
| <i>tobramycin-dexamethasone SUSP</i>                                      | 1         | QL(5 ML per fill retail)  |
| YUTIQ                                                                     | 2         | SP                        |
| Ophthalmics - Misc.                                                       |           |                           |
| <i>azelastine hcl (ophth)</i>                                             | 1         | QL(6 ML per fill retail)  |
| <i>bromfenac sodium (ophth)</i>                                           | 1         |                           |
| <i>cromolyn sodium (ophth)</i>                                            | 1         | QL(10 ML per fill retail) |
| CYSTARAN                                                                  | 2         | SP; PA                    |

| Drug Name                                           | Drug Tier | Requirements/ Limits                                           |
|-----------------------------------------------------|-----------|----------------------------------------------------------------|
| <i>diclofenac sodium (ophth)</i>                    | 1         | QL(5 ML per fill retail)                                       |
| <i>dorzolamide hcl</i>                              | 1         | QL(10 ML per fill retail)                                      |
| DORZOLAMIDE HCL                                     | 2         | QL(10 ML per fill retail)                                      |
| <i>epinastine hcl (ophth)</i>                       | 1         |                                                                |
| <i>flurbiprofen sodium</i>                          | 1         | QL(3 ML per fill retail)                                       |
| ILEVRO                                              | NP        |                                                                |
| <i>ketorolac tromethamine (ophth) 0.4 %</i>         | 1         | 1 max fill(s) per 30 day(s) retail                             |
| <i>ketorolac tromethamine (ophth) 0.5 %</i>         | 1         | QL(5 ML per fill retail)                                       |
| <i>ketotifen fumarate (ophth) 0.035 %</i>           | 1         | QL(5 ML per fill retail)                                       |
| MIEBO                                               | NP        |                                                                |
| <i>olopatadine hcl</i>                              | 1         | RX/OTC                                                         |
| Prostaglandins - Ophthalmic                         |           |                                                                |
| <i>bimatoprost SOLN</i>                             | 1         |                                                                |
| IYUZEH SOLN                                         | NP        |                                                                |
| TRAVATAN Z SOLN ( <i>Use travoprost</i> )           | 2         |                                                                |
| <i>travoprost SOLN</i>                              | 1         |                                                                |
| OTIC AGENTS - Drugs to Treat the Ear                |           |                                                                |
| Otic Agents - Miscellaneous                         |           |                                                                |
| <i>acetic acid (otic)</i>                           | 1         | QL(15 ML per fill retail)                                      |
| <i>carbamide peroxide (otic) 6.5 %</i>              | 1         | QL(0.5 ML daily)                                               |
| Otic Anti-infectives                                |           |                                                                |
| CETRAXAL ( <i>Use ciprofloxacin hcl (otic)</i> )    | 2         |                                                                |
| <i>ciprofloxacin hcl (otic)</i>                     | 1         |                                                                |
| <i>ofloxacin (otic)</i>                             | 1         | QL(5 ML per fill retail)                                       |
| Otic Combinations                                   |           |                                                                |
| CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> ) | 2         | QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |

| Drug Name                                                                           | Drug Tier | Requirements/ Limits                                           |
|-------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|
| <i>ciprofloxacin-dexamethasone</i>                                                  | 1         | QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>                                            | 1         | QL(10 ML per fill retail)                                      |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>                                            | 1         | QL(10 ML per fill retail)                                      |
| <i>pramoxine-hc-chloroxylonol</i>                                                   | 1         | QL(15 ML per fill retail)                                      |
| Otic Steroids                                                                       |           |                                                                |
| <i>fluocinolone acetonide (otic)</i>                                                | 1         | QL(20 ML per fill retail)                                      |
| <i>hydrocortisone w/acetic acid</i>                                                 | 1         | QL(10 ML per fill retail)                                      |
| OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding                               |           |                                                                |
| Oxytocics                                                                           |           |                                                                |
| <i>methylergonovine maleate TABS</i>                                                | 1         |                                                                |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System |           |                                                                |
| Immune Serums                                                                       |           |                                                                |
| BIVIGAM SOLN                                                                        | 2         | SP; PA                                                         |
| CUVITRU SOLN                                                                        | 2         | SP; PA                                                         |
| CYTOGAM SOLN                                                                        | 2         | SP; PA                                                         |
| FLEBOGAMMA DIF SOLN                                                                 | 2         | SP; PA                                                         |
| GAMASTAN                                                                            | 2         | SP; PA                                                         |
| GAMMAGARD                                                                           | 2         | SP; PA                                                         |
| GAMMAGARD S/D LESS IGA SOLR                                                         | 2         | SP; PA                                                         |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML                             | 2         | SP; PA                                                         |
| GAMMAPLEX SOLN                                                                      | 2         | SP; PA                                                         |
| GAMUNEX-C                                                                           | 2         | SP; PA                                                         |
| HEPAGAM B SOLN IJ                                                                   | 2         | SP; PA                                                         |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits        |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| HIZENTRA SOLN                                                                      | 2         | SP; PA                      |
| HIZENTRA SOSY 10 GM/50ML                                                           | 2         | SP; PA                      |
| HYPERHEP B SOLN IM                                                                 | 2         | SP; PA                      |
| HYPERHEP B SOSY                                                                    | 2         | SP; PA                      |
| HYPERRHO S/D SOSY IM 1500 UNIT                                                     | 2         | SP; PA                      |
| HYPERRHO S/D SOSY IM 250 UNIT                                                      | 2         | SP; PA                      |
| MICRHOGAM ULTRA-FILTERED PLUS SOSY IM                                              | 2         | SP; PA                      |
| NABI-HB SOLN IM                                                                    | 2         | SP; PA                      |
| OCTAGAM SOLN                                                                       | 2         | SP; PA                      |
| PANZYGA                                                                            | 2         | SP; PA                      |
| PRIVIGEN SOLN                                                                      | 2         | SP; PA                      |
| RHOGAM ULTRA-FILTERED PLUS SOSY IM                                                 | 2         | SP; PA                      |
| RHOPHYLAC SOSY IJ                                                                  | 2         | SP; PA                      |
| WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML | 2         | SP; PA                      |
| Monoclonal Antibodies                                                              |           |                             |
| BEYFORTUS                                                                          | 0         | AL(At least 19 yrs old); SP |
| SYNAGIS SOLN                                                                       | 2         | SP; PA                      |
| ZINPLAVA                                                                           | 2         | SP; PA                      |
| Passive Immunizing Agents - Combinations                                           |           |                             |
| HYQVIA                                                                             | 2         | SP; PA                      |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>                           |           |                             |
| Aminopenicillins                                                                   |           |                             |
| <i>amoxicillin CAPS</i>                                                            | 1         |                             |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                                             | 1         |                             |
| <i>amoxicillin SUSR</i>                                                            | 1         |                             |
| <i>amoxicillin TABS 875 MG</i>                                                     | 1         |                             |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>ampicillin CAPS 500 MG</i>                                              | 1         |                                                     |
| Natural Penicillins                                                        |           |                                                     |
| <i>penicillin v potassium SOLR</i>                                         | 1         |                                                     |
| <i>penicillin v potassium TABS</i>                                         | 1         |                                                     |
| Penicillin Combinations                                                    |           |                                                     |
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                              | 1         | QL(20 EA per fill retail)                           |
| <i>amoxicillin &amp; pot clavulanate SUSR</i>                              | 1         |                                                     |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG</i>                | 1         | QL(30 EA per fill retail)                           |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i> | 1         | QL(20 EA per fill retail)                           |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                              | 1         | QL(1.34 EA daily)                                   |
| Penicillinase-Resistant Penicillins                                        |           |                                                     |
| <i>dicloxacillin sodium</i>                                                | 1         |                                                     |
| <b>PHARMACEUTICAL ADJUVANTS</b>                                            |           |                                                     |
| Internal Vehicle Ingredients/Agents                                        |           |                                                     |
| SIMPLYTHICK EASY MIX                                                       | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| Liquid Vehicles                                                            |           |                                                     |
| <i>glycine diluent</i>                                                     | 1         | SP; PA                                              |
| STERILE DILUENT FLOLAN PH 12                                               | 2         | SP; PA                                              |
| Semi Solid Vehicles                                                        |           |                                                     |
| <i>lanolin XX</i>                                                          | 1         |                                                     |
| LANOLIN XX                                                                 | 2         |                                                     |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                    |           |                                                     |
| Progestins                                                                 |           |                                                     |

| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits           |
|-----------------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>                                                    | 1         | MP                             |
| <i>norethindrone acetate TABS</i>                                                                         | 1         | MP                             |
| <i>progesterone CAPS 100 MG</i>                                                                           | 1         | QL(1 EA daily)                 |
| <i>progesterone CAPS 200 MG</i>                                                                           | 1         | QL(20 EA per 30 day(s) retail) |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                                |
| Agents for Chemical Dependency                                                                            |           |                                |
| <i>acamprosate calcium</i>                                                                                | 1         |                                |
| <i>disulfiram 250 MG</i>                                                                                  | 1         |                                |
| Anti-Cataleptic Agents                                                                                    |           |                                |
| SODIUM OXYBATE SOLN                                                                                       | 2         | SP; PA                         |
| XYREM SOLN                                                                                                | 2         | SP; PA                         |
| Antidementia Agents                                                                                       |           |                                |
| ADLARITY PTWK                                                                                             | NP        |                                |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i>                                                           | 1         | QL(1 EA daily); MP             |
| <i>donepezil hydrochloride TABS 23 MG</i>                                                                 | 1         |                                |
| <i>donepezil hydrochloride TBP</i>                                                                        | 1         |                                |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>Use rivastigmine</i> )                                               | 2         | QL(1 EA daily)                 |
| EXELON 13.3 MG/24HR ( <i>Use rivastigmine</i> )                                                           | 2         |                                |
| <i>galantamine hydrobromide CP24</i>                                                                      | 1         | QL(1 EA daily)                 |
| <i>galantamine hydrobromide SOLN</i>                                                                      | 1         | QL(6 ML daily)                 |
| <i>galantamine hydrobromide TABS</i>                                                                      | 1         | QL(2 EA daily)                 |
| <i>memantine hcl CP24</i>                                                                                 | 1         |                                |

| Drug Name                                               | Drug Tier | Requirements/ Limits                |
|---------------------------------------------------------|-----------|-------------------------------------|
| <i>memantine hcl SOLN</i>                               | 1         | QL(10 ML daily)                     |
| <i>memantine hcl TABS</i>                               | 1         | QL(2 EA daily); MP                  |
| <i>memantine hcl TABS</i>                               | 2         | QL(1 EA per 28 day(s) retail)       |
| NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> ) | NP        | QL(1 EA per 28 day(s) retail)       |
| <i>rivastigmine 13.3 MG/24HR</i>                        | 1         |                                     |
| <i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>            | 1         | QL(1 EA daily)                      |
| <i>rivastigmine tartrate CAPS</i>                       | 1         | QL(2 EA daily)                      |
| Cerebral Adrenoleukodystrophy (CALD) Agents             |           |                                     |
| SKYSONA                                                 | 2         | SP; PA                              |
| Combination Psychotherapeutics                          |           |                                     |
| LYBALVI                                                 | NP        |                                     |
| <i>perphenazine-amitriptyline</i>                       | 1         | QL(4 EA daily)                      |
| Fibromyalgia Agents                                     |           |                                     |
| SAVELLA TITRATION PACK MISC                             | 2         | QL(55 EA per 365 day(s) retail); PA |
| SAVELLA TABS                                            | 2         | QL(2 EA daily); PA                  |
| Movement Disorder Drug Therapy                          |           |                                     |
| AUSTEDO XR PATIENT TITRATION TEPK                       | 2         | SP; PA                              |
| AUSTEDO XR PATIENT TITRATION TEPK                       | 2         | SP; PA                              |
| AUSTEDO XR TB24                                         | 2         | SP; PA                              |
| AUSTEDO XR TB24                                         | 2         | SP; PA                              |
| AUSTEDO TABS                                            | 2         | SP; PA                              |
| INGREZZA CAPS                                           | 2         | SP; PA                              |
| INGREZZA CPSP                                           | 2         | SP; PA                              |
| <i>tetrabenazine</i>                                    | 1         | SP; PA                              |
| Multiple Sclerosis Agents                               |           |                                     |
| AVONEX PEN AJKT                                         | 2         | SP; PA                              |

| Drug Name                                         | Drug Tier | Requirements/ Limits                    | Drug Name                                                          | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------|-----------|-----------------------------------------|--------------------------------------------------------------------|-----------|-----------------------------------------|
| AVONEX PREFILLED PSKT                             | 2         | SP; PA                                  | <i>bupropion hcl (smoking deterrent)</i>                           | 0         | AL(At least 13 yrs old)                 |
| BAFIERTAM                                         | NP        | SP                                      | CHANTIX STARTING MONTH PAK TBPK (Use <i>varenicline tartrate</i> ) | 0         | AL(At least 13 yrs old)                 |
| BRIUMVI                                           | NP        | SP                                      | <i>nicotine polacrilex GUM</i>                                     | 0         | AL(At least 13 yrs old)                 |
| COPAXONE SOSY (Use <i>glatiramer acetate</i> )    | 2         | SP; PA                                  | <i>nicotine polacrilex LOZG</i>                                    | 0         | AL(At least 13 yrs old)                 |
| <i>dalfampridine</i>                              | 1         | SP; PA                                  | NICOTINE KIT                                                       | 0         | AL(At least 13 yrs old)                 |
| <i>dimethyl fumarate CDPK</i>                     | 1         | SP; PA                                  | <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>          | 0         | AL(At least 13 yrs old)                 |
| <i>dimethyl fumarate CPDR</i>                     | 1         | SP; PA                                  | NICOTROL NS SOLN                                                   | NP        | AL(At least 13 yrs old); PA             |
| <i> fingolimod hcl</i>                            | 1         | SP; PA                                  | NICOTROL INHA                                                      | NP        | AL(At least 13 yrs old); PA             |
| GILENYA                                           | NP        | SP; PA                                  | <i>varenicline tartrate TABS</i>                                   | 0         | QL(2 EA daily); AL(At least 13 yrs old) |
| GILENYA (Use <i> fingolimod hcl</i> )             | NP        | SP; PA                                  | <i>varenicline tartrate TBPK</i>                                   | 0         | AL(At least 13 yrs old)                 |
| <i>glatiramer acetate SOSY</i>                    | 1         | SP; PA                                  | Transthyretin Amyloidosis Agents                                   |           |                                         |
| KESIMPTA                                          | 2         | SP; PA                                  | ONPATTRO                                                           | 2         | SP; PA                                  |
| MAYZENT STARTER PACK TBPK 0.25 MG                 | NP        | SP                                      | TEGSEDI                                                            | 2         | SP; PA                                  |
| MAYZENT TABS                                      | NP        | SP                                      | Vasomotor Symptom Agents                                           |           |                                         |
| PLEGRIDY SOSY IM                                  | NP        | SP                                      | <i>paroxetine mesylate (vasomotor)</i>                             | 1         |                                         |
| PONVORY STARTER PACK TBPK                         | NP        | SP                                      | RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions        |           |                                         |
| PONVORY TABS                                      | NP        | SP                                      | Alpha-Proteinase Inhibitor (Human)                                 |           |                                         |
| TASCENSO ODT                                      | NP        | SP                                      | ARALAST NP SOLR 500 MG, 1000 MG                                    | 2         | SP; PA                                  |
| ZEPOSIA STARTER KIT CPPK                          | NP        | SP                                      | GLASSIA SOLN                                                       | 2         | SP; PA                                  |
| Premenstrual Dysphoric Disorder (PMDD) Agents     |           |                                         | PROLASTIN-C SOLR                                                   | 2         | SP; PA                                  |
| <i>fluoxetine hcl (pmdd) TABS 20 MG</i>           | 1         | QL(4 EA daily); AL(At least 7 yrs old)  | ZEMAIRA SOLR 1000 MG                                               | 2         | SP; PA                                  |
| <i>fluoxetine hcl (pmdd) TABS 10 MG</i>           | 1         | AL(At least 7 yrs old)                  | Cystic Fibrosis Agents                                             |           |                                         |
| Psychotherapeutic and Neurological Agents - Misc. |           |                                         | KALYDECO PACK 50 MG, 75 MG                                         | 2         | SP; PA                                  |
| <i>ergoloid mesylates TABS</i>                    | 1         |                                         | KALYDECO TABS                                                      | 2         | SP; PA                                  |
| Smoking Deterrents                                |           |                                         |                                                                    |           |                                         |
| APO-VARENICLINE TABS                              | 0         | QL(2 EA daily); AL(At least 13 yrs old) |                                                                    |           |                                         |

| Drug Name                                                      | Drug Tier | Requirements/ Limits   |
|----------------------------------------------------------------|-----------|------------------------|
| ORKAMBI PACK                                                   | 2         | SP; PA                 |
| ORKAMBI TABS                                                   | 2         | SP; PA                 |
| PULMOZYME                                                      | 2         | SP; PA                 |
| SYMDEKO                                                        | 2         | SP; PA                 |
| TRIKAFTA TBPK 100 MG-50 MG                                     | 2         | QL(3 EA daily); SP; PA |
| Pulmonary Fibrosis Agents                                      |           |                        |
| OFEV                                                           | 2         | SP; PA                 |
| <i>pirfenidone CAPS</i>                                        | 1         | SP; PA                 |
| <i>pirfenidone TABS 534 MG</i>                                 | 1         | SP                     |
| TETRACYCLINES - Drugs to Treat Bacterial Infections            |           |                        |
| Tetracyclines                                                  |           |                        |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>            | 1         |                        |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>            | 1         |                        |
| <i>doxycycline hyclate CAPS</i>                                | 1         |                        |
| <i>doxycycline hyclate TABS 100 MG</i>                         | 1         |                        |
| <i>minocycline hcl CAPS</i>                                    | 1         |                        |
| THYROID AGENTS - Drugs to Regulate Thyroid Hormones            |           |                        |
| Antithyroid Agents                                             |           |                        |
| <i>methimazole TABS</i>                                        | 1         | MP                     |
| <i>propylthiouracil</i>                                        | 1         | MP                     |
| Thyroid Hormones                                               |           |                        |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG | 2         | MP                     |
| ARMOUR THYROID TABS                                            | 2         | MP                     |

| Drug Name                                                                                                                             | Drug Tier | Requirements/ Limits    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|
| <i>levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i>                  | 1         |                         |
| <i>levothyroxine sodium TABS</i>                                                                                                      | 1         | MP                      |
| <i>liothyronine sodium TABS</i>                                                                                                       | 1         | MP                      |
| NIVA THYROID TABS                                                                                                                     | 2         | MP                      |
| NP THYROID TABS                                                                                                                       | 2         | MP                      |
| RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                    | 2         | MP                      |
| SYNTHROID TABS ( <i>Use levothyroxine sodium</i> )                                                                                    | 2         | MP                      |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                       | 2         | MP                      |
| TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG ( <i>Use levothyroxine sodium</i> ) | 2         |                         |
| TOXOIDS                                                                                                                               |           |                         |
| Toxoid Combinations                                                                                                                   |           |                         |
| ADACEL SUSP                                                                                                                           | 0         | AL(At least 19 yrs old) |
| BOOSTRIX SUSP                                                                                                                         | 0         | AL(At least 19 yrs old) |
| BOOSTRIX SUSY                                                                                                                         | 0         | AL(At least 19 yrs old) |
| DAPTACEL                                                                                                                              | 0         | AL(At least 19 yrs old) |
| INFANRIX                                                                                                                              | 0         | AL(At least 19 yrs old) |
| KINRIX SUSY                                                                                                                           | 0         | AL(At least 19 yrs old) |
| PEDIARIX SUSY                                                                                                                         | 0         | AL(At least 19 yrs old) |
| PENTACEL                                                                                                                              | 0         | AL(At least 19 yrs old) |
| QUADRACEL SUSP                                                                                                                        | 0         | AL(At least 19 yrs old) |

| Drug Name                                                            | Drug Tier | Requirements/ Limits       | Drug Name                                                            | Drug Tier | Requirements/ Limits       |
|----------------------------------------------------------------------|-----------|----------------------------|----------------------------------------------------------------------|-----------|----------------------------|
| QUADRACEL SUSY                                                       | 0         | AL(At least 19 yrs old)    | <i>sucralfate SUSP</i>                                               | 1         | QL(420 ML per fill retail) |
| TDVAX SUSP                                                           | 0         | AL(At least 19 yrs old)    | <i>sucralfate TABS</i>                                               | 1         | QL(4 EA daily); MP         |
| TENIVAC INJ                                                          | 0         | AL(At least 19 yrs old)    | Proton Pump Inhibitors                                               |           |                            |
| TETANUS-DIPHThERIA TOXOIDS TD SUSP                                   | 0         | AL(At least 19 yrs old)    | <i>esomeprazole magnesium CPDR</i>                                   | 1         | RX/OTC                     |
| VAXELIS SUSP                                                         | 0         | AL(At least 19 yrs old)    | <i>esomeprazole magnesium PACK</i>                                   | 1         |                            |
| VAXELIS SUSY                                                         | 0         | AL(At least 19 yrs old)    | <i>lansoprazole CPDR</i>                                             | 1         | RX/OTC                     |
| ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions |           |                            | <i>lansoprazole TBDD</i>                                             | 1         | PA; RX/OTC                 |
| Antispasmodics                                                       |           |                            | NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i> )    | NP        | RX/OTC                     |
| <i>dicyclomine hcl CAPS</i>                                          | 1         |                            | NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i> )                | NP        | RX/OTC                     |
| <i>dicyclomine hcl SOLN PO</i>                                       | 1         | QL(40 ML daily)            | NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i> )               | NP        | RX/OTC                     |
| <i>dicyclomine hcl TABS</i>                                          | 1         |                            | NEXIUM PACK 10 MG, 20 MG, 40 MG (Use <i>esomeprazole magnesium</i> ) | 2         |                            |
| <i>glycopyrrolate TABS 1 MG, 2 MG</i>                                | 1         | QL(4 EA daily)             | <i>omeprazole CPDR</i>                                               | 1         | QL(2 EA daily)             |
| <i>hyoscyamine sulfate ELIX</i>                                      | 1         |                            | <i>omeprazole TBEC</i>                                               | 1         | QL(1 EA daily)             |
| <i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>                       | 1         |                            | <i>pantoprazole sodium PACK</i>                                      | 1         |                            |
| <i>hyoscyamine sulfate SUBL 0.125 MG</i>                             | 1         |                            | <i>pantoprazole sodium TBEC 40 MG</i>                                | 1         | QL(2 EA daily)             |
| <i>hyoscyamine sulfate TABS 0.125 MG</i>                             | 1         |                            | <i>pantoprazole sodium TBEC 20 MG</i>                                | 1         | QL(1 EA daily)             |
| <i>hyoscyamine sulfate TB12 0.375 MG</i>                             | 1         |                            | PROTONIX PACK (Use <i>pantoprazole sodium</i> )                      | 2         |                            |
| <i>hyoscyamine sulfate TBDP 0.125 MG</i>                             | 1         |                            | <i>rabeprazole sodium TBEC</i>                                       | 1         |                            |
| H-2 Antagonists                                                      |           |                            | Ulcer Drugs - Prostaglandins                                         |           |                            |
| <i>cimetidine TABS 800 MG</i>                                        | 1         | QL(500 EA per fill retail) | <i>misoprostol</i>                                                   | 1         |                            |
| <i>cimetidine TABS 300 MG, 400 MG</i>                                | 1         |                            | Ulcer Therapy Combinations                                           |           |                            |
| <i>cimetidine TABS 200 MG</i>                                        | 1         | MP; RX/OTC                 | KONVOMEPEP SUSR                                                      | NP        |                            |
| <i>famotidine TABS 20 MG, 40 MG</i>                                  | 1         | MP; RX/OTC                 |                                                                      |           |                            |
| <i>famotidine TABS 10 MG</i>                                         | 1         |                            |                                                                      |           |                            |
| Misc. Anti-Ulcer                                                     |           |                            |                                                                      |           |                            |

| Drug Name                                                            | Drug Tier | Requirements/ Limits | Drug Name          | Drug Tier | Requirements/ Limits                               |
|----------------------------------------------------------------------|-----------|----------------------|--------------------|-----------|----------------------------------------------------|
| <i>omeprazole-sodium bicarbonate CAPS</i>                            | 1         | RX/OTC               | Bacterial Vaccines |           |                                                    |
| <i>omeprazole-sodium bicarbonate PACK</i>                            | 1         |                      | ACTHIB SOLR IM     | 0         | AL (At least 19 yrs old)                           |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                      | BCG VACCINE        | 0         | AL (At least 19 yrs old)                           |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                      | BEXSERO 0.5 ML     | 0         | AL (At least 19 yrs old)                           |
| <i>darifenacin hydrobromide</i>                                      | 1         |                      | BIOTHRAX           | 0         | AL (At least 19 yrs old)                           |
| <i>fesoterodine fumarate</i>                                         | 1         |                      | HIBERIX SOLR IJ    | 0         | AL (At least 19 yrs old)                           |
| <i>oxybutynin chloride SOLN</i>                                      | 1         |                      | MENACTRA           | 0         | AL (At least 19 yrs old)                           |
| <i>oxybutynin chloride TABS 2.5 MG</i>                               | 1         |                      | MENQUADFI 0.5 ML   | 0         | AL (At least 19 yrs old)                           |
| <i>oxybutynin chloride TABS 5 MG</i>                                 | 1         | QL(3 EA daily); MP   | MENVEO SOLN        | 0         | AL (At least 19 yrs old)                           |
| <i>oxybutynin chloride TB24</i>                                      | 1         | QL(2 EA daily); MP   | MENVEO SOLR        | 0         | AL (At least 19 yrs old)                           |
| <i>solifenacin succinate TABS</i>                                    | 1         |                      | PEDVAX HIB SUSP    | 0         | AL (At least 19 yrs old)                           |
| <i>tolterodine tartrate CP24</i>                                     | 1         | QL(1 EA daily)       | PENBRAYA           | 0         | AL (At least 19 yrs old)                           |
| <i>tolterodine tartrate TABS</i>                                     | 1         | QL(2 EA daily)       | PNEUMOVAX 23 SOLN  | 0         | AL (At least 19 yrs old)                           |
| TOVIAZ (Use <i>fesoterodine fumarate</i> )                           | NP        |                      | PNEUMOVAX 23 SOSY  | 0         | AL (At least 19 yrs old)                           |
| <i>trospium chloride CP24</i>                                        | 1         |                      | PREVNAR 13         | 0         | AL (At least 19 yrs old)                           |
| <i>trospium chloride TABS</i>                                        | 1         | QL(2 EA daily)       | PREVNAR 20         | 0         | AL (At least 19 yrs old)                           |
| VESICARE LS SUSP                                                     | NP        |                      | TRUMENBA 0.5 ML    | 0         | AL (At least 19 yrs old)                           |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists                  |           |                      | TYPHIM VI SOLN     | 0         | AL (At least 19 yrs old)                           |
| GEMTESA                                                              | NP        |                      | TYPHIM VI SOSY     | 0         | AL (At least 19 yrs old)                           |
| <i>mirabegron TB24</i>                                               | 1         |                      | VAXCHORA           | 0         | AL (At least 19 yrs old)                           |
| MYRBETRIQ TB24 (Use <i>mirabegron</i> )                              | 2         |                      | VAXNEUVANCE        | 0         | AL (At least 19 yrs old)                           |
| Urinary Antispasmodics - Cholinergic Agonists                        |           |                      | VIVOTIF            | 0         | AL (At least 19 yrs old)                           |
| <i>bethanechol chloride</i>                                          | 1         | MP                   | Viral Vaccines     |           |                                                    |
| Urinary Antispasmodics - Direct Muscle Relaxants                     |           |                      | ABRYSVO            | 0         | QL(1 EA per fill retail); AL (At least 60 yrs old) |
| <i>flavoxate hcl</i>                                                 | 1         |                      |                    |           |                                                    |
| VACCINES                                                             |           |                      |                    |           |                                                    |

| Drug Name                        | Drug Tier | Requirements/ Limits                                         | Drug Name                   | Drug Tier | Requirements/ Limits                                         |
|----------------------------------|-----------|--------------------------------------------------------------|-----------------------------|-----------|--------------------------------------------------------------|
| ACAM2000                         | 0         | AL(At least 19 yrs old)                                      | FLUAD QUADRIVALENT          | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AFLURIA PRESERVATIVE FREE SUSY   | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUARIX QUADRIVALENT SUSY   | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AFLURIA QUADRIVALENT SUSP        | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUARIX SUSY                | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AFLURIA QUADRIVALENT SUSY 0.5 ML | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUBLOK QUADRIVALENT        | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AFLURIA SUSP                     | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUBLOK SOSY                | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| AREXVY                           | 0         | QL(1 EA per fill retail); AL(At least 19 yrs old)            | FLUCELVAX QUADRIVALENT SUSP | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| COMIRNATY SUSP                   | 0         |                                                              | FLUCELVAX QUADRIVALENT SUSY | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| COMIRNATY SUSY                   | 0         |                                                              | FLUCELVAX SUSP              | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| DENG VAXIA                       | 0         | AL(At least 19 yrs old)                                      | FLUCELVAX SUSY              | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| ENGRIX-B SUSP 20 MCG/ML          | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | FLULAVAL QUADRIVALENT SUSY  | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| ENGRIX-B SUSY                    | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |                             |           |                                                              |
| FLUAD                            | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |                             |           |                                                              |

| Drug Name                      | Drug Tier | Requirements/ Limits                                         | Drug Name                        | Drug Tier | Requirements/ Limits                                                            |
|--------------------------------|-----------|--------------------------------------------------------------|----------------------------------|-----------|---------------------------------------------------------------------------------|
| FLULAVAL SUSY                  | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | GARDASIL 9 SUSP 0.5 ML           | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old) |
| FLUMIST                        | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | GARDASIL 9 SUSY 0.5 ML           | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old - Up to 45 yrs old) |
| FLUMIST QUADRIVALENT           | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | HAVRIX IM 720 EL U/0.5ML         | 0         | AL(At least 19 yrs old)                                                         |
| FLUZONE HIGH-DOSE QUADRIVALENT | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | HAVRIX 1440 EL U/ML              | 0         | AL(At least 19 yrs old)                                                         |
| FLUZONE HIGH-DOSE SUSY         | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | HEPLISAV-B SOSY                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)                    |
| FLUZONE QUADRIVALENT SUSP      | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | IMOVAX RABIES SUSR               | 0         | AL(At least 19 yrs old)                                                         |
| FLUZONE QUADRIVALENT SUSY      | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | IPOL                             | 0         | AL(At least 19 yrs old)                                                         |
| FLUZONE SUSP                   | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | IXCHIQ                           | 0         | AL(At least 19 yrs old)                                                         |
| FLUZONE SUSY                   | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | IXIARO                           | 0         | AL(At least 19 yrs old)                                                         |
|                                |           |                                                              | JANSSEN COVID-19 VACCINE         | 0         |                                                                                 |
|                                |           |                                                              | JYNNEOS                          | 0         | AL(At least 19 yrs old)                                                         |
|                                |           |                                                              | M-M-R II SOLR                    | 0         | AL(At least 19 yrs old)                                                         |
|                                |           |                                                              | MODERNA COVID-19 BIVAL 6M-5Y     | 0         |                                                                                 |
|                                |           |                                                              | MODERNA COVID-19 BIVALENT        | 0         |                                                                                 |
|                                |           |                                                              | MODERNA COVID-19 VAC 6M-11Y SUSP | 0         |                                                                                 |
|                                |           |                                                              | MODERNA COVID-19 VAC 6M-11Y SUSY | 0         |                                                                                 |
|                                |           |                                                              | MODERNA COVID-19 VACCINE SUSP    | 0         |                                                                                 |
|                                |           |                                                              | NOVAVAX COVID-19 VACCINE SUSP    | 0         |                                                                                 |

| Drug Name                           | Drug Tier | Requirements/ Limits                                         | Drug Name                                 | Drug Tier | Requirements/ Limits                                                                    |
|-------------------------------------|-----------|--------------------------------------------------------------|-------------------------------------------|-----------|-----------------------------------------------------------------------------------------|
| NOVAVAX COVID-19 VACCINE SUSY       | 0         |                                                              | SHINGRIX                                  | 0         | Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) |
| PFIZER COVID-19 BIVAL 6MO-4YR       | 0         |                                                              |                                           |           |                                                                                         |
| PFIZER COVID-19 VAC BIVAL 5-11      | 0         |                                                              | SPIKEVAX COVID-19 VACCINE SUSP            | 0         |                                                                                         |
| PFIZER COVID-19 VAC BIVALENT        | 0         |                                                              | SPIKEVAX SUSP                             | 0         |                                                                                         |
| PFIZER COVID-19 VAC-TRIS 5-11Y SUSP | 0         |                                                              | SPIKEVAX SUSY                             | 0         |                                                                                         |
| PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP | 0         |                                                              | STAMARIL SUSR                             | 0         | AL(At least 19 yrs old)                                                                 |
| PFIZER-BIONT COVID-19 VAC-TRIS SUSP | 0         |                                                              | TICOVAC                                   | 0         | AL(At least 19 yrs old)                                                                 |
| PFIZER-BIONTECH COVID-19 VACC SUSP  | 0         |                                                              | TWINRIX SUSY                              | 0         | AL(At least 19 yrs old)                                                                 |
| PREHEVBRIO                          | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | VAQTA                                     | 0         | AL(At least 19 yrs old)                                                                 |
| PRIORIX SUSR                        | 0         | AL(At least 19 yrs old)                                      | VARIVAX SUSR                              | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)                            |
| PROQUAD SUSR                        | 0         | AL(At least 19 yrs old)                                      | YF-VAX INJ                                | 0         | AL(At least 19 yrs old)                                                                 |
| RABAVERT                            | 0         | AL(At least 19 yrs old)                                      | <b>VAGINAL AND RELATED PRODUCTS</b>       |           |                                                                                         |
| RECOMBIVAX HB SUSP                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | <b>Spermicides</b>                        |           |                                                                                         |
| RECOMBIVAX HB SUSY                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | ENCARE SUPP 100 MG                        | 2         | QL(12 EA per fill retail)                                                               |
| ROTARIX SUSP                        | 0         | AL(At least 19 yrs old)                                      | OPTIONS GYNOL II CONTRACEPTIVE GEL        | 2         | QL(86 GM per fill retail)                                                               |
| ROTARIX SUSR                        | 0         | AL(At least 19 yrs old)                                      | SHUR-SEAL CONTRACEPTIVE GEL               | 2         | QL(24 EA per fill retail)                                                               |
| ROTATEQ SOLN                        | 0         | AL(At least 19 yrs old)                                      | VCF VAGINAL CONTRACEPTIVE FILM            | 2         | QL(9 EA per fill retail)                                                                |
|                                     |           |                                                              | VCF VAGINAL CONTRACEPTIVE GEL             | 2         |                                                                                         |
|                                     |           |                                                              | <b>Vaginal Anti-infectives</b>            |           |                                                                                         |
|                                     |           |                                                              | <i>clindamycin phosphate vaginal CREA</i> | 1         | QL(40 GM per fill retail)                                                               |
|                                     |           |                                                              | CLINDESSE                                 | 2         |                                                                                         |
|                                     |           |                                                              | <i>clotrimazole vaginal CREA 1 %</i>      | 1         | QL(45 GM per fill retail)                                                               |

| Drug Name                                     | Drug Tier | Requirements/ Limits           |
|-----------------------------------------------|-----------|--------------------------------|
| <i>clotrimazole vaginal CREA 2 %</i>          | 1         | QL(21 GM per fill retail)      |
| GYNAZOLE-1                                    | 2         |                                |
| <i>metronidazole vaginal</i>                  | 1         | QL(70 GM per fill retail)      |
| MICONAZOLE 7 SUPP 100 MG                      | 2         | QL(7 EA per fill retail)       |
| <i>miconazole nitrate vaginal CREA 2 %</i>    | 1         | QL(45 GM per fill retail)      |
| <i>miconazole nitrate vaginal KIT</i>         | 1         | QL(24 EA per fill retail)      |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1         | QL(3 EA per fill retail)       |
| <i>miconazole nitrate vaginal SUPP 100 MG</i> | 1         | QL(7 EA per fill retail)       |
| MONISTAT 3 CREA                               | 2         | QL(15 GM daily)                |
| NUVESSA                                       | 2         |                                |
| <i>terconazole vaginal CREA 0.8 %</i>         | 1         | QL(20 GM per fill retail)      |
| <i>terconazole vaginal CREA 0.4 %</i>         | 1         | QL(45 GM per fill retail)      |
| <i>terconazole vaginal SUPP</i>               | 1         | QL(3 EA per fill retail)       |
| <i>tioconazole vaginal 6.5 %</i>              | 1         | QL(5 GM per fill retail)       |
| VANDAZOLE                                     | NP        | QL(70 GM per fill retail)      |
| XACIATO GEL                                   | NP        |                                |
| Vaginal Anti-inflammatory Agents              |           |                                |
| <i>hydrocortisone vaginal</i>                 | 1         | QL(85.2 GM per fill retail)    |
| Vaginal Estrogens                             |           |                                |
| <i>estradiol vaginal CREA</i>                 | 1         | QL(43 GM per 30 day(s) retail) |
| <i>estradiol vaginal TABS</i>                 | 1         |                                |
| PREMARIN                                      | 2         | QL(43 GM per 30 day(s) retail) |
| Vaginal Progestins                            |           |                                |
| CRINONE GEL                                   | 2         | AL(At least 15 yrs old)        |
| FIRST-PROGESTERONE VGS SUPP                   | 2         | AL(At least 15 yrs old)        |

| Drug Name                                                             | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------------------------------------------|-----------|----------------------------------------------------------|
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions        |           |                                                          |
| Anaphylaxis Therapy Agents                                            |           |                                                          |
| AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML                              | NP        | QL(6 EA per 180 day(s) retail; 180 EA per 180 days mail) |
| AUVI-Q SOAJ 0.3 MG/0.3ML                                              | NP        | QL(6 EA per 180 day(s) retail)                           |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>                  | 2         | QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail)   |
| <i>epinephrine (anaphylaxis) SOAJ</i>                                 | 1         | QL(6 EA per 180 day(s) retail)                           |
| <i>epinephrine (anaphylaxis) SOAJ</i>                                 | 1         | QL(6 EA per 180 day(s) retail)                           |
| EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )             | 2         | QL(6 EA per 180 day(s) retail)                           |
| EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )          | 2         | QL(6 EA per 180 day(s) retail)                           |
| Neurogenic Orthostatic Hypotension (NOH) - Agents                     |           |                                                          |
| <i>droxidopa</i>                                                      | 1         | SP; PA                                                   |
| Vasopressors                                                          |           |                                                          |
| <i>midodrine hcl</i>                                                  | 1         |                                                          |
| VITAMINS                                                              |           |                                                          |
| Oil Soluble Vitamins                                                  |           |                                                          |
| <i>cholecalciferol CAPS</i>                                           | 1         |                                                          |
| <i>cholecalciferol CAPS 1.25 MG, 50000 UNIT</i>                       | 1         | QL(0.267 EA daily)                                       |
| <i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i> | 1         |                                                          |
| <i>ergocalciferol CAPS</i>                                            | 1         |                                                          |

| Drug Name                                       | Drug Tier | Requirements/<br>Limits         |
|-------------------------------------------------|-----------|---------------------------------|
| KEY-E CHEW                                      | 2         | QL(2 EA daily)                  |
| <i>phytonadione TABS 5 MG</i>                   | 1         |                                 |
| VITAMIN D3 LIQD PO 125 MCG/ML                   | 2         |                                 |
| <i>vitamin e CAPS</i>                           | 1         | QL(2 EA daily)                  |
| VITAMIN E CAPS                                  | 2         | QL(2 EA daily)                  |
| VITAMIN E CHEW                                  | 2         | QL(2 EA daily)                  |
| Water Soluble Vitamins                          |           |                                 |
| <i>ascorbic acid TABS</i>                       | 1         | QL(100 EA per 34 day(s) retail) |
| B-1 TABS                                        | 2         | QL(2.94 EA daily)               |
| NIACIN ER CPCR                                  | 2         |                                 |
| NIACIN ER TBCR                                  | 2         |                                 |
| <i>niacin CPCR 250 MG, 500 MG</i>               | 1         |                                 |
| <i>niacin TABS 500 MG</i>                       | 1         |                                 |
| <i>niacin TBCR</i>                              | 1         |                                 |
| <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i> | 1         |                                 |
| <i>riboflavin TABS</i>                          | 1         | QL(2.94 EA daily)               |
| <i>thiamine hcl TABS</i>                        | 1         | QL(2.94 EA daily)               |
| <i>thiamine mononitrate TABS 100 MG</i>         | 1         | QL(2.94 EA daily)               |

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| ABILIFY MYCITE MAINTENANCE<br>KIT .....                              | 34 | acetaminophen TABS 325 MG, 500<br>MG .....                                         | 6  |    | acyclovir TABS PO 400 MG .....               | 36 |
| ABILIFY MYCITE STARTER KIT ..                                        | 34 | acetaminophen w/ codeine SOLN ..                                                   | 7  |    | acyclovir TABS PO 800 MG .....               | 36 |
| abiraterone acetate .....                                            | 29 | acetaminophen w/ codeine TABS 15<br>MG-300 MG, 30 MG-300 MG, 60<br>MG-300 MG ..... | 7  |    | acyclovir topical CREA .....                 | 46 |
| ABRILADA (1 PEN) AJKT .....                                          | 3  | acetaminophen w/ codeine TABS 15<br>MG-300 MG, 30 MG-300 MG, 60<br>MG-300 MG ..... | 7  |    | acyclovir topical OINT .....                 | 46 |
| ABRILADA (2 PEN) AJKT .....                                          | 3  | acetazolamide CP12 .....                                                           | 52 |    | ADACEL SUSP .....                            | 90 |
| ABRILADA (2 SYRINGE) PSKT ....                                       | 3  | acetazolamide TABS .....                                                           | 52 |    | ADALIMUMAB-AACF (2 PEN) AJKT .               | 3  |
| ABRYSVO .....                                                        | 92 | acetic acid (otic) .....                                                           | 86 |    | ADALIMUMAB-AACF (2 SYRINGE)<br>PSKT .....    | 3  |
| ABSORICA 10 MG, 20 MG, 40 MG<br>(Use isotretinoin) .....             | 43 | acetylcysteine SOLN .....                                                          | 43 |    | ADALIMUMAB-AACF(CD/UC/HS<br>STRT) AJKT ..... | 3  |
| ACAM2000 .....                                                       | 93 | ACIDOPHILUS HIGH-POTENCY<br>CAPS .....                                             | 18 |    | ADALIMUMAB-AACF(PS/UV<br>STARTER) AJKT ..... | 3  |
| acamprosate calcium .....                                            | 88 | ACIDOPHILUS PEARLS CAPS ...                                                        | 18 |    | ADALIMUMAB-AATY (1 PEN) AJKT .               | 3  |
| acarbose .....                                                       | 16 | ACIDOPHILUS PROBIOTIC BLEND<br>CAPS .....                                          | 18 |    | ADALIMUMAB-AATY (2 PEN) AJKT .               | 3  |
| ACCU-CHEK FASTCLIX LANCETS .                                         | 61 | ACIDOPHILUS SUPER PROBIOTIC<br>CAPS .....                                          | 18 |    | ADALIMUMAB-AATY (2 SYRINGE)<br>PSKT .....    | 3  |
| ACCU-CHEK SAFE-T PRO<br>LANCETS .....                                | 61 | ACIDOPHILUS/GOAT MILK CAPS<br>18                                                   |    |    | ADALIMUMAB-ADAZ SOAJ 40<br>MG/0.4ML .....    | 3  |
| ACCU-CHEK SOFTCLIX LANCETS<br>61                                     |    | ACTHAR GEL .....                                                                   | 53 |    | ADALIMUMAB-ADAZ SOAJ 80<br>MG/0.8ML .....    | 3  |
| ACCUA SARS-COV-2 .....                                               | 50 | ACTHIB SOLR IM .....                                                               | 92 |    | ADALIMUMAB-ADAZ SOSY .....                   | 3  |
| ACCURETIC 12.5 MG-10 MG (Use<br>quinapril-hydrochlorothiazide) ..... | 26 | ACTI-LANCE 28G .....                                                               | 61 |    |                                              |    |
| ACCUTREND PLUS .....                                                 | 61 | ACTI-LANCE LITE LANCETS 28G                                                        |    |    |                                              |    |
| ACE AEROSOL CLOUD<br>ENHANCER MISC .....                             | 72 |                                                                                    |    |    |                                              |    |

|                                                                              |                                                         |                                                |
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| ADALIMUMAB-ADBM (2 PEN) AJKT<br>3                                            | fluticasone-salmeterol) .....11                         | AEROCHAMBER PLUS FLO-VU<br>LARGE DEVI .....72  |
| ADALIMUMAB-ADBM (2 SYRINGE)<br>PSKT .....3                                   | ADVAIR HFA AERO (Use<br>fluticasone-salmeterol) .....11 | AEROCHAMBER PLUS FLO-VU<br>LARGE MISC .....72  |
| ADALIMUMAB-ADBM(CD/UC/HS<br>STRT) AJKT .....3                                | ADVANCED MOBILE LANCET ...62                            | AEROCHAMBER PLUS FLO-VU<br>MEDIUM DEVI .....72 |
| ADALIMUMAB-ADBM(PS/UV<br>STARTER) AJKT .....3                                | ADVANCED PROBIOTIC CAPS ...18                           | AEROCHAMBER PLUS FLO-VU<br>MEDIUM MISC .....72 |
| ADALIMUMAB-FKJP (2 PEN) AJKT .<br>3                                          | ADVANCED PROBIOTIC-14 CAPS<br>18                        | AEROCHAMBER PLUS FLO-VU<br>MISC .....73        |
| ADALIMUMAB-FKJP (2 SYRINGE)<br>PSKT .....3                                   | ADVATE .....57                                          | AEROCHAMBER PLUS FLO-VU<br>SMALL DEVI .....72  |
| ADALIMUMAB-RYVK (2 PEN) AJKT .<br>3                                          | ADVIL TABS (Use ibuprofen) .....4                       | AEROCHAMBER PLUS FLO-VU<br>SMALL MISC .....72  |
| ADALIMUMAB-RYVK (2 SYRINGE)<br>PSKT .....3                                   | ADVIN COVID-19 ANTIGEN TEST<br>KIT .....50              | AEROCHAMBER PLUS FLO-VU<br>W/MASK MISC .....72 |
| ADAPALENE CREA .....43                                                       | ADVOCATE ALCOHOL PREP PADS<br>.....71                   | AEROCHAMBER PLUS FLOW VU<br>MISC .....73       |
| ADAPALENE GEL .....43                                                        | ADVOCATE LANCETS .....62                                | AEROCHAMBER W/FLOWSIGNAL<br>MISC .....73       |
| ADAPALENE SOLN .....43                                                       | ADVOCATE LANCETS 30G .....62                            | AEROCHAMBER Z-STAT PLUS<br>CHAMBR MISC .....73 |
| adapalene-benzoyl peroxide GEL .43                                           | ADVOCATE SAFETY LANCETS .62                             | AEROCHAMBER Z-STAT PLUS<br>MISC .....73        |
| ADBRY SOAJ .....48                                                           | ADVOCATE SAFETY LANCETS<br>21G .....62                  | AEROCHAMBER Z-STAT<br>PLUS/LARGE MISC .....73  |
| ADBRY SOSY .....48                                                           | ADVOCATE SAFETY LANCETS<br>23G .....62                  | AEROCHAMBER Z-STAT<br>PLUS/MEDIUM MISC .....73 |
| ADCETRIS .....29                                                             | ADVOCATE SAFETY LANCETS<br>26G .....62                  | AEROCHAMBER Z-STAT<br>PLUS/SMALL MISC .....73  |
| ADDERALL TABS (Use<br>amphetamine-dextroamphetamine) .1                      | ADVOCATE SAFETY LANCETS<br>28G .....62                  | AEROTRACH PLUS MISC .....73                    |
| ADDERALL XR CP24 (Use<br>amphetamine-dextroamphetamine) .1                   | ADYNOVATE .....57                                       | AEROVENT PLUS DEVI .....73                     |
| ADLARITY PTWK .....88                                                        | AEROCHAMBER HOLDING<br>CHAMBER DEVI .....72             | AFLURIA PRESERVATIVE FREE<br>SUSY .....93      |
| ADTHYZA TABS 15 MG, 30 MG, 60<br>MG, 65 MG, 90 MG, 120 MG, 130<br>MG .....90 | AEROCHAMBER MINI CHAMBER<br>DEVI .....72                | AFLURIA QUADRIVALENT SUSP 93                   |
| ADULT AEROSOL MASK MISC ...72                                                | AEROCHAMBER MV MISC .....72                             |                                                |
| ADULT MASK LARGE MISC .....72                                                | AEROCHAMBER PLS FLOVU<br>MTHPIECE DEVI .....72          |                                                |
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| AFLURIA QUADRIVALENT SUSY<br>0.5 ML .....93                                          | ALCOH-GLOVE CONTOURED<br>WIPE ..... 71                                                      | alosetron hcl .....56                                                                                                                                               |
| AFLURIA SUSP .....93                                                                 | ALCOHOL PADS .....71                                                                        | ALPHAGAN P (Use brimonidine<br>tartrate) .....84                                                                                                                    |
| AFSTYLA 250 UNIT, 500 UNIT, 1000<br>UNIT, 1500 UNIT, 2000 UNIT, 2500<br>UNIT .....57 | ALCOHOL PREP .....71                                                                        | ALPHANATE SOLR .....57                                                                                                                                              |
| AGAMATRIX ULTRA-THIN<br>LANCETS ..... 62                                             | ALCOHOL PREP PADS ..... 71                                                                  | ALPHANINE SD 500 UNIT, 1000<br>UNIT, 1500 UNIT .....57                                                                                                              |
| AIMSCO TWIST LANCETS 32G .62                                                         | ALCOHOL PREP PADS-MISC ... 61                                                               | ALPRAZOLAM INTENSOL CONC 10                                                                                                                                         |
| AIMSCO TWIST LANCETS 33G .62                                                         | ALCOHOL SWABS .....71                                                                       | alprazolam TABS ..... 10                                                                                                                                            |
| AIRDUO DIGIHALER ..... 11                                                            | ALCOHOL SWABSTICK .....71                                                                   | alprazolam TB24 .....10                                                                                                                                             |
| AIRDUO RESPICLICK 113/14 AEPB<br>(Use fluticasone-salmeterol) .....11                | ALDURAZYME .....53                                                                          | alprazolam TBDP ..... 10                                                                                                                                            |
| AIRDUO RESPICLICK 232/14 AEPB<br>(Use fluticasone-salmeterol) .....11                | ALECENSA .....30                                                                            | ALPROLIX .....57                                                                                                                                                    |
| AIRDUO RESPICLICK 55/14 AEPB<br>(Use fluticasone-salmeterol) .....11                 | alendronate sodium SOLN .....52                                                             | ALTUVIIIO 250 UNIT, 500 UNIT,<br>1000 UNIT, 2000 UNIT, 3000 UNIT,<br>4000 UNIT .....57                                                                              |
| AIRS PEDIATRIC AEROSOL MASK<br>MISC .....73                                          | alendronate sodium TABS 35 MG, 70<br>MG ..... 52                                            | alum & mag hydrox-simethicone<br>LIQD .....9                                                                                                                        |
| AIRSUPRA ..... 11                                                                    | alendronate sodium TABS 5 MG, 10<br>MG ..... 52                                             | alum & mag hydrox-simethicone<br>SUSP 1200 MG/30ML-120<br>MG/30ML-1200 MG/30ML, 200<br>MG/5ML-20 MG/5ML-200 MG/5ML,<br>400 MG/10ML-40 MG/10ML-400<br>MG/10ML .....9 |
| AJOVY SOAJ .....76                                                                   | ALFERON N .....31                                                                           | ALUMINUM HYDROXIDE GEL<br>SUSP .....9                                                                                                                               |
| AJOVY SOSY .....76                                                                   | alfuzosin hcl .....56                                                                       | amantadine hcl CAPS ..... 32                                                                                                                                        |
| AKLIEF .....43                                                                       | ALIGN CAPS 10 MG .....18                                                                    | amantadine hcl SOLN ..... 32                                                                                                                                        |
| albuterol sulfate AERS .....11                                                       | ALIGN EXTRA STRENGTH CAPS<br>18                                                             | amantadine hcl TABS .....32                                                                                                                                         |
| albuterol sulfate NEBU 0.083 % ...11                                                 | ALL FLOW 1000 PFT FILTER MISC .<br>73                                                       | ambrisentan .....38                                                                                                                                                 |
| albuterol sulfate NEBU 0.63<br>MG/3ML, 1.25 MG/3ML .....11                           | allopurinol 100 MG, 300 MG .....57                                                          | amcinonide CREA ..... 46                                                                                                                                            |
| albuterol sulfate NEBU .....11                                                       | almotriptan malate .....76                                                                  | amcinonide LOTN ..... 46                                                                                                                                            |
| ALBUTEROL SULFATE NEBU ....11                                                        | ALOE 10000 & PROBIOTICS CAPS .<br>18                                                        | amcinonide OINT ..... 46                                                                                                                                            |
| albuterol sulfate SYRP .....11                                                       | alogliptin benzoate ..... 17                                                                | amiloride & hydrochlorothiazide ..52                                                                                                                                |
| albuterol sulfate TABS .....11                                                       | alogliptin-metformin hcl .....16                                                            | amiloride hcl TABS .....52                                                                                                                                          |
| alclometasone dipropionate CREA 46                                                   | alogliptin-pioglitazone 15 MG-25 MG,<br>30 MG-12.5 MG, 30 MG-25 MG, 45<br>MG-25 MG ..... 16 | aminocaproic acid SOLN PO 0.25                                                                                                                                      |
| alclometasone dipropionate OINT .46                                                  | ALORA PTTW 0.025 MG/24HR,<br>0.075 MG/24HR, 0.1 MG/24HR ... 54                              |                                                                                                                                                                     |

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| GM/ML .....                                                              | 59 | amoxicillin CAPS .....                                                                 | 87 | AREXVY .....                                               | 93 |
| aminocaproic acid TABS 1000 MG<br>59                                     |    | amoxicillin CHEW 125 MG, 250 MG .<br>87                                                |    | aripiprazole SOLN PO .....                                 | 34 |
| aminocaproic acid TABS 500 MG .                                          | 59 | amoxicillin SUSR .....                                                                 | 87 | aripiprazole TABS .....                                    | 34 |
| amiodarone hcl TABS 200 MG ....                                          | 10 | amoxicillin TABS 875 MG .....                                                          | 87 | aripiprazole TBDP .....                                    | 34 |
| amitriptyline hcl TABS .....                                             | 15 | amphetamine sulfate TABS .....                                                         | 1  | ARISTADA 441 MG/1.6ML, 662<br>MG/2.4ML, 882 MG/3.2ML ..... | 34 |
| AMJEVITA SOAJ .....                                                      | 3  | amphetamine-dextroamphetamine<br>CP24 12.5 MG, 25 MG, 37.5 MG, 50<br>MG .....          | 1  | ARMONAIR DIGIHALER .....                                   | 11 |
| AMJEVITA SOSY .....                                                      | 3  | amphetamine-dextroamphetamine<br>CP24 5 MG, 10 MG, 15 MG, 20 MG,<br>25 MG, 30 MG ..... | 1  | ARMOUR THYROID TABS .....                                  | 90 |
| AMJEVITA-PED 10KG TO <15KG<br>SOSY .....                                 | 3  | amphetamine-dextroamphetamine<br>TABs .....                                            | 1  | arsenic trioxide 12 MG/6ML .....                           | 31 |
| AMJEVITA-PED 15KG TO <30KG<br>SOSY .....                                 | 3  | ampicillin CAPS 500 MG .....                                                           | 87 | ARZERRA .....                                              | 29 |
| amlodipine besylate TABS .....                                           | 37 | anastrozole .....                                                                      | 29 | ascorbic acid TABS .....                                   | 97 |
| amlodipine besylate-atorvastatin<br>calcium .....                        | 38 | ANDEXXA 200 MG .....                                                                   | 22 | ASMANEX (120 METERED DOSES)<br>AEPB .....                  | 11 |
| amlodipine besylate-benazepril hcl<br>26                                 |    | ANUSOL-HC EX (Use<br>hydrocortisone (rectal)) .....                                    | 8  | ASMANEX (14 METERED DOSES)<br>AEPB .....                   | 11 |
| amlodipine besylate-olmesartan<br>medoxomil .....                        | 26 | APLIGRAF DISK .....                                                                    | 50 | ASMANEX (30 METERED DOSES)<br>AEPB .....                   | 11 |
| amlodipine besylate-valsartan ....                                       | 26 | APOKYN SOCT .....                                                                      | 32 | ASMANEX (60 METERED DOSES)<br>AEPB .....                   | 11 |
| amlodipine-valsartan-<br>hydrochlorothiazide .....                       | 26 | apomorphine hydrochloride SOCT                                                         | 32 | aspirin buffered (cal carb-mag carb-<br>mag oxide) .....   | 6  |
| AMONDYS 45 .....                                                         | 82 | apomorphine hydrochloride SOCT                                                         | 32 | aspirin CHEW .....                                         | 6  |
| amoxapine .....                                                          | 15 | APONVIE EMUL .....                                                                     | 23 | ASPIRIN SUPP 300 MG .....                                  | 6  |
| amoxicillin & pot clavulanate CHEW .<br>87                               |    | APO-VARENICLINE TABS .....                                                             | 89 | aspirin TABS 325 MG .....                                  | 6  |
| amoxicillin & pot clavulanate SUSR<br>87                                 |    | apraclonidine hcl .....                                                                | 84 | aspirin TBEC 81 MG, 325 MG .....                           | 6  |
| amoxicillin & pot clavulanate TABS<br>125 MG-250 MG .....                | 87 | aprepitant CAPS .....                                                                  | 23 | aspirin-dipyridamole .....                                 | 58 |
| amoxicillin & pot clavulanate TABS<br>125 MG-500 MG, 125 MG-875 MG<br>87 |    | aprepitant MISC .....                                                                  | 23 | ASPRUZYO SPRINKLE PACK .....                               | 9  |
| amoxicillin & pot clavulanate TB12                                       | 87 | APTIVUS CAPS .....                                                                     | 34 | ASSURE COMFORT LANCETS 28G<br>.....                        | 62 |
|                                                                          |    | AQUALANCE LANCETS 30G ....                                                             | 62 | ASSURE HAEMOLANCE PLUS<br>HIGH .....                       | 62 |
|                                                                          |    | AQUORAL SOLN .....                                                                     | 78 | ASSURE HAEMOLANCE PLUS<br>LOW .....                        | 62 |
|                                                                          |    | ARALAST NP SOLR 500 MG, 1000<br>MG .....                                               | 89 |                                                            |    |
|                                                                          |    | ARESTIN .....                                                                          | 78 |                                                            |    |

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| ASSURE HAEMOLANCE PLUS MICRO .....62   | TEPK .....88                                       | bacitracin zinc OINT ..... 44                                                   |
| ASSURE HAEMOLANCE PLUS NORMAL .....62  | AUSTEDO XR TB24 .....88                            | bacitracin-polymyxin b (ophth) ....84                                           |
| ASSURE HAEMOLANCE PLUS PED .....62     | AUVELITY .....14                                   | baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML .....80 |
| ASSURE LANCE LANCETS .....62           | AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML .....96   | baclofen SOLN PO 10 MG/5ML ...80                                                |
| ASSURE LANCE LANCETS 21G .62           | AUVI-Q SOAJ 0.3 MG/0.3ML .....96                   | baclofen SOLN PO 5 MG/5ML ....80                                                |
| ASSURE LANCE PLUS SAFETY 25G .....62   | AVASTIN .....28                                    | baclofen SUSP .....80                                                           |
| ASSURE LANCE PLUS SAFETY 30G .....62   | AVEED SOLN .....8                                  | baclofen TABS 10 MG, 20 MG ....80                                               |
| ASSURE LANCE SAFETY LANCET 28G .....62 | AVONEX PEN AJKT .....88                            | baclofen TABS 15 MG .....80                                                     |
| ASTAGRAF XL CP24 .....77               | AVONEX PREFILLED PSKT .....89                      | baclofen TABS 5 MG .....80                                                      |
| atazanavir sulfate CAPS .....34        | azacitidine SUSR .....28                           | BAFIERTAM .....89                                                               |
| atenolol & chlorthalidone .....26      | azathioprine TABS 50 MG .....77                    | balsalazide disodium CAPS .....55                                               |
| atenolol TABS .....37                  | azathioprine TABS 75 MG, 100 MG 77                 | BAQSIMI ONE PACK POWD .....16                                                   |
| ATGAM .....77                          | AZEDRA DOSIMETRIC .....31                          | BAQSIMI TWO PACK POWD .....16                                                   |
| atomoxetine hcl .....1                 | AZEDRA THERAPEUTIC .....31                         | BCG VACCINE .....92                                                             |
| ATORVALIQ SUSP .....25                 | azelastine hcl (ophth) .....85                     | b-complex vitamins CAPS .....79                                                 |
| atorvastatin calcium TABS .....25      | azelastine hcl .....81                             | b-complex vitamins TABS .....79                                                 |
| atropine sulfate (ophthalmic) OINT 84  | azelastine hcl-fluticasone propionate SUSP .....81 | b-complex w/ c & folic acid CAPS .79                                            |
| atropine sulfate (ophthalmic) SOLN 84  | azithromycin SUSR 100 MG/5ML .61                   | b-complex w/ c & folic acid TABS .79                                            |
| ATROPINE SULFATE SOLN 1 % .84          | azithromycin SUSR 200 MG/5ML .61                   | BD AUTOSHIELD DUO .....72                                                       |
| ATROVENT HFA .....10                   | azithromycin TABS 250 MG .....61                   | BD GLUCOSE CHEW .....16                                                         |
| AUM ALCOHOL PREP PADS ....71           | azithromycin TABS 500 MG .....61                   | BD LANCET ULTRAFINE 30G ...62                                                   |
| AURORA LANCET SUPER THIN 30G .....62   | azithromycin TABS 600 MG .....61                   | BD LANCET ULTRAFINE 33G ...62                                                   |
| AURORA LANCET THIN 23G ....62          | AZSTARYS .....2                                    | BD MICROTAINER LANCETS ...62                                                    |
| AUSTEDO TABS .....88                   | b complex w/ c CAPS .....79                        | BD PEN NEEDLE MICRO ULTRAFINE .....72                                           |
| AUSTEDO XR PATIENT TITRATION           | B-1 TABS .....97                                   | BD PEN NEEDLE MINI ULTRAFINE .....72                                            |
|                                        | BACICAP CAPS .....18                               | BD PEN NEEDLE NANO 2ND GEN .72                                                  |
|                                        | BACID CAPS .....19                                 | BD PEN NEEDLE NANO                                                              |
|                                        | bacitracin (topical) OINT .....44                  |                                                                                 |

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| ULTRAFINE .....                             | 72 | betaine .....                                                  | 53 | bicalutamide .....                                                                                | 29 |
| BD PEN NEEDLE ORIG ULTRAFINE .....          | 72 | betamethasone dipropionate (topical) CREA .....                | 46 | BIKTARVY 120 MG-30 MG-15 MG 34                                                                    |    |
| BD PEN NEEDLE SHORT ULTRAFINE .....         | 72 | betamethasone dipropionate (topical) LOTN .....                | 46 | BIKTARVY 200 MG-50 MG-25 MG 34                                                                    |    |
| BD PEN NEEDLES .....                        | 72 | betamethasone dipropionate (topical) OINT .....                | 46 | BILAC CAPS .....                                                                                  | 19 |
| BD SWAB SINGLE USE REGULAR 71               |    | betamethasone dipropionate augmented CREA .....                | 46 | bimatoprost SOLN .....                                                                            | 86 |
| BD VERITOR SYSTEM SARS-COV-2 .....          | 50 | betamethasone dipropionate augmented GEL 0.05 % .....          | 46 | BIMZELX SOAJ 160 MG/ML .....                                                                      | 45 |
| BELEODAQ .....                              | 30 | betamethasone dipropionate augmented LOTN .....                | 46 | BIMZELX SOSY 160 MG/ML .....                                                                      | 45 |
| BELRAPZO SOLN .....                         | 28 | betamethasone dipropionate augmented OINT .....                | 46 | BINAXNOW COVID-19 AG CARD 50                                                                      |    |
| BENADRYL ALLERGY EXTRA STR TABS .....       | 24 | betamethasone dipropionate augmented OINT .....                | 46 | BINAXNOW COVID-19 AG HOME TEST KIT .....                                                          | 50 |
| benazepril & hydrochlorothiazide ..         | 26 | betamethasone valerate CREA ...                                | 46 | BIOHM PROBIOTIC SUPPLEMENT CAPS .....                                                             | 19 |
| benazepril hcl 40 MG .....                  | 25 | betamethasone valerate FOAM ...                                | 46 | BIOHM PROBIOTIC/VITAMIN C CAPS .....                                                              | 19 |
| benazepril hcl 5 MG, 10 MG, 20 MG .         | 25 | betamethasone valerate LOTN ...                                | 46 | BIO-KULT CAPS .....                                                                               | 19 |
| BENDAMUSTINE HCL SOLN .....                 | 28 | betamethasone valerate OINT ....                               | 46 | BIOTENE DRY MOUTH MOIST SPRAY SOLN .....                                                          | 78 |
| bendamustine hcl SOLR .....                 | 28 | betaxolol hcl (ophth) SOLN .....                               | 83 | BIOTHRAX .....                                                                                    | 92 |
| BENDEKA SOLN .....                          | 28 | betaxolol hcl .....                                            | 37 | BIOZEN CAPS .....                                                                                 | 19 |
| BENEFIX KIT .....                           | 57 | bethanechol chloride .....                                     | 92 | bisacodyl SUPP .....                                                                              | 61 |
| BENLYSTA SOLR .....                         | 78 | BETHKIS NEBU (Use tobramycin) .                                | 2  | bisacodyl TBEC .....                                                                              | 61 |
| BENZNIDAZOLE .....                          | 9  | BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML 84 |    | bismuth subsalicylate CHEW 262 MG .....                                                           | 19 |
| benzonatate 100 MG .....                    | 42 | BEVACIZUMAB IZ 2.75 MG/0.11ML .                                | 84 | bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML ..... | 19 |
| benzonatate 200 MG .....                    | 43 | BEVESPI AEROSPHERE .....                                       | 11 | bisoprolol & hydrochlorothiazide ..                                                               | 26 |
| benzoyl peroxide GEL 2.5 %, 5 %, 10 % ..... | 43 | bexarotene (topical) .....                                     | 45 | bisoprolol fumarate .....                                                                         | 37 |
| benzoyl peroxide LIQD 5 %, 10 % .           | 43 | bexarotene .....                                               | 31 | BIVIGAM SOLN .....                                                                                | 86 |
| benzoyl peroxide LOTN 5 %, 10 % 43          |    | BEXSERO 0.5 ML .....                                           | 92 | BLINCYTO .....                                                                                    | 29 |
| benztropine mesylate TABS .....             | 32 | BEYFORTUS .....                                                | 87 |                                                                                                   |    |
| BERINERT KIT .....                          | 58 |                                                                |    |                                                                                                   |    |

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| BONJESTA TBCR .....                    | 23 | BRIUMVI .....                      | 89 | dihydrate FILM SL 3 MG-12 MG ....      | 7  |
| BOOSTRIX SUSP .....                    | 90 | BRIVIACT SOLN IV 50 MG/5ML ..      | 13 | buprenorphine hcl-naloxone hcl         |    |
| BOOSTRIX SUSY .....                    | 90 | BRIXADI (WEEKLY) SOSY .....        | 7  | dihydrate SUBL 0.5 MG-2 MG .....       | 7  |
| bortezomib SOLR IJ .....               | 30 | BRIXADI SOSY 64 MG/0.18ML, 96      |    | buprenorphine hcl-naloxone hcl         |    |
| BORTEZOMIB SOLR IV 3.5 MG ..           | 30 | MG/0.27ML, 128 MG/0.36ML .....     | 7  | dihydrate SUBL 2 MG-8 MG .....         | 8  |
| bosentan TABS .....                    | 38 | bromfenac sodium (ophth) .....     | 85 | buprenorphine PTWK .....               | 8  |
| BOSULIF TABS 100 MG, 500 MG            | 30 | bromocriptine mesylate CAPS .....  | 32 | bupropion hcl (smoking deterrent)      | 89 |
| BOTOX IJ .....                         | 83 | bromocriptine mesylate TABS 2.5    |    | bupropion hcl TABS .....               | 14 |
| BPROTECTED PEDIA POLY-VITE             |    | MG .....                           | 32 | bupropion hcl TB12 100 MG .....        | 14 |
| SOLN PO .....                          | 80 | brompheniramine & phenyleph ELIX . | 43 | bupropion hcl TB12 150 MG .....        | 14 |
| BPROTECTED PEDIA POLY-                 |    | brompheniramine & pseudoeph ELIX   | 43 | bupropion hcl TB12 200 MG .....        | 14 |
| VITE/FE SOLN .....                     | 79 | brompheniramine & pseudoeph LIQD   |    | bupropion hcl TB24 150 MG .....        | 14 |
| BRAFTOVI 75 MG .....                   | 30 | 15 MG/5ML-1 MG/5ML .....           | 43 | bupropion hcl TB24 300 MG .....        | 14 |
| BREATHE COMFORT                        |    | BUBBLES THE FISH II PEDI MASK      |    | bupropion hcl TB24 450 MG .....        | 14 |
| CHAMBER/ADULT DEVI .....               | 73 | MISC .....                         | 73 | buspirone hcl .....                    | 9  |
| BREATHE COMFORT                        |    | budesonide (inhalation) SUSP ..... | 11 | butalbital-acetaminophen TABS 50       |    |
| CHAMBER/CHILD DEVI .....               | 73 | budesonide TB24 .....              | 42 | MG-325 MG .....                        | 5  |
| BREATHE EASE LARGE DEVI ...            | 73 | budesonide-formoterol fumarate     |    | butalbital-acetaminophen-caffeine      |    |
| BREATHE EASE MEDIUM DEVI ..            | 73 | dihydrate .....                    | 11 | CAPS 40 MG-50 MG-325 MG .....          | 5  |
| BREATHE EASE NEB MASK/CHILD            |    | bumetanide TABS .....              | 52 | butalbital-acetaminophen-caffeine      |    |
| MISC .....                             | 73 | BUPHENYL POWD (Use sodium          |    | TABS 40 MG-50 MG-325 MG .....          | 5  |
| BREATHE EASE NEB                       |    | phenylbutyrate) .....              | 53 | butalbital-acetaminophen-caffeine w/   |    |
| MASK/INFANT MISC .....                 | 73 | BUPHENYL TABS (Use sodium          |    | codeine 30 MG-40 MG-50 MG-325          |    |
| BREATHE EASE SMALL DEVI ...            | 73 | phenylbutyrate) .....              | 53 | MG .....                               | 7  |
| BREATHERITE VALVED MDI                 |    | buprenorphine hcl SUBL .....       | 8  | butalbital-aspirin-caffeine CAPS ....  | 5  |
| CHAMBER DEVI .....                     | 73 | buprenorphine hcl-naloxone hcl     |    | butalbital-aspirin-caffeine w/cod .... | 7  |
| BREO ELLIPTA .....                     | 11 | dihydrate FILM SL 0.5 MG-2 MG ...  | 7  | BUTRANS PTWK (Use                      |    |
| BREZTRI AEROSPHERE .....               | 11 | buprenorphine hcl-naloxone hcl     |    | buprenorphine) .....                   | 8  |
| BRIDION SOLN .....                     | 22 | dihydrate FILM SL 1 MG-4 MG ....   | 7  | BYETTA 5 MCG PEN SOPN .....            | 17 |
| brimonidine tartrate 0.1 %, 0.15 %     | 84 | buprenorphine hcl-naloxone hcl     |    | CABOMETYX TABS .....                   | 30 |
| brimonidine tartrate 0.2 % .....       | 84 | dihydrate FILM SL 2 MG-8 MG ....   | 7  | caffeine citrate SOLN PO .....         | 1  |
| brimonidine tartrate-timolol maleate . |    | buprenorphine hcl-naloxone hcl     |    | calcipotriene CREA .....               | 45 |
| 83                                     |    |                                    |    | calcipotriene FOAM .....               | 45 |

|                                    |    |                                     |                                       |
|------------------------------------|----|-------------------------------------|---------------------------------------|
| CALCIPOTRIENE FOAM .....           | 45 | capsaicin CREA 0.025 %, 0.075 %     | 62                                    |
| calcipotriene OINT .....           | 45 | 49                                  | CARETOUCH SAFETY LANCETS              |
| calcipotriene SOLN .....           | 45 | capsaicin CREA 0.035 % .....        | 49 26G .....                          |
| calcipotriene-betamethasone        |    | capsaicin CREA 0.1 % .....          | 49 CARETOUCH TWIST LANCETS            |
| dipropionate OINT .....            | 46 | captopril & hydrochlorothiazide ... | 26 28G .....                          |
| calcipotriene-betamethasone        |    | captopril .....                     | 25 CARETOUCH TWIST LANCETS            |
| dipropionate SUSP .....            | 46 | CARAC CREA .....                    | 45 30G .....                          |
| calcitonin (salmon) IJ .....       | 52 | CARBAGLU (Use carglumic acid) 53    | 62 CARETOUCH TWIST LANCETS            |
| calcitonin (salmon) NA .....       | 52 | carbamazepine CHEW 100 MG ...       | 13 33G .....                          |
| calcitriol CAPS .....              | 53 | carbamazepine CHEW 200 MG ...       | 13 CARETOUCH TWIST MC LANCETS         |
| calcium acetate (phosphate binder) |    | carbamazepine CP12 .....            | 13 30G .....                          |
| CAPS .....                         | 56 | carbamazepine SUSP .....            | 13 carglumic acid .....               |
| calcium acetate (phosphate binder) |    | carbamazepine TABS .....            | 13 carisoprodol TABS 250 MG .....     |
| TABS .....                         | 56 | carbamazepine TB12 .....            | 13 carisoprodol TABS 350 MG .....     |
| calcium carbonate (antacid) CHEW   |    | carbamide peroxide (otic) 6.5 % ..  | 86 carteolol hcl (ophth) .....        |
| 500 MG .....                       | 9  | CARBATROL CP12 (Use                 | carvedilol 25 MG .....                |
| calcium carbonate-cholecalciferol  |    | carbamazepine) .....                | 13 carvedilol 3.125 MG, 6.25 MG, 12.5 |
| TABS 10 MCG-600 MG, 200 UNIT-      |    | carbidopa .....                     | 32 MG .....                           |
| 600 MG, 400 UNIT-600 MG, 5 MCG-    |    | carbidopa-levodopa TABS .....       | 32 carvedilol phosphate .....         |
| 600 MG .....                       | 77 | carbidopa-levodopa TBCR .....       | 32 CASGEVY .....                      |
| calcium polycarbophil TABS .....   | 60 | carboplatin SOLN 50 MG/5ML, 150     | CASTIVA WARMING LOTN .....            |
| CAMCEVI .....                      | 29 | MG/15ML, 450 MG/45ML, 600           | 27 CAYSTON .....                      |
| camphor & menthol LOTN .....       | 45 | MG/60ML .....                       | 28 cefaclor CAPS .....                |
| CANASA SUPP (Use mesalamine)       |    | CAREONE LANCET SUPER THIN           | 39 30G .....                          |
| 55                                 |    | 30G .....                           | 62 CEFACLOER ER TB12 .....            |
| candesartan cilexetil .....        | 25 | CAREONE LANCET THIN 23G ...         | 62 cefaclor SUSR 125 MG/5ML, 250      |
| candesartan cilexetil-             |    | CARESENS LANCETS .....              | 62 MG/5ML, 375 MG/5ML .....           |
| hydrochlorothiazide .....          | 26 | CARESENS LANCETS 30G .....          | 62 cefadroxil CAPS .....              |
| capecitabine .....                 | 28 | CARESTART COVID-19 HOME             | 50 cefadroxil SUSR .....              |
| CAPEX SHAM .....                   | 46 | TEST KIT .....                      | 50 cefadroxil TABS .....              |
| CAPHOSOL SOLN .....                | 78 | CARETOUCH ALCOHOL PREP ..           | 71 cefdinir CAPS .....                |
| CAPLYTA .....                      | 32 | CARETOUCH SAFETY LANCETS            | 62 cefdinir SUSR .....                |
| CAPRELSA .....                     | 30 |                                     | 39 cefixime CAPS .....                |

|                                                                |    |                                                                      |    |                                                             |    |
|----------------------------------------------------------------|----|----------------------------------------------------------------------|----|-------------------------------------------------------------|----|
| cefixime SUSR .....                                            | 39 | MG/5ML (Use ibuprofen) .....                                         | 5  | cilostazol .....                                            | 58 |
| cefpodoxime proxetil SUSR .....                                | 39 | chlordiazepoxide hcl CAPS .....                                      | 10 | cimetidine TABS 200 MG .....                                | 91 |
| cefpodoxime proxetil TABS .....                                | 39 | chlorhexidine gluconate (mouth-throat) .....                         | 78 | cimetidine TABS 300 MG, 400 MG 91                           |    |
| cefprozil SUSR .....                                           | 39 | chloroquine phosphate TABS 250 MG .....                              | 27 | cimetidine TABS 800 MG .....                                | 91 |
| cefprozil TABS .....                                           | 39 | chloroquine phosphate TABS 500 MG .....                              | 27 | cinacalcet hcl .....                                        | 53 |
| ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....               | 39 | chlorpheniramine maleate SYRP ..                                     | 24 | CINQAIR .....                                               | 10 |
| cefuroxime axetil TABS .....                                   | 39 | chlorpheniramine maleate TABS ..                                     | 24 | CINRYZE SOLR IV .....                                       | 58 |
| celecoxib .....                                                | 4  | chlorpromazine hcl TABS .....                                        | 33 | CIPRO SUSR .....                                            | 55 |
| CELONTIN (Use methsuximide) ..                                 | 14 | chlorthalidone 25 MG, 50 MG ....                                     | 52 | CIPRODEX (Use ciprofloxacin-dexamethasone) .....            | 86 |
| cephalexin CAPS 250 MG, 500 MG 39                              |    | chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....                      | 80 | ciprofloxacin hcl (ophth) SOLN ....                         | 84 |
| cephalexin SUSR .....                                          | 39 | chlorzoxazone TABS 500 MG ....                                       | 80 | ciprofloxacin hcl (otic) .....                              | 86 |
| CEPROTIN .....                                                 | 58 | CHOLBAM .....                                                        | 55 | ciprofloxacin hcl TABS 100 MG ...                           | 55 |
| CEQUA SOLN .....                                               | 85 | cholecalciferol CAPS 1.25 MG, 50000 UNIT .....                       | 96 | ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....         | 55 |
| CERDELGA .....                                                 | 58 | cholecalciferol CAPS .....                                           | 96 | ciprofloxacin-dexamethasone ....                            | 86 |
| CEREZYME 400 UNIT .....                                        | 58 | cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML ..... | 96 | cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML ..... | 28 |
| cetirizine hcl CAPS .....                                      | 24 | cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML ..... | 96 | CISPLATIN SOLR .....                                        | 28 |
| cetirizine hcl CHEW .....                                      | 24 | cholestyramine light PACK .....                                      | 24 | CITALOPRAM HYDROBROMIDE CAPS .....                          | 14 |
| cetirizine hcl SOLN PO .....                                   | 24 | cholestyramine light POWD .....                                      | 24 | citalopram hydrobromide SOLN ...                            | 14 |
| cetirizine hcl SYRP PO .....                                   | 24 | cholestyramine PACK .....                                            | 24 | citalopram hydrobromide TABS ...                            | 15 |
| cetirizine hcl TABS .....                                      | 24 | cholestyramine POWD .....                                            | 24 | cladribine 10 MG/10ML .....                                 | 28 |
| CETRAXAL (Use ciprofloxacin hcl (otic)) .....                  | 86 | CHORIONIC GONADOTROPIN IM 53                                         |    | clarithromycin SUSR .....                                   | 61 |
| CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ... | 89 | CHOSEN LANCETS 30G .....                                             | 62 | clarithromycin TABS .....                                   | 61 |
| CHEMET .....                                                   | 22 | CHOSEN SAFETY LANCETS 28G 62                                         |    | clarithromycin TB24 .....                                   | 61 |
| CHEMSTRIP K STRP .....                                         | 50 | CIBINQO .....                                                        | 48 | CLEANLET LANCETS 28G .....                                  | 63 |
| chenodiol .....                                                | 55 | ciclopirox SOLN .....                                                | 44 | CLEARDETECT COVID-19 AG HOME KIT .....                      | 50 |
| CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....          | 4  |                                                                      |    | clemastine fumarate TABS 1.34 MG .                          |    |
| CHILDRENS MOTRIN SUSP 100                                      |    |                                                                      |    |                                                             |    |

|                                                      |    |                                             |                                                     |    |
|------------------------------------------------------|----|---------------------------------------------|-----------------------------------------------------|----|
| 24                                                   |    | clobetasol propionate emollient base 0.05 % | clozapine TABS                                      | 33 |
| CLEVER CHEK LANCETS                                  | 63 |                                             | clozapine TBDP                                      | 33 |
| CLEVER CHOICE COMFORT EZ                             |    | clobetasol propionate emulsion              | CO MONITOR REPLACEMENT                              |    |
| 63                                                   |    | clobetasol propionate FOAM                  | PIECES MISC                                         | 73 |
| CLEVER CHOICE HOLDING                                |    | clobetasol propionate GEL 0.05 %            | COAGADEX                                            | 57 |
| CHAMBER DEVI                                         | 73 | clobetasol propionate LIQD                  | COAGUCHEK LANCETS                                   | 63 |
| CLEVER CHOICE LANCETS 21G                            |    | clobetasol propionate LOTN                  | coal tar extract SHAM 0.5 %                         | 50 |
| 63                                                   |    |                                             | COARTEM                                             | 27 |
| CLEVER CHOICE LANCETS 23G                            |    | clobetasol propionate OINT 0.05 %           | COBAS LIAT SARS-COV-2 ASSAY                         | 50 |
| 63                                                   |    | 46                                          | COBAS LIAT SARS-COV-2                               |    |
| CLEVER CHOICE LANCETS 28G                            |    | clobetasol propionate SHAM                  | CONTROL                                             | 50 |
| 63                                                   |    |                                             |                                                     |    |
| clindamycin hcl 150 MG, 300 MG                       | 27 | clobetasol propionate SOLN 0.05 %           |                                                     |    |
|                                                      |    | 46                                          |                                                     |    |
| clindamycin palmitate hydrochloride                  |    | clocortolone pivalate                       | codeine sulfate TABS 30 MG                          | 6  |
| 27                                                   |    | CLODAN                                      | CODEINE SULFATE TABS                                | 6  |
|                                                      |    |                                             |                                                     |    |
| clindamycin phosphate (topical) GEL                  |    | CLODERM (Use clocortolone pivalate)         | colchicine TABS                                     | 57 |
| 43                                                   |    |                                             | colchicine w/ probenecid                            | 57 |
| clindamycin phosphate (topical)                      |    | clomipramine hcl                            | colestipol hcl GRAN                                 | 24 |
| LOTN                                                 | 43 | clonazepam TABS                             | colestipol hcl TABS                                 | 24 |
| clindamycin phosphate (topical)                      |    | clonazepam TBDP                             | COMBIGAN (Use brimonidine tartrate-timolol maleate) | 84 |
| SOLN                                                 | 44 | clonidine hcl (adhd) TB12                   | COMBIPATCH PTTW                                     | 54 |
| clindamycin phosphate vaginal CREA                   |    | clonidine hcl TABS                          | COMBIVENT RESPIMAT AERS                             | 11 |
|                                                      | 95 |                                             |                                                     |    |
| clindamycin phosphate-benzoyl peroxide (refrigerate) | 44 | clopidogrel bisulfate 300 MG                | COMBIVIR (Use lamivudine-zidovudine)                | 34 |
| clindamycin phosphate-benzoyl peroxide GEL           | 44 | clopidogrel bisulfate 75 MG                 | COMETRIQ (100 MG DAILY DOSE) KIT                    | 30 |
| clindamycin phosphate-tretinoin                      | 44 | clorazepate dipotassium TABS                | COMETRIQ (140 MG DAILY DOSE) KIT                    | 30 |
| CLINDESSE                                            | 95 | clotrimazole (topical) CREA                 | COMETRIQ (60 MG DAILY DOSE) KIT                     | 30 |
| CLINITEST RAPID COVID-19 TEST KIT                    | 50 | clotrimazole (topical) SOLN                 |                                                     |    |
| clobazam SUSP                                        | 13 | clotrimazole vaginal CREA 1 %               |                                                     |    |
| clobazam TABS                                        | 13 | clotrimazole vaginal CREA 2 %               |                                                     |    |
| clobetasol propionate CREA 0.05 %                    | 46 | clotrimazole w/ betamethasone CREA          |                                                     |    |
|                                                      |    | LOTN                                        |                                                     |    |
|                                                      |    |                                             |                                                     |    |

|                                                  |    |                                             |    |                                              |    |
|--------------------------------------------------|----|---------------------------------------------|----|----------------------------------------------|----|
| 33G .....                                        | 63 | CORTROPHIN GEL .....                        | 53 | CULTURELLE DIGESTIVE DAILY<br>PRO CAPS ..... | 22 |
| COMFORT LANCETS .....                            | 63 | COSENTYX (300 MG DOSE) SOSY .<br>45         |    | CULTURELLE DIGESTIVE HEALTH<br>CAPS .....    | 22 |
| COMFORT TOUCH ALCOHOL<br>PREP .....              | 71 | COSENTYX SENSOREADY (300<br>MG) SOAJ .....  | 45 | CULTURELLE DIGESTIVE HEALTH<br>CHEW .....    | 22 |
| COMFORT TOUCH LANCETS 31G .<br>63                |    | COSENTYX SENSOREADY PEN<br>SOAJ .....       | 45 | CULTURELLE HEALTH (INULIN)<br>CAPS .....     | 22 |
| COMFORT TOUCH PLUS LANCETS<br>28G .....          | 63 | COSENTYX SOLN .....                         | 45 | CULTURELLE IMMUNE DEFENSE<br>CAPS .....      | 19 |
| COMFORT TOUCH PLUS LANCETS<br>30G .....          | 63 | COSENTYX SOSY .....                         | 45 | CULTURELLE KID<br>PROBIOTIC+FIBER PACK ..... | 19 |
| COMFORT TOUCH TWIST LANCET<br>30G .....          | 63 | COSENTYX UNOREADY SOAJ ..                   | 45 | CULTURELLE KIDS CHEW .....                   | 19 |
| COMIRNATY SUSP .....                             | 93 | cosyntropin SOLR .....                      | 50 | CULTURELLE KIDS PACK .....                   | 19 |
| COMIRNATY SUSY .....                             | 93 | COTELLIC .....                              | 30 | CULTURELLE KIDS PURELY<br>CHEW .....         | 19 |
| COMPACT SPACE CHAMBER DEVI<br>.....              | 73 | COVID-19 AT HOME ANTIGEN<br>TEST KIT .....  | 50 | CULTURELLE KIDS PURELY PACK<br>19            |    |
| COMPACT SPACE CHAMBER/LG<br>MASK DEVI .....      | 73 | COVID-19 AT-HOME TEST KIT ..                | 50 | CULTURELLE METABOLISM-<br>WEIGHT CAPS .....  | 19 |
| COMPACT SPACE CHAMBER/MED<br>MASK DEVI .....     | 73 | COVID-19 OTC ANTIGEN 1-PACK<br>KIT .....    | 50 | CULTURELLE PROBIOTICS KIDS<br>PACK .....     | 19 |
| COMPACT SPACE CHAMBER/SM<br>MASK DEVI .....      | 73 | COVID-19 OTC ANTIGEN 2-PACK<br>KIT .....    | 50 | CULTURELLE PRO-WELL CAPS .                   | 19 |
| COMPLETE PROBIOTIC PEARLS<br>CAPS .....          | 19 | CREON CPEP .....                            | 51 | CULTURELLE ULTIMATE<br>STRENGTH CAPS .....   | 22 |
| CONCERTA TBCR (Use<br>methylphenidate hcl) ..... | 2  | CRINONE GEL .....                           | 96 | CURITY ALCOHOL PREPS .....                   | 71 |
| CONDOMS-MISC .....                               | 61 | cromolyn sodium (nasal) 5.2<br>MG/ACT ..... | 81 | CUVITRU SOLN .....                           | 86 |
| CONJUPRI (Use levamlodipine<br>maleate) .....    | 37 | cromolyn sodium (ophth) .....               | 85 | CVS ADULT 50+ PROBIOTIC CAPS<br>19           |    |
| CONZIP CP24 (Use tramadol hcl) ..                | 6  | cromolyn sodium NEBU .....                  | 10 | CVS ADULT PROBIOTIC CAPS ..                  | 19 |
| COPAXONE SOSY (Use glatiramer<br>acetate) .....  | 89 | CRYSVITA .....                              | 53 | CVS ALCOHOL PREP PADS .....                  | 71 |
| CORIFACT .....                                   | 57 | CTEXLI 250 MG .....                         | 55 | CVS COVID-19 AT HOME TEST KIT<br>KIT .....   | 50 |
| CORTISONE ACETATE TABS ....                      | 42 | CULTURELLE ADULT ULT<br>BALANCE CAPS .....  | 22 | CVS DAILY PROBIOTIC CAPS ...                 | 19 |
|                                                  |    | CULTURELLE BLOATING & GAS<br>DEF CAPS ..... | 19 |                                              |    |
|                                                  |    | CULTURELLE DIGESTIVE DAILY<br>CAPS .....    | 22 |                                              |    |

|                                           |    |                                                       |    |                                           |    |
|-------------------------------------------|----|-------------------------------------------------------|----|-------------------------------------------|----|
| CVS DAILY PROBIOTIC CHILDRENS PACK .....  | 19 | cyclobenzaprine hcl TABS 5 MG, 10 MG .....            | 80 | DAILY DIGESTIVE PROBIOTIC CAPS .....      | 19 |
| CVS DIGESTIVE PROBIOTIC CAPS .....        | 19 | cyclobenzaprine hcl TABS 7.5 MG .....                 | 80 | DAILY PROBIOTIC CAPS .....                | 19 |
| CVS DRY MOUTH SOLN .....                  | 78 | CYCLOGYL 0.5 % .....                                  | 84 | DAILY ULTIMATE PROBIOTIC-14 CAPS .....    | 19 |
| CVS EVERYDAY CARE PROBIOTIC CAPS .....    | 19 | cyclopentolate hcl 1 % .....                          | 84 | dalfampridine .....                       | 89 |
| CVS GLUCOSE CHEW .....                    | 16 | cyclophosphamide CAPS 50 MG .....                     | 28 | dantrolene sodium CAPS .....              | 81 |
| CVS LANCETS 21G .....                     | 63 | CYCLOPHOSPHAMIDE TABS .....                           | 28 | dapagliflozin propanediol .....           | 18 |
| CVS LANCETS MICRO THIN 33G 63             |    | cyclosporine (ophth) EMUL .....                       | 85 | dapsone .....                             | 27 |
| CVS LANCETS ORIGINAL .....                | 63 | cyclosporine CAPS .....                               | 77 | DAPTACEL .....                            | 90 |
| CVS LANCETS THIN 26G .....                | 63 | cyclosporine modified (for microemulsion) CAPS .....  | 77 | DARAPRIM (Use pyrimethamine) .....        | 27 |
| CVS LANCETS ULTRA THIN 30G 63             |    | cyclosporine modified (for microemulsion) SOLN .....  | 77 | darifenacin hydrobromide .....            | 92 |
| CVS LANCETS ULTRA-THIN 30G 63             |    | cyclosporine SOLN IV 50 MG/ML .....                   | 77 | darunavir TABS .....                      | 34 |
| CVS LANOLIN CREA .....                    | 49 | CYLTEZO (2 PEN) AJKT .....                            | 3  | DARZALEX .....                            | 29 |
| CVS MOOD SUPPORT PROBIOTIC CAPS .....     | 19 | CYLTEZO (2 SYRINGE) PSKT .....                        | 4  | dasatinib .....                           | 30 |
| CVS PREP .....                            | 71 | CYLTEZO-CD/UC/HS STARTER AJKT .....                   | 4  | daunorubicin hcl SOLN 50 MG/10ML 30       |    |
| CVS PROBIOTIC ADULT 50+ CAPS 19           |    | CYLTEZO-PSORIASIS/UV STARTER AJKT .....               | 4  | DAURISMO .....                            | 29 |
| CVS PROBIOTIC CAPS .....                  | 19 | CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl) ..... | 15 | DAYHIST ALLERGY 12 HOUR RELIEF TABS ..... | 24 |
| CVS PROBIOTIC MAXIMUM STRENGTH CAPS ..... | 19 | CYMBALTA CPEP 60 MG (Use duloxetine hcl) .....        | 15 | decitabine .....                          | 28 |
| CVS PROBIOTIC PEARLS EX ST CAPS .....     | 19 | cyproheptadine hcl SYRP .....                         | 24 | deferasirox PACK .....                    | 22 |
| CVS SENIOR PROBIOTIC CAPS .....           | 19 | cyproheptadine hcl TABS .....                         | 24 | deferasirox TABS .....                    | 22 |
| CVS SOFT GLUCOSE CHEW .....               | 16 | CYRAMZA .....                                         | 28 | deferasirox TBSO .....                    | 22 |
| CVS ULTRA THIN LANCETS .....              | 63 | CYSTAGON CAPS .....                                   | 56 | deferiprone TABS .....                    | 22 |
| cyanocobalamin SOLN IJ 1000 MCG/ML .....  | 58 | CYSTARAN .....                                        | 85 | deferoxamine mesylate .....               | 22 |
| cyclobenzaprine hcl CP24 .....            | 80 | cytarabine SOLN .....                                 | 28 | DEFITELIO .....                           | 58 |
|                                           |    | CYTOGAM SOLN .....                                    | 86 | deflazacort SUSP .....                    | 42 |
|                                           |    | dabigatran etexilate mesylate CAPS .....              | 12 | deflazacort TABS .....                    | 42 |
|                                           |    |                                                       |    | DEFLUX .....                              | 56 |
|                                           |    |                                                       |    | DELSTRIGO .....                           | 34 |

|                                  |        |                                    |     |                                    |    |
|----------------------------------|--------|------------------------------------|-----|------------------------------------|----|
| DENAVIR (Use penciclovir) .....  | 46     | desoximetasone OINT .....          | 47  | MG, 15 MG .....                    | 1  |
| DENGVAIXA .....                  | 93     | DESTRESS-IRON TABS .....           | 79  | dextroamphetamine sulfate CP24 5   |    |
| DEPAKOTE SPRINKLES CSDR          |        | DESVENLAFAXINE ER .....            | 15  | MG .....                           | 1  |
| (Use divalproex sodium) .....    | 14     | desvenlafaxine succinate 100 MG    | .15 | dextroamphetamine sulfate SOLN ..  | 1  |
| DEPO-SUBQ PROVERA 104 SUSY       |        | desvenlafaxine succinate 25 MG, 50 |     | dextroamphetamine sulfate TABS 15  |    |
| SC .....                         | 41     | MG .....                           | 15  | MG, 20 MG, 30 MG .....             | 1  |
| DERMACINRX PROBISOL CAPS         | .19    | DEX4 QUICK DISSOLVE GLUCOSE        |     | dextroamphetamine sulfate TABS 5   |    |
| DERMACINRX PROBITRAN CAPS        | 19     | CHEW .....                         | 16  | MG, 10 MG .....                    | 1  |
| DESCOVY 120 MG-15 MG .....       | 34     | dexamethasone ELIX .....           | 42  | dextromethorphan-guaifenesin LIQD  |    |
| DESCOVY 200 MG-25 MG .....       | 34     | DEXAMETHASONE INTENSOL             |     | 100 MG/5ML-10 MG/5ML, 150          |    |
| desipramine hcl TABS .....       | 15     | CONC .....                         | 42  | MG/7.5ML-15 MG/7.5ML, 200          |    |
| desloratadine TBDP .....         | 24     | dexamethasone sodium phosphate     |     | MG/10ML-20 MG/10ML .....           | 43 |
| desmopressin acetate SOLN IJ     | ..54   | (ophth) .....                      | 85  | dextromethorphan-guaifenesin SYRP  |    |
| DESMOPRESSIN ACETATE SOLN        |        | dexamethasone sodium phosphate     |     | 100 MG/5ML-10 MG/5ML, 200          |    |
| NA .....                         | 54     | SOLN IJ 4 MG/ML, 20 MG/5ML, 120    |     | MG/10ML-20 MG/10ML .....           | 43 |
| desmopressin acetate spray ..... | 54     | MG/30ML .....                      | 42  | DHIVY TABS .....                   | 32 |
| desmopressin acetate spray       |        | DEXAMETHASONE SODIUM               |     | DIATHRIVE LANCET ULTRA THIN        |    |
| refrigerated 0.01 % .....        | 54     | PHOSPHATE SOLN IJ 4 MG/ML          | .42 | 30 .....                           | 63 |
| desmopressin acetate TABS .....  | 54     | dexamethasone sodium phosphate     |     | DIATHRIVE LANCETS .....            | 63 |
| desogestrel & ethinyl estradiol  | ....39 | SOSY IJ 4 MG/ML .....              | 42  | DIATRUST COVID-19 HOME TEST        |    |
| desogestrel-ethinyl estradiol    |        | dexamethasone SOLN .....           | 42  | KIT .....                          | 50 |
| (biphasic) .....                 | 39     | dexamethasone TABS 0.5 MG, 0.75    |     | diazepam CONC .....                | 10 |
| desogestrel-ethinyl estradiol    |        | MG, 1 MG, 1.5 MG, 4 MG, 6 MG       | .42 | DIAZEPAM SOAJ .....                | 10 |
| (triphasic) .....                | 39     | dexchlorpheniramine maleate SOLN   | .24 | diazepam SOLN IJ 5 MG/ML, 10       |    |
| desonide CREA .....              | 47     | 24                                 |     | MG/2ML .....                       | 10 |
| desonide LOTN .....              | 47     | dexmedetomidine hcl in sodium      |     | DIAZEPAM SOLN IJ 5 MG/ML ....      | 10 |
| desonide OINT .....              | 47     | chloride SOLN .....                | 60  | diazepam SOLN PO 5 MG/5ML ...      | 10 |
| desoximetasone CREA 0.05 % ....  | 47     | dexmedetomidine hcl SOLN 200       |     | diazepam TABS .....                | 10 |
| desoximetasone CREA 0.25 % ....  | 47     | MCG/2ML .....                      | 60  | diazoxide .....                    | 16 |
| desoximetasone GEL .....         | 47     | dexmethylphenidate hcl CP24 .....  | 2   | dibucaine .....                    | 49 |
| desoximetasone LIQD .....        | 47     | dexmethylphenidate hcl TABS .....  | 2   | diclofenac potassium TABS 50 MG    | .5 |
|                                  |        | dextrazoxane hcl .....             | 31  | diclofenac sodium (ophth) .....    | 86 |
|                                  |        | DEXTENZA INST .....                | 85  | diclofenac sodium (topical) GEL EX |    |
|                                  |        | dextroamphetamine sulfate CP24 10  |     | 45                                 |    |

|                                                  |    |                                                                    |    |                                                                             |    |
|--------------------------------------------------|----|--------------------------------------------------------------------|----|-----------------------------------------------------------------------------|----|
| diclofenac sodium TB24 .....                     | 5  | DILANTIN INFATABS CHEW (Use phenytoin) .....                       | 24 | diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG ..... | 60 |
| diclofenac sodium TBEC .....                     | 5  | diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG .....       | 37 | diphenoxylate w/ atropine LIQD ...                                          | 22 |
| dicloxacillin sodium .....                       | 87 | diltiazem hcl coated beads CP24 240 MG .....                       | 37 | diphenoxylate w/ atropine TABS ..                                           | 22 |
| dicyclomine hcl CAPS .....                       | 91 | diltiazem hcl coated beads CP24 360 MG .....                       | 37 | dipyridamole .....                                                          | 58 |
| dicyclomine hcl SOLN PO .....                    | 91 | diltiazem hcl CP12 .....                                           | 37 | disopyramide phosphate CAPS ...                                             | 10 |
| dicyclomine hcl TABS .....                       | 91 | diltiazem hcl CP24 120 MG, 240 MG 37                               |    | disulfiram 250 MG .....                                                     | 88 |
| DIFFERIN CREA (Use adapalene) 44                 |    | diltiazem hcl CP24 180 MG .....                                    | 37 | divalproex sodium CSDR .....                                                | 14 |
| DIFFERIN GEL 0.3 % (Use adapalene) .....         | 44 | diltiazem hcl extended release beads .....                         | 37 | divalproex sodium TB24 .....                                                | 14 |
| DIFFERIN LOTN .....                              | 44 | diltiazem hcl TABS .....                                           | 37 | divalproex sodium TBEC .....                                                | 14 |
| diflorasone diacetate CREA .....                 | 47 | diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....    | 37 | docetaxel CONC 160 MG/8ML ....                                              | 31 |
| diflorasone diacetate OINT .....                 | 47 | dimethyl fumarate CDPK .....                                       | 89 | DOCETAXEL CONC 160 MG/8ML 31                                                |    |
| diflunisal TABS .....                            | 6  | dimethyl fumarate CPDR .....                                       | 89 | DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML .....                      | 31 |
| DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS .....        | 19 | diphenhydramine hcl (sleep) CAPS 59                                |    | docetaxel SOLN .....                                                        | 31 |
| DIGESTIVE ADV LACTOSE SUPPORT CAPS .....         | 19 | diphenhydramine hcl (sleep) LIQD 59                                |    | DOCIVYX SOLN .....                                                          | 31 |
| DIGESTIVE ADV MULTI-STRAIN CAPS .....            | 19 | diphenhydramine hcl (sleep) TABS 25 MG .....                       | 59 | docusate sodium CAPS 100 MG, 250 MG .....                                   | 61 |
| DIGESTIVE ADV+BOWEL SUPPORT CAPS .....           | 19 | diphenhydramine hcl (sleep) TABS 50 MG .....                       | 60 | docusate sodium CAPS 50 MG ...                                              | 61 |
| DIGESTIVE ADV+GAS DEFENSE CAPS .....             | 19 | diphenhydramine hcl (sleep) TBDP 60                                |    | docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....                           | 61 |
| DIGESTIVE ADV+LACTOSE SUPPORT CAPS .....         | 20 | diphenhydramine hcl CAPS .....                                     | 24 | DOCUSATE SODIUM SYRP .....                                                  | 61 |
| DIGESTIVE ADVANTAGE CAPS .                       | 20 | diphenhydramine hcl ELIX 12.5 MG/5ML .....                         | 24 | docusate sodium TABS .....                                                  | 61 |
| digoxin SOLN PO 0.05 MG/ML ....                  | 38 | diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML ..... | 24 | dofetilide .....                                                            | 10 |
| digoxin TABS 125 MCG, 250 MCG 38                 |    |                                                                    |    | donepezil hydrochloride TABS 23 MG .....                                    | 88 |
| dihydroergotamine mesylate SOLN NA 4 MG/ML ..... | 76 |                                                                    |    | donepezil hydrochloride TABS 5 MG, 10 MG .....                              | 88 |
| DILANTIN (Use phenytoin sodium extended) .....   | 14 | diphenhydramine hcl TABS 25 MG                                     |    | donepezil hydrochloride TBDP ....                                           | 88 |
|                                                  |    |                                                                    |    | DOPTelet .....                                                              | 58 |



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| efavirenz TABS .....                                           | 34 | ELEVIDYS 31.5-32.4 KG ..... | 82 | ELEVIDYS 61.5-62.4 KG .....                                    | 82 |
| efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate ..... | 34 | ELEVIDYS 32.5-33.4 KG ..... | 82 | ELEVIDYS 62.5-63.4 KG .....                                    | 82 |
| efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....    | 34 | ELEVIDYS 33.5-34.4 KG ..... | 82 | ELEVIDYS 63.5-64.4 KG .....                                    | 82 |
| ELAPRASE .....                                                 | 53 | ELEVIDYS 34.5-35.4 KG ..... | 82 | ELEVIDYS 64.5-65.4 KG .....                                    | 82 |
| ELELYSO .....                                                  | 58 | ELEVIDYS 35.5-36.4 KG ..... | 82 | ELEVIDYS 65.5-66.4 KG .....                                    | 82 |
| ELEPSIA XR TB24 .....                                          | 13 | ELEVIDYS 36.5-37.4 KG ..... | 82 | ELEVIDYS 66.5-67.4 KG .....                                    | 82 |
| eletriptan hydrobromide .....                                  | 76 | ELEVIDYS 37.5-38.4 KG ..... | 82 | ELEVIDYS 67.5-68.4 KG .....                                    | 82 |
| ELEVIDYS 10.0-10.4 KG .....                                    | 82 | ELEVIDYS 38.5-39.4 KG ..... | 82 | ELEVIDYS 68.5-69.4 KG .....                                    | 82 |
| ELEVIDYS 10.5-11.4 KG .....                                    | 82 | ELEVIDYS 39.5-40.4 KG ..... | 82 | ELEVIDYS 69.5 KG PLUS .....                                    | 82 |
| ELEVIDYS 11.5-12.4 KG .....                                    | 82 | ELEVIDYS 40.5-41.4 KG ..... | 82 | ELIDEL (Use pimecrolimus) .....                                | 48 |
| ELEVIDYS 12.5-13.4 KG .....                                    | 82 | ELEVIDYS 41.5-42.4 KG ..... | 82 | ELIGARD KIT SC 7.5 MG .....                                    | 29 |
| ELEVIDYS 13.5-14.4 KG .....                                    | 82 | ELEVIDYS 42.5-43.4 KG ..... | 82 | ELIGARD SC 22.5 MG, 30 MG, 45<br>MG .....                      | 29 |
| ELEVIDYS 14.5-15.4 KG .....                                    | 82 | ELEVIDYS 43.5-44.4 KG ..... | 82 | ELIQUIS DVT/PE STARTER PACK<br>TBPk .....                      | 12 |
| ELEVIDYS 15.5-16.4 KG .....                                    | 82 | ELEVIDYS 44.5-45.4 KG ..... | 82 | ELIQUIS TABS .....                                             | 12 |
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| ELEVIDYS 17.5-18.4 KG .....                                    | 82 | ELEVIDYS 46.5-47.4 KG ..... | 82 | ELLEENCE SOLN .....                                            | 30 |
| ELEVIDYS 18.5-19.4 KG .....                                    | 82 | ELEVIDYS 47.5-48.4 KG ..... | 82 | ELLUME COVID-19 HOME TEST<br>KIT .....                         | 50 |
| ELEVIDYS 19.5-20.4 KG .....                                    | 82 | ELEVIDYS 48.5-49.4 KG ..... | 82 | ELMIRON CAPS .....                                             | 56 |
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| ELEVIDYS 21.5-22.4 KG .....                                    | 82 | ELEVIDYS 50.5-51.4 KG ..... | 82 | eltrombopag olamine PACK 12.5 MG<br>.....                      | 58 |
| ELEVIDYS 22.5-23.4 KG .....                                    | 82 | ELEVIDYS 51.5-52.4 KG ..... | 82 | eltrombopag olamine TABS 12.5 MG,<br>25 MG, 50 MG, 75 MG ..... | 58 |
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| ELEVIDYS 29.5-30.4 KG .....                                    | 82 | ELEVIDYS 58.5-59.4 KG ..... | 82 |                                                                |    |
| ELEVIDYS 30.5-31.4 KG .....                                    | 82 | ELEVIDYS 59.5-60.4 KG ..... | 82 |                                                                |    |
|                                                                |    | ELEVIDYS 60.5-61.4 KG ..... | 82 |                                                                |    |

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| EMBRACE LANCETS ULTRA THIN 30G .....              | 64 | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....                                   | 12 | EPRONTIA SOLN .....                             | 13 |
| EMBRACE PRESSURE ACTIVATED 21G .....              | 64 | enoxaparin sodium SOSY 30 MG/0.3ML .....                                            | 12 | EPZICOM (Use abacavir sulfate-lamivudine) ..... | 34 |
| EMBRACE PRESSURE ACTIVATED 28G .....              | 64 | enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....                               | 12 | EQ PROBIOTIC CAPS .....                         | 20 |
| EMCYT .....                                       | 29 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....                              | 12 | EQ PROBIOTIC CPDR .....                         | 20 |
| EMGALITY (300 MG DOSE) SOSY 76 .....              | 76 | ENTADFI .....                                                                       | 56 | EQ SPACE CHAMBER ANTI-STATIC DEVI .....         | 74 |
| EMGALITY SOAJ .....                               | 76 | ENTRESTO CPSP .....                                                                 | 38 | EQ SPACE CHAMBER ANTI-STATIC L DEVI .....       | 74 |
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| emtricitabine-tenofovir disoproxil fumarate ..... | 34 | EPCLUSA PACK .....                                                                  | 36 | EQL COLOR LANCETS 21G .....                     | 64 |
| EMTRIVA CAPS (Use emtricitabine) . 34 .....       | 34 | EPCLUSA TABS .....                                                                  | 36 | EQL COLOR LANCETS MICRO 33G .....               | 64 |
| EMTRIVA SOLN .....                                | 34 | EPIFOAM FOAM .....                                                                  | 47 | EQL DAILY PROBIOTIC CAPS ...                    | 20 |
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| enalapril maleate TABS .....                      | 25 | epinephrine (anaphylaxis) SOAJ ..                                                   | 96 | EQL SUPER THIN LANCETS 30G 64 .....             | 64 |
| ENBREL MINI SOCT .....                            | 5  | epinephrine hcl (nasal) .....                                                       | 81 | EQL THIN LANCETS 26G .....                      | 64 |
| ENBREL SOLN .....                                 | 5  | EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....                             | 96 | ERBITUX .....                                   | 29 |
| ENBREL SOSY .....                                 | 5  | EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....                          | 96 | ergocalciferol CAPS .....                       | 96 |
| ENBREL SURECLICK SOAJ .....                       | 5  | EPIVIR SOLN (Use lamivudine) ...                                                    | 34 | ergoloid mesylates TABS .....                   | 89 |
| ENCARE SUPP 100 MG .....                          | 95 | EPIVIR TABS 150 MG (Use lamivudine) .....                                           | 34 | ergotamine w/ caffeine TABS .....               | 76 |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML .....      | 80 | EPIVIR TABS 300 MG (Use lamivudine) .....                                           | 34 | eribulin mesylate .....                         | 31 |
| ENERGIX-B SUSP 20 MCG/ML ...                      | 93 | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... | 58 | ERIVEDGE .....                                  | 29 |
| ENERGIX-B SUSY .....                              | 93 | epoprostenol sodium .....                                                           | 38 | ERLEADA 60 MG .....                             | 29 |
| enoxaparin sodium SOLN IJ 300 MG/3ML .....        | 12 |                                                                                     |    | erlotinib hcl .....                             | 29 |

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|---------------------------------------------------------------------------------|----|----------------------------------------------------------|----|-----------------------------------------------------------------|----|
| ertapenem sodium IJ .....                                                       | 27 | eszopiclone .....                                        | 60 | EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide) .... | 26 |
| ERYPED 200 SUSR (Use erythromycin ethylsuccinate) .....                         | 61 | ethambutol hcl TABS .....                                | 28 | EXONDYS 51 .....                                                | 82 |
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| erythromycin (acne aid) SOLN ....                                               | 44 | ethosuximide SOLN .....                                  | 14 | EYSUVIS SUSP .....                                              | 85 |
| erythromycin (ophth) .....                                                      | 84 | ethynodiol diacet & eth estrad ....                      | 39 | E-Z JECT LANCET MICRO-THIN 33G .....                            | 64 |
| ERYTHROMYCIN .....                                                              | 84 | etodolac CAPS .....                                      | 5  | E-Z JECT LANCET SUPER THIN 30G .....                            | 64 |
| erythromycin base CPEP .....                                                    | 61 | etodolac TABS .....                                      | 5  | E-Z JECT LANCETS .....                                          | 64 |
| erythromycin base TABS .....                                                    | 61 | etodolac TB24 .....                                      | 5  | E-Z JECT LANCETS 21G .....                                      | 64 |
| erythromycin base TBEC .....                                                    | 61 | etonogestrel-ethinyl estradiol ....                      | 41 | E-Z JECT LANCETS THIN 26G ..                                    | 64 |
| erythromycin ethylsuccinate SUSR 61                                             |    | etoposide CAPS .....                                     | 31 | ezetimibe .....                                                 | 25 |
| erythromycin ethylsuccinate TABS 61                                             |    | etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML .....  | 32 | ezetimibe-simvastatin .....                                     | 24 |
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| escitalopram oxalate TABS .....                                                 | 15 | EUFLEXXA SOSY .....                                      | 81 | EZ-LETS LANCETS 28G .....                                       | 64 |
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| estradiol & norethindrone acetate TABS .....                                    | 54 | everolimus TBSO .....                                    | 30 | famotidine TABS 10 MG .....                                     | 91 |
| estradiol PTTW .....                                                            | 54 | EVOMELA IV .....                                         | 28 | famotidine TABS 20 MG, 40 MG ..                                 | 91 |
| estradiol PTWK .....                                                            | 54 | EVOTAZ .....                                             | 34 | FASENRA PEN SOAJ .....                                          | 10 |
| estradiol TABS .....                                                            | 54 | EVRYSDI .....                                            | 83 | FASENRA SOSY 10 MG/0.5ML ...                                    | 10 |
| estradiol vaginal CREA .....                                                    | 96 | EXELON 13.3 MG/24HR (Use rivastigmine) .....             | 88 | FASTEP COVID-19 ANTIGEN TEST KIT .....                          | 50 |
| estradiol vaginal TABS .....                                                    | 96 | EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine) ..... | 88 | FEIBA .....                                                     | 57 |
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| fenofibrate CAPS .....25                                                          | FEVERALL JUNIOR STRENGTH<br>SUPP .....6 | FLORASTOR SELECT GUT BOOST<br>CAPS .....20                             |
| fenofibrate micronized 134 MG, 200<br>MG .....25                                  | fexofenadine hcl SUSP .....24           | FLORASTOR SELECT IMMUNITY<br>BOOS CAPS .....20                         |
| fenofibrate micronized 43 MG, 90<br>MG, 130 MG .....25                            | fexofenadine hcl TABS 180 MG ...24      | FLORRAXIS CAPS .....20                                                 |
| fenofibrate micronized 67 MG .....25                                              | fexofenadine hcl TABS 60 MG ....24      | FLOVENT DISKUS AEPB (Use<br>fluticasone propionate (inhalation))<br>11 |
| fenofibrate TABS 40 MG, 120 MG .25                                                | FIBRICOR (Use fenofibric acid) ..25     | FLOVENT DISKUS AEPB .....11                                            |
| fenofibrate TABS 54 MG .....25                                                    | FIBRYGA .....57                         | FLOWFLEX COVID-19 AG HOME<br>TEST KIT .....50                          |
| fenofibric acid .....25                                                           | FIFTY50 ALCOHOL PREP .....71            | FLUAD .....93                                                          |
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| fentanyl PT72 12 MCG/HR, 25<br>MCG/HR, 50 MCG/HR, 75 MCG/HR,<br>100 MCG/HR .....6 | FIFTY50 UNILET LANCETS 33G .64          | FLUARIX QUADRIVALENT SUSY 93                                           |
| fentanyl PT72 37.5 MCG/HR, 62.5<br>MCG/HR, 87.5 MCG/HR .....6                     | FILTER AIR PP MISC .....74              | FLUARIX SUSY .....93                                                   |
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| ferrous fumarate TABS .....59                                                     | FINGERSTIX LANCETS .....64              | FLUCELVAX QUADRIVALENT<br>SUSP .....93                                 |
| ferrous fumarate-fa-b complex-c-zn-<br>mg-mn-cu TABS .....59                      | finolimid hcl .....89                   | FLUCELVAX QUADRIVALENT<br>SUSY .....93                                 |
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| ferrous gluconate TABS .....59                                                    | FIRMAGON (240 MG DOSE) ....29           | FLUCELVAX SUSY .....93                                                 |
| ferrous sulfate dried TBCR .....59                                                | FIRMAGON 80 MG .....29                  | fluconazole SUSR .....23                                               |
| ferrous sulfate SOLN 15 MG/ML, 15<br>MG/ML .....59                                | FIRST-PROGESTERONE VGS<br>SUPP .....96  | fluconazole TABS 100 MG .....23                                        |
| ferrous sulfate SOLN 220 MG/5ML,<br>300 MG/6.8ML .....59                          | flavoxate hcl .....92                   | fluconazole TABS 150 MG .....23                                        |
| ferrous sulfate TABS 325 MG, 65<br>MG, 325 MG .....59                             | FLEBOGAMMA DIF SOLN .....86             | fluconazole TABS 200 MG .....23                                        |
| ferrous sulfate TBEC 325 MG .....59                                               | flecainide acetate .....10              | fluconazole TABS 50 MG .....23                                         |
| ferrous sulfate TBEC .....59                                                      | FLEXICHAMBER DEVI .....74               | fludarabine phosphate SOLN .....28                                     |
|                                                                                   | FLORA VANCE CAPS .....20                | FLUDARABINE PHOSPHATE SOLN<br>.....28                                  |
|                                                                                   | FLORAJEN DIGESTION CAPS ...20           |                                                                        |
|                                                                                   | FLORAJEN KIDS CAPS .....20              |                                                                        |
|                                                                                   | FLORASAVE CPDR .....20                  |                                                                        |
|                                                                                   | FLORASTOR ADVANCED CAPS .20             |                                                                        |

|                                        |                                                                                                                     |                                                        |
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| fludarabine phosphate SOLR .....28     | fluoxetine hcl) ..... 15                                                                                            | FLUZONE HIGH-DOSE<br>QUADRIVALENT .....94              |
| fludrocortisone acetate TABS .....42   | fluoxetine hcl TABS 10 MG .....15                                                                                   | FLUZONE HIGH-DOSE SUSY ....94                          |
| FLULAVAL QUADRIVALENT SUSY .<br>93     | fluoxetine hcl TABS 20 MG .....15                                                                                   | FLUZONE QUADRIVALENT SUSP<br>94                        |
| FLULAVAL SUSY .....94                  | fluoxetine hcl TABS 60 MG .....15                                                                                   | FLUZONE QUADRIVALENT SUSY<br>94                        |
| FLUMIST .....94                        | fluphenazine decanoate .....33                                                                                      | FLUZONE SUSP .....94                                   |
| FLUMIST QUADRIVALENT .....94           | fluphenazine hcl TABS .....33                                                                                       | FLUZONE SUSY .....94                                   |
| flunisolide (nasal) .....81            | flurandrenolide CREA .....47                                                                                        | FLYP HYPERSONIQ CARTRIDGE<br>MISC .....74              |
| fluocinolone acetonide (otic) .....86  | flurandrenolide LOTN .....47                                                                                        | FOCALIN XR CP24 (Use<br>dexmethylphenidate hcl) .....2 |
| fluocinolone acetonide CREA .....47    | flurandrenolide OINT .....47                                                                                        | folic acid TABS 1 MG .....58                           |
| fluocinolone acetonide OIL .....47     | flurazepam hcl .....60                                                                                              | folic acid TABS 400 MCG, 800 MCG .<br>58               |
| fluocinolone acetonide OINT .....47    | flurbiprofen sodium .....86                                                                                         | FOLOTYN .....28                                        |
| fluocinolone acetonide SOLN .....47    | flurbiprofen TABS .....5                                                                                            | fondaparinux sodium .....12                            |
| fluocinonide CREA 0.05 % .....47       | fluticasone propionate (inhalation)<br>AEPB .....11                                                                 | FORA LANCETS .....64                                   |
| fluocinonide CREA 0.1 % .....47        | fluticasone propionate (nasal) SUSP .<br>81                                                                         | FORFIVO XL TB24 (Use bupropion<br>hcl) .....14         |
| fluocinonide emulsified base .....47   | fluticasone propionate CREA 0.05 %<br>47                                                                            | FORTIFY 30 BILLION PROBIOT 50+<br>CPDR .....20         |
| fluocinonide GEL .....47               | fluticasone propionate hfa 110<br>MCG/ACT, 220 MCG/ACT .....11                                                      | FORTIFY 50 BILLION PROBIOT 50+<br>CPDR .....20         |
| fluocinonide OINT .....47              | fluticasone propionate hfa 44<br>MCG/ACT .....11                                                                    | FORTIFY DAILY PROBIOTIC CAPS .<br>20                   |
| fluocinonide SOLN .....47              | fluticasone propionate LOTN .....47                                                                                 | FORTIFY DAILY PROBIOTIC EX ST<br>CPDR .....20          |
| fluorometholone (ophth) SUSP ....85    | fluticasone propionate OINT .....47                                                                                 | FORTIFY OPTIMA PROBIOTIC<br>CPDR .....20               |
| fluorouracil (topical) CREA 0.5 % .45  | fluticasone-salmeterol AEPB 100<br>MCG/ACT-50 MCG/ACT, 250<br>MCG/ACT-50 MCG/ACT, 500<br>MCG/ACT-50 MCG/ACT .....11 | FORTIFY OPTIMA WOMENS ADV<br>CARE CPDR .....20         |
| fluorouracil (topical) CREA 5 % ....45 | fluticasone-salmeterol AERO .....12                                                                                 | FORTIFY PROBIOTIC WOMENS<br>CPDR .....20               |
| fluorouracil (topical) SOLN .....45    | fluvastatin sodium CAPS .....25                                                                                     |                                                        |
| fluoxetine hcl (pmdd) TABS 10 MG<br>89 | fluvastatin sodium TB24 .....25                                                                                     |                                                        |
| fluoxetine hcl (pmdd) TABS 20 MG<br>89 | fluvoxamine maleate CP24 .....15                                                                                    |                                                        |
| fluoxetine hcl CAPS .....15            | fluvoxamine maleate TABS .....15                                                                                    |                                                        |
| fluoxetine hcl CPDR .....15            |                                                                                                                     |                                                        |
| fluoxetine hcl SOLN .....15            |                                                                                                                     |                                                        |
| FLUOXETINE HCL TABS (Use               |                                                                                                                     |                                                        |

|                                                  |    |                                                                     |    |                                                    |    |
|--------------------------------------------------|----|---------------------------------------------------------------------|----|----------------------------------------------------|----|
| FORTIFY PROBIOTIC WOMENS EX<br>ST CPDR .....     | 20 | furosemide SOLN PO 8 MG/ML, 10<br>MG/ML .....                       | 52 | gatifloxacin (ophth) .....                         | 84 |
| fosamprenavir calcium TABS .....                 | 34 | furosemide TABS .....                                               | 52 | GATTEX .....                                       | 56 |
| fosinopril sodium &<br>hydrochlorothiazide ..... | 26 | FYLNETRA .....                                                      | 58 | GAUZE SPONGES .....                                | 64 |
| fosinopril sodium .....                          | 25 | gabapentin CAPS 100 MG .....                                        | 13 | GAZYVA .....                                       | 29 |
| FRAGMIN SOLN 10000 UNIT/4ML<br>12 .....          | 12 | gabapentin CAPS 300 MG, 400 MG<br>13 .....                          | 13 | gefitinib .....                                    | 29 |
| FREDS PHARMACY UNILET LANC<br>28G .....          | 64 | gabapentin SOLN .....                                               | 13 | GEL-ONE .....                                      | 81 |
| FREDS PHARMACY UNILET LANC<br>30G .....          | 64 | gabapentin TABS 600 MG, 800 MG<br>13 .....                          | 13 | GELSYN-3 SOSY .....                                | 81 |
| FREESTYLE LANCETS .....                          | 64 | GABITRIL 12 MG, 16 MG (Use<br>tiagabine hcl) .....                  | 13 | gemfibrozil TABS .....                             | 25 |
| FREESTYLE LIBRE 14 DAY<br>READER .....           | 64 | GABITRIL 2 MG, 4 MG (Use<br>tiagabine hcl) .....                    | 14 | GEMTESA .....                                      | 92 |
| FREESTYLE LIBRE 14 DAY<br>SENSOR .....           | 64 | GABLOFEN SOLN IT 10000<br>MCG/20ML, 40000 MCG/20ML ...              | 80 | GENABIO COVID-19 RAPID TEST<br>KIT .....           | 50 |
| FREESTYLE LIBRE 2 PLUS<br>SENSOR .....           | 64 | GALAFOLD .....                                                      | 53 | GENORAVANCE CAPS .....                             | 20 |
| FREESTYLE LIBRE 2 READER ..                      | 64 | galantamine hydrobromide CP24 ..                                    | 88 | GENOTROPIN CART SC .....                           | 53 |
| FREESTYLE LIBRE 2 SENSOR ..                      | 64 | galantamine hydrobromide SOLN ..                                    | 88 | GENOTROPIN MINIQUICK PRSY                          | 53 |
| FREESTYLE LIBRE 3 PLUS<br>SENSOR .....           | 64 | galantamine hydrobromide TABS ..                                    | 88 | gentamicin sulfate (ophth) SOLN ..                 | 84 |
| FREESTYLE LIBRE 3 READER ..                      | 64 | GAMASTAN .....                                                      | 86 | gentamicin sulfate (topical) CREA ..               | 44 |
| FREESTYLE LIBRE 3 SENSOR ..                      | 64 | GAMIFANT 10 MG/2ML, 50<br>MG/10ML .....                             | 78 | gentamicin sulfate (topical) OINT ..               | 44 |
| FREESTYLE LIBRE 3 READER ..                      | 64 | GAMMAGARD .....                                                     | 86 | GENTEEL BUTTERFLY TOUCH<br>LANCET .....            | 64 |
| FREESTYLE LIBRE 3 SENSOR ..                      | 64 | GAMMAGARD S/D LESS IGA SOLR<br>.....                                | 86 | GENTLE-LET GP LANCETS .....                        | 64 |
| FREESTYLE LIBRE READER ....                      | 64 | GAMMAKED 1 GM/10ML, 5<br>GM/50ML, 10 GM/100ML, 20<br>GM/200ML ..... | 86 | GENTLE-LET LANCETS .....                           | 65 |
| FREESTYLE UNISTICK II LANCETS<br>.....           | 64 | GAMMAPLEX SOLN .....                                                | 86 | GENVISC 850 SOSY .....                             | 81 |
| frovatriptan succinate .....                     | 76 | GAMUNEX-C .....                                                     | 86 | GENVOYA .....                                      | 34 |
| FT ACIDOPHILUS PROBIOTIC<br>BLEND CAPS .....     | 20 | GARDASIL 9 SUSP 0.5 ML .....                                        | 94 | GILENYA (Use fingolimod hcl) ....                  | 89 |
| FT SALINE NASAL SPRAY SOLN                       | 81 | GARDASIL 9 SUSY 0.5 ML .....                                        | 94 | GILENYA .....                                      | 89 |
| FULL KIT NEBULIZER SET MISC                      | 74 |                                                                     |    | GILOTTRIF .....                                    | 29 |
| FULPHILA .....                                   | 58 |                                                                     |    | ginger (zingiber officinalis) CAPS 250<br>MG ..... | 2  |
|                                                  |    |                                                                     |    | GLASSIA SOLN .....                                 | 89 |
|                                                  |    |                                                                     |    | glatiramer acetate SOSY .....                      | 89 |
|                                                  |    |                                                                     |    | glimepiride 1 MG, 2 MG .....                       | 18 |

|                                                      |                                                |                                           |
|------------------------------------------------------|------------------------------------------------|-------------------------------------------|
| glimepiride 3 MG .....18                             | GNP ALCOHOL SWABS .....71                      | griseofulvin ultramicrosize ..... 23      |
| glimepiride 4 MG .....18                             | GNP GLUCOSE CHEW ..... 16                      | guaifenesin-codeine SOLN ..... 43         |
| glipizide TABS 2.5 MG .....18                        | GNP LANCETS 21G ..... 65                       | guaifenesin-codeine SYRP ..... 43         |
| glipizide TABS 5 MG, 10 MG ..... 18                  | GNP LANCETS THIN 26G .....65                   | guanfacine hcl (adhd) ..... 2             |
| glipizide TB24 .....18                               | GNP PROBIOTIC COLON<br>SUPPORT CAPS .....20    | guanfacine hcl .....26                    |
| glipizide-metformin hcl ..... 16                     | GNP PROBIOTIC EXTRA<br>STRENGTH CAPS .....22   | GVOKE KIT SOLN .....16                    |
| GLOBAL ALCOHOL PREP EASE 71                          | GNP QUICK DISSOLVE GLUCOSE<br>CHEW .....16     | GYNAZOLE-1 .....96                        |
| GLOBAL INJECT EASE LANCETS<br>28G .....65            | GNP STERILE LANCETS 28G ... 65                 | HADLIMA PUSHTOUCH SOAJ ....4              |
| GLOBAL INJECT EASE LANCETS<br>30G .....65            | GNP STERILE LANCETS 30G ... 65                 | HADLIMA SOSY ..... 4                      |
| GLUCAGEN HYPOKIT .....16                             | GNP STERILE LANCETS 33G ... 65                 | HAEMOLANCE ..... 65                       |
| glucagon (rdna) .....16                              | GOJJI STERILE LANCETS .....65                  | HAEMOLANCE LOW FLOW<br>LANCETS ..... 65   |
| GLUCAGON EMERGENCY (Use<br>glucagon (rdna)) ..... 16 | GOODSENSE ALCOHOL SWABS<br>71                  | HAEMOLANCE PLUS ..... 65                  |
| GLUCO TO GO CHEW .....16                             | GOODSENSE COLOR LANCETS<br>33G .....65         | HAEMOLANCE PLUS HIGH FLOW .<br>65         |
| GLUCOCOM LANCETS 28G .....65                         | GOODSENSE LANCETS 26G UNIV<br>.....65          | HAEMOLANCE PLUS LOW FLOW .<br>65          |
| GLUCOCOM LANCETS 30G .....65                         | GOODSENSE LANCETS 30G ...65                    | HAEMOLANCE PLUS MAX FLOW<br>65            |
| GLUCOCOM LANCETS 33G .....65                         | GOODSENSE LANCETS 30G UNIV<br>.....65          | HAEMOLANCE PLUS PEDIATRIC<br>FLOW .....65 |
| GLUCOSE CHEW ..... 16                                | GOODSENSE LANCETS 33G ...65                    | halcinonide CREA ..... 47                 |
| glyburide micronized 1.5 MG, 3 MG,<br>6 MG ..... 18  | GOODSENSE LANCETS 33G UNIV<br>.....65          | halobetasol propionate CREA .....47       |
| glyburide TABS ..... 18                              | GOODSENSE LANCETS 33G UNIV<br>.....65          | halobetasol propionate FOAM .....47       |
| glyburide-metformin ..... 16                         | GOTOKNOW COVID-19 ANTIGEN<br>RAPI KIT ..... 50 | halobetasol propionate OINT .....47       |
| glycerin (laxative) SUPP 2 GM .... 60                | granisetron hcl TABS ..... 23                  | haloperidol decanoate .....33             |
| glycine diluent .....87                              | GRANIX SOLN .....58                            | haloperidol lactate CONC .....33          |
| glycopyrrolate TABS 1 MG, 2 MG .91                   | GRANIX SOSY .....58                            | haloperidol lactate SOLN .....33          |
| GLYXAMBI ..... 16                                    | griseofulvin microsize SUSP .....23            | haloperidol TABS ..... 33                 |
| GNP ACIDOPHILUS HIGH<br>POTENCY CAPS .....20         | griseofulvin microsize TABS .....23            | HARVONI PACK .....36                      |
| GNP ADVANCED PROBIOTIC<br>CAPS .....20               |                                                | HARVONI TABS .....36                      |
|                                                      |                                                | HAVRIX 1440 EL U/ML .....94               |

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| HAVRIX IM 720 EL U/0.5ML .....94                                                                                             | HULIO (2 SYRINGE) PSKT .....4                       | HUMULIN R SOLN IJ .....17                                                                                             |
| HEALTHY ACCENTS UNILET<br>LANCETS ..... 65                                                                                   | HUMALOG JUNIOR KWIKPEN<br>SOPN ..... 17             | HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....17                                                                      |
| H-E-B INCONTROL ALCOHOL ...71                                                                                                | HUMALOG KWIKPEN SOPN 100<br>UNIT/ML .....17         | HUMULIN R U-500 KWIKPEN SOPN<br>SC .....17                                                                            |
| H-E-B INCONTROL LANCETS 28G .<br>65                                                                                          | HUMALOG MIX 50/50 KWIKPEN<br>SUPN .....17           | HYALGAN SOLN ..... 81                                                                                                 |
| H-E-B INCONTROL LANCETS 30G .<br>65                                                                                          | HUMALOG MIX 50/50 SUSP .....17                      | HYALGAN SOSY ..... 81                                                                                                 |
| H-E-B INCONTROL LANCETS 33G .<br>65                                                                                          | HUMALOG MIX 75/25 KWIKPEN<br>SUPN .....17           | HYCANTIN CAPS ..... 32                                                                                                |
| HEMATINIC PLUS VIT/MINERALS<br>TABS .....59                                                                                  | HUMALOG MIX 75/25 SUSP .....17                      | hydralazine hcl TABS .....26                                                                                          |
| HEMGENIX .....57                                                                                                             | HUMALOG SOLN IJ ..... 17                            | hydrochlorothiazide CAPS .....52                                                                                      |
| HEMLIBRA 30 MG/ML, 60<br>MG/0.4ML, 105 MG/0.7ML, 150<br>MG/ML ..... 57                                                       | HUMALOG TEMPO PEN SOPN .. 17                        | hydrochlorothiazide TABS 25 MG, 50<br>MG ..... 52                                                                     |
| HEMOFIL M SOLR 250 UNIT, 500<br>UNIT, 1000 UNIT, 1700 UNIT ..... 57                                                          | HUMATE-P SOLR ..... 57                              | hydrocodone bitartrate CP12 ..... 6                                                                                   |
| HEPAGAM B SOLN IJ .....86                                                                                                    | HUMIRA (2 PEN) AJKT 40<br>MG/0.8ML ..... 4          | hydrocodone bitartrate-homatropine<br>methylbromide SOLN .....43                                                      |
| heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... 12 | HUMIRA (2 PEN) AJKT ..... 4                         | hydrocodone-acetaminophen SOLN<br>108 MG/5ML-2.5 MG/5ML, 217<br>MG/10ML-5 MG/10ML, 325<br>MG/15ML-7.5 MG/15ML ..... 7 |
| HEPLISAV-B SOSY .....94                                                                                                      | HUMIRA (2 SYRINGE) PSKT .....4                      | hydrocodone-acetaminophen TABS<br>325 MG-10 MG .....7                                                                 |
| HERCEPTIN HYLECTA .....30                                                                                                    | HUMIRA-CD/UC/HS STARTER<br>AJKT 40 MG/0.8ML ..... 4 | hydrocodone-acetaminophen TABS<br>325 MG-5 MG .....7                                                                  |
| HIBERIX SOLR IJ .....92                                                                                                      | HUMIRA-CD/UC/HS STARTER<br>AJKT 80 MG/0.8ML ..... 4 | hydrocodone-acetaminophen TABS<br>325 MG-7.5 MG .....7                                                                |
| HIGH POTENCY PROBIOTIC CAPS<br>20                                                                                            | HUMIRA-PED<40KG CROHNS<br>STARTER PSKT ..... 4      | hydrocodone-acetaminophen TABS<br>325 MG-7.5 MG .....7                                                                |
| HIZENTRA SOLN .....87                                                                                                        | HUMIRA-PED>=40KG CROHNS<br>START PSKT .....4        | hydrocortisone (intrarectal) .....8                                                                                   |
| HIZENTRA SOSY 10 GM/50ML ...87                                                                                               | HUMIRA-PED>=40KG UC<br>STARTER AJKT .....4          | hydrocortisone (rectal) EX 1 % ..... 8                                                                                |
| HM STERILE ALCOHOL PREP .. 71                                                                                                | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT ..... 4        | hydrocortisone (rectal) EX 2.5 % ... 8                                                                                |
| HUDSON RCI AEROSOL MASK<br>ADULT MISC .....74                                                                                | HUMIRA-PSORIASIS/UEIT<br>STARTER AJKT ..... 4       | hydrocortisone (topical) CREA 0.5 %<br>47                                                                             |
| HULIO (2 PEN) AJKT .....4                                                                                                    | HUMULIN 70/30 SUSP ..... 17                         | hydrocortisone (topical) CREA 1 %<br>47                                                                               |
|                                                                                                                              | HUMULIN N SUSP ..... 17                             | hydrocortisone (topical) CREA 2.5 %<br>47                                                                             |

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| hydrocortisone (topical) LOTN 1 %<br>47                  | hydroxyprogesterone caproate<br>(antineoplastic) .....30 | SOAJ ..... 4                                            |
| hydrocortisone (topical) LOTN 2.5 %<br>47                | hydroxyurea .....31                                      | HYRIMOZ-PED<40KG CROHN<br>STARTER SOSY .....4           |
| hydrocortisone (topical) OINT 0.5 %<br>47                | hydroxyzine hcl SOLN 25 MG/ML, 50<br>MG/ML .....9        | HYRIMOZ-PED>=40KG CROHN<br>START SOSY ..... 4           |
| hydrocortisone (topical) OINT 1 % 47                     | HYDROXYZINE HCL SOLN 50<br>MG/ML .....9                  | HYRIMOZ-PLAQ PSOR/UVEIT<br>START SOAJ ..... 4           |
| hydrocortisone (topical) OINT 2.5 %<br>47                | hydroxyzine hcl SYRP .....9                              | HYRIMOZ-PLAQUE PSORIASIS<br>START SOAJ ..... 4          |
| hydrocortisone (topical) SOLN 1 %<br>47                  | hydroxyzine hcl TABS .....9                              | HY-VEE LANCETS .....65                                  |
| hydrocortisone acetate (topical)<br>CREA 1 % .....47     | hydroxyzine pamoate CAPS 25 MG,<br>100 MG .....9         | HY-VEE THIN LANCETS .....65                             |
| hydrocortisone acetate (topical) OINT<br>.....47         | hydroxyzine pamoate CAPS 50 MG 9                         | ibandronate sodium SOLN .....52                         |
| HYDROCORTISONE ACETATE<br>CREA .....47                   | HYMOVIS ..... 81                                         | ibandronate sodium TABS .....52                         |
| hydrocortisone butyrate CREA .... 47                     | hyoscyamine sulfate ELIX ..... 91                        | IBRANCE CAPS .....30                                    |
| hydrocortisone butyrate hydrophilic<br>lipo base .....47 | hyoscyamine sulfate SOLN PO 0.125<br>MG/ML ..... 91      | IBSRELA ..... 56                                        |
| hydrocortisone butyrate LOTN .... 48                     | hyoscyamine sulfate SUBL 0.125 MG<br>.....91             | ibuprofen CHEW ..... 5                                  |
| hydrocortisone butyrate OINT ..... 48                    | hyoscyamine sulfate TABS 0.125 MG<br>.....91             | ibuprofen SUSP .....5                                   |
| hydrocortisone butyrate SOLN .... 48                     | hyoscyamine sulfate TB12 0.375 MG<br>91                  | ibuprofen TABS 200 MG, 400 MG,<br>600 MG, 800 MG .....5 |
| hydrocortisone TABS .....42                              | hyoscyamine sulfate TBDP 0.125 MG<br>.....91             | ibuprofen-diphenhydramine citrate<br>60                 |
| hydrocortisone vaginal .....96                           | HYPERHEP B SOLN IM .....87                               | ibuprofen-diphenhydramine hcl ...60                     |
| hydrocortisone valerate CREA .... 48                     | HYPERHEP B SOSY .....87                                  | icatibant acetate SOSY .....57                          |
| hydrocortisone valerate OINT ..... 48                    | HYPERRHO S/D SOSY IM 1500<br>UNIT .....87                | ICLUSIG 15 MG, 45 MG .....30                            |
| hydrocortisone w/acetic acid .....86                     | HYPERRHO S/D SOSY IM 250 UNIT<br>.....87                 | ID NOW COVID-19 .....50                                 |
| HYDROMORPHONE HCL SUPP ...6                              | HYQVIA ..... 87                                          | ID NOW COVID-19 2.0 CONTROL<br>50                       |
| hydromorphone hcl TABS .....6                            | HYRIMOZ SOAJ ..... 4                                     | ID NOW COVID-19 2.0 TEST ....50                         |
| hydromorphone hcl TB24 ..... 6                           | HYRIMOZ SOSY .....4                                      | ID NOW COVID-19 CONTROL ...50                           |
| HYDROXATE GEL .....48                                    | HYRIMOZ-CROHNS/UC STARTER                                | IDACIO (2 PEN) AJKT ..... 4                             |
| HYDROXYM GEL .....48                                     |                                                          | IDACIO (2 SYRINGE) PSKT .....4                          |
|                                                          |                                                          | IDACIO-CROHNS/UC STARTER<br>AJKT .....4                 |

|                                 |                              |                                    |
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| IDACIO-PSORIASIS STARTER        | INGREZZA CPSP                | INTELENCE                          |
| AJKT                            | INLYTA                       | INTELENCE 200 MG (Use etravirine)  |
| IDELVION                        | INNOSPIRE REPLACEMENT        |                                    |
| IGALMI FILM                     | FILTER MISC                  | INTELISWAB COVID-19 RAPID          |
| IHEALTH COVID-19 RAPID TEST     | INPEFA                       | TEST KIT                           |
| KIT                             | INSPIRACHAMBER/LARGE DEVI    | INVEGA HAFYERA                     |
| ILEVRO                          | INSPIRACHAMBER/MEDIUM DEVI   | INVEGA SUSTENNA                    |
| ILUVIEN                         | 74                           | INVEGA TRINZA                      |
| imatinib mesylate TABS          | INSPIRACHAMBER/MOUTHPIECE    | INVOKANA                           |
| IMBRUVICA CAPS 140 MG           | DEVI                         | IPOL                               |
| IMBRUVICA CAPS 70 MG            | INSPIRACHAMBER/SMALL DEVI    | ipratropium bromide (nasal) 0.03 % |
| IMBRUVICA TABS                  | INSPIREASE MISC              | 81                                 |
| IMCIVREE                        | INSPIREASE RESERVOIR BAGS    | ipratropium bromide (nasal) 0.06 % |
| imipramine hcl TABS             | 74                           | 81                                 |
| imipramine pamoate              | INSULIN ASP PROT & ASP       | ipratropium bromide SOLN 0.02 %    |
| imiquimod 5 %                   | FLEXPEN SUPN                 | 10                                 |
| IMLYGIC                         | INSULIN ASPART PROT & ASPART | ipratropium-albuterol SOLN         |
| IMOVAX RABIES SUSR              | SUSP                         | 12                                 |
| IMPEKLO LOTN                    | INSULIN GLARGINE SOLN        | irbesartan                         |
| IN TOUCH STERILE LANCETS 30G    | 17                           | irbesartan-hydrochlorothiazide     |
|                                 | INSULIN GLARGINE SOLOSTAR    | 26                                 |
| INCRELEX                        | SOPN 100 UNIT/ML             | irinotecan hcl                     |
| indapamide TABS 1.25 MG, 2.5 MG | INSULIN GLARGINE-YFGN SOLN   | 32                                 |
| 52                              | 17                           | IRON CHEWS PEDIATRIC CHEW          |
| INDICAID COVID-19 RAPID TEST    | INSULIN GLARGINE-YFGN SOPN   | 59                                 |
| KIT                             | 18                           | IRON TABS 28 MG                    |
| indomethacin CAPS 25 MG, 50 MG  | INSULIN LISPRO (1 UNIT DIAL) | 59                                 |
| 5                               | SOPN                         | ISENTRESS CHEW 100 MG              |
| indomethacin CPR                | INSULIN LISPRO JUNIOR        | 35                                 |
| INFANRIX                        | KWIKPEN SOPN                 | ISENTRESS CHEW 25 MG               |
| INFANTS ADVIL SUSP (Use         | INSULIN LISPRO PROT & LISPRO | 34                                 |
| ibuprofen)                      | SUPN                         | ISENTRESS PACK                     |
| 5                               | INSULIN LISPRO SOLN IJ       | 35                                 |
| INGREZZA CAPS                   | INSULIN SYRINGES             | ISENTRESS TABS                     |
| 88                              | INTELENCE (Use etravirine)   | 35                                 |
|                                 |                              | isoniazid SYRP                     |
|                                 |                              | 28                                 |
|                                 |                              | isoniazid TABS                     |
|                                 |                              | 28                                 |
|                                 |                              | ISOPTO ATROPINE SOLN               |
|                                 |                              | 84                                 |
|                                 |                              | isosorbide dinitrate TABS 5 MG, 10 |
|                                 |                              | MG, 20 MG, 30 MG                   |
|                                 |                              | 9                                  |
|                                 |                              | isosorbide mononitrate TABS        |
|                                 |                              | 9                                  |

|                                              |    |                                                              |    |                                                                         |    |
|----------------------------------------------|----|--------------------------------------------------------------|----|-------------------------------------------------------------------------|----|
| ISOSORBIDE MONONITRATE<br>TABS .....         | 9  | JIVI 500 UNIT, 1000 UNIT, 2000<br>UNIT, 3000 UNIT .....      | 57 | ketorolac tromethamine TABS .....                                       | 5  |
| isosorbide mononitrate TB24 .....            | 9  | JOURNAVX .....                                               | 6  | KETOSTIX STRP .....                                                     | 50 |
| isotretinoin 10 MG, 20 MG, 40 MG             | 44 | JUXTAPID 5 MG, 10 MG, 20 MG, 30<br>MG .....                  | 25 | ketotifen fumarate (ophth) 0.035 %<br>86                                |    |
| isradipine CAPS .....                        | 37 | JYNNEOS .....                                                | 94 | KEY-E CHEW .....                                                        | 97 |
| ITCH RELIEF CREA .....                       | 45 | KADCYLA .....                                                | 29 | KEYTRUDA .....                                                          | 29 |
| itraconazole CAPS .....                      | 23 | KALBITOR .....                                               | 58 | KHAPZORY .....                                                          | 31 |
| itraconazole SOLN .....                      | 24 | KALETRA SOLN .....                                           | 35 | KINNEY LANCETS .....                                                    | 65 |
| ivermectin (pediculicide) .....              | 49 | KALETRA TABS 25 MG-100 MG<br>(Use lopinavir-ritonavir) ..... | 35 | KINNEY THIN LANCETS .....                                               | 65 |
| ivermectin .....                             | 9  | KALETRA TABS 50 MG-200 MG<br>(Use lopinavir-ritonavir) ..... | 35 | KINRIX SUSY .....                                                       | 90 |
| IXCHIQ .....                                 | 94 | KALYDECO PACK 50 MG, 75 MG                                   | 89 | KITABIS PAK (W/ NEBULIZER)<br>NEBU 300 MG/5ML (Use<br>tobramycin) ..... | 2  |
| IXEMPRA KIT .....                            | 32 | KALYDECO TABS .....                                          | 89 | KLOXXADO LIQD .....                                                     | 23 |
| IXIARO .....                                 | 94 | KANJINTI 420 MG .....                                        | 29 | KOATE SOLR .....                                                        | 57 |
| IXINITY SOLR .....                           | 57 | KANUMA .....                                                 | 53 | KOATE-DVI SOLR 500 UNIT, 1000<br>UNIT .....                             | 57 |
| IYUZEH SOLN .....                            | 86 | KAZANO (Use alogliptin-metformin<br>hcl) .....               | 16 | KOGENATE FS KIT .....                                                   | 57 |
| JAKAFI .....                                 | 30 | KCENTRA .....                                                | 57 | KOMBIGLYZE XR (Use saxagliptin-<br>metformin hcl) .....                 | 16 |
| JANSSEN COVID-19 VACCINE ..                  | 94 | KEMOPLAT SOLN .....                                          | 28 | KONVOMEF SUSR .....                                                     | 91 |
| JANUMET TABS .....                           | 16 | KEPIVANCE 6.25 MG .....                                      | 31 | KOVALTRY .....                                                          | 57 |
| JANUMET XR TB24 .....                        | 16 | KESIMPTA .....                                               | 89 | KRINTAFEL .....                                                         | 27 |
| JANUVIA .....                                | 17 | ketoconazole (topical) CREA .....                            | 44 | KROGER HEALTHPRO LANCET<br>26G .....                                    | 65 |
| JARDIANCE .....                              | 18 | ketoconazole (topical) SHAM 2 %                              | 44 | KROGER LANCETS .....                                                    | 65 |
| JARRO-DOPHILUS EPS CPDR ..                   | 20 | KETONE TEST STRP .....                                       | 50 | KROGER LANCETS 21G .....                                                | 65 |
| JARRO-DOPHILUS EPS<br>PROBIOTIC CPDR .....   | 20 | ketoprofen CAPS 50 MG .....                                  | 5  | KROGER LANCETS MICRO THIN<br>33G .....                                  | 65 |
| JARRO-DOPHILUS<br>HYPOALLERGENIC CAPS .....  | 20 | ketoprofen CP24 .....                                        | 5  | KROGER LANCETS SUPER THIN<br>65                                         |    |
| JARRO-DOPHILUS<br>PROBIOT+PRE+FOS CAPS ..... | 20 | ketorolac tromethamine (ophth) 0.4<br>% .....                | 86 | KROGER LANCETS THIN .....                                               | 65 |
| JARRO-DOPHILUS VAGINAL<br>PROBIOT CPDR ..... | 20 | ketorolac tromethamine (ophth) 0.5<br>% .....                | 86 | KROGER LANCETS THIN 26G ..                                              | 65 |
| JENTADUETO TABS .....                        | 16 |                                                              |    |                                                                         |    |
| JEVTANA .....                                | 32 |                                                              |    |                                                                         |    |

|                                                |    |                                                   |    |                                                             |    |
|------------------------------------------------|----|---------------------------------------------------|----|-------------------------------------------------------------|----|
| KROGER LANCETS ULTRATHIN 30G .....             | 65 | LANCETS MICRO THIN 33G .....                      | 66 | LENVIMA (4 MG DAILY DOSE) ..                                | 29 |
| KRYSTEXXA .....                                | 57 | LANCETS SUPER THIN .....                          | 66 | LENVIMA (8 MG DAILY DOSE) ..                                | 29 |
| KYLEENA .....                                  | 42 | LANCETS SUPER THIN 28G .....                      | 66 | LETAIRIS (Use ambrisentan) .....                            | 38 |
| KYMRIAH .....                                  | 29 | LANCETS THIN .....                                | 66 | letrozole .....                                             | 30 |
| KYPROLIS .....                                 | 30 | LANCETS ULTRA THIN .....                          | 66 | leucovorin calcium TABS 5 MG, 25 MG .....                   | 31 |
| labetalol hcl TABS 100 MG .....                | 37 | LANCETS ULTRA THIN 30G .....                      | 66 | LEUKERAN .....                                              | 28 |
| labetalol hcl TABS 200 MG .....                | 37 | lanolin (topical) CREA .....                      | 49 | LEUKINE SOLR IJ .....                                       | 58 |
| labetalol hcl TABS 300 MG .....                | 37 | lanolin XX .....                                  | 87 | leuprolide acetate (3 month) INJ 22.5 MG .....              | 30 |
| LACTEROL CAPS .....                            | 20 | LANOLIN XX .....                                  | 87 | leuprolide acetate KIT IJ 1 MG/0.2ML .....                  | 30 |
| lactic acid (ammonium lactate) CREA .....      | 48 | LANOLOR CREA .....                                | 49 | LEUPROLIDE ACETATE-BUPIVACAINE .....                        | 30 |
| lactic acid (ammonium lactate) LOTN 12 % ..... | 48 | LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) ..... | 38 | levabuterol hcl .....                                       | 12 |
| LACTOVIVE CAPS .....                           | 20 | lanreotide acetate .....                          | 54 | levabuterol tartrate .....                                  | 12 |
| lactulose (encephalopathy) .....               | 56 | LANREOTIDE ACETATE .....                          | 54 | levamlodipine maleate .....                                 | 37 |
| lactulose SOLN .....                           | 60 | lansoprazole CPDR .....                           | 91 | LEVEMIR FLEXPEN SOPN .....                                  | 18 |
| LAGEVRIO .....                                 | 36 | lansoprazole TBDD .....                           | 91 | LEVEMIR SOLN .....                                          | 18 |
| lamivudine SOLN .....                          | 35 | lanthanum carbonate CHEW .....                    | 56 | levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML .....           | 13 |
| lamivudine TABS 150 MG .....                   | 35 | LANTUS SOLOSTAR SOPN .....                        | 18 | levetiracetam TABS .....                                    | 13 |
| lamivudine TABS 300 MG .....                   | 35 | lapatinib ditosylate .....                        | 31 | levetiracetam TB24 .....                                    | 13 |
| lamivudine-zidovudine .....                    | 35 | LEADER QUICK DISSOLVE GLUCOSE CHEW .....          | 16 | levobunolol hcl 0.5 % .....                                 | 84 |
| lamotrigine CHEW .....                         | 13 | LEDIPASVIR-SOFOSBUVIR TABS 36 .....               |    | levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML ..... | 53 |
| lamotrigine KIT 25 MG .....                    | 13 | leflunomide .....                                 | 5  | levocarnitine (metabolic modifiers) TABS .....              | 53 |
| lamotrigine TABS .....                         | 13 | lenalidomide .....                                | 77 | levocetirizine dihydrochloride SOLN 24 .....                |    |
| lamotrigine TB24 .....                         | 13 | LENVIMA (10 MG DAILY DOSE) ..                     | 28 | levofloxacin (ophth) 0.5 % .....                            | 84 |
| lamotrigine TBDP .....                         | 13 | LENVIMA (12 MG DAILY DOSE) ..                     | 28 | levofloxacin SOLN PO .....                                  | 55 |
| LANCETS .....                                  | 65 | LENVIMA (14 MG DAILY DOSE) ..                     | 28 | levofloxacin TABS .....                                     | 55 |
| LANCETS 28G THIN .....                         | 65 | LENVIMA (18 MG DAILY DOSE) ..                     | 29 |                                                             |    |
| LANCETS 30G .....                              | 66 | LENVIMA (20 MG DAILY DOSE) ..                     | 29 |                                                             |    |
| LANCETS 33G .....                              | 66 | LENVIMA (24 MG DAILY DOSE) ..                     | 29 |                                                             |    |

|                                                                                                                         |    |                                                                    |    |                                                    |    |
|-------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|----------------------------------------------------|----|
| levoleucovorin calcium SOLN . . . . .                                                                                   | 31 | lidocaine-prilocaine CREA . . . . .                                | 49 | LIVE BETTER LANCET ULTRA THIN . . . . .            | 66 |
| levoleucovorin calcium SOLR . . . . .                                                                                   | 31 | LILETTA (52 MG) . . . . .                                          | 42 | LO LOESTRIN FE TABS . . . . .                      | 40 |
| levonorgestrel & eth estradiol TABS 40 . . . . .                                                                        |    | lindane SHAM . . . . .                                             | 49 | LOCOID LIPOCREAM . . . . .                         | 48 |
| levonorgestrel (emergency oc) 1.5 MG . . . . .                                                                          | 41 | LINZESS . . . . .                                                  | 56 | LOKELMA . . . . .                                  | 78 |
| levonorgestrel-eth estradiol (triphasic) . . . . .                                                                      | 40 | LIORESAL SOLN IT . . . . .                                         | 80 | LONGS LANCETS STANDARD . . . . .                   | 66 |
| levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG . . . . .                                                     | 40 | liothyronine sodium TABS . . . . .                                 | 90 | LONGS LANCETS THIN . . . . .                       | 66 |
| levonorgestrel-ethinyl estradiol (continuous) . . . . .                                                                 | 40 | LIPOFEN CAPS (Use fenofibrate) . . . . .                           | 25 | LONGS LANCETS ULTRA THIN . . . . .                 | 66 |
| levothyroxine sodium CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG . . . . . | 90 | LIQREV SUSP . . . . .                                              | 38 | LONSURF . . . . .                                  | 30 |
| levothyroxine sodium TABS . . . . .                                                                                     | 90 | liraglutide . . . . .                                              | 17 | loperamide hcl CAPS . . . . .                      | 22 |
| LEVULAN KERASTICK SOLR . . . . .                                                                                        | 45 | lisdexamfetamine dimesylate CAPS 1 . . . . .                       | 1  | loperamide hcl TABS . . . . .                      | 22 |
| LEXIVA SUSP . . . . .                                                                                                   | 35 | lisdexamfetamine dimesylate CHEW . . . . .                         | 1  | lopinavir-ritonavir SOLN . . . . .                 | 35 |
| LEXIVA TABS (Use fosamprenavir calcium) . . . . .                                                                       | 35 | lisinopril & hydrochlorothiazide . . . . .                         | 26 | lopinavir-ritonavir TABS 25 MG-100 MG . . . . .    | 35 |
| LIALDA TBEC (Use mesalamine) . . . . .                                                                                  | 55 | lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG . . . . . | 25 | lopinavir-ritonavir TABS 50 MG-200 MG . . . . .    | 35 |
| LIBERTY MEDICAL LANCETS . . . . .                                                                                       | 66 | LITE TOUCH LANCETS . . . . .                                       | 66 | loratadine CAPS . . . . .                          | 24 |
| LIBERVANT FILM . . . . .                                                                                                | 13 | LITETOUCH LANCETS . . . . .                                        | 66 | loratadine CHEW . . . . .                          | 24 |
| LIBTAYO . . . . .                                                                                                       | 29 | LITETOUCH MASK LARGE MISC . . . . .                                | 74 | loratadine SOLN . . . . .                          | 24 |
| LICEMD GEL . . . . .                                                                                                    | 49 | LITETOUCH MASK MEDIUM MISC . . . . .                               | 74 | loratadine TABS . . . . .                          | 24 |
| lidocaine CREA 4 % . . . . .                                                                                            | 49 | LITETOUCH MASK SMALL MISC . . . . .                                | 74 | loratadine TBDP 10 MG . . . . .                    | 24 |
| LIDOCAINE CREA . . . . .                                                                                                | 49 | LITFULO . . . . .                                                  | 48 | lorazepam CONC . . . . .                           | 10 |
| lidocaine hcl (mouth-throat) 2 % . . . . .                                                                              | 78 | lithium . . . . .                                                  | 32 | lorazepam TABS 0.5 MG, 2 MG . . . . .              | 10 |
| lidocaine hcl CREA 3 % . . . . .                                                                                        | 49 | lithium carbonate CAPS . . . . .                                   | 32 | lorazepam TABS 1 MG . . . . .                      | 10 |
| lidocaine hcl CREA 4 % . . . . .                                                                                        | 49 | lithium carbonate TABS . . . . .                                   | 32 | LORBRENA . . . . .                                 | 31 |
| lidocaine hcl GEL 2 % . . . . .                                                                                         | 49 | lithium carbonate TBCR . . . . .                                   | 32 | LOREEV XR CS24 . . . . .                           | 10 |
| lidocaine hcl PRSY . . . . .                                                                                            | 49 | LITHOBID TBCR (Use lithium carbonate) . . . . .                    | 32 | losartan potassium & hydrochlorothiazide . . . . . | 26 |
|                                                                                                                         |    | LITTLE REMEDIES SALINE SOLN 81 . . . . .                           | 81 | losartan potassium . . . . .                       | 26 |
|                                                                                                                         |    | LIVE BETTER LANCET SUPER THIN . . . . .                            | 66 | lovastatin TABS 10 MG, 20 MG . . . . .             | 25 |
|                                                                                                                         |    |                                                                    |    | lovastatin TABS 40 MG . . . . .                    | 25 |

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| loxapine succinate .....                | 33 | MACI .....                                                                    | 80 | MEDLANCE PLUS LITE 25G .....                              | 66 |
| LUCENTIS SOSY .....                     | 84 | MAGE CPDR .....                                                               | 20 | MEDLANCE PLUS SPECIAL 0.8MM .....                         | 66 |
| LUCIRA CHECK IT COVID-19 TEST KIT ..... | 50 | magnesium citrate 1.745 GM/30ML 61 .....                                      |    | MEDLANCE PLUS SUPERLITE 30G .....                         | 66 |
| LUCIRA COVID-19 ALL-IN-ONE KIT 50 ..... |    | magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML ..... | 61 | MEDLANCE PLUS UNIVERSAL 21G .....                         | 66 |
| luliconazole .....                      | 44 | magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG, 400 MG 77 .....        |    | MEDLANCE UNIVERSAL 21G ...                                | 66 |
| LUMIZYME .....                          | 53 |                                                                               |    | medroxyprogesterone acetate (contraceptive) SUSP IM ..... | 41 |
| LUMOXITI .....                          | 29 | magnesium oxide TABS 400 MG ...                                               | 9  | medroxyprogesterone acetate (contraceptive) SUSY IM ..... | 41 |
| LUPRON DEPOT (1-MONTH) KIT IM .....     | 30 | malathion .....                                                               | 49 | medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG .....     | 88 |
| LUPRON DEPOT (3-MONTH) KIT IM .....     | 30 | maraviroc TABS 150 MG .....                                                   | 35 | mefloquine hcl .....                                      | 27 |
| LUPRON DEPOT (4-MONTH) IM .             | 30 | maraviroc TABS 300 MG .....                                                   | 35 | MEGA PROBIOTIC CAPS .....                                 | 20 |
| LUPRON DEPOT (6-MONTH) IM .             | 30 | MATULANE .....                                                                | 31 | megestrol acetate SUSP .....                              | 30 |
| LUPRON DEPOT-PED (1-MONTH) .            | 53 | MAVYRET PACK .....                                                            | 36 | megestrol acetate TABS .....                              | 30 |
|                                         |    | MAVYRET TABS .....                                                            | 36 | MEIJER ALCOHOL SWABS .....                                | 71 |
| LUPRON DEPOT-PED (3-MONTH) .            | 53 | MAXI-TUSS PE LIQD .....                                                       | 43 | MEIJER LANCETS .....                                      | 66 |
|                                         |    | MAYZENT STARTER PACK TBPK 0.25 MG .....                                       | 89 | MEIJER LANCETS THIN .....                                 | 66 |
| LUPRON DEPOT-PED (6-MONTH) IM .....     | 53 | MAYZENT TABS .....                                                            | 89 | MEIJER LANCETS UNIVERSAL 21G .....                        | 66 |
| lurasidone hcl .....                    | 32 | meclizine hcl CHEW .....                                                      | 23 | MEIJER LANCETS UNIVERSAL 30G .....                        | 66 |
| LUTATHERA .....                         | 31 | meclizine hcl TABS 12.5 MG, 25 MG 23 .....                                    |    | MEIJER LANCETS UNIVERSAL 33G .....                        | 66 |
| LUTRATE DEPOT INJ 22.5 MG ...           | 30 |                                                                               |    | MEIJER SUPER THIN LANCETS                                 | 66 |
| LUZU (Use luliconazole) .....           | 45 | MEDICHOICE SAFETY LANCET                                                      | 66 | MEKINIST TABS .....                                       | 31 |
| LYBALVI .....                           | 88 | MEDICHOICE SAFETY LANCET EXTRA .....                                          | 66 | MEKTOVI .....                                             | 31 |
| LYFGENIA .....                          | 58 | MEDICHOICE SAFETY LANCET NORM .....                                           | 66 | melatonin TABS 3 MG, 5 MG .....                           | 2  |
| LYRA DIRECT SARS-COV-2 ASSAY .....      | 50 | MEDLANCE EXTRA 21G .....                                                      | 66 | meloxicam TABS .....                                      | 5  |
| LYRA SARS-COV-2 ASSAY .....             | 50 | MEDLANCE LITE 25G .....                                                       | 66 | melphalan .....                                           | 28 |
| LYSODREN .....                          | 30 | MEDLANCE PLUS EXTRA 21G ..                                                    | 66 |                                                           |    |
| LYUMJEV TEMPO PEN SOPN ...              | 18 | MEDLANCE PLUS LANCETS ....                                                    | 66 |                                                           |    |
| LYVISPAH PACK .....                     | 80 |                                                                               |    |                                                           |    |

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| melphalan hcl IV .....                           | 28 | metformin hcl TB24 500 MG, 1000 MG .....                                       | 16 | methylphenidate hcl TB24 .....                            | 2  |
| memantine hcl CP24 .....                         | 88 | metformin hcl TB24 500 MG, 750 MG .....                                        | 16 | methylphenidate hcl TBCR 10 MG, 20 MG .....               | 2  |
| memantine hcl SOLN .....                         | 88 | methadone hcl TABS 10 MG .....                                                 | 6  | methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG ..... | 2  |
| memantine hcl TABS .....                         | 88 | methadone hcl TABS 5 MG .....                                                  | 6  | methylphenidate hcl TBCR 45 MG, 63 MG .....               | 2  |
| MENACTRA .....                                   | 92 | methamphetamine hcl .....                                                      | 1  | methylprednisolone TABS 4 MG, 8 MG .....                  | 42 |
| MENQUADFI 0.5 ML .....                           | 92 | methazolamide TABS .....                                                       | 52 | methylprednisolone TBPk .....                             | 42 |
| MENVEO SOLN .....                                | 92 | methenamine mandelate .....                                                    | 27 | methyltestosterone TABS .....                             | 8  |
| MENVEO SOLR .....                                | 92 | methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG .            | 27 | metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML .....     | 55 |
| meperidine hcl SOLN PO 50 MG/5ML .....           | 6  | methimazole TABS .....                                                         | 90 | metoclopramide hcl TABS 10 MG .                           | 55 |
| meperidine hcl TABS 50 MG .....                  | 6  | methocarbamol TABS 500 MG ....                                                 | 80 | metoclopramide hcl TABS 5 MG ..                           | 55 |
| meprobamate .....                                | 9  | methocarbamol TABS 750 MG ....                                                 | 80 | metolazone .....                                          | 52 |
| mercaptopurine SUSP 2000 MG/100ML .....          | 28 | methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML ..... | 28 | metoprolol & hydrochlorothiazide TABS .....               | 26 |
| mercaptopurine TABS .....                        | 28 | methotrexate sodium TABS 2.5 MG 28                                             |    | metoprolol succinate TB24 200 MG 37                       |    |
| mesalamine ENEM .....                            | 55 | methsuximide .....                                                             | 14 | metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....      | 37 |
| mesalamine SUPP .....                            | 55 | methyldopa TABS .....                                                          | 26 | metoprolol tartrate TABS 100 MG .                         | 37 |
| mesalamine TBEC 1.2 GM .....                     | 55 | methylergonovine maleate TABS ..                                               | 86 | metoprolol tartrate TABS 25 MG, 50 MG .....               | 37 |
| mesalamine TBEC 800 MG .....                     | 55 | METHYLIN SOLN (Use                                                             |    | metoprolol tartrate TABS 37.5 MG, 75 MG .....             | 37 |
| mesalamine w/ cleanser .....                     | 55 | methylphenidate hcl) .....                                                     | 2  | metronidazole (topical) CREA .....                        | 49 |
| mesna SOLN .....                                 | 31 | methylphenidate hcl CHEW .....                                                 | 2  | metronidazole (topical) GEL 0.75 %                        | 49 |
| mesna TABS .....                                 | 31 | methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG .....                      | 2  | metronidazole (topical) LOTN .....                        | 49 |
| MESNEX TABS .....                                | 31 | methylphenidate hcl CP24 60 MG ..                                              | 2  | metronidazole TABS 250 MG, 500 MG .....                   | 27 |
| META BIOTIC/BIO-ACTIVE 12 CAPS .....             | 20 | methylphenidate hcl CP24 .....                                                 | 2  | metronidazole vaginal .....                               | 96 |
| METAMUCIL CAPS .....                             | 60 | methylphenidate hcl CPCR .....                                                 | 2  |                                                           |    |
| metaxalone .....                                 | 80 | methylphenidate hcl SOLN .....                                                 | 2  |                                                           |    |
| metformin hcl SOLN .....                         | 16 | methylphenidate hcl TABS .....                                                 | 2  |                                                           |    |
| metformin hcl TABS 500 MG, 850 MG, 1000 MG ..... | 16 |                                                                                |    |                                                           |    |
| metformin hcl TABS 625 MG .....                  | 16 |                                                                                |    |                                                           |    |

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| metyrosine .....                    | 25 | mirtazapine TABS .....          | 14 | 66                               |    |
| MICONAZOLE 7 SUPP 100 MG ..         | 96 | mirtazapine TBDP .....          | 14 | MONOVISC .....                   | 81 |
| miconazole nitrate (topical) CREA   | 45 | misoprostol .....               | 91 | montelukast sodium CHEW .....    | 10 |
| miconazole nitrate vaginal CREA 2 % | 96 | mitoxantrone hcl 20 MG/10ML, 25 |    | montelukast sodium PACK .....    | 10 |
| .....                               | 96 | MG/12.5ML, 30 MG/15ML .....     | 30 | montelukast sodium TABS .....    | 10 |
| miconazole nitrate vaginal KIT .... | 96 | MIUDELLA INTRAUTERINE           |    | morphine sulfate beads .....     | 6  |
| miconazole nitrate vaginal SUPP 100 |    | COPPER .....                    | 41 | morphine sulfate CP24 10 MG, 20  |    |
| MG .....                            | 96 | MM TWIST LANCETS .....          | 66 | MG, 30 MG, 50 MG, 60 MG, 80 MG,  |    |
| miconazole nitrate vaginal SUPP 200 |    | M-M-R II SOLR .....             | 94 | 100 MG .....                     | 6  |
| MG .....                            | 96 | MOBILE LANCETS 30G .....        | 66 | morphine sulfate SOLN PO 10      |    |
| MICRHOGAM ULTRA-FILTERED            |    | MODERNA COVID-19 BIVAL 6M-5Y    |    | MG/5ML, 20 MG/5ML .....          | 6  |
| PLUS SOSY IM .....                  | 87 | .....                           | 94 | morphine sulfate SOLN PO 20      |    |
| MICROCHAMBER DEVI .....             | 74 | MODERNA COVID-19 BIVALENT       |    | MG/ML, 100 MG/5ML .....          | 6  |
| MICROCHAMBER MISC .....             | 74 | 94                              |    | morphine sulfate SUPP .....      | 7  |
| MICROFLOR 33 CAPS .....             | 20 | MODERNA COVID-19 VAC 6M-11Y     |    | morphine sulfate TABS .....      | 7  |
| MICROFLOR CAPS .....                | 20 | SUSP .....                      | 94 | morphine sulfate TBCR .....      | 7  |
| MICROLET LANCETS .....              | 66 | MODERNA COVID-19 VAC 6M-11Y     |    | MOTPOLY XR CP24 .....            | 13 |
| MICROSPACER MISC .....              | 74 | SUSY .....                      | 94 | MOTRIN CHILDRENS CHEW (Use       |    |
| midazolam hcl SOLN IJ .....         | 60 | MODERNA COVID-19 VACCINE        |    | ibuprofen) .....                 | 5  |
| MIDAZOLAM HCL SOLN IJ .....         | 60 | SUSP .....                      | 94 | MOTRIN INFANTS DROPS SUSP        |    |
| midodrine hcl .....                 | 96 | moexipril hcl .....             | 25 | (Use ibuprofen) .....            | 5  |
| MIEBO .....                         | 86 | MOI-STIR SOLN .....             | 78 | MOUNJARO .....                   | 17 |
| mifepristone (hyperglycemia) .....  | 16 | mometasone furoate (nasal) SUSP |    | MOUTH KOTE REMINT SOLN ...       | 78 |
| miglitol .....                      | 16 | 81                              |    | MOUTH KOTE SOLN .....            | 78 |
| miglustat .....                     | 58 | mometasone furoate CREA .....   | 48 | MOVANTIK .....                   | 56 |
| MINIELITE FILTER                    |    | mometasone furoate OINT .....   | 48 | moxifloxacin hcl (ophth) SOLN OP | 84 |
| REPLACEMENTS MISC .....             | 74 | mometasone furoate SOLN .....   | 48 | moxifloxacin hcl TABS .....      | 55 |
| minocycline hcl CAPS .....          | 90 | MOMMY'S BLISS PROBIOTIC PACK    |    | MPD SAFETY LANCET 21G .....      | 66 |
| minoxidil 2.5 MG, 10 MG .....       | 26 | .....                           | 20 | MPD SAFETY LANCET 23G .....      | 66 |
| mirabegron TB24 .....               | 92 | MONISTAT 3 CREA .....           | 96 | MPD SAFETY LANCET 28G .....      | 66 |
| MIRCERA .....                       | 58 | MONOLET LANCETS .....           | 66 | MPD SAFETY LANCET 30G .....      | 66 |
| MIRENA (52 MG) .....                | 42 | MONOLET OPD LANCETS .....       | 66 | MULPLETA .....                   | 58 |
|                                     |    | MONOLETTOR SAFETY LANCETS       |    |                                  |    |

|                                                                   |                                                           |                                                                                  |
|-------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|
| MULTIPLE VITAMINS TABS-<br>ASSORTED BRAND .....79                 | MYOBLOC ..... 83                                          | 23                                                                               |
| MULTIPLE VITAMINS TABS-<br>ASSORTED GENERIC ..... 79              | MYRBETRIQ TB24 (Use mirabegron)<br>.....92                | NATAZIA ..... 40                                                                 |
| multiple vitamins w/ iron TABS .... 79                            | NABI-HB SOLN IM .....87                                   | nateglinide .....18                                                              |
| MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>BRAND .....79   | nabumetone ..... 5                                        | NATROBA (Use spinosad) .....49                                                   |
| MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>GENERIC .....79 | nadolol TABS 20 MG, 40 MG, 80 MG<br>.....37               | NATRUL PROBIOTIC CAPS .....21                                                    |
| MULTIVITAMIN DROPS/IRON SOLN<br>.....80                           | NAGLAZYME .....53                                         | NATURAL FIBER LAXATIVE POWD<br>60                                                |
| MULTIVITAMIN INFANT &<br>TODDLER SOLN ..... 80                    | naloxone hcl LIQD ..... 23                                | NEBULIZER AIR TUBE/PLUGS<br>MISC ..... 74                                        |
| mupirocin calcium (topical) .....44                               | naloxone hcl SOCT ..... 23                                | nefazodone hcl ..... 15                                                          |
| mupirocin OINT .....44                                            | naloxone hcl SOLN 0.4 MG/ML ...23                         | neomycin sulfate TABS ..... 2                                                    |
| MVASI .....29                                                     | naloxone hcl SOLN 4 MG/10ML ...23                         | neomycin-bacitracin zn-polymyxin 84                                              |
| MVW COMPL FORM PROBIOTIC-<br>KIDS CPDR .....21                    | naloxone hcl SOSY 0.4 MG/ML ... 23                        | neomycin-bacitracin-polymyxin OINT<br>44                                         |
| MVW COMPLETE FORMULATION<br>SOLN .....79                          | naloxone hcl SOSY 2 MG/2ML .... 23                        | neomycin-polymy-dexameth OINT 85                                                 |
| MVW COMPLETE PROBIOTIC<br>CPDR ..... 21                           | naltrexone hcl ..... 23                                   | neomycin-polymy-dexameth SUSP<br>0.1 %-3.5 MG/ML-10000 UNIT/ML,<br>0.1 % .....85 |
| MYALEPT ..... 53                                                  | NAMENDA TITRATION PAK TABS<br>(Use memantine hcl) .....88 | neomycin-polymyxin w/ pramoxine<br>44                                            |
| mycophenolate mofetil CAPS .....78                                | naphazoline w/ pheniramine 0.3 %-<br>0.025 % ..... 85     | neomycin-polymyxin-gramicidin ...85                                              |
| mycophenolate mofetil hcl ..... 78                                | naphazoline w/ pheniramine 0.315<br>%-0.027 % ..... 85    | neomycin-polymyxin-hc (ophth) ...85                                              |
| mycophenolate mofetil SUSR ..... 78                               | naproxen sodium TABS 220 MG ...5                          | neomycin-polymyxin-hc (otic) SOLN .<br>86                                        |
| mycophenolate mofetil TABS .....78                                | naproxen sodium TABS 275 MG, 550<br>MG .....5             | neomycin-polymyxin-hc (otic) SUSP .<br>86                                        |
| mycophenolate sodium .....78                                      | naproxen sodium-diphenhydramine<br>hcl .....60            | NESINA (Use alogliptin benzoate)<br>17                                           |
| MYFEMBREE .....54                                                 | naproxen SUSP .....5                                      | NEULASTA ONPRO PSKT .....58                                                      |
| MYGLUCOHEALTH LANCETS 30G<br>67                                   | naproxen TABS ..... 5                                     | NEULASTA SOSY .....59                                                            |
| MYLERAN TABS .....28                                              | naproxen TBEC .....5                                      | NEUPOGEN SOLN .....59                                                            |
|                                                                   | naproxen-esomeprazole magnesium<br>..... 5                | NEUPOGEN SOSY .....59                                                            |
|                                                                   | naratriptan hcl .....76                                   | nevirapine SUSP .....35                                                          |
|                                                                   | NARCAN LIQD (Use naloxone hcl)                            |                                                                                  |

|                                     |    |                                      |    |                                         |    |
|-------------------------------------|----|--------------------------------------|----|-----------------------------------------|----|
| nevirapine TABS .....               | 35 | nimodipine CAPS .....                | 38 | norethindrone (contraceptive) .....     | 42 |
| nevirapine TB24 100 MG .....        | 35 | NINLARO .....                        | 31 | norethindrone acet & eth estra TABS     | 40 |
| nevirapine TB24 400 MG .....        | 35 | nisoldipine .....                    | 38 | norethindrone acetate TABS .....        | 88 |
| NEXABIOTIC CPDR .....               | 21 | nitisinone CAPS .....                | 53 | norethindrone acetate-ethinyl           |    |
| NEXIUM 24HR CLEAR MINIS CPDR        |    | NITRO-BID OINT .....                 | 9  | estradiol .....                         | 54 |
| (Use esomeprazole magnesium) ..     | 91 | nitrofurantoin .....                 | 27 | norethindrone acetate-ethinyl           |    |
| NEXIUM 24HR CPDR (Use               |    | nitrofurantoin macrocrystal 50 MG,   |    | estradiol-fe .....                      | 40 |
| esomeprazole magnesium) .....       | 91 | 100 MG .....                         | 27 | norethindrone-eth estradiol (triphasic) |    |
| NEXIUM CPDR 20 MG (Use              |    | nitrofurantoin monohyd macro ....    | 27 | .....                                   | 40 |
| esomeprazole magnesium) .....       | 91 | nitroglycerin CPCR .....             | 9  | norgestimate-ethinyl estradiol          |    |
| NEXIUM PACK 10 MG, 20 MG, 40        |    | nitroglycerin PT24 .....             | 9  | (triphasic) .....                       | 41 |
| MG (Use esomeprazole magnesium)     |    | nitroglycerin SUBL .....             | 9  | norgestimate-ethinyl estradiol ....     | 40 |
| 91                                  |    | NIVA THYROID TABS .....              | 90 | norgestrel & ethinyl estradiol 30       |    |
| NEXPLANON .....                     | 41 | NIVESTYM SOLN .....                  | 59 | MCG-0.3 MG .....                        | 41 |
| NGENLA .....                        | 53 | NIVESTYM SOSY .....                  | 59 | NORLIQVA SOLN .....                     | 38 |
| niacin (antihyperlipidemic) TBCR .. | 25 | NIX LICE KILLING SPRAY LIQD XX .     |    | NORPACE CAPS (Use disopyramide          |    |
| niacin CPCR 250 MG, 500 MG ....     | 97 | 49                                   |    | phosphate) .....                        | 10 |
| NIACIN ER CPCR .....                | 97 | NIZORAL SHAM .....                   | 45 | nortriptyline hcl CAPS .....            | 15 |
| NIACIN ER TBCR .....                | 97 | NORDITROPIN FLEXPPO SOPN .           | 53 | nortriptyline hcl SOLN .....            | 15 |
| niacin TABS 500 MG .....            | 97 | norelgestromin-ethinyl estradiol ..  | 41 | NORVIR CAPS .....                       | 35 |
| niacin TBCR .....                   | 97 | norethin acet & estrad-fe CAPS ....  | 40 | NORVIR PACK .....                       | 35 |
| nicardipine hcl CAPS .....          | 37 | norethin acet & estrad-fe CHEW ....  | 40 | NORVIR TABS (Use ritonavir) .....       | 35 |
| NICOTINE KIT .....                  | 89 | norethin acet & estrad-fe TABS 1     |    | NOSE CLIP MISC .....                    | 74 |
| nicotine polacrilex GUM .....       | 89 | MG-20 MCG-75 MG, 1.5 MG-30           |    | NOVA SAFETY LANCETS 23G ..              | 67 |
| nicotine polacrilex LOZG .....      | 89 | MCG-75 MG .....                      | 40 | NOVA SAFETY LANCETS 28G ..              | 67 |
| nicotine PT24 TD 7 MG/24HR, 14      |    | norethin acet & estrad-fe TABS 1     |    | NOVA SUREFLEX LANCETS ....              | 67 |
| MG/24HR, 21 MG/24HR .....           | 89 | MG-20 MCG-75 MG .....                | 40 | NOVAREL IM .....                        | 53 |
| NICOTROL INHA .....                 | 89 | norethindrone & eth estradiol 35     |    | NOVAVAX COVID-19 VACCINE                |    |
| NICOTROL NS SOLN .....              | 89 | MCG-0.4 MG, 35 MCG-0.5 MG ...        | 40 | SUSP .....                              | 94 |
| nifedipine CAPS .....               | 37 | norethindrone & eth estradiol 35     |    | NOVAVAX COVID-19 VACCINE                |    |
| nifedipine TB24 30 MG, 90 MG ....   | 37 | MCG-1 MG .....                       | 40 | SUSY .....                              | 95 |
| nifedipine TB24 60 MG .....         | 38 | norethindrone & ethinyl estradiol-fe |    | NOVOEIGHT .....                         | 57 |
|                                     |    | 40                                   |    |                                         |    |

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| NOVOLOG 70/30 FLEXPEN RELION SUPN ..... | 18 | OCTAGAM SOLN .....                                        | 87 | omeprazole CPDR .....                    | 91 |
| NOVOLOG MIX 70/30 FLEXPEN SUPN .....    | 18 | octreotide acetate KIT .....                              | 54 | omeprazole TBEC .....                    | 91 |
| NOVOLOG MIX 70/30 RELION SUSP .....     | 18 | octreotide acetate SOLN .....                             | 54 | omeprazole-sodium bicarbonate CAPS ..... | 92 |
| NOVOLOG MIX 70/30 SUSP .....            | 18 | octreotide acetate SOSY .....                             | 54 | omeprazole-sodium bicarbonate PACK ..... | 92 |
| NOVOSEVEN RT .....                      | 57 | ODEFSEY .....                                             | 35 | OMNITROPE SOCT .....                     | 53 |
| NP THYROID TABS .....                   | 90 | ODOMZO .....                                              | 29 | OMVOH SOAJ .....                         | 55 |
| NPLATE 250 MCG, 500 MCG .....           | 59 | OFEV .....                                                | 90 | OMVOH SOLN .....                         | 55 |
| NUCALA SOAJ .....                       | 10 | ofloxacin (ophth) .....                                   | 85 | OMVOH SOLN .....                         | 55 |
| NUCALA SOLR .....                       | 10 | ofloxacin (otic) .....                                    | 86 | OMVOH SOSY .....                         | 55 |
| NUCALA SOSY .....                       | 10 | ofloxacin 300 MG, 400 MG .....                            | 55 | ON/GO COVID-19 ANTIGEN TEST KIT .....    | 51 |
| NULOJIX .....                           | 78 | OHC COVID-19 ANTIGEN SELF TEST KIT .....                  | 51 | ON/GO ONE COVID-19 HOME TEST KIT .....   | 51 |
| NUMOISYN LIQD .....                     | 79 | olanzapine SOLR .....                                     | 33 | ONCASPAR .....                           | 31 |
| NUPLAZID CAPS .....                     | 32 | olanzapine TABS .....                                     | 33 | ondansetron hcl SOLN PO 4 MG/5ML .....   | 23 |
| NUPLAZID TABS 10 MG .....               | 32 | olanzapine TBDP .....                                     | 33 | ondansetron hcl TABS 4 MG, 8 MG 23       |    |
| NURTEC .....                            | 76 | olmesartan medoxomil .....                                | 26 | ondansetron hcl TABS 4 MG, 8 MG 23       |    |
| NUVESSA .....                           | 96 | olmesartan medoxomil-amlodipine-hydrochlorothiazide ..... | 26 | ondansetron TBDP 16 MG .....             | 23 |
| NUWIQ KIT .....                         | 57 | olmesartan medoxomil-hydrochlorothiazide .....            | 26 | ondansetron TBDP 4 MG, 8 MG ..           | 23 |
| NUWIQ SOLR .....                        | 57 | olopatadine hcl (nasal) .....                             | 81 | ONETOUCH DELICA PLUS LANCET30G .....     | 67 |
| nystatin (mouth-throat) .....           | 78 | olopatadine hcl .....                                     | 86 | ONETOUCH DELICA PLUS LANCET33G .....     | 67 |
| nystatin (topical) CREA .....           | 45 | OLPRUVA (2 GM DOSE) THPK ..                               | 54 | ONETOUCH DELICA SAFETY LANCING .....     | 67 |
| nystatin (topical) OINT .....           | 45 | OLPRUVA (3 GM DOSE) THPK ..                               | 54 | ONETOUCH ULTRA 2 KIT .....               | 67 |
| nystatin (topical) POWD EX .....        | 45 | OLPRUVA (4 GM DOSE) THPK ..                               | 54 | ONETOUCH ULTRA BLUE TEST STRP .....      | 51 |
| nystatin TABS .....                     | 23 | OLPRUVA (5 GM DOSE) THPK ..                               | 54 | ONETOUCH ULTRA STRP .....                | 51 |
| nystatin-triamcinolone CREA .....       | 45 | OLPRUVA (6 GM DOSE) THPK ..                               | 54 | ONETOUCH ULTRA TEST STRP ..              | 51 |
| nystatin-triamcinolone OINT .....       | 45 | OLPRUVA (6.67 GM DOSE) THPK 54                            |    | ONETOUCH ULTRASOFT 2 LANCETS .....       | 67 |
| NYVEPRIA .....                          | 59 | OLUMIANT .....                                            | 3  |                                          |    |
| OBIZUR .....                            | 57 | omega-3-acid ethyl esters .....                           | 24 |                                          |    |
| OICALIVA .....                          | 55 |                                                           |    |                                          |    |

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| ONETOUCH VERIO FLEX SYSTEM KIT .....             | 67 | ORKAMBI TABS .....                                                                                                 | 90 | oxycodone hcl SOLN .....                                                       | 7  |
| ONETOUCH VERIO LIQD .....                        | 67 | orphenadrine citrate TB12 .....                                                                                    | 80 | oxycodone hcl T12A 10 MG, 20 MG, 40 MG .....                                   | 7  |
| ONETOUCH VERIO REFLECT KIT 67                    |    | orphenadrine w/ aspirin & caff ....                                                                                | 81 | oxycodone hcl T12A 80 MG .....                                                 | 7  |
| ONETOUCH VERIO STRP .....                        | 51 | orphenadrine w/ aspirin & caff 385 MG-30 MG-25 MG .....                                                            | 81 | oxycodone hcl TABS .....                                                       | 7  |
| ONGLYZA (Use saxagliptin hcl) ..                 | 17 | ORTHOVISC .....                                                                                                    | 81 | oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ..... | 7  |
| ONPATTRO .....                                   | 89 | oseltamivir phosphate CAPS 30 MG . 36                                                                              |    | oxymorphone hcl TB12 15 MG .....                                               | 7  |
| OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML ..... | 29 | oseltamivir phosphate CAPS 45 MG, 75 MG .....                                                                      | 36 | oxymorphone hcl TB12 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG 7                |    |
| OPSYNVI .....                                    | 38 | oseltamivir phosphate SUSR .....                                                                                   | 36 | oyster shell .....                                                             | 77 |
| OPTICHAMBER DIAMOND DEVI .                       | 74 | OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone) .....                     | 16 | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN .....                                       | 17 |
| OPTICHAMBER DIAMOND MISC .                       | 74 | OTEZLA TABS .....                                                                                                  | 5  | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML .....                                        | 17 |
| OPTICHAMBER DIAMOND-LG MASK DEVI .....           | 74 | OTEZLA TBPk .....                                                                                                  | 5  | OZEMPIC (2 MG/DOSE) SOPN ...                                                   | 17 |
| OPTICHAMBER DIAMOND-MD MASK MISC .....           | 74 | OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML ..... | 3  | OZOBAX DS SOLN PO (Use baclofen) .....                                         | 80 |
| OPTICHAMBER DIAMOND-SM MASK MISC .....           | 74 | oxaprozin TABS .....                                                                                               | 5  | OZOBAX SOLN PO (Use baclofen) 81                                               |    |
| OPTIONS GYNOL II CONTRACEPTIVE GEL .....         | 95 | OXAYDO TABS 5 MG .....                                                                                             | 7  | OZURDEX IMPL .....                                                             | 85 |
| OPVEE NA .....                                   | 23 | oxazepam CAPS .....                                                                                                | 10 | PACLITAXEL PROTEIN-BOUND PART .....                                            | 32 |
| OPZELURA .....                                   | 48 | oxcarbazepine SUSP .....                                                                                           | 13 | paclitaxel protein-bound particles .                                           | 32 |
| ORAL RELIEF SPRAY SOLN ....                      | 79 | oxcarbazepine TABS .....                                                                                           | 13 | paliperidone .....                                                             | 33 |
| ORALAIR SUBL .....                               | 2  | OXERVATE .....                                                                                                     | 85 | PALYNZIQ .....                                                                 | 54 |
| ORENITRAM MONTH 1 TEPK ....                      | 38 | oxiconazole nitrate CREA .....                                                                                     | 45 | pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML .....                         | 52 |
| ORENITRAM MONTH 2 TEPK ....                      | 38 | oxybutynin chloride SOLN .....                                                                                     | 92 | PAMIDRONATE DISODIUM SOLN 52                                                   |    |
| ORENITRAM MONTH 3 TEPK ....                      | 38 | oxybutynin chloride TABS 2.5 MG .                                                                                  | 92 | pantoprazole sodium PACK .....                                                 | 91 |
| ORFADIN SUSP .....                               | 54 | oxybutynin chloride TABS 5 MG ...                                                                                  | 92 | pantoprazole sodium TBEC 20 MG 91                                              |    |
| ORIAHNN .....                                    | 54 | oxybutynin chloride TB24 .....                                                                                     | 92 |                                                                                |    |
| ORILISSA .....                                   | 53 | oxycodone hcl CAPS .....                                                                                           | 7  |                                                                                |    |
| ORKAMBI PACK .....                               | 90 | oxycodone hcl CONC 100 MG/5ML 7                                                                                    |    |                                                                                |    |

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|----------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|
| pantoprazole sodium TBEC 40 MG<br>91               | PEARLS IC CAPS ..... 21                                              | PERFECT POINT SAFETY<br>LANCETS ..... 67         |
| PANZYGA ..... 87                                   | ped multivitamins w/fl & iron SOLN<br>79                             | perindopril erbumine ..... 25                    |
| PARAGARD INTRAUTERINE<br>COPPER ..... 41           | PEDIARIX SUSY ..... 90                                               | PERJETA ..... 29                                 |
| PARI ALTERA NEBULIZER<br>HANDSET MISC ..... 74     | PEDIATRIC MOUTHPIECE MISC .75                                        | permethrin AERO ..... 49                         |
| PARI BABY CONVERSION KIT<br>MISC ..... 74          | PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED BRAND ..... 79         | permethrin CREA ..... 49                         |
| PARI ERAPID NEBULIZER<br>HANDSET MISC ..... 75     | PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED GENERIC ... 79         | permethrin LIQD EX ..... 49                      |
| PARI EXPIRATORY FILTER SET<br>DEVI ..... 75        | PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED BRAND ..... 79         | perphenazine TABS ..... 33                       |
| PARI MASK SET MISC ..... 75                        | PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED GENERIC ... 79         | perphenazine-amitriptyline ..... 88              |
| PARI SOFT PLASTIC ADULT MASK<br>MISC ..... 75      | pediatric vitamins acd w/ fluoride<br>SOLN ..... 79                  | PFIZER COVID-19 BIVAL 6MO-4YR<br>..... 95        |
| PARI SOFT PLASTIC PED MASK<br>MISC ..... 75        | PEDVAX HIB SUSP ..... 92                                             | PFIZER COVID-19 VAC BIVAL 5-11<br>..... 95       |
| PARI VORTEX ADULT MASK .... 75                     | peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR ..... 60    | PFIZER COVID-19 VAC BIVALENT .<br>95             |
| paricalcitol SOLN ..... 54                         | peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride ..... 60 | PFIZER COVID-19 VAC-TRIS 5-11Y<br>SUSP ..... 95  |
| paroxetine hcl TABS ..... 15                       | PEGASYS SOLN ..... 36                                                | PFIZER COVID-19 VAC-TRIS 6M-4Y<br>SUSP ..... 95  |
| paroxetine hcl TB24 ..... 15                       | PEGASYS SOSY ..... 36                                                | PFIZER-BIONT COVID-19 VAC-<br>TRIS SUSP ..... 95 |
| paroxetine mesylate (vasomotor) .89                | pemetrexed disodium SOLR 100 MG,<br>500 MG ..... 28                  | PFIZER-BIONTECH COVID-19<br>VACC SUSP ..... 95   |
| PARSABIV ..... 54                                  | PENBRAYA ..... 92                                                    | PFLEX MISC ..... 75                              |
| PAXLOVID (150/100) ..... 36                        | penciclovir ..... 46                                                 | PHARMACIST CHOICE ALCOHOL .<br>71                |
| PAXLOVID (300/100) ..... 36                        | penicillamine TABS ..... 77                                          | PHARMACIST CHOICE LANCETS .<br>67                |
| PAXLOVID ..... 36                                  | penicillin v potassium SOLR ..... 87                                 | PHARMACIST CHOICE MASK<br>WIPES MISC ..... 75    |
| pazopanib hcl ..... 31                             | penicillin v potassium TABS ..... 87                                 | PHARMACY COUNTER LANCETS .<br>67                 |
| PC LANCETS SUPER THIN 30G .67                      | PENTACEL ..... 90                                                    | PHEBURANE PLLT ..... 54                          |
| PC PEDIATRIC POLY-VITA/FE<br>DROP SOLN ..... 80    | pentoxifylline ..... 58                                              | phenazopyridine hcl TABS 100 MG,                 |
| PC PEDIATRIC POLY-VITAMIN<br>DROP SOLN PO ..... 80 | PERFECT LANCETS 28G ..... 67                                         |                                                  |
|                                                    | PERFECT LANCETS 30G ..... 67                                         |                                                  |

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|---------------------------------------|----|---------------------------------------|----|----------------------------------------|----|
| 200 MG .....                          | 56 | pimecrolimus .....                    | 48 | POLY-VITE/IRON SOLN .....              | 80 |
| phenelzine sulfate .....              | 14 | PIN RID CHEW .....                    | 9  | POMALYST .....                         | 30 |
| phenobarbital ELIX .....              | 60 | pindolol TABS .....                   | 37 | PONVORY STARTER PACK TBPK              | 89 |
| phenobarbital TABS .....              | 60 | pioglitazone hcl .....                | 18 | PONVORY TABS .....                     | 89 |
| phenylephrine hcl (mydriatic) SOLN    |    | pioglitazone hcl-glimepiride .....    | 16 | PORTRAZZA .....                        | 29 |
| 2.5 % .....                           | 84 | pioglitazone hcl-metformin hcl TABS . | 16 | pot phosphate monobasic w/ sod         |    |
| phenylephrine hcl (oral) TABS .....   | 81 | PIP LANCETS 28G .....                 | 67 | phosphate dibasic & monobasic ..       | 77 |
| phenylephrine-dm LIQD 2.5             |    | PIP LANCETS 30G .....                 | 67 | potassium bicarbonate TBEF .....       | 77 |
| MG/5ML-5 MG/5ML .....                 | 43 | pirfenidone CAPS .....                | 90 | potassium chloride CPCR 10 MEQ         | 77 |
| phenylephrine-dm SOLN .....           | 43 | pirfenidone TABS 534 MG .....         | 90 | potassium chloride CPCR 8 MEQ .        | 77 |
| phenylephrine-shark liver oil-cocoa   |    | piroxicam CAPS .....                  | 5  | potassium chloride                     |    |
| butter .....                          | 8  | PLEGRIDY SOSY IM .....                | 89 | microencapsulated crystals er ....     | 77 |
| phenylephrine-shark liver oil-mineral |    | plerixafor .....                      | 59 | potassium chloride PACK PO 20          |    |
| oil-petrolatum .....                  | 8  | PNEUMOVAX 23 SOLN .....               | 92 | MEQ .....                              | 77 |
| phenytoin CHEW .....                  | 14 | PNEUMOVAX 23 SOSY .....               | 92 | potassium chloride SOLN PO 10 %,       |    |
| phenytoin sodium extended 100 MG,     |    | POCKET CHAMBER DEVI .....             | 75 | 20 %, 10 % .....                       | 77 |
| 200 MG, 300 MG .....                  | 14 | POCKET SPACER DEVI .....              | 75 | potassium chloride TBCR 8 MEQ, 10      |    |
| phenytoin sodium extended 200 MG,     |    | podofilox SOLN .....                  | 49 | MEQ .....                              | 77 |
| 300 MG .....                          | 14 | POLIVY 140 MG .....                   | 29 | potassium citrate (alkalinizer) TBCR . | 56 |
| phenytoin SUSP .....                  | 14 | polyethylene glycol 3350 PACK ...     | 60 | potassium citrate-citric acid PACK .   | 56 |
| PHILLIPS COLON HEALTH CAPS            |    | polyethylene glycol 3350 POWD ..      | 60 | potassium iodide (expectorant) SOLN    |    |
| 21 .....                              | 31 | polymyxin b-trimethoprim .....        | 85 | .....                                  | 43 |
| PHOTOFRIN .....                       | 31 | polysaccharide iron complex CAPS      | 59 | POTELIGEO .....                        | 29 |
| phytonadione TABS 5 MG .....          | 97 | polyvinyl alcohol 1.4 % .....         | 83 | PRADAXA CAPS (Use dabigatran           |    |
| PIFELTRO .....                        | 35 | POLY-VI-SOL SOLN PO .....             | 80 | etexilate mesylate) .....              | 12 |
| PILLOW MASK/ADULT MISC .....          | 75 | POLY-VITA SOLN PO .....               | 80 | PRADAXA PACK .....                     | 12 |
| PILLOW MASK/CHILD MISC .....          | 75 | POLY-VITA/IRON SOLN .....             | 80 | pralatrexate .....                     | 28 |
| PILLOW MASK/PEDIATRIC MISC            | 75 | POLY-VITE PEDIATRIC SOLN PO           | 80 | PRALUENT SOAJ .....                    | 25 |
| pilocarpine hcl (oral) 5 MG .....     | 79 |                                       |    | pramipexole dihydrochloride TABS       |    |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % .  |    |                                       |    | 32                                     |    |
| 84 .....                              | 84 |                                       |    | pramipexole dihydrochloride TB24       | 32 |
| PILOT COVID-19 AT-HOME TEST           |    |                                       |    |                                        |    |
| KIT .....                             | 51 |                                       |    |                                        |    |

|                                                       |                                              |                                             |
|-------------------------------------------------------|----------------------------------------------|---------------------------------------------|
| pramoxine hcl (rectal) FOAM EX ... 8                  | PREMARIN TABS ..... 54                       | PRO COMFORT SAFETY LANCETS 30G ..... 67     |
| pramoxine-hc-chloroxylenol ..... 86                   | PREMPHASE ..... 54                           | PRO COMFORT SPACER ADULT MISC ..... 75      |
| prasugrel hcl ..... 58                                | PREMPRO ..... 54                             | PRO COMFORT SPACER CHILD MISC ..... 75      |
| pravastatin sodium ..... 25                           | PRENATAL VITAMINS-ASSORTED BRAND ..... 80    | PRO COMFORT SPACER INFANT DEVI ..... 75     |
| prazosin hcl CAPS ..... 26                            | PRENATAL VITAMINS-ASSORTED GENERIC ..... 80  | PROAIR DIGIHALER ..... 12                   |
| PRECISION THINS GP LANCETS 67                         | PREORBOTIC CAPS ..... 21                     | probenecid ..... 57                         |
| PRED MILD ..... 85                                    | PREPARATION H EX 1 % ..... 8                 | PROBINATE CAPS ..... 21                     |
| prednisolone acetate (ophth) ..... 85                 | PREPARATION H SOOTHING RELIEF EX 1 % ..... 8 | PROBIO DEFENSE CAPS ..... 21                |
| PREDNISOLONE ACETATE P-F .85                          | PREVNAR 13 ..... 92                          | PROBIOFLEXX CAPS ..... 21                   |
| PREDNISOLONE SODIUM PHOSPHATE ..... 85                | PREVNAR 20 ..... 92                          | PROBIOMAX COMPLETE DF CAPS ..... 21         |
| prednisolone sodium phosphate SOLN 15 MG/5ML ..... 42 | PREVYMIS SOLN ..... 36                       | PROBIOMAX DAILY DF CAPS ... 21              |
| prednisolone sodium phosphate SOLN 20 MG/5ML ..... 42 | PREVYMIS TABS ..... 36                       | PROBIOMAX IG 26 DF CAPS .... 21             |
| prednisolone sodium phosphate SOLN 5 MG/5ML ..... 42  | PREZCOBIX ..... 35                           | PROBIOMAX LEAN DF CAPS .... 21              |
| prednisolone SOLN ..... 42                            | PREZISTA SUSP ..... 35                       | PROBIOMAX SB DF CAPS ..... 21               |
| PREDNISONE INTENSOL CONC 42                           | PREZISTA TABS (Use darunavir) .35            | PROBIONEXX CAPS ..... 21                    |
| prednisone SOLN ..... 42                              | PREZISTA TABS 150 MG ..... 35                | PROBIOTIC & ACIDOPHILUS EX ST CAPS ..... 21 |
| prednisone TABS ..... 42                              | PREZISTA TABS 75 MG, 600 MG, 800 MG ..... 35 | PROBIOTIC + OMEGA-3 CAPS .. 21              |
| prednisone TBPk ..... 42                              | PRIALT ..... 6                               | PROBIOTIC + TURMERIC EXTRACT CAPS ..... 21  |
| PREFERRED PLUS LANCETS COLORED ..... 67               | PRIMADOPHILUS BIFIDUS CPDR 21                | PROBIOTIC 10 ULTRA STRENGTH CAPS ..... 21   |
| PREFERRED PLUS LANCETS THIN ..... 67                  | PRIMIDAR CAPS ..... 21                       | PROBIOTIC ADVANCED FORMULA CAPS ..... 21    |
| pregabalin CAPS ..... 13                              | primidone 125 MG ..... 13                    | PROBIOTIC BLEND CAPS ..... 21               |
| pregabalin SOLN ..... 13                              | primidone 50 MG, 250 MG ..... 13             | PROBIOTIC COLON SUPPORT CAPS ..... 21       |
| PREGNYL IM ..... 53                                   | PRIORIX SUSR ..... 95                        | PROBIOTIC DAILY CAPS ..... 21               |
| PREHEVBRIO ..... 95                                   | PRIVIGEN SOLN ..... 87                       |                                             |
| PREMARIN ..... 96                                     | PRO COMFORT ALCOHOL ..... 71                 |                                             |
|                                                       | PRO COMFORT LANCETS 30G .67                  |                                             |
|                                                       | PRO COMFORT LANCETS 31G .67                  |                                             |

|                                               |    |                                                             |    |                                                                      |    |
|-----------------------------------------------|----|-------------------------------------------------------------|----|----------------------------------------------------------------------|----|
| PROBIOTIC DIGESTIVE SUPP<br>CAPS .....        | 21 | 28G .....                                                   | 67 | sodium) .....                                                        | 91 |
| PROBIOTIC DIGESTIVE SUPPORT<br>CAPS .....     | 22 | PROFILNINE .....                                            | 57 | protriptyline hcl .....                                              | 15 |
| PROBIOTIC MATURE ADULT CAPS<br>.....          | 21 | PRO-FLORA IMMUNE CAPS .....                                 | 21 | PROVENGE .....                                                       | 29 |
| PROBIOTIC PEARLS ADVANTAGE<br>CAPS .....      | 21 | progesterone CAPS 100 MG .....                              | 88 | PROVENTIL HFA AERS (Use<br>albuterol sulfate) .....                  | 12 |
| PROBIOTIC PEARLS CAPS .....                   | 21 | progesterone CAPS 200 MG .....                              | 88 | pseudoephedrine hcl TABS .....                                       | 81 |
| PROBIOTIC PEARLS MAX<br>POTENCY CAPS .....    | 21 | PROGLYCEM (Use diazoxide) ...                               | 16 | pseudoephedrine hcl TB12 .....                                       | 81 |
| PROBIOTIC PEARLS WOMENS<br>CAPS .....         | 21 | PROGRAF PACK .....                                          | 78 | pseudoephedrine-ibuprofen TABS                                       | 43 |
| PROBIOTIC PRODUCT CAPS ....                   | 21 | PROGRAF SOLN .....                                          | 78 | PSS SELECT GP LANCETS .....                                          | 67 |
| PROBIOTIC/PREBIOTIC/CRANBER<br>RY CAPS .....  | 21 | PROLASTIN-C SOLR .....                                      | 89 | PSS SELECT SAFETY LANCETS                                            | 67 |
| PROBITROL CAPS .....                          | 21 | PROLEUKIN .....                                             | 31 | psyllium CAPS 0.52 GM .....                                          | 60 |
| PROBIZEN CAPS .....                           | 21 | PROLIA SOSY .....                                           | 52 | psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 % ....  | 60 |
| PROCARE SPACER/ADULT MASK<br>DEVI .....       | 75 | PROMELLA IN PREBIOTIC CAPS                                  | 21 | PULMICORT FLEXHALER AEPB .                                           | 11 |
| PROCARE SPACER/CHILD MASK<br>DEVI .....       | 75 | PROMEROL CAPS .....                                         | 21 | PULMOZYME .....                                                      | 90 |
| PROCHAMBER VHC DEVI .....                     | 75 | promethazine & phenylephrine SYRP<br>.....                  | 43 | PURE COMFORT ALCOHOL PREP<br>.....                                   | 71 |
| prochlorperazine .....                        | 33 | promethazine hcl SOLN PO 6.25<br>MG/5ML, 12.5 MG/10ML ..... | 24 | PURE COMFORT LANCETS 30G                                             | 67 |
| prochlorperazine edisylate 10<br>MG/2ML ..... | 33 | promethazine hcl SUPP .....                                 | 24 | PURE COMFORT SPACER<br>CHAMBER DEVI .....                            | 75 |
| prochlorperazine maleate TABS ...             | 33 | promethazine hcl TABS .....                                 | 24 | PX LANCETS MICROTHIN 33G ..                                          | 67 |
| PROCROT .....                                 | 59 | promethazine w/codeine SOLN ...                             | 43 | PX LANCETS ULTRA THIN .....                                          | 67 |
| PROCYSBI CPDR .....                           | 56 | promethazine w/codeine SYRP ...                             | 43 | PX LANCETS ULTRA THIN 28G ..                                         | 67 |
| PROCYSBI PACK .....                           | 56 | PRONEB ULTRA FILTER SET MISC<br>.....                       | 75 | pyrantel pamoate SUSP .....                                          | 9  |
| PRODIGY LANCETS 28G .....                     | 67 | propafenone hcl TABS .....                                  | 10 | pyrazinamide .....                                                   | 28 |
| PRODIGY SAFETY LANCETS 26G .                  | 67 | propranolol hcl CP24 .....                                  | 37 | pyrethrins-piperonyl butoxide LIQD 3<br>%-2.4 %-0.3 %-1.2 % .....    | 49 |
| PRODIGY TWIST TOP LANCETS                     |    | propranolol hcl SOLN PO 20<br>MG/5ML, 40 MG/5ML .....       | 37 | pyrethrins-piperonyl butoxide SHAM<br>4 %-0.33 % .....               | 49 |
|                                               |    | propranolol hcl TABS .....                                  | 37 | pyrethrins-piperonyl butoxide-<br>permethrin-nit remover 4 %-0.33 %- |    |
|                                               |    | propylthiouracil .....                                      | 90 |                                                                      |    |
|                                               |    | PROQUAD SUSR .....                                          | 95 |                                                                      |    |
|                                               |    | PROTONIX PACK (Use pantoprazole                             |    |                                                                      |    |

|                                                        |                                                                                                                                                               |                                                                |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 0.5 % .....49                                          | QUVIVIQ .....60                                                                                                                                               | REALITY LANCETS .....68                                        |
| pyridostigmine bromide TABS 60 MG<br>.....27           | RA ALCOHOL SWABS .....71                                                                                                                                      | REALITY SWABS .....71                                          |
| pyridostigmine bromide TBCR .....27                    | RA DRY MOUTH SOLN .....79                                                                                                                                     | REALITY TRIGGER LANCETS ...68                                  |
| pyridoxine hcl TABS 25 MG, 50 MG,<br>100 MG .....97    | RA E-ZJECT LANCETS 28G .....67                                                                                                                                | REBINYN .....57                                                |
| pyrimethamine .....27                                  | RA E-ZJECT LANCETS THIN 26G<br>67                                                                                                                             | RECOMBINATE SOLR .....57                                       |
| QC ALCOHOL SWABS .....71                               | RA E-ZJECT LANCETS THIN 28G<br>68                                                                                                                             | RECOMBIVAX HB SUSP .....95                                     |
| QC LANCETS SUPER THIN 30G 67                           | RA E-ZJECT LANCETS THIN 28G<br>68                                                                                                                             | RECOMBIVAX HB SUSY .....95                                     |
| QC LANCETS ULTRA THIN .....67                          | RA E-ZJECT LANCETS ULTRA<br>THIN .....68                                                                                                                      | RELEUKO SOLN .....59                                           |
| QC UNILET LANCETS 28G .....67                          | RA PROBIOTIC COLON CARE<br>CAPS .....21                                                                                                                       | RELEUKO SOSY .....59                                           |
| QC UNILET LANCETS MICRO THIN<br>.....67                | RA PROBIOTIC COMPLEX CAPS<br>21                                                                                                                               | RELEXXII TBCR 18 MG, 27 MG, 36<br>MG, 54 MG .....2             |
| QELBREE .....2                                         | RA PROBIOTIC DIGESTIVE<br>SUPPORT CAPS .....21                                                                                                                | RELEXXII TBCR 45 MG, 63 MG<br>(Use methylphenidate hcl) .....2 |
| QUAD-PROBIOTIC CAPS .....21                            | RA PROBIOTIC MAX STRENGTH<br>CAPS .....21                                                                                                                     | RELION ALCOHOL SWABS .....71                                   |
| QUADRACEL SUSP .....90                                 | RABAVERT .....95                                                                                                                                              | RELION KETONE TEST STRP ...51                                  |
| QUADRACEL SUSY .....91                                 | rabeprazole sodium TBEC .....91                                                                                                                               | RELION LANCET DEVICES 30G .68                                  |
| quetiapine fumarate TABS .....33                       | raloxifene hcl .....53                                                                                                                                        | RELION LANCETS .....68                                         |
| quetiapine fumarate TB24 .....33                       | ramelteon .....60                                                                                                                                             | RELION LANCETS MICRO-THIN<br>33G .....68                       |
| QUICKVUE AT-HOME COVID-19<br>TEST KIT .....51          | ramipril CAPS .....25                                                                                                                                         | RELION LANCETS THIN 26G ....68                                 |
| QUICKVUE SARS ANTIGEN TEST .<br>51                     | ranolazine TB12 .....9                                                                                                                                        | RELION LANCETS ULTRA-THIN<br>30G .....68                       |
| quinapril hcl .....25                                  | RAPAFLO 4 MG (Use silodosin) ..56                                                                                                                             | RELION ULTRA THIN LANCETS<br>30G .....68                       |
| quinapril-hydrochlorothiazide 12.5<br>MG-10 MG .....26 | RAPID RESPONSE COVID-19 ...51                                                                                                                                 | RELION ULTRA THIN PLUS<br>LANCETS .....68                      |
| quinapril-hydrochlorothiazide 12.5<br>MG-20 MG .....26 | RASUVO SOAJ 7.5 MG/0.15ML, 10<br>MG/0.2ML, 12.5 MG/0.25ML, 15<br>MG/0.3ML, 17.5 MG/0.35ML, 20<br>MG/0.4ML, 22.5 MG/0.45ML, 25<br>MG/0.5ML, 30 MG/0.6ML .....3 | REMODULIN SOLN IJ .....38                                      |
| quinapril-hydrochlorothiazide 25 MG-<br>20 MG .....26  | RAVICTI .....54                                                                                                                                               | RENAGEL (Use sevelamer hcl) ..56                               |
| quinidine gluconate TBCR .....10                       | READYLANCE SAFETY LANCETS .<br>68                                                                                                                             | RENTHYROID TABS 15 MG, 30 MG,<br>60 MG, 90 MG, 120 MG .....90  |
| quinidine sulfate TABS .....10                         |                                                                                                                                                               | REVELA TABS (Use sevelamer<br>carbonate) .....56               |
| QULIPTA .....76                                        |                                                                                                                                                               | repaglinide .....18                                            |

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| REPATHA SOSY .....                  | 25 | riboflavin TABS .....             | 97 | ROCKLATAN .....                     | 85 |
| REPATHA SURECLICK SOAJ ....         | 25 | rifampin CAPS .....               | 28 | ROCTAVIAN .....                     | 57 |
| REPLACEMENT AIR FILTER MISC .       | 75 | RIGHTEST GL300 LANCETS ....       | 68 | ROLVEDON .....                      | 59 |
| REPLACEMENT FILTERS MISC ..         | 75 | riluzole TABS .....               | 82 | romidepsin SOLR .....               | 31 |
| RESTASIS EMUL (Use cyclosporine     |    | rimantadine hydrochloride TABS .. | 36 | ropinirole hydrochloride TABS 0.25  |    |
| (ophth)) .....                      | 85 | RINVOQ LQ SOLN .....              | 3  | MG, 3 MG, 4 MG .....                | 32 |
| RESTASIS MULTIDOSE EMUL ....        | 85 | RINVOQ TB24 .....                 | 3  | ropinirole hydrochloride TABS 0.5   |    |
| RESTORA CAPS .....                  | 21 | RISAQUAD CAPS .....               | 21 | MG, 1 MG, 2 MG, 5 MG .....          | 32 |
| RETACRIT .....                      | 59 | RISAQUAD-2 CAPS .....             | 21 | ropinirole hydrochloride TB24 ..... | 32 |
| RETIN-A CREA (Use tretinoin) ....   | 44 | risedronate sodium TABS 150 MG    | 52 | rosuvastatin calcium TABS .....     | 25 |
| RETIN-A GEL (Use tretinoin) .....   | 44 | risedronate sodium TABS 35 MG ..  | 52 | ROTARIX SUSP .....                  | 95 |
| RETISERT .....                      | 85 | risedronate sodium TABS 5 MG, 30  |    | ROTARIX SUSR .....                  | 95 |
| RETROVIR CAPS (Use zidovudine) .    | 35 | MG .....                          | 52 | ROTATEQ SOLN .....                  | 95 |
| RETROVIR SYRP (Use zidovudine) .    | 35 | risedronate sodium TBEC .....     | 53 | RUBRACA .....                       | 31 |
| REVCIVI .....                       | 54 | RISPERDAL CONSTA (Use             |    | RUCONEST .....                      | 58 |
| REVLIMID .....                      | 77 | risperidone microspheres) .....   | 33 | rufinamide SUSP .....               | 13 |
| REXALL LANCETS ULTRA THIN           |    | risperidone microspheres .....    | 33 | RUKOBIA .....                       | 35 |
| 30G .....                           | 68 | risperidone SOLN .....            | 33 | RYALTRIS .....                      | 81 |
| REXTOVY LIQD .....                  | 23 | risperidone TABS .....            | 33 | RYBELSUS TABS .....                 | 17 |
| REYATAZ CAPS 200 MG, 300 MG         |    | risperidone TDBP .....            | 33 | RYKINDO SRER .....                  | 33 |
| (Use atazanavir sulfate) .....      | 35 | RITEFLO DEVI .....                | 75 | SABRIL PACK (Use vigabatrin) ...    | 14 |
| REYATAZ PACK .....                  | 35 | ritonavir TABS .....              | 35 | SABRIL TABS (Use vigabatrin) ....   | 14 |
| REZVOGLAR KWIKPEN .....             | 18 | RITUXAN .....                     | 29 | SAFE-T-LANCE .....                  | 68 |
| RHOGAM ULTRA-FILTERED PLUS          |    | rivaroxaban TABS 2.5 MG .....     | 12 | SAFE-T-LANCE PLUS .....             | 68 |
| SOSY IM .....                       | 87 | rivastigmine 13.3 MG/24HR .....   | 88 | SAFETY LANCET 30G/PRESSURE          |    |
| RHOPHYLAC SOSY IJ .....             | 87 | rivastigmine 4.6 MG/24HR, 9.5     |    | ACT .....                           | 68 |
| RIASTAP .....                       | 57 | MG/24HR .....                     | 88 | SAFETY LANCETS .....                | 68 |
| ribavirin (hepatitis c) CAPS .....  | 36 | rivastigmine tartrate CAPS .....  | 88 | SAFETY LANCETS 21G .....            | 68 |
| ribavirin (hepatitis c) TABS 200 MG |    | RIXUBIS SOLR .....                | 57 | SAFETY LANCETS 23G .....            | 68 |
| 36                                  |    | rizatriptan benzoate TABS .....   | 76 | SAFETY LANCETS 28G .....            | 68 |
|                                     |    | rizatriptan benzoate TDBP .....   | 76 | salicylic acid GEL 6 % .....        | 49 |

|                                    |    |                                 |    |                                                  |    |
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| saline SOLN 0.65 %                 | 81 | selegiline hcl TABS             | 32 | SIDESTREAM PEDIATRIC FACE MASK MISC              | 75 |
| salsalate                          | 6  | selenium sulfide LOTN 1 %       | 45 | SIDESTREAM PLS ADULT FACE MASK MISC              | 75 |
| SAMI THE SEAL FILTERS MISC         | 75 | selenium sulfide LOTN 2.5 %     | 45 | SIGNIFOR                                         | 54 |
| SANDIMMUNE CAPS (Use cyclosporine) | 78 | selenium sulfide SHAM 1 %       | 46 | SIGNIFOR LAR                                     | 54 |
| SANDIMMUNE SOLN IV 50 MG/ML        | 78 | SELZENTRY SOLN                  | 35 | SIKLOS TABS                                      | 58 |
| sapropterin dihydrochloride PACK   | 54 | SELZENTRY TABS 25 MG, 75 MG     | 35 | sildenafil citrate (pulmonary hypertension) SOLN | 38 |
| sapropterin dihydrochloride TABS   | 54 | SEMGLEE (YFGN) SOLN             | 18 | sildenafil citrate (pulmonary hypertension) SUSR | 38 |
| SAPS CARE ALCOHOL PREP             | 71 | SEMGLEE (YFGN) SOPN             | 18 | sildenafil citrate (pulmonary hypertension) TABS | 38 |
| SAPS HEALTH ALCOHOL PREP           | 71 | SEMGLEE SOPN                    | 18 | SILICONE MASK/ADULT MISC                         | 75 |
| SAPS HEALTH CARE ALCOHOL PREP      | 71 | sennosides TABS 8.6 MG          | 61 | SILICONE MASK/INFANT MISC                        | 75 |
| SAPS HEALTH PLUS LANCETS           | 68 | sennosides-docusate sodium TABS | 60 | SILICONE MASK/PEDIATRIC MISC                     | 75 |
| SAPS HEALTH TWIST TOP LANCETS      | 68 | SEREVENT DISKUS                 | 12 | silodosin                                        | 56 |
| SAPS TWIST TOP LANCETS             | 68 | SERTRALINE HCL CAPS             | 15 | silver sulfadiazine                              | 46 |
| SAPSCARE TWIST TOP LANCETS         | 68 | sertraline hcl CONC             | 15 | SIMBRINZA                                        | 84 |
| SAVELLA TABS                       | 88 | sertraline hcl TABS             | 15 | simethicone CHEW 80 MG                           | 55 |
| SAVELLA TITRATION PACK MISC        | 88 | sevelamer carbonate PACK        | 56 | simethicone LIQD PO                              | 55 |
| saxagliptin hcl                    | 17 | sevelamer carbonate TABS        | 56 | simethicone SUSP                                 | 55 |
| saxagliptin-metformin hcl          | 16 | sevelamer hcl                   | 56 | SIMLANDI (1 PEN) AJKT                            | 4  |
| SAXENDA                            | 1  | SEVENFACT                       | 57 | SIMLANDI (2 PEN) AJKT                            | 4  |
| SB ALCOHOL PREP                    | 71 | SHINGRIX                        | 95 | SIMLANDI (2 SYRINGE) PSKT 40 MG/0.4ML            | 4  |
| SB LANCETS THIN                    | 68 | SHOPKO ON-THE-GO LANCETS        | 68 | SIMPLYTHICK EASY MIX                             | 87 |
| SB LANCETS ULTRA THIN              | 68 | 30G                             | 68 | simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG       | 25 |
| SCHOOLTIME SHAMPOO SHAM            | 49 | SHOPKO UNILET LANCETS 28G       | 68 | simvastatin TABS 80 MG                           | 25 |
| SD PROBIOTIC-10 COMPLEX ULTRA CAPS | 21 | SHOPKO UNILET LANCETS 30G       | 68 | SINGLE-LET                                       | 68 |
| selegiline hcl CAPS                | 32 | SHUR-SEAL CONTRACEPTIVE GEL     | 95 | sirolimus SOLN                                   | 78 |

|                                                        |    |                                                   |    |                                                                   |    |
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| sirolimus TABS .....                                   | 78 | sodium chloride (inhalant) NEBU 0.9 % , 7 % ..... | 43 | SOMAVERT .....                                                    | 53 |
| SITAGLIPTIN .....                                      | 17 | sodium citrate & citric acid .....                | 56 | SOOTHENEB NBL 100 ADULT MASK MISC .....                           | 76 |
| SITAGLIPTIN BASE-METFORMIN HCL TABS .....              | 16 | sodium fluoride (dental) CREA ....                | 78 | SOOTHENEB NBL 100 CHILD MASK MISC .....                           | 76 |
| SIVEXTRO TABS .....                                    | 27 | sodium fluoride (dental) GEL .....                | 78 | SOOTHENEB NBL 100 MED CUP MISC .....                              | 76 |
| SKLICE (Use ivermectin (pediculicide)) .....           | 49 | sodium fluoride (dental) SOLN 0.2 % 78            |    | SOOTHENEB NBL 100 MESH CAP MISC .....                             | 76 |
| SKYLA .....                                            | 42 | sodium fluoride CHEW .....                        | 77 | sorafenib tosylate .....                                          | 31 |
| SKYRIZI PEN SOAJ .....                                 | 45 | sodium fluoride SOLN 0.125 MG/DROP .....          | 77 | SORBITOL PO 70 % .....                                            | 61 |
| SKYRIZI SOCT .....                                     | 55 | sodium fluoride SOLN 0.5 MG/ML, 0.5 MG/ML .....   | 77 | SORILUX FOAM .....                                                | 45 |
| SKYRIZI SOLN .....                                     | 55 | SODIUM OXYBATE SOLN .....                         | 88 | sotalol hcl (afib/afll) .....                                     | 37 |
| SKYRIZI SOSY .....                                     | 45 | sodium phenylbutyrate POWD ....                   | 54 | sotalol hcl TABS 240 MG .....                                     | 37 |
| SKYSONA .....                                          | 88 | sodium phenylbutyrate TABS .....                  | 54 | sotalol hcl TABS 80 MG, 120 MG, 160 MG .....                      | 37 |
| SKYTROFA .....                                         | 53 | sodium phosphates ENEM .....                      | 61 | SOTYKTU .....                                                     | 45 |
| SM ADVANCED PROBIOTIC CAPS . 22                        |    | sodium polystyrene sulfonate POWD 78              |    | SOVALDI PACK .....                                                | 36 |
| SM ALCOHOL PREP .....                                  | 71 | SOFIA SARS ANTIGEN FIA .....                      | 51 | SOVALDI TABS .....                                                | 36 |
| SM IPECAC SYRUP .....                                  | 22 | SOFIA2 SARS ANTIGEN FIA ....                      | 51 | SPEEDY SWAB COVID-19 ANTIGEN KIT .....                            | 51 |
| SM LANCETS 33G .....                                   | 68 | SOFOSBUVIR-VELPATASVIR TABS .....                 | 36 | SPEVIGO SOLN .....                                                | 45 |
| SMART SENSE COLOR LANCETS 33G .....                    | 68 | SOGROYA .....                                     | 53 | SPEVIGO SOSY .....                                                | 45 |
| SMART SENSE STANDARD LANCETS .....                     | 68 | SOLESTA .....                                     | 77 | SPIKEVAX COVID-19 VACCINE SUSP .....                              | 95 |
| SMART SENSE SUPER THIN LANCETS .....                   | 68 | solifenacin succinate TABS .....                  | 92 | SPIKEVAX SUSP .....                                               | 95 |
| SMART SENSE THIN LANCETS 26G .....                     | 68 | SOLIRIS .....                                     | 58 | SPIKEVAX SUSY .....                                               | 95 |
| SMARTTEST LANCETS 28G .....                            | 68 | SOLUS V2 LANCETS 28G .....                        | 68 | spinosad .....                                                    | 50 |
| SOAAZ TABS 20 MG .....                                 | 52 | SOLUS V2 TWIST LANCETS 30G 68                     |    | SPINRAZA .....                                                    | 83 |
| sodium bicarbonate (antacid) TABS 325 MG, 650 MG ..... | 9  | SOLUVITA ACD WITH FLUORIDE SOLN .....             | 79 | SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) . 10 |    |
| sodium chloride (gu irrigant) 0.9 %                    | 56 | SOLUVITA SOLN .....                               | 77 | spironolactone & hydrochlorothiazide .....                        | 52 |
| sodium chloride (inhalant) AERS ..                     | 43 | SOMATULINE DEPOT .....                            | 54 |                                                                   |    |

|                                     |    |                                      |    |
|-------------------------------------|----|--------------------------------------|----|
| spironolactone TABS .....           | 52 | sulfacetamide sodium (ophth) SOLN .  | 22 |
| STAMARIL SUSR .....                 | 95 | 85                                   |    |
| stannous fluoride CONC .....        | 78 | sulfacetamide sodium LIQD .....      | 46 |
| stavudine CAPS .....                | 35 | sulfacetamide sodium w/ sulfur LOTN  |    |
| STERILANCE TL .....                 | 68 | 10 %-5 % .....                       | 44 |
| STERILE DILUENT FLOLAN PH 12 .      |    | sulfacetamide sodium w/ sulfur SUSP  |    |
| 87                                  |    | 10 %-5 % .....                       | 44 |
| STIMUFEND .....                     | 59 | sulfacetamide sod-prednisolone       |    |
| STIOLTO RESPIMAT .....              | 12 | SOLN .....                           | 85 |
| STIVARGA .....                      | 31 | sulfamethoxazole-trimethoprim SUSP   |    |
| STRENSIQ .....                      | 54 | .....                                | 27 |
| STRIBILD .....                      | 35 | sulfamethoxazole-trimethoprim TABS   |    |
| STROMECTOL (Use ivermectin) ..      | 9  | .....                                | 27 |
| SUBLOCADE SOSY .....                | 8  | sulfasalazine TABS .....             | 55 |
| SUBOXONE FILM SL 0.5 MG-2 MG        |    | sulfasalazine TBEC .....             | 55 |
| (Use buprenorphine hcl-naloxone hcl |    | sulindac TABS .....                  | 5  |
| dihydrate) .....                    | 8  | sumatriptan .....                    | 76 |
| SUBOXONE FILM SL 1 MG-4 MG          |    | sumatriptan succinate SOAJ 4         |    |
| (Use buprenorphine hcl-naloxone hcl |    | MG/0.5ML .....                       | 76 |
| dihydrate) .....                    | 8  | sumatriptan succinate SOAJ 6         |    |
| SUBOXONE FILM SL 2 MG-8 MG          |    | MG/0.5ML .....                       | 76 |
| (Use buprenorphine hcl-naloxone hcl |    | sumatriptan succinate SOCT 4         |    |
| dihydrate) .....                    | 8  | MG/0.5ML .....                       | 76 |
| SUBOXONE FILM SL 3 MG-12 MG         |    | sumatriptan succinate SOCT 6         |    |
| (Use buprenorphine hcl-naloxone hcl |    | MG/0.5ML .....                       | 76 |
| dihydrate) .....                    | 8  | sumatriptan succinate SOLN 6         |    |
| SUCRAID .....                       | 51 | MG/0.5ML .....                       | 76 |
| sucalfate SUSP .....                | 91 | sumatriptan succinate TABS .....     | 77 |
| sucalfate TABS .....                | 91 | sumatriptan-naproxen sodium ....     | 76 |
| SUDAFED CHILDRENS LIQD ....         | 81 | sunitinib malate .....               | 31 |
| SUDAFED PE CHILDRENS SOLN           |    | SUNLENCA TBPK 300 MG .....           | 35 |
| 81                                  |    | SUPARTZ FX SOSY .....                | 81 |
| sulfacetamide sodium (acne) .....   | 44 | SUPER PROBIOTIC CAPS .....           | 22 |
|                                     |    | SUPER PROBIOTIC DIGESTIVE            |    |
|                                     |    | CAPS .....                           | 22 |
|                                     |    | SUPER THIN LANCETS .....             | 68 |
|                                     |    | SUPERIOR PROBIOTIC CAPS ...          | 22 |
|                                     |    | SUPPRELIN LA .....                   | 53 |
|                                     |    | SURE COMFORT ALCOHOL PREP            |    |
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|                                     |    | SURE COMFORT LANCETS 21G             |    |
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|                                     |    | SURE COMFORT LANCETS 30G             |    |
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|                                     |    | SUREBIOTIC PROBIOTIC                 |    |
|                                     |    | SUPPORT CAPS .....                   | 22 |
|                                     |    | SURELITE LANCETS .....               | 69 |
|                                     |    | SV PROBIOTIC EXTRA STRENGTH          |    |
|                                     |    | CAPS .....                           | 22 |
|                                     |    | SYLVANT .....                        | 78 |
|                                     |    | SYMBICORT (Use budesonide-           |    |
|                                     |    | formoterol fumarate dihydrate) ....  | 12 |
|                                     |    | SYMDEKO .....                        | 90 |
|                                     |    | SYMFI (Use efavirenz-lamivudine-     |    |
|                                     |    | tenofovir disoproxil fumarate) ..... | 35 |
|                                     |    | SYMFI LO (Use efavirenz-             |    |
|                                     |    | lamivudine-tenofovir disoproxil      |    |
|                                     |    | fumarate) .....                      | 35 |
|                                     |    | SYMTUZA .....                        | 35 |
|                                     |    | SYNAGIS SOLN .....                   | 87 |
|                                     |    | SYNAREL .....                        | 53 |
|                                     |    | SYNOJOYNT SOSY .....                 | 81 |

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| SYNRIBO .....                       | 31 | TECHLITE LANCETS 26G .....          | 69 | testosterone GEL TD 1.62 %, 10      |    |
| SYNTHROID TABS (Use                 |    | TECHLITE LANCETS 30G .....          | 69 | MG/ACT, 20.25 MG/1.25GM, 40.5       |    |
| levothyroxine sodium) .....         | 90 | TEGLUTIK SUSP .....                 | 82 | MG/2.5GM, 1.62 % .....              | 8  |
| SYNVISC ONE SOSY .....              | 81 | TEGRETOL-XR TB12 (Use               |    | testosterone SOLN .....             | 8  |
| SYNVISC SOSY .....                  | 81 | carbamazepine) .....                | 13 | TETANUS-DIPHTHERIA TOXOIDS          |    |
| TAB-A-VITE/IRON/BETA                |    | TEGSEDI .....                       | 89 | TD SUSP .....                       | 91 |
| CAROTENE TABS .....                 | 79 | telmisartan .....                   | 26 | tetrabenazine .....                 | 88 |
| TABLOID .....                       | 28 | telmisartan-amlodipine .....        | 26 | tetracaine hcl (ophth) .....        | 85 |
| TACLONEX SUSP (Use                  |    | telmisartan-hydrochlorothiazide ..  | 26 | tetrahydrozoline hcl (ophth) 0.05 % | 85 |
| calcipotriene-betamethasone         |    | temazepam 15 MG, 30 MG .....        | 60 | TEZSPIRE SOAJ .....                 | 10 |
| dipropionate) .....                 | 48 | temazepam 7.5 MG, 22.5 MG .....     | 60 | TEZSPIRE SOSY .....                 | 10 |
| tacrolimus (topical) OINT 0.03 % .. | 48 | TEMODAR SOLR .....                  | 28 | TGT LANCET MICRO THIN 33G ..        | 69 |
| tacrolimus (topical) OINT 0.1 % ... | 49 | temozolomide CAPS .....             | 28 | TGT LANCET THIN 26G .....           | 69 |
| tacrolimus CAPS .....               | 78 | temsirolimus .....                  | 31 | TGT LANCET ULTRA THIN 30G ..        | 69 |
| tadalafil (pulmonary hypertension)  |    | TENIVAC INJ .....                   | 91 | THALOMID .....                      | 77 |
| TABS .....                          | 38 | tenofovir disoproxil fumarate TABS  |    | THEO-24 CP24 100 MG .....           | 12 |
| TADLIQ SUSP .....                   | 38 | 35                                  |    | THEO-24 CP24 200 MG, 300 MG,        |    |
| TAFINLAR CAPS .....                 | 31 | terazosin hcl .....                 | 26 | 400 MG .....                        | 12 |
| TAGRISSO .....                      | 29 | terbinafine hcl (topical) CREA .... | 45 | theophylline ELIX .....             | 12 |
| TAKHZYRO SOLN .....                 | 58 | terbinafine hcl TABS .....          | 23 | theophylline SOLN .....             | 12 |
| TALTZ SOSY .....                    | 45 | terbutaline sulfate TABS .....      | 12 | theophylline TB12 100 MG, 200 MG,   |    |
| TALZENNA 0.25 MG, 1 MG .....        | 31 | terconazole vaginal CREA 0.4 % ..   | 96 | 300 MG .....                        | 12 |
| tamoxifen citrate TABS .....        | 30 | terconazole vaginal CREA 0.8 % ..   | 96 | theophylline TB12 450 MG .....      | 12 |
| tamsulosin hcl .....                | 56 | terconazole vaginal SUPP .....      | 96 | theophylline TB24 .....             | 12 |
| TASCENSO ODT .....                  | 89 | teriparatide SOPN .....             | 53 | thiamine hcl TABS .....             | 97 |
| tasimelteon CAPS .....              | 60 | TESTOPEL PLLT .....                 | 8  | thiamine mononitrate TABS 100 MG .  | 97 |
| TAVALISSE .....                     | 58 | testosterone cypionate SOLN IM 200  |    | THINLETS GP LANCETS .....           | 69 |
| tazarotene CREA .....               | 45 | MG/ML .....                         | 8  | thioridazine hcl .....              | 33 |
| TDVAX SUSP .....                    | 91 | testosterone GEL TD 1 %, 25         |    | thiothixene .....                   | 34 |
| TECENTRIQ .....                     | 29 | MG/2.5GM, 50 MG/5GM .....           | 8  | THRESHOLD IMT MISC .....            | 76 |
| TECHLITE AST LANCETS .....          | 69 | testosterone GEL TD 1 % .....       | 8  |                                     |    |
| TECHLITE LANCETS .....              | 69 |                                     |    |                                     |    |

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| THROMBATE III .....                                                                                                                            | 58 | tizanidine hcl CAPS .....                                                          | 81 | topotecan hcl SOLN .....                          | 32 |
| THYMOGLOBULIN .....                                                                                                                            | 78 | tizanidine hcl TABS .....                                                          | 81 | TOPOTECAN HCL SOLN .....                          | 32 |
| THYROGEN 0.9 MG .....                                                                                                                          | 50 | TOBI NEBU (Use tobramycin) .....                                                   | 2  | topotecan hcl SOLR .....                          | 32 |
| THYROID TABS 15 MG, 30 MG, 60<br>MG, 90 MG, 120 MG .....                                                                                       | 90 | TOBRADEX OINT .....                                                                | 85 | toremifene citrate .....                          | 30 |
| tiagabine hcl 12 MG, 16 MG .....                                                                                                               | 14 | tobramycin (ophth) SOLN .....                                                      | 85 | torsemide TABS 20 MG .....                        | 52 |
| tiagabine hcl 2 MG, 4 MG .....                                                                                                                 | 14 | tobramycin NEBU .....                                                              | 3  | torsemide TABS 5 MG, 10 MG, 100<br>MG .....       | 52 |
| TIBSOVO .....                                                                                                                                  | 31 | tobramycin sulfate SOLN IJ 1.2<br>GM/30ML, 2 GM/50ML, 10 MG/ML,<br>80 MG/2ML ..... | 3  | TOVIAZ (Use fesoterodine fumarate)<br>.....       | 92 |
| ticagrelor 60 MG, 90 MG .....                                                                                                                  | 58 | tobramycin sulfate SOLR .....                                                      | 3  | TPOXX CAPS .....                                  | 36 |
| TICOVAC .....                                                                                                                                  | 95 | tobramycin-dexamethasone SUSP<br>85 .....                                          |    | TRACLEER TABS (Use bosentan)<br>38 .....          |    |
| TIGLUTIK SUSP .....                                                                                                                            | 82 | TOBREX OINT .....                                                                  | 85 | TRADJENTA .....                                   | 17 |
| timolol maleate (ophth) SOLG 0.25 %<br>.....                                                                                                   | 84 | TODAYS HEALTH THIN LANCETS<br>28G .....                                            | 69 | tramadol hcl CP24 100 MG, 200 MG,<br>300 MG ..... | 7  |
| timolol maleate (ophth) SOLN 0.5 % .<br>84 .....                                                                                               |    | TODAYS HEALTH THIN LANCETS<br>30G .....                                            | 69 | TRAMADOL HCL SOLN (Use<br>tramadol hcl) .....     | 7  |
| timolol maleate (ophth) SOLN .....                                                                                                             | 84 | TOFIDENCE .....                                                                    | 4  | tramadol hcl SOLN .....                           | 7  |
| timolol maleate TABS .....                                                                                                                     | 37 | tolmetin sodium CAPS .....                                                         | 5  | tramadol hcl TABS 25 MG, 75 MG,<br>100 MG .....   | 7  |
| TIMOLOL-BRIMONIDINE-<br>DORZOLAMID 0.5 %-0.15 %-2 % .....                                                                                      | 84 | tolmetin sodium TABS 600 MG .....                                                  | 5  | tramadol hcl TABS 50 MG .....                     | 7  |
| TIMOPTIC OCUDOSE SOLN 0.25 %<br>(Use timolol maleate (ophth)) .....                                                                            | 84 | tolnaftate CREA .....                                                              | 45 | tramadol hcl TB24 .....                           | 7  |
| TIMOPTIC-XE SOLG 0.25 % (Use<br>timolol maleate (ophth)) .....                                                                                 | 84 | tolterodine tartrate CP24 .....                                                    | 92 | tramadol-acetaminophen .....                      | 7  |
| tioconazole vaginal 6.5 % .....                                                                                                                | 96 | tolterodine tartrate TABS .....                                                    | 92 | trandolapril 1 MG, 2 MG .....                     | 25 |
| tiopronin TABS .....                                                                                                                           | 56 | tolvaptan TABS .....                                                               | 54 | trandolapril 4 MG .....                           | 25 |
| tiotropium bromide monohydrate<br>CAPS .....                                                                                                   | 10 | tolvaptan TBPK .....                                                               | 54 | trandolapril-verapamil hcl .....                  | 26 |
| TIROSINT CAPS 13 MCG, 25 MCG,<br>50 MCG, 75 MCG, 88 MCG, 100<br>MCG, 112 MCG, 125 MCG, 137<br>MCG, 150 MCG (Use levothyroxine<br>sodium) ..... | 90 | TOPAMAX SPRINKLE CPSP (Use<br>topiramate) .....                                    | 13 | tranexamic acid TABS .....                        | 59 |
| TIVICAY PD TBSO .....                                                                                                                          | 35 | TOPCARE LANCETS MICRO-THIN<br>33G .....                                            | 69 | tranylcypromine sulfate .....                     | 14 |
| TIVICAY TABS .....                                                                                                                             | 35 | topiramate CPSP 15 MG, 25 MG ..                                                    | 13 | TRAVATAN Z SOLN (Use travoprost)<br>.....         | 86 |
|                                                                                                                                                |    | topiramate TABS 25 MG .....                                                        | 13 | TRAVEL LANCETS .....                              | 69 |
|                                                                                                                                                |    | topiramate TABS 50 MG, 100 MG,<br>200 MG .....                                     | 13 | TRAVEL LANCETS ADVANCED<br>28G .....              | 69 |

|                                                         |    |                                                                |    |                                                                     |    |
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| travoprost SOLN .....                                   | 86 | CREA 0.5 % .....                                               | 48 | trospium chloride TABS .....                                        | 92 |
| trazodone hcl TABS 300 MG .....                         | 15 | triamcinolone acetonide (topical)<br>LOTN .....                | 48 | TRUBIOTICS CAPS .....                                               | 22 |
| trazodone hcl TABS 50 MG, 100 MG,<br>150 MG .....       | 15 | triamcinolone acetonide (topical)<br>OINT 0.025 %, 0.1 % ..... | 48 | TRUBIOTICS DIGEST + IMM<br>HEALTH CAPS .....                        | 22 |
| TRECTOR .....                                           | 28 | triamcinolone acetonide (topical)<br>OINT 0.05 % .....         | 48 | TRUE COMFORT ALCOHOL PREP<br>PADS .....                             | 72 |
| TRELSTAR MIXJECT 11.25 MG,<br>22.5 MG .....             | 30 | triamcinolone acetonide (topical)<br>OINT 0.5 % .....          | 48 | TRUE COMFORT PRO ALCOHOL<br>PREP .....                              | 72 |
| TRELSTAR MIXJECT 3.75 MG ...                            | 30 | triamcinolone acetonide-dimethicone-<br>silicone .....         | 48 | TRUE COMFORT SAFETY<br>LANCETS .....                                | 69 |
| TREMFYA CROHNS INDUCTION<br>SOAJ SC 200 MG/2ML .....    | 55 | triamterene & hydrochlorothiazide<br>CAPS 25 MG-37.5 MG .....  | 52 | TRUE COMFORT TWIST TOP<br>LANCETS .....                             | 69 |
| TREMFYA PEN SOAJ SC 200<br>MG/2ML .....                 | 55 | triamterene & hydrochlorothiazide<br>TABs .....                | 52 | TRUEPLUS GLUCOSE CHEW ...                                           | 17 |
| TREMFYA SOLN IV .....                                   | 55 | triazolam .....                                                | 60 | TRUEPLUS GLUCOSE ON THE GO<br>CHEW .....                            | 16 |
| TREMFYA SOSY SC 200 MG/2ML<br>55                        |    | trientine hcl 250 MG .....                                     | 77 | TRUEPLUS LANCETS 26G .....                                          | 69 |
| treprostinil SOLN IJ .....                              | 38 | trifluoperazine hcl TABS .....                                 | 33 | TRUEPLUS LANCETS 28G .....                                          | 69 |
| tretinoin (chemotherapy) .....                          | 31 | trihexyphenidyl hcl SOLN .....                                 | 32 | TRUEPLUS LANCETS 30G .....                                          | 69 |
| tretinoin CREA 0.025 %, 0.05 %, 0.1<br>% .....          | 44 | trihexyphenidyl hcl TABS .....                                 | 32 | TRUEPLUS LANCETS 33G .....                                          | 69 |
| tretinoin CREA 0.025 % .....                            | 44 | TRIKAFTA TBPk 100 MG-50 MG                                     | 90 | TRUEPLUS SAFETY LANCETS 28G<br>.....                                | 69 |
| tretinoin GEL 0.01 %, 0.025 %, 0.05<br>% .....          | 44 | TRILEPTAL SUSP (Use<br>oxcarbazepine) .....                    | 13 | TRULICITY .....                                                     | 17 |
| tretinoin microsphere .....                             | 44 | TRILURON SOSY .....                                            | 81 | TRUMENBA 0.5 ML .....                                               | 92 |
| TRETEN .....                                            | 57 | trimethoprim TABS .....                                        | 27 | TRUVADA (Use emtricitabine-<br>tenofovir disoproxil fumarate) ..... | 36 |
| TREXALL TABS 5 MG, 7.5 MG, 10<br>MG, 15 MG .....        | 28 | trimipramine maleate CAPS .....                                | 15 | TUBING/WING TIP MISC .....                                          | 76 |
| triamcinolone acetonide (mouth) ..                      | 78 | TRIUMEQ PD TBSO .....                                          | 35 | TWINRIX SUSY .....                                                  | 95 |
| triamcinolone acetonide (topical)<br>AERS .....         | 48 | TRIUMEQ TABS .....                                             | 35 | TWIST TOP LANCETS 30G .....                                         | 69 |
| triamcinolone acetonide (topical)<br>CREA 0.025 % ..... | 48 | TRIVISC SOSY .....                                             | 81 | TYBLUME CHEW .....                                                  | 41 |
| triamcinolone acetonide (topical)<br>CREA 0.1 % .....   | 48 | TRIZIVIR .....                                                 | 35 | TYBOST .....                                                        | 36 |
| triamcinolone acetonide (topical)<br>CREA 0.1 % .....   | 48 | tropicamide SOLN 0.5 % .....                                   | 84 | TYENNE SOAJ .....                                                   | 4  |
| triamcinolone acetonide (topical)                       |    | tropicamide SOLN 1 % .....                                     | 84 | TYENNE SOLN .....                                                   | 4  |
|                                                         |    | trospium chloride CP24 .....                                   | 92 | TYENNE SOSY .....                                                   | 4  |

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| TYLENOL CHILDRENS CHEWABLES CHEW (Use acetaminophen) ..... | 6  | UNILET LANCET .....                 | 69 | UNISTIK TOUCH SAFETY LANC 30G .....                                        | 70 |
| TYPHIM VI SOLN .....                                       | 92 | UNILET MICRO-THIN 33G .....         | 69 | UNITUXIN .....                                                             | 29 |
| TYPHIM VI SOSY .....                                       | 92 | UNILET SUPERLITE LANCET ...         | 69 | UNIVERSAL 1 LANCETS THIN 26G .....                                         | 70 |
| UBRELVY .....                                              | 76 | UNILET SUPER-THIN 30G .....         | 69 | UNIVERSAL 1 LANCETS THIN 33G .....                                         | 70 |
| UDENYCA ONBODY SOSY .....                                  | 59 | UNILET ULTRA-THIN 28G .....         | 69 | UNIVERSAL 1 LANCETS ULTRA THIN .....                                       | 70 |
| UDENYCA SOAJ .....                                         | 59 | UNISTIK 1 .....                     | 69 | UP4 PROBIOTICS ADULT CAPS ..                                               | 22 |
| UDENYCA SOSY .....                                         | 59 | UNISTIK 2 .....                     | 70 | UP4 PROBIOTICS MENS CAPS ..                                                | 22 |
| ULTICARE ALCOHOL SWABS ...                                 | 72 | UNISTIK 2 COMFORT .....             | 70 | UP4 PROBIOTICS ULTRA CAPS ..                                               | 22 |
| ULTILET ALCOHOL SWABS ....                                 | 72 | UNISTIK 2 EXTRA .....               | 70 | UP4 PROBIOTICS WOMENS CAPS ..                                              | 22 |
| ULTILET CLASSIC LANCETS ....                               | 69 | UNISTIK 2 NEONATAL .....            | 70 | urea CREA 40 % .....                                                       | 48 |
| ULTILET LANCETS .....                                      | 69 | UNISTIK 2 NORMAL .....              | 70 | urea LOTN 40 % .....                                                       | 48 |
| ULTILET SAFETY LANCETS ....                                | 69 | UNISTIK 2 SUPER .....               | 70 | URETRON D/S TABS 81.6 MG ...                                               | 27 |
| ULTILET SAFETY LANCETS 23G ..                              | 69 | UNISTIK 3 .....                     | 70 | ursodiol CAPS .....                                                        | 55 |
| ULTRA THIN LANCETS 31G ....                                | 69 | UNISTIK 3 COMFORT .....             | 70 | ursodiol TABS 250 MG .....                                                 | 55 |
| ULTRA-CARE ALCOHOL PREP PADS .....                         | 72 | UNISTIK 3 EXTRA .....               | 70 | UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML ..... | 33 |
| ULTRA-CARE LANCETS 30G ....                                | 69 | UNISTIK 3 GENTLE .....              | 70 | UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML .....                 | 33 |
| ULTRAFLORA IMMUNE HEALTH CAPS .....                        | 22 | UNISTIK 3 NEONATAL .....            | 70 | valacyclovir hcl 1 GM .....                                                | 36 |
| ULTRA-THIN II AUTO LANCET ..                               | 69 | UNISTIK 3 NORMAL .....              | 70 | valacyclovir hcl 500 MG .....                                              | 36 |
| ULTRA-THIN II LANCETS .....                                | 69 | UNISTIK CZT COMFORT .....           | 70 | valganciclovir hcl TABS .....                                              | 36 |
| UNILET COMFORTOUCH LANCET ..                               | 69 | UNISTIK CZT NORMAL .....            | 70 | valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML .....                     | 14 |
| UNILET EXCELITE .....                                      | 69 | UNISTIK NORMAL .....                | 70 | valproic acid CAPS .....                                                   | 14 |
| UNILET EXCELITE II .....                                   | 69 | UNISTIK PRO SAFETY LANCET ..        | 70 | valrubicin .....                                                           | 30 |
| UNILET G.P. LANCET .....                                   | 69 | UNISTIK SAFETY LANCETS 28G ..       | 70 | valsartan SOLN .....                                                       | 26 |
| UNILET G.P. SUPERLITE LANCET ..                            | 69 | UNISTIK SAFETY LANCETS 30G ..       | 70 | valsartan TABS .....                                                       | 26 |
| UNILET GP 28 ULTRA THIN ....                               | 69 | UNISTIK TOUCH SAFETY LANC 21G ..... | 70 |                                                                            |    |
|                                                            |    | UNISTIK TOUCH SAFETY LANC 23G ..... | 70 |                                                                            |    |
|                                                            |    | UNISTIK TOUCH SAFETY LANC 28G ..... | 70 |                                                                            |    |

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| valsartan-hydrochlorothiazide .....26           | VAXELIS SUSP .....91                                               | verapamil hcl) .....38                    |
| VALTOCO 10 MG DOSE LIQD ....13                  | VAXELIS SUSY .....91                                               | VERIFINE SAFE LANCET MINI 21G<br>.....70  |
| VALTOCO 15 MG DOSE LQPK 7.5<br>MG/0.1ML .....13 | VAXNEUVANCE .....92                                                | VERIFINE SAFE LANCET MINI 23G<br>.....70  |
| VALTOCO 20 MG DOSE LQPK 10<br>MG/0.1ML .....13  | VCF VAGINAL CONTRACEPTIVE<br>FILM .....95                          | VERIFINE SAFE LANCET MINI 28G<br>.....70  |
| VALTOCO 5 MG DOSE LIQD .....13                  | VCF VAGINAL CONTRACEPTIVE<br>GEL .....95                           | VERIFINE SAFE LANCET MINI 30G<br>.....70  |
| VALUE PLUS LANCET STANDARD<br>21G .....70       | VECAMEYL .....26                                                   | VERIFINE UNIVERSAL LANCETS<br>28G .....70 |
| VALUE PLUS LANCETS SUPER<br>THIN .....70        | VECTIBIX 100 MG/5ML, 400<br>MG/20ML .....29                        | VERIFINE UNIVERSAL LANCETS<br>30G .....70 |
| VALUE PLUS LANCETS THIN 26G .<br>70             | VELSIPITY .....55                                                  | VERIFINE UNIVERSAL LANCETS<br>33G .....70 |
| VALUMARK LANCET SUPER THIN<br>30G .....70       | VENCLEXTA STARTING PACK<br>TBPk .....29                            | VESICARE LS SUSP .....92                  |
| VALUMARK LANCET ULTRA THIN<br>28G .....70       | VENCLEXTA TABS .....29                                             | VEVYE SOLN .....85                        |
| vancomycin hcl CAPS 125 MG ....27               | VENLAFAXINE BESYLATE ER ...15                                      | VH ESSENTIALS OPTIBALANCE<br>CAPS .....22 |
| vancomycin hcl CAPS 250 MG ....27               | venlafaxine hcl CP24 150 MG ....15                                 | VIActiv DIGESTIVE HEALTH<br>CHEW .....22  |
| vancomycin hcl SOLR IV 1 GM ....27              | venlafaxine hcl CP24 37.5 MG ....15                                | VIDA MIA UNILET LANCETS 28G<br>70         |
| VANCOMYCIN HCL SOLR IV 1 GM .<br>27             | venlafaxine hcl CP24 75 MG .....15                                 | VIDA MIA UNILET LANCETS 30G<br>70         |
| vancomycin hcl SOLR IV 500 MG .27               | venlafaxine hcl TABS .....15                                       | vigabatrin PACK .....14                   |
| VANCOMYCIN HCL SOLR IV 500<br>MG .....27        | venlafaxine hcl TB24 .....15                                       | vigabatrin TABS .....14                   |
| vancomycin hcl SOLR PO 25 MG/ML<br>.....27      | VENTOLIN HFA AERS (Use<br>albuterol sulfate) .....12               | VIJOICE TBPk .....78                      |
| VANDAZOLE .....96                               | verapamil hcl CP24 100 MG, 120<br>MG, 180 MG, 200 MG, 240 MG ...38 | VILTEPSO .....82                          |
| VAQTA .....95                                   | verapamil hcl CP24 300 MG .....38                                  | VIMIZIM .....54                           |
| varenicline tartrate TABS .....89               | verapamil hcl CP24 360 MG .....38                                  | vincristine sulfate .....32               |
| varenicline tartrate TBPk .....89               | VERAPAMIL HCL ER CP24 (Use<br>verapamil hcl) .....38               | VIRACEPT TABS 250 MG .....36              |
| VARIVAX SUSR .....95                            | verapamil hcl TABS .....38                                         | VIRACEPT TABS 625 MG .....36              |
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