

## **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                                                                 |

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|-----------------------------------------------------------------------------------------------------|
| <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 ( <i>amphetamine-dextroamphetamine</i> )                                              | NP        | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP |
| ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )                                                 | 2         | Generic for Adderall; QL(3 EA daily); MP                            |
| <i>amphetamine sulfate TABS</i>                                                                        | 1         | Generic for Evekeo; MP; PA                                          |
| <i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>                      | 1         | Generic for Adderall XR; QL(1 EA daily); AL(At least 6 yrs old); MP |
| <i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>                               | NP        | MP                                                                  |
| <i>amphetamine-dextroamphetamine TABS</i>                                                              | 1         | Generic for Adderall; QL(3 EA daily); MP                            |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>                                                     | 1         | Generic for Dexedrine; QL(2 EA daily); AL(At least 6 yrs old); MP   |
| <i>dextroamphetamine sulfate CP24 5 MG</i>                                                             | 1         | Generic for Dexedrine; QL(1 EA daily); AL(At least 6 yrs old); MP   |
| <i>dextroamphetamine sulfate SOLN</i>                                                                  | 2         | Generic for Procentra; MP; PA                                       |
| <i>dextroamphetamine sulfate SOLN</i>                                                                  | NP        | Generic for Procentra; MP; PA                                       |
| <i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>                                              | 1         | MP                                                                  |

| Drug Name                                                                                             | Drug Tier | Requirements/Limits                                                |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>                                                     | 1         | AL(At least 3 yrs old); MP                                         |
| <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>                                                     | NP        | AL(At least 3 yrs old); MP                                         |
| DYANAVEL XR TBCR                                                                                      | NP        |                                                                    |
| <i>lisdexamfetamine dimesylate CAPS</i>                                                               | NP        | QL(1 EA daily); MP; PA                                             |
| <i>lisdexamfetamine dimesylate CHEW</i>                                                               | 1         | MP; PA                                                             |
| <i>methamphetamine hcl</i>                                                                            | 1         | Generic for Desoxyx; MP; PA                                        |
| MYDAYIS CP24 ( <i>amphetamine-dextroamphetamine</i> )                                                 | NP        | MP                                                                 |
| VYVANSE CAPS                                                                                          | 2         | QL(1 EA daily); MP; PA                                             |
| VYVANSE CHEW                                                                                          | NP        | MP; PA                                                             |
| XELSTRYM                                                                                              | NP        |                                                                    |
| <b>Analeptics</b>                                                                                     |           |                                                                    |
| <i>caffeine citrate SOLN PO</i>                                                                       | 1         | QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail; MP |
| <b>Anorexiants Non-Amphetamine</b>                                                                    |           |                                                                    |
| <i>phentermine hcl-topiramate</i>                                                                     | 1         | PA                                                                 |
| QSYMIA 11.25 MG-69 MG, 15 MG-92 MG, 3.75 MG-23 MG, 7.5 MG-46 MG ( <i>phentermine hcl-topiramate</i> ) | NP        | PA                                                                 |
| <b>Anti-Obesity Agents</b>                                                                            |           |                                                                    |
| <i>liraglutide (weight management) 18 MG/3ML</i>                                                      | 1         | PA                                                                 |
| WEGOVY                                                                                                | 2         | PA                                                                 |
| ZEPBOUND SOAJ                                                                                         | 2         | PA                                                                 |
| ZEPBOUND SOLN                                                                                         | 2         | PA                                                                 |
| <b>Attention-Deficit/Hyperactivity Disorder (ADHD)</b>                                                |           |                                                                    |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                            |
|---------------------------------------------------|-----------|-----------------------------------------------------------------|
| <b>Agents</b>                                     |           |                                                                 |
| <i>atomoxetine hcl</i>                            | 1         | Generic for Strattera; AL(At least 6 yrs old); MP               |
| <i>clonidine hcl (adhd) TB12</i>                  | 1         | Generic for Kapvay; MP                                          |
| <i>guanfacine hcl (adhd)</i>                      | 1         | Generic for Intuniv; QL(1 EA daily); AL(At least 6 yrs old); MP |
| ONYDA XR SUER                                     | NP        |                                                                 |
| QELBREE                                           | NP        | MP                                                              |
| <b>Stimulants - Misc.</b>                         |           |                                                                 |
| APTENSIO XR CP24 ( <i>methylphenidate hcl</i> )   | NP        | Generic for Aptensio XR; MP; PA                                 |
| AZSTARYS                                          | NP        | MP                                                              |
| CONCERTA TBCR ( <i>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>dexmethylphenidate hcl</i> ) | NP        | Generic for Focalin XR; MP; PA                                  |
| METHYLIN SOLN ( <i>methylphenidate hcl</i> )      | NP        | Generic for Methylin; MP; PA                                    |
| <i>methylphenidate hcl CHEW</i>                   | 1         | MP; PA                                                          |
| <i>methylphenidate hcl CP24</i>                   | NP        | Generic for Aptensio XR; MP; PA                                 |
| <i>methylphenidate hcl CP24 60 MG</i>             | 1         | MP; PA                                                          |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                |
|--------------------------------------------------------------|-----------|-----------------------------------------------------|
| <i>methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG</i>   | 1         | Generic for Ritalin LA; 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     |
| <i>methylphenidate hcl TB24</i>                              | 1         | AL(At least 6 yrs old); MP                          |
| <i>methylphenidate hcl TBCR 45 MG, 63 MG</i>                 | NP        | AL(At least 6 yrs old)                              |
| <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 10 MG, 20 MG</i>                 | 1         | AL(At least 6 yrs old); MP                          |
| RELEXXII TBCR 45 MG, 63 MG ( <i>methylphenidate hcl</i> )    | 2         | AL(At least 6 yrs old)                              |
| RELEXXII TBCR 18 MG, 27 MG, 36 MG, 54 MG                     | 2         | Generic for Concerta; AL(At least 6 yrs old); MP    |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                  |           |                                                     |
| <b>Allergenic Extracts</b>                                   |           |                                                     |
| ORALAIR SUBL                                                 | 2         | PA                                                  |
| <b>ALTERNATIVE MEDICINES</b>                                 |           |                                                     |
| <b>Alternative Medicine - G's</b>                            |           |                                                     |
| <i>ginger (zingiber officinalis) CAPS 250 MG</i>             | 1         | QL(4 EA daily)                                      |
| <b>Alternative Medicine - M's</b>                            |           |                                                     |
| <i>melatonin TABS 3 MG, 5 MG</i>                             | 1         | QL(1 EA daily)                                      |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b> |           |                                                     |

| Drug Name                                                                                                                                                          | Drug Tier | Requirements/ Limits | Drug Name                                             | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------|-----------|----------------------|
| <b>Aminoglycosides</b>                                                                                                                                             |           |                      | ABRILADA (1 PEN) AJKT                                 | NP        | SP; PA               |
| BETHKIS NEBU<br>( <i>tobramycin</i> )                                                                                                                              | 2         | SP; PA               | ABRILADA (2 PEN) AJKT                                 | NP        | SP; PA               |
| KITABIS PAK (W/<br>NEBULIZER) NEBU 300<br>MG/5ML ( <i>tobramycin</i> )                                                                                             | 2         | SP; PA               | ABRILADA (2 SYRINGE)<br>PSKT                          | NP        | SP; PA               |
| <i>neomycin sulfate TABS</i>                                                                                                                                       | 1         |                      | ADALIMUMAB-AACF (2<br>PEN) AJKT                       | NP        | SP; PA               |
| TOBI NEBU ( <i>tobramycin</i> )                                                                                                                                    | NP        | SP; PA               | ADALIMUMAB-AACF (2<br>SYRINGE) PSKT                   | NP        | SP; PA               |
| <i>tobramycin sulfate SOLN<br/>IJ 1.2 GM/30ML, 2<br/>GM/50ML, 10 MG/ML, 80<br/>MG/2ML</i>                                                                          | 1         | PA                   | ADALIMUMAB-<br>AACF(CD/UC/HS STRT)<br>AJKT            | NP        | SP; PA               |
| <i>tobramycin sulfate SOLR</i>                                                                                                                                     | 1         | PA                   | ADALIMUMAB-<br>AACF(PS/UV STARTER)<br>AJKT            | NP        | SP; PA               |
| <i>tobramycin NEBU</i>                                                                                                                                             | 1         | SP                   | ADALIMUMAB-AATY (1<br>PEN) AJKT                       | NP        | SP; PA               |
| <i>tobramycin NEBU</i>                                                                                                                                             | 1         | SP; PA               | ADALIMUMAB-AATY (2<br>PEN) AJKT                       | NP        | SP; PA               |
| <i>tobramycin NEBU</i>                                                                                                                                             | NP        | SP; PA               | ADALIMUMAB-AATY (2<br>SYRINGE) PSKT                   | NP        | SP; PA               |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to<br/>Treat Pain, Swelling, Muscle and Joint Conditions</b>                                                             |           |                      | ADALIMUMAB-AATY<br>CD/UC/HS START AJKT<br>80 MG/0.8ML | NP        | SP; PA               |
| <b>Antirheumatic - Enzyme Inhibitors</b>                                                                                                                           |           |                      | ADALIMUMAB-ADAZ<br>SOAJ                               | 2         | SP; PA               |
| OLUMIANT                                                                                                                                                           | NP        | SP; PA               | ADALIMUMAB-ADAZ<br>SOSY                               | 2         | SP; PA               |
| RINVOQ LQ SOLN                                                                                                                                                     | 2         | SP; PA               | ADALIMUMAB-ADAZ<br>SOSY 20 MG/0.2ML                   | NP        | SP; PA               |
| RINVOQ TB24                                                                                                                                                        | 2         | SP; PA               | ADALIMUMAB-ADBM (2<br>PEN) AJKT                       | NP        | SP; PA               |
| XELJANZ SOLN                                                                                                                                                       | NP        | SP; PA               | ADALIMUMAB-ADBM (2<br>SYRINGE) PSKT                   | NP        | SP; PA               |
| <b>Antirheumatic Antimetabolites</b>                                                                                                                               |           |                      | ADALIMUMAB-<br>ADBM(CD/UC/HS STRT)<br>AJKT            | NP        | SP; PA               |
| OTREXUP SOAJ 10<br>MG/0.4ML, 12.5<br>MG/0.4ML, 15 MG/0.4ML,<br>17.5 MG/0.4ML, 20<br>MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML                                        | 2         | SP; PA               | ADALIMUMAB-<br>ADBM(PS/UV STARTER)<br>AJKT            | NP        | SP; PA               |
| RASUVO SOAJ 7.5<br>MG/0.15ML, 10<br>MG/0.2ML, 12.5<br>MG/0.25ML, 15<br>MG/0.3ML, 17.5<br>MG/0.35ML, 20<br>MG/0.4ML, 22.5<br>MG/0.45ML, 25<br>MG/0.5ML, 30 MG/0.6ML | 2         | SP; PA               | ADALIMUMAB-FKJP (2<br>PEN) AJKT                       | NP        | SP; PA               |
| <b>Anti-TNF-alpha - Monoclonal Antibodies</b>                                                                                                                      |           |                      | ADALIMUMAB-FKJP (2<br>SYRINGE) PSKT                   | NP        | SP; PA               |

| Drug Name                                | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML | NP        | SP; PA               | HUMIRA-PED>=40KG UC STARTER AJKT    | 2         | SP; PA               |
| ADALIMUMAB-RYVK (2 PEN) AJKT             | NP        | SP; PA               | HUMIRA-PS/UV/ADOL HS STARTER AJKT   | 2         | SP; PA               |
| ADALIMUMAB-RYVK (2 SYRINGE) PSKT         | NP        | SP; PA               | HUMIRA-PSORIASIS/UEIT STARTER AJKT  | 2         | SP; PA               |
| AMJEVITA-PED 10KG TO <15KG SOSY          | NP        | SP; PA               | HYRIMOZ-CROHNS/UC STARTER SOAJ      | NP        | SP; PA               |
| AMJEVITA-PED 15KG TO <30KG SOSY          | NP        | SP; PA               | HYRIMOZ-PED<40KG CROHN STARTER SOSY | NP        | SP; PA               |
| AMJEVITA SOAJ                            | NP        | SP; PA               | HYRIMOZ-PED>=40KG CROHN START SOSY  | NP        | SP; PA               |
| AMJEVITA SOSY                            | NP        | SP; PA               | HYRIMOZ-PLAQ PSOR/UEIT START SOAJ   | NP        | SP; PA               |
| CYLTEZO (2 PEN) AJKT                     | NP        | SP; PA               | HYRIMOZ-PLAQUE PSORIASIS START SOAJ | NP        | SP; PA               |
| CYLTEZO (2 SYRINGE) PSKT                 | NP        | SP; PA               | HYRIMOZ SOAJ                        | NP        | SP; PA               |
| CYLTEZO-CD/UC/HS STARTER AJKT            | NP        | SP; PA               | HYRIMOZ SOSY                        | NP        | SP; PA               |
| CYLTEZO-PSORIASIS/UV STARTER AJKT        | NP        | SP; PA               | IDACIO (2 PEN) AJKT                 | NP        | SP; PA               |
| HADLIMA PUSHTOUCH SOAJ                   | 2         | SP; PA               | IDACIO (2 SYRINGE) PSKT             | NP        | SP; PA               |
| HADLIMA SOSY                             | 2         | SP; PA               | IDACIO-CROHNS/UC STARTER AJKT       | NP        | SP; PA               |
| HULIO (2 PEN) AJKT                       | NP        | SP; PA               | IDACIO-PSORIASIS STARTER AJKT       | NP        | SP; PA               |
| HULIO (2 SYRINGE) PSKT                   | NP        | SP; PA               | SIMLANDI (1 PEN) AJKT               | NP        | SP; PA               |
| HUMIRA (2 PEN) AJKT                      | 2         | SP; PA               | SIMLANDI (1 SYRINGE) PSKT           | NP        | SP; PA               |
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | 2         | SP; PA               | SIMLANDI (2 PEN) AJKT               | NP        | SP; PA               |
| HUMIRA (2 SYRINGE) PSKT                  | 2         | SP; PA               | SIMLANDI (2 SYRINGE) PSKT           | NP        | SP; PA               |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 2         | SP; PA               | YUFLYMA (1 PEN) AJKT                | NP        | SP; PA               |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 2         | SP; PA               | YUFLYMA (2 PEN) AJKT                | NP        | SP; PA               |
| HUMIRA-PED<40KG CROHNS STARTER PSKT      | 2         | SP; PA               | YUFLYMA (2 SYRINGE) PSKT            | NP        | SP; PA               |
| HUMIRA-PED>=40KG CROHNS START PSKT       | 2         | SP; PA               | YUFLYMA-CD/UC/HS STARTER AJKT       | NP        | SP; PA               |
|                                          |           |                      | YUSIMRY                             | NP        | SP; PA               |
|                                          |           |                      | Interleukin-6 Receptor Inhibitors   |           |                      |

| Drug Name                                             | Drug Tier | Requirements/ Limits                                   | Drug Name                                                                   | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|--------------------------------------------------------|-----------------------------------------------------------------------------|-----------|----------------------|
| TOFIDENCE                                             | NP        | SP; PA                                                 | MOTRIN INFANTS DROPS SUSP ( <i>ibuprofen</i> )                              | 0         | MP                   |
| TYENNE SOAJ                                           | NP        | SP; PA                                                 | <i>nabumetone</i>                                                           | 1         | MP                   |
| TYENNE SOLN                                           | NP        | SP; PA                                                 | <i>naproxen sodium TABS 220 MG</i>                                          | 1         | QL(2 EA daily); MP   |
| TYENNE SOSY                                           | NP        | SP; PA                                                 | <i>naproxen sodium TABS 275 MG, 550 MG</i>                                  | 1         | MP                   |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs)        |           |                                                        | <i>naproxen-esomeprazole magnesium</i>                                      | NP        | PA                   |
| ADVIL TABS ( <i>ibuprofen</i> )                       | 0         | MP                                                     | <i>naproxen SUSP</i>                                                        | 1         | MP                   |
| <i>celecoxib</i>                                      | 1         | QL(2 EA daily); PA                                     | <i>naproxen TABS</i>                                                        | 1         | MP                   |
| CHILDRENS ADVIL SUSP 100 MG/5ML ( <i>ibuprofen</i> )  | 0         | MP; RX/OTC                                             | <i>naproxen TBEC</i>                                                        | 1         | QL(2 EA daily); MP   |
| CHILDRENS MOTRIN SUSP 100 MG/5ML ( <i>ibuprofen</i> ) | 0         | MP; RX/OTC                                             | <i>oxaprozin TABS</i>                                                       | 1         | MP                   |
| <i>diclofenac potassium TABS 50 MG</i>                | 1         | MP                                                     | <i>piroxicam CAPS</i>                                                       | 1         | MP                   |
| <i>diclofenac sodium TB24</i>                         | 1         | MP                                                     | <i>sulindac TABS</i>                                                        | 1         | MP                   |
| <i>diclofenac sodium TBEC</i>                         | 1         | MP                                                     | <i>tolmetin sodium CAPS</i>                                                 | 1         | MP                   |
| <i>etodolac CAPS</i>                                  | 1         | MP                                                     | <i>tolmetin sodium TABS 600 MG</i>                                          | 1         | MP                   |
| <i>etodolac TABS</i>                                  | 1         | MP                                                     | VIMOVO ( <i>naproxen-esomeprazole magnesium</i> )                           | NP        | PA                   |
| <i>etodolac TB24</i>                                  | 1         | MP                                                     | Phosphodiesterase 4 (PDE4) Inhibitors                                       |           |                      |
| <i>flurbiprofen TABS</i>                              | 1         | MP                                                     | OTEZLA TABS                                                                 | 2         | SP; PA               |
| <i>ibuprofen CHEW</i>                                 | 0         | MP                                                     | OTEZLA TBPK                                                                 | 2         | SP; PA               |
| <i>ibuprofen SUSP</i>                                 | 0         | MP; RX/OTC                                             | Pyrimidine Synthesis Inhibitors                                             |           |                      |
| <i>ibuprofen TABS 200 MG, 400 MG, 600 MG, 800 MG</i>  | 0         | MP                                                     | <i>leflunomide</i>                                                          | 1         | QL(1 EA daily); MP   |
| <i>indomethacin CAPS 25 MG, 50 MG</i>                 | 1         | MP                                                     | Soluble Tumor Necrosis Factor Receptor Agents                               |           |                      |
| <i>indomethacin CPCR</i>                              | 1         | MP                                                     | ENBREL MINI SOCT                                                            | 2         | SP; PA               |
| INFANTS ADVIL SUSP ( <i>ibuprofen</i> )               | 0         | MP                                                     | ENBREL SURECLICK SOAJ                                                       | 2         | SP; PA               |
| <i>ketoprofen CAPS 50 MG</i>                          | 1         | MP                                                     | ENBREL SOLN                                                                 | 2         | SP; PA               |
| <i>ketoprofen CP24</i>                                | 1         | MP                                                     | ENBREL SOSY                                                                 | 2         | SP; PA               |
| <i>ketorolac tromethamine TABS</i>                    | 1         | QL(20 EA per fill retail); AL(At least 17 yrs old); MP | ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions |           |                      |
| <i>meloxicam TABS</i>                                 | 1         | MP                                                     | Analgesic Combinations                                                      |           |                      |
| MOTRIN CHILDRENS CHEW ( <i>ibuprofen</i> )            | 0         | MP                                                     |                                                                             |           |                      |

| Drug Name                                                              | Drug Tier | Requirements/ Limits                                   | Drug Name                                                                   | Drug Tier | Requirements/ Limits            |
|------------------------------------------------------------------------|-----------|--------------------------------------------------------|-----------------------------------------------------------------------------|-----------|---------------------------------|
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>       | 1         | QL(4 EA daily)                                         | <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>                       | 1         |                                 |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>       | 1         | QL(4 EA daily)                                         | <i>aspirin CHEW</i>                                                         | 0         |                                 |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                      | 1         |                                                        | ASPIRIN SUPP 300 MG                                                         | 0         | QL(12 EA per fill retail)       |
| <i>butalbital-aspirin-caffeine CAPS</i>                                | 1         | QL(4 EA daily)                                         | <i>aspirin TABS 325 MG</i>                                                  | 0         |                                 |
| Analgesics - Sodium Channel Pain Signal Inhibitors                     |           |                                                        | <i>aspirin TBEC 81 MG, 325 MG</i>                                           | 0         |                                 |
| JOURNAVX                                                               | 2         | QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail) | <i>diflunisal TABS</i>                                                      | 1         | MP                              |
| Analgesics Other                                                       |           |                                                        | ECOTRIN ARTHRTIS PAIN TBEC ( <i>aspirin</i> )                               | 0         |                                 |
| <i>acetaminophen CHEW</i>                                              | 0         |                                                        | ECOTRIN TBEC ( <i>aspirin</i> )                                             | 0         |                                 |
| <i>acetaminophen ELIX</i>                                              | 0         |                                                        | <i>salsalate</i>                                                            | 1         |                                 |
| <i>acetaminophen LIQD 160 MG/5ML</i>                                   | 0         |                                                        | ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions      |           |                                 |
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | 0         |                                                        | Opioid Agonists                                                             |           |                                 |
| <i>acetaminophen SUPP 120 MG, 650 MG</i>                               | 0         | QL(12 EA per fill retail)                              | <i>codeine sulfate TABS 30 MG</i>                                           | 1         | QL(2 EA daily)                  |
| <i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>                    | 1         |                                                        | CODEINE SULFATE TABS                                                        | 2         | QL(2 EA daily)                  |
| <i>acetaminophen TABS 325 MG, 500 MG</i>                               | 1         |                                                        | CONZIP CP24 ( <i>tramadol hcl</i> )                                         | NP        | PA                              |
| FEVERALL JUNIOR STRENGTH SUPP                                          | 0         | QL(12 EA per fill retail)                              | <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i> | 1         | 10 per month; QL(0.34 EA daily) |
| TYLENOL CHILDRENS CHEWABLES CHEW ( <i>acetaminophen</i> )              | 0         |                                                        | <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>                  | NP        | PA                              |
| Analgesics-Peptide Channel Blockers                                    |           |                                                        | <i>hydrocodone bitartrate CP12</i>                                          | NP        |                                 |
| PRIALT                                                                 | 2         | SP; PA                                                 | HYDROMORPHONE HCL SUPP                                                      | 2         | QL(12 EA per fill retail)       |
| Salicylates                                                            |           |                                                        | <i>hydromorphone hcl TABS</i>                                               | 1         | QL(8 EA daily)                  |
|                                                                        |           |                                                        | <i>hydromorphone hcl TB24</i>                                               | 1         | PA                              |
|                                                                        |           |                                                        | <i>meperidine hcl SOLN PO 50 MG/5ML</i>                                     | 1         | QL(500 ML per fill retail)      |
|                                                                        |           |                                                        | <i>meperidine hcl TABS 50 MG</i>                                            | 1         | QL(6 EA daily)                  |
|                                                                        |           |                                                        | <i>methadone hcl TABS 5 MG</i>                                              | 1         | QL(4 EA daily); PA              |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits       |
|-------------------------------------------------------------------------------|-----------|----------------------------|
| <i>methadone hcl TABS 10 MG</i>                                               | 1         | QL(10 EA daily); PA        |
| <i>morphine sulfate beads</i>                                                 | NP        | PA                         |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | PA                         |
| <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>                          | 1         | QL(16.67 ML daily)         |
| <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>                          | 1         | QL(240 ML per fill retail) |
| <i>morphine sulfate SUPP</i>                                                  | 1         | QL(24 EA per fill retail)  |
| <i>morphine sulfate TABS</i>                                                  | 1         | QL(6 EA daily)             |
| <i>morphine sulfate TBCR</i>                                                  | 1         | QL(3 EA daily)             |
| <i>OXAYDO TABS 5 MG</i>                                                       | 2         | QL(6 EA daily)             |
| <i>oxycodone hcl CAPS</i>                                                     | 1         | QL(6 EA daily)             |
| <i>oxycodone hcl CONC 100 MG/5ML</i>                                          | 1         | QL(6 ML daily)             |
| <i>oxycodone hcl SOLN</i>                                                     | 1         |                            |
| <i>oxycodone hcl T12A 80 MG</i>                                               | 1         | PA                         |
| <i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG</i>                                 | 1         | QL(2 EA daily); PA         |
| <i>oxycodone hcl TABS</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>oxymorphone hcl TB12 15 MG</i>                                             | 1         | PA                         |
| <i>QDOLO SOLN (tramadol hcl)</i>                                              | NP        |                            |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>                               | 2         | PA                         |
| <i>tramadol hcl SOLN</i>                                                      | NP        |                            |
| <i>TRAMADOL HCL SOLN (tramadol hcl)</i>                                       | NP        |                            |
| <i>tramadol hcl TABS 50 MG</i>                                                | 1         | QL(8 EA daily)             |
| <i>tramadol hcl TABS 25 MG, 75 MG, 100 MG</i>                                 | NP        |                            |

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <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)       |
| <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>hydrocodone-acetaminophen TABS 325 MG-7.5 MG</i>                                                         | 1         | QL(8 EA daily)       |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG</i>                                                          | 1         | QL(6 EA daily)       |
| <i>hydrocodone-acetaminophen TABS 325 MG-5 MG</i>                                                           | 1         | QL(12 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>tramadol-acetaminophen</i>                                                                               | 1         | QL(4 EA daily)       |
| Opioid Partial Agonists                                                                                     |           |                      |
| <i>BRIXADI (WEEKLY) SOSY</i>                                                                                | 2         | SP                   |
| <i>BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML</i>                                               | 2         | SP                   |

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

| Drug Name                                                                                                                                                | Drug Tier | Requirements/ Limits      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>phenylephrine-shark liver oil-cocoa butter</i>                                                                                                        | 1         | QL(48 EA per fill retail) |
| <i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>                                                                                              | 1         | QL(12 GM per fill retail) |
| Rectal Local Anesthetics                                                                                                                                 |           |                           |
| <i>pramoxine hcl (rectal) FOAM EX</i>                                                                                                                    | 1         | QL(15 GM per fill retail) |
| Rectal Steroids                                                                                                                                          |           |                           |
| ANUSOL-HC EX ( <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                    |
| ANTACIDS                                                                                                                                                 |           |                           |
| 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         |                           |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                          |
|------------------------------------------------------------|-----------|---------------------------------------------------------------|
| Antacids - Magnesium Salts                                 |           |                                                               |
| <i>magnesium oxide TABS 400 MG</i>                         | 1         |                                                               |
| ANTHELMINTICS - Drugs to Treat Worm Infections             |           |                                                               |
| 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 |
| STROMECTOL ( <i>ivermectin</i> )                           | 2         |                                                               |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain             |           |                                                               |
| Antianginals-Other                                         |           |                                                               |
| ASPRUZYO SPRINKLE PACK 500 MG                              | 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                                                            |

| Drug Name                                           | Drug Tier | Requirements/ Limits       |
|-----------------------------------------------------|-----------|----------------------------|
| <i>nitroglycerin SUBL</i>                           | 1         | MP                         |
| <b>ANTI-ANXIETY 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         |                            |
| <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         |                            |
| Benzodiazepines                                     |           |                            |
| ALPRAZOLAM INTENSOL CONC                            | NP        |                            |
| <i>alprazolam TABS</i>                              | 1         | QL(4 EA daily)             |
| <i>alprazolam TB24</i>                              | 1         |                            |
| <i>alprazolam TBDP</i>                              | NP        |                            |
| <i>chlordiazepoxide hcl CAPS</i>                    | 1         | QL(4 EA daily)             |
| <i>clorazepate dipotassium TABS</i>                 | 1         | QL(3 EA daily)             |
| <i>diazepam CONC</i>                                | NP        |                            |
| DIAZEPAM SOAJ                                       | 2         |                            |
| <i>diazepam SOLN IJ 5 MG/ML</i>                     | NP        |                            |
| <i>diazepam SOLN PO 5 MG/5ML</i>                    | 1         | QL(500 ML per fill retail) |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>          | 1         |                            |
| DIAZEPAM SOLN IJ 5 MG/ML                            | 1         |                            |
| <i>diazepam TABS</i>                                | 1         | QL(4 EA daily)             |
| <i>lorazepam CONC</i>                               | 1         |                            |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                  | 1         | QL(3 EA daily)             |

| Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------|-----------|----------------------|
| <i>lorazepam TABS 1 MG</i>                                                       | 1         | QL(4 EA daily)       |
| LOREEV XR CS24                                                                   | NP        |                      |
| <i>oxazepam CAPS</i>                                                             | NP        | QL(4 EA daily)       |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>                   |           |                      |
| Antiarrhythmics Type I-A                                                         |           |                      |
| <i>disopyramide phosphate CAPS</i>                                               | 1         | MP                   |
| NORPACE CAPS ( <i>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                                                         |           |                      |
| <i>amiodarone hcl TABS 200 MG</i>                                                | 1         | MP                   |
| <i>dofetilide</i>                                                                | 1         | MP; PA               |
| <b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                      |
| 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                                                         |           |                      |

| Drug Name                                                          | Drug Tier | Requirements/ Limits                                     | Drug Name                                                       | Drug Tier | Requirements/ Limits                          |
|--------------------------------------------------------------------|-----------|----------------------------------------------------------|-----------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>cromolyn sodium NEBU</i>                                        | 1         | QL(8 ML daily)                                           | <i>fluticasone propionate (inhalation) AEPB</i>                 | 1         | QL(2 EA daily)                                |
| Bronchodilators - Anticholinergics                                 |           |                                                          | <i>fluticasone propionate hfa 44 MCG/ACT</i>                    | 1         | QL(11 GM per 30 day(s) retail)                |
| ATROVENT HFA                                                       | 2         | QL(0.867 GM daily)                                       | <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>      | 1         | QL(12 GM per 30 day(s) retail)                |
| <i>ipratropium bromide SOLN 0.02 %</i>                             | 1         | QL(15 ML daily)                                          | PULMICORT FLEXHALER AEPB                                        | 2         | QL(1 EA per 25 day(s) retail)                 |
| SPIRIVA HANDIHALER CAPS IN ( <i>tiotropium bromide</i> )           | 2         |                                                          | Sympathomimetics                                                |           |                                               |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                           | NP        |                                                          | ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )            | 2         | QL(2 EA daily)                                |
| Leukotriene Modulators                                             |           |                                                          | ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )               | 2         |                                               |
| <i>montelukast sodium CHEW</i>                                     | 1         | QL(1 EA daily); MP                                       | AIRDUO DIGIHALER                                                | NP        |                                               |
| <i>montelukast sodium PACK</i>                                     | 1         | QL(1 EA daily)                                           | AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> ) | 2         |                                               |
| <i>montelukast sodium TABS</i>                                     | 1         | QL(1 EA daily); MP                                       | AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> ) | 2         |                                               |
| <i>zafirlukast</i>                                                 | 1         |                                                          | AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )  | 2         |                                               |
| <i>zileuton TB12</i>                                               | NP        |                                                          | AIRSUPRA                                                        | NP        |                                               |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors                   |           |                                                          | <i>albuterol sulfate AERS</i>                                   | 0         | Limit 2 inhalers per month; QL(0.45 GM daily) |
| OHTUVAYRE                                                          | NP        | SP                                                       | <i>albuterol sulfate AERS</i>                                   | 0         | Limit 2 inhalers per month; QL(0.57 GM daily) |
| Steroid Inhalants                                                  |           |                                                          | <i>albuterol sulfate AERS</i>                                   | NP        | Limit 2 inhalers per month; QL(1.2 GM daily)  |
| ARMONAIR DIGIHALER                                                 | NP        |                                                          | <i>albuterol sulfate NEBU 0.083 %</i>                           | 1         | QL(375 ML per 25 day(s) retail)               |
| ASMANEX (120 METERED DOSES) AEPB                                   | 2         |                                                          | <i>albuterol sulfate NEBU</i>                                   | 1         | QL(2 EA daily)                                |
| ASMANEX (14 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)               |
| ASMANEX (30 METERED DOSES) AEPB                                    | 2         |                                                          |                                                                 |           |                                               |
| ASMANEX (60 METERED DOSES) AEPB                                    | 2         |                                                          |                                                                 |           |                                               |
| <i>budesonide (inhalation) SUSP</i>                                | 1         | QL(4 ML daily); AL(At least 1 yrs old - Up to 8 yrs old) |                                                                 |           |                                               |
| FLOVENT DISKUS AEPB ( <i>fluticasone propionate (inhalation)</i> ) | 2         | QL(2 EA daily)                                           |                                                                 |           |                                               |

| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                          |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| ALBUTEROL SULFATE NEBU                                                                                    | 2         | QL(2 ML daily)                                |
| <i>albuterol sulfate SYRP</i>                                                                             | 1         | MP                                            |
| <i>albuterol sulfate TABS</i>                                                                             | 1         |                                               |
| BEVESPI AEROSPHERE                                                                                        | NP        |                                               |
| BREO ELLIPTA                                                                                              | 2         |                                               |
| BREZTRI AEROSPHERE                                                                                        | NP        |                                               |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | NP        | QL(11 GM per 30 day(s) retail)                |
| COMBIVENT RESPIMAT AERS                                                                                   | 2         | QL(4 GM per 30 day(s) retail)                 |
| DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT                                                       | 2         | QL(13 GM per 30 day(s) retail)                |
| DULERA 50 MCG/ACT-5 MCG/ACT                                                                               | 2         |                                               |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | NP        | QL(2 EA daily)                                |
| <i>fluticasone-salmeterol AERO</i>                                                                        | NP        |                                               |
| <i>ipratropium-albuterol SOLN</i>                                                                         | 1         | QL(12 ML daily)                               |
| <i>levalbuterol hcl 1.25 MG/0.5ML</i>                                                                     | NP        |                                               |
| <i>levalbuterol hcl</i>                                                                                   | 1         |                                               |
| <i>levalbuterol tartrate</i>                                                                              | 1         |                                               |
| PROAIR DIGIHALER                                                                                          | NP        |                                               |
| PROVENTIL HFA AERS ( <i>albuterol sulfate</i> )                                                           | 0         | Limit 2 inhalers per month; QL(0.45 GM daily) |
| SEREVENT DISKUS                                                                                           | 2         | QL(2 EA daily)                                |
| STIOLTO RESPIMAT                                                                                          | 2         |                                               |
| SYMBICORT ( <i>budesonide-formoterol fumarate dihydrate</i> )                                             | 2         | QL(11 GM per 30 day(s) retail)                |
| <i>terbutaline sulfate TABS</i>                                                                           | 1         | MP                                            |

| Drug Name                                       | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------|-----------|-----------------------------------------------|
| VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )  | 0         | Limit 2 inhalers per month; QL(1.2 GM daily)  |
| VENTOLIN HFA AERS ( <i>albuterol sulfate</i> )  | 0         | Limit 2 inhalers per month; QL(0.54 GM daily) |
| XOPENEX HFA ( <i>levalbuterol tartrate</i> )    | 2         |                                               |
| <b>Xanthines</b>                                |           |                                               |
| THEO-24 CP24 200 MG, 300 MG, 400 MG             | 2         |                                               |
| THEO-24 CP24 100 MG                             | 2         | MP                                            |
| <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                                            |
| <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 SUSR 1 MG/ML</i>                 | NP        |                                               |
| <i>rivaroxaban TABS 2.5 MG</i>                  | NP        |                                               |
| XARELTO STARTER PACK TBPK                       | 2         |                                               |
| XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )     | 2         |                                               |
| XARELTO TABS 15 MG                              | 2         | QL(2 EA daily)                                |
| XARELTO TABS 2.5 MG ( <i>rivaroxaban</i> )      | 2         |                                               |
| XARELTO TABS 10 MG, 20 MG                       | 2         | QL(1 EA daily)                                |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits            | Drug Name                                          | Drug Tier | Requirements/ Limits           |
|-------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------|----------------------------------------------------|-----------|--------------------------------|
| Heparins And Heparinoid-Like Agents                                                                               |           |                                 | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                | 2         | QL(10 EA per 30 day(s) retail) |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                                                                       | 1         | QL(180 ML per 30 day(s) retail) | VALTOCO 5 MG DOSE LIQD                             | 2         | QL(10 EA per 30 day(s) retail) |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                                                                         | 1         | QL(18 ML per 30 day(s) retail)  | Anticonvulsants - Misc.                            |           |                                |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>                                                           | 1         | QL(48 ML per 30 day(s) retail)  | BRIVIACT SOLN IV 50 MG/5ML                         | 2         | SP; PA                         |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                                                                | 1         | QL(60 ML per 30 day(s) retail)  | <i>carbamazepine CHEW 100 MG</i>                   | 1         | MP                             |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML</i>                                                            | 1         | QL(36 ML per 30 day(s) retail)  | <i>carbamazepine CHEW 200 MG</i>                   | 1         |                                |
| <i>fondaparinux sodium</i>                                                                                        | 1         | PA                              | <i>carbamazepine CP12</i>                          | NP        | MP                             |
| FRAGMIN SOLN 10000 UNIT/4ML                                                                                       | NP        | SP                              | <i>carbamazepine SUSP</i>                          | 1         | MP                             |
| <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | 1         |                                 | <i>carbamazepine TABS</i>                          | 1         | MP                             |
| Thrombin Inhibitors                                                                                               |           |                                 | <i>carbamazepine TB12</i>                          | 1         | MP                             |
| <i>dabigatran etexilate mesylate CAPS</i>                                                                         | 1         |                                 | CARBATROL CP12 ( <i>carbamazepine</i> )            | 2         | MP                             |
| PRADAXA CAPS ( <i>dabigatran etexilate mesylate</i> )                                                             | NP        |                                 | ELEPSIA XR TB24                                    | NP        |                                |
| PRADAXA PACK                                                                                                      | NP        | SP                              | EPRONTIA SOLN 25 MG/ML ( <i>topiramate</i> )       | NP        |                                |
| ANTICONVULSANTS - Drugs to Treat Seizures                                                                         |           |                                 | <i>gabapentin CAPS 300 MG, 400 MG</i>              | 1         | MP                             |
| Anticonvulsants - Benzodiazepines                                                                                 |           |                                 | <i>gabapentin CAPS 100 MG</i>                      | 1         | QL(9 EA daily); MP             |
| <i>clobazam SUSP</i>                                                                                              | 1         |                                 | <i>gabapentin SOLN</i>                             | 1         | MP                             |
| <i>clobazam TABS</i>                                                                                              | 1         |                                 | <i>gabapentin TABS 600 MG, 800 MG</i>              | 1         | MP                             |
| <i>clonazepam TABS</i>                                                                                            | 1         | QL(4 EA daily)                  | LAMICTAL ODT KIT ( <i>lamotrigine</i> )            | NP        |                                |
| <i>clonazepam TBDP</i>                                                                                            | 1         |                                 | LAMICTAL STARTER KIT 25 MG ( <i>lamotrigine</i> )  | NP        |                                |
| LIBERVANT FILM                                                                                                    | NP        |                                 | <i>lamotrigine CHEW</i>                            | 1         | MP                             |
| VALTOCO 10 MG DOSE LIQD                                                                                           | 2         | QL(10 EA per 30 day(s) retail)  | <i>lamotrigine KIT 25 MG</i>                       | NP        |                                |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                                                                              | 2         | QL(10 EA per 30 day(s) retail)  | <i>lamotrigine TABS</i>                            | 1         | MP                             |
|                                                                                                                   |           |                                 | <i>lamotrigine TB24</i>                            | 1         |                                |
|                                                                                                                   |           |                                 | <i>lamotrigine TBDP</i>                            | 1         |                                |
|                                                                                                                   |           |                                 | <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i> | 1         | QL(30 ML daily); MP            |
|                                                                                                                   |           |                                 | <i>levetiracetam TABS</i>                          | 1         | MP                             |
|                                                                                                                   |           |                                 | <i>levetiracetam TB24</i>                          | 1         | MP                             |

| Drug Name                                    | Drug Tier | Requirements/ Limits | Drug Name                                               | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|----------------------|---------------------------------------------------------|-----------|----------------------|
| MOTPOLY XR CP24                              | NP        |                      | <i>tiagabine hcl 12 MG, 16 MG</i>                       | 1         |                      |
| <i>oxcarbazepine SUSP</i>                    | NP        | MP                   | <i>vigabatrin PACK</i>                                  | NP        | SP; PA               |
| <i>oxcarbazepine TABS</i>                    | 1         | MP                   | <i>vigabatrin TABS</i>                                  | NP        | SP; PA               |
| <i>pregabalin CAPS</i>                       | 1         | PA                   | VIGAFYDE SOLN                                           | NP        | SP                   |
| <i>pregabalin SOLN</i>                       | 1         | PA                   | Hydantoins                                              |           |                      |
| <i>primidone 50 MG, 250 MG</i>               | 1         | MP                   | DILANTIN ( <i>phenytoin sodium extended</i> )           | NP        | MP                   |
| <i>primidone 125 MG</i>                      | 1         |                      | DILANTIN INFATABS CHEW ( <i>phenytoin</i> )             | 2         | MP                   |
| <i>rufinamide SUSP</i>                       | 1         | SP                   | <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | 1         | MP                   |
| TEGRETOL-XR TB12 ( <i>carbamazepine</i> )    | 2         | MP                   | <i>phenytoin sodium extended 200 MG, 300 MG</i>         | NP        | MP                   |
| TOPAMAX SPRINKLE CPSP ( <i>topiramate</i> )  | NP        | MP                   | <i>phenytoin CHEW</i>                                   | 1         | MP                   |
| <i>topiramate CPSP 50 MG</i>                 | 1         |                      | <i>phenytoin SUSP</i>                                   | 1         | MP                   |
| <i>topiramate CPSP 15 MG, 25 MG</i>          | 1         | MP                   | Succinimides                                            |           |                      |
| <i>topiramate SOLN 25 MG/ML</i>              | 1         |                      | CELONTIN ( <i>methsuximide</i> )                        | 2         |                      |
| <i>topiramate TABS 50 MG, 100 MG, 200 MG</i> | 1         | MP                   | <i>ethosuximide CAPS</i>                                | 1         | MP                   |
| <i>topiramate TABS 25 MG</i>                 | 1         | QL(6 EA daily); MP   | <i>ethosuximide SOLN</i>                                | 1         | MP                   |
| TRILEPTAL SUSP ( <i>oxcarbazepine</i> )      | 2         | MP                   | <i>methsuximide</i>                                     | NP        |                      |
| ZONISADE SUSP                                | NP        |                      | Valproic Acid                                           |           |                      |
| <i>zonisamide CAPS</i>                       | 1         | MP                   | DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )    | 2         | MP                   |
| ZTALMY                                       | NP        |                      | <i>divalproex sodium CSDR</i>                           | NP        | MP                   |
| Carbamates                                   |           |                      | <i>divalproex sodium TB24</i>                           | 1         | MP                   |
| <i>felbamate SUSP</i>                        | 1         |                      | <i>divalproex sodium TBEC</i>                           | 1         | MP                   |
| <i>felbamate TABS</i>                        | 1         |                      | <i>valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML</i> | 1         | MP                   |
| XCOPRI (250 MG DAILY DOSE) TBPk              | NP        |                      | <i>valproic acid CAPS</i>                               | 1         | MP                   |
| XCOPRI TABS                                  | NP        |                      | ANTIDEPRESSANTS - Drugs to Treat Depression             |           |                      |
| GABA Modulators                              |           |                      | Alpha-2 Receptor Antagonists (Tetracyclics)             |           |                      |
| SABRIL PACK ( <i>vigabatrin</i> )            | 2         | SP; PA               | <i>mirtazapine TABS</i>                                 | 1         | MP                   |
| SABRIL TABS ( <i>vigabatrin</i> )            | 2         | SP; PA               |                                                         |           |                      |
| <i>tiagabine hcl 2 MG, 4 MG</i>              | 1         | MP                   |                                                         |           |                      |

| Drug Name                                       | Drug Tier | Requirements/ Limits | Drug Name                                                    | Drug Tier | Requirements/ Limits                       |
|-------------------------------------------------|-----------|----------------------|--------------------------------------------------------------|-----------|--------------------------------------------|
| <i>mirtazapine TBDP</i>                         | 1         |                      | <i>fluoxetine hcl SOLN</i>                                   | 1         |                                            |
| Antidepressant Combinations                     |           |                      | <i>fluoxetine hcl TABS 10 MG</i>                             | 1         | AL(At least 7 yrs old); MP                 |
| AUVELITY                                        | NP        |                      | <i>fluoxetine hcl TABS 60 MG</i>                             | 1         |                                            |
| Antidepressants - Misc.                         |           |                      | <i>fluoxetine hcl TABS 20 MG</i>                             | 1         | QL(4 EA daily); AL(At least 7 yrs old)     |
| <i>bupropion hcl TABS</i>                       | 1         | MP                   | FLUOXETINE HCL TABS ( <i>fluoxetine hcl</i> )                | NP        |                                            |
| <i>bupropion hcl TB12 100 MG</i>                | 1         | QL(4 EA daily); MP   | <i>fluvoxamine maleate CP24</i>                              | NP        |                                            |
| <i>bupropion hcl TB12 150 MG</i>                | 1         | QL(3 EA daily); MP   | <i>fluvoxamine maleate TABS</i>                              | 1         |                                            |
| <i>bupropion hcl TB12 200 MG</i>                | 1         | QL(2 EA daily); MP   | <i>paroxetine hcl TABS</i>                                   | 1         | MP                                         |
| <i>bupropion hcl TB24 300 MG</i>                | 1         | QL(1 EA daily); MP   | <i>paroxetine hcl TB24</i>                                   | 1         |                                            |
| <i>bupropion hcl TB24 450 MG</i>                | 2         |                      | <i>sertraline hcl CAPS 150 MG, 200 MG</i>                    | NP        | PA                                         |
| <i>bupropion hcl TB24 150 MG</i>                | 1         | QL(3 EA daily); MP   | SERTRALINE HCL CAPS 150 MG, 200 MG ( <i>sertraline hcl</i> ) | NP        | PA                                         |
| FORFIVO XL TB24 ( <i>bupropion hcl</i> )        | NP        |                      | <i>sertraline hcl CONC</i>                                   | NP        |                                            |
| GABA Receptor Modulator - Neuroactive Steroid   |           |                      | <i>sertraline hcl TABS</i>                                   | 1         | MP                                         |
| ZULRESSO                                        | 2         | SP; PA               | ZOLOFT CONC ( <i>sertraline hcl</i> )                        | NP        |                                            |
| ZURZUVAE                                        | NP        | SP                   | Serotonin Modulators                                         |           |                                            |
| Monoamine Oxidase Inhibitors (MAOIs)            |           |                      | <i>nefazodone hcl</i>                                        | 1         |                                            |
| <i>phenelzine sulfate</i>                       | 1         |                      | RALDESY SOLN PO 10 MG/ML                                     | NP        |                                            |
| <i>tranylcypromine sulfate</i>                  | 1         |                      | <i>trazodone hcl TABS 300 MG</i>                             | 1         |                                            |
| Selective Serotonin Reuptake Inhibitors (SSRIs) |           |                      | <i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>              | 1         | MP                                         |
| CITALOPRAM HYDROBROMIDE CAPS                    | NP        |                      | Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)         |           |                                            |
| <i>citalopram hydrobromide SOLN</i>             | NP        |                      | CYMBALTA CPEP 20 MG, 30 MG ( <i>duloxetine hcl</i> )         | NP        | QL(1 EA daily); AL(At least 7 yrs old); MP |
| <i>citalopram hydrobromide TABS</i>             | 1         | MP                   | CYMBALTA CPEP 60 MG ( <i>duloxetine hcl</i> )                | NP        | QL(2 EA daily); AL(At least 7 yrs old); MP |
| <i>escitalopram oxalate SOLN</i>                | 1         |                      |                                                              |           |                                            |
| <i>escitalopram oxalate TABS</i>                | 1         | MP                   |                                                              |           |                                            |
| <i>fluoxetine hcl CAPS</i>                      | 1         | MP                   |                                                              |           |                                            |
| <i>fluoxetine hcl CPDR</i>                      | NP        |                      |                                                              |           |                                            |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                       | Drug Name                                                                                     | Drug Tier | Requirements/ Limits                        |
|------------------------------------------------------------|-----------|--------------------------------------------|-----------------------------------------------------------------------------------------------|-----------|---------------------------------------------|
| DESVENLAFAXINE ER                                          | 2         |                                            | Alpha-Glucosidase Inhibitors                                                                  |           |                                             |
| <i>desvenlafaxine succinate 25 MG, 50 MG</i>               | 1         | QL(1 EA daily); MP                         | <i>acarbose</i>                                                                               | 1         |                                             |
| <i>desvenlafaxine succinate 100 MG</i>                     | 1         | QL(4 EA daily); MP                         | <i>miglitol</i>                                                                               | 1         |                                             |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 40 MG</i>             | 1         | QL(1 EA daily); AL(At least 7 yrs old); MP | Antidiabetic Combinations                                                                     |           |                                             |
| <i>duloxetine hcl CPEP 60 MG</i>                           | 1         | QL(2 EA daily); AL(At least 7 yrs old); MP | <i>alogliptin-metformin hcl</i>                                                               | NP        | QL(2 EA daily); MP                          |
| VENLAFAXINE BESYLATE ER                                    | NP        |                                            | <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>           | NP        | QL(1 EA daily); MP                          |
| <i>venlafaxine hcl CP24 150 MG</i>                         | 1         | QL(2 EA daily); MP                         | DUETACT ( <i>pioglitazone hcl-glimepiride</i> )                                               | NP        |                                             |
| <i>venlafaxine hcl CP24 37.5 MG</i>                        | 1         | QL(4 EA daily); MP                         | <i>glipizide-metformin hcl</i>                                                                | 1         | MP                                          |
| <i>venlafaxine hcl CP24 75 MG</i>                          | 1         | QL(5 EA daily); MP                         | <i>glyburide-metformin</i>                                                                    | 1         | MP                                          |
| <i>venlafaxine hcl TABS</i>                                | 1         | MP                                         | GLYXAMBI                                                                                      | 2         |                                             |
| <i>venlafaxine hcl TB24</i>                                | 1         | QL(1 EA daily)                             | JANUMET XR TB24                                                                               | 2         |                                             |
| Tricyclic Agents                                           |           |                                            | JANUMET TABS                                                                                  | 2         |                                             |
| <i>amitriptyline hcl TABS</i>                              | 1         | MP                                         | JENTADUETO TABS                                                                               | 2         | QL(2 EA daily); AL(At least 18 yrs old); MP |
| <i>amoxapine</i>                                           | 1         |                                            | KAZANO ( <i>alogliptin-metformin hcl</i> )                                                    | NP        | QL(2 EA daily); MP                          |
| <i>clomipramine hcl</i>                                    | 1         |                                            | KOMBIGLYZE XR ( <i>saxagliptin-metformin hcl</i> )                                            | NP        |                                             |
| <i>desipramine hcl TABS</i>                                | 1         |                                            | OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG ( <i>alogliptin-pioglitazone</i> ) | NP        | QL(1 EA daily); MP                          |
| <i>doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG</i> | 1         | MP                                         | <i>pioglitazone hcl-glimepiride</i>                                                           | NP        |                                             |
| <i>doxepin hcl CAPS 150 MG</i>                             | 1         |                                            | <i>pioglitazone hcl-metformin hcl TABS</i>                                                    | 1         | QL(2 EA daily); MP                          |
| <i>doxepin hcl CONC</i>                                    | 1         |                                            | <i>saxagliptin-metformin hcl</i>                                                              | NP        |                                             |
| <i>imipramine hcl TABS</i>                                 | 1         |                                            | SITAGLIPTIN BASE-METFORMIN HCL TABS                                                           | NP        |                                             |
| <i>imipramine pamoate</i>                                  | 1         |                                            | ZITUVIMET TABS                                                                                | NP        |                                             |
| <i>nortriptyline hcl CAPS</i>                              | 1         |                                            | Biguanides                                                                                    |           |                                             |
| <i>nortriptyline hcl SOLN</i>                              | 1         |                                            | GLUMETZA TB24 ( <i>metformin hcl</i> )                                                        | NP        |                                             |
| <i>protriptyline hcl</i>                                   | 1         |                                            | <i>metformin hcl SOLN</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                                         |
|-----------------------------------------------------|-----------|------------------------------|-------------------------------------------|-----------|--------------------------------------------------------------|
| <i>metformin hcl TABS 750 MG</i>                    | 1         |                              | TRUEPLUS GLUCOSE CHEW                     | 2         | QL(1.67 EA daily); MP                                        |
| <i>metformin hcl TABS 625 MG</i>                    | NP        |                              | WALGREENS GLUCOSE CHEW                    | 2         | QL(1.67 EA daily); MP                                        |
| <i>metformin hcl TABS 500 MG, 850 MG, 1000 MG</i>   | 1         | MP                           | ZEGALOGUE SOAJ                            | 2         |                                                              |
| <i>metformin hcl TB24 500 MG, 1000 MG</i>           | NP        |                              | ZEGALOGUE SOSY                            | 2         |                                                              |
| <i>metformin hcl TB24 500 MG, 750 MG</i>            | 1         | MP                           | Dipeptidyl Peptidase-4 (DPP-4) Inhibitors |           |                                                              |
| Diabetic Other                                      |           |                              | <i>alogliptin benzoate</i>                | NP        | QL(1 EA daily); MP                                           |
| BAQSIMI ONE PACK POWD                               | 2         | QL(0.069 EA daily)           | JANUVIA                                   | 2         |                                                              |
| BAQSIMI TWO PACK POWD                               | 2         | QL(0.069 EA daily)           | NESINA ( <i>alogliptin benzoate</i> )     | NP        | QL(1 EA daily); MP                                           |
| BD GLUCOSE CHEW                                     | 2         | QL(1.67 EA daily); MP        | ONGLYZA ( <i>saxagliptin hcl</i> )        | NP        |                                                              |
| CVS GLUCOSE CHEW                                    | 2         | QL(1.67 EA daily); MP        | <i>saxagliptin hcl</i>                    | 1         |                                                              |
| CVS SOFT GLUCOSE CHEW                               | 2         | QL(1.67 EA daily); MP        | SITAGLIPTIN                               | NP        |                                                              |
| <i>diazoxide</i>                                    | NP        |                              | TRADJENTA                                 | 2         | QL(1 EA daily); AL(At least 18 yrs old); MP                  |
| FT GLUCOSE CHEW 4 GM                                | 2         | QL(1.67 EA daily); MP        | ZITUVIO                                   | NP        |                                                              |
| GLUCAGON EMERGENCY SOLR IJ 1 MG ( <i>glucagon</i> ) | 2         | QL(1 EA per fill retail); MP | Incretin Mimetic Agents                   |           |                                                              |
| <i>glucagon SOLR IJ 1 MG</i>                        | 1         | QL(1 EA per fill retail); MP | <i>exenatide SOPN 5 MCG/0.02ML</i>        | 1         | QL(1.2 ML per 30 day(s) retail); AL(At least 18 yrs old); PA |
| GLUCO TO GO CHEW                                    | 2         | QL(1.67 EA daily); MP        | <i>exenatide SOPN 10 MCG/0.04ML</i>       | 1         | QL(2.4 ML per 30 day(s) retail); AL(At least 18 yrs old); PA |
| GLUCOSE CHEW                                        | 2         | QL(1.67 EA daily); MP        | <i>liraglutide</i>                        | NP        | QL(0.3 ML daily); PA                                         |
| GNP GLUCOSE CHEW                                    | 2         | QL(1.67 EA daily); MP        | MOUNJARO                                  | NP        | PA                                                           |
| GVOKE KIT SOLN                                      | NP        |                              | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN        | 2         | PA                                                           |
| <i>mifepristone (hyperglycemia)</i>                 | 1         | SP; PA                       | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML         | 2         | PA                                                           |
| PROGLYCEM ( <i>diazoxide</i> )                      | 2         |                              | OZEMPIC (2 MG/DOSE) SOPN                  | 2         | PA                                                           |
| TRUEPLUS GLUCOSE ON THE GO CHEW                     | 2         | QL(1.67 EA daily); MP        | RYBELSUS TABS                             | NP        | PA                                                           |
|                                                     |           |                              | TRULICITY                                 | 2         | PA                                                           |

| Drug Name                                  | Drug Tier | Requirements/ Limits           | Drug Name                                          | Drug Tier | Requirements/ Limits           |
|--------------------------------------------|-----------|--------------------------------|----------------------------------------------------|-----------|--------------------------------|
| VICTOZA ( <i>liraglutide</i> )             | 2         | QL(0.3 ML daily); PA           | INSULIN LISPRO (1 UNIT DIAL) SOPN                  | 2         | QL(30 ML per 30 day(s) retail) |
| Insulin                                    |           |                                | INSULIN LISPRO JUNIOR KWIKPEN SOPN                 | 2         |                                |
| HUMALOG JUNIOR KWIKPEN SOPN                | NP        |                                | INSULIN LISPRO PROT & LISPRO SUPN                  | 2         | QL(30 ML per 30 day(s) retail) |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML           | NP        | QL(30 ML per 30 day(s) retail) | INSULIN LISPRO SOLN IJ                             | 2         | QL(40 ML per 30 day(s) retail) |
| HUMALOG MIX 50/50 KWIKPEN SUPN             | NP        | QL(30 ML per 30 day(s) retail) | LEVEMIR FLEXPEN SOPN                               | NP        |                                |
| HUMALOG MIX 50/50 SUSP                     | 2         | QL(40 ML per 30 day(s) retail) | LEVEMIR SOLN                                       | NP        |                                |
| HUMALOG MIX 75/25 KWIKPEN SUPN             | NP        | QL(30 ML per 30 day(s) retail) | LYUMJEV TEMPO PEN SOPN                             | NP        |                                |
| HUMALOG MIX 75/25 SUSP                     | NP        | QL(40 ML per 30 day(s) retail) | NOVOLOG 70/30 FLEXPEN RELION SUPN                  | NP        | QL(30 ML per 30 day(s) retail) |
| HUMALOG TEMPO PEN SOPN                     | NP        |                                | NOVOLOG MIX 70/30 FLEXPEN SUPN                     | NP        | QL(30 ML per 30 day(s) retail) |
| HUMALOG SOLN IJ                            | NP        | QL(40 ML per 30 day(s) retail) | NOVOLOG MIX 70/30 RELION SUSP                      | NP        | QL(40 ML per 30 day(s) retail) |
| HUMULIN 70/30 SUSP                         | 2         | QL(40 ML per 30 day(s) retail) | NOVOLOG MIX 70/30 SUSP                             | NP        | QL(40 ML per 30 day(s) retail) |
| HUMULIN N SUSP                             | 2         | QL(40 ML per 30 day(s) retail) | REZVOGLAR KWIKPEN                                  | NP        |                                |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC     | 2         |                                | SEMGLEE (YFGN) SOLN                                | NP        |                                |
| HUMULIN R U-500 KWIKPEN SOPN SC            | 2         |                                | SEMGLEE (YFGN) SOPN                                | NP        |                                |
| HUMULIN R SOLN IJ                          | 2         | QL(40 ML per 30 day(s) retail) | Insulin Sensitizing Agents                         |           |                                |
| INSULIN ASP PROT & ASP FLEXPEN SUPN        | 2         | QL(30 ML per 30 day(s) retail) | <i>pioglitazone hcl</i>                            | 1         | QL(1 EA daily); MP             |
| INSULIN ASPART PROT & ASPART SUSP          | 2         | QL(40 ML per 30 day(s) retail) | Meglitinide Analogues                              |           |                                |
| INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML | 2         | QL(30 ML per 30 day(s) retail) | <i>nateglinide</i>                                 | 1         | QL(3 EA daily); MP             |
| INSULIN GLARGINE SOLN                      | 2         |                                | <i>repaglinide</i>                                 | 1         |                                |
| INSULIN GLARGINE-YFGN SOLN                 | 2         | Generic for Semglee            | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                                |
| INSULIN GLARGINE-YFGN SOPN                 | 2         | Generic for Semglee            | <i>dapagliflozin propanediol</i>                   | NP        |                                |
|                                            |           |                                | FARXIGA ( <i>dapagliflozin propanediol</i> )       | 2         |                                |
|                                            |           |                                | INVOKANA                                           | NP        | MP                             |
|                                            |           |                                | JARDIANCE                                          | 2         | QL(1 EA daily)                 |
|                                            |           |                                | Sulfonylureas                                      |           |                                |

| Drug Name                                                       | Drug Tier | Requirements/ Limits | Drug Name                                                                                          | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------------|-----------|----------------------|
| <i>glimepiride 3 MG</i>                                         | 1         |                      | BIO-KULT CAPS                                                                                      | 2         | RX/OTC               |
| <i>glimepiride 1 MG, 2 MG</i>                                   | 1         | QL(4 EA daily); MP   | BIOZEN CAPS                                                                                        | 2         | RX/OTC               |
| <i>glimepiride 4 MG</i>                                         | 1         | QL(2 EA daily); MP   | <i>bismuth subsalicylate CHEW 262 MG</i>                                                           | 1         |                      |
| <i>glipizide TABS 5 MG, 10 MG</i>                               | 1         | MP                   | <i>bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i> | 1         |                      |
| <i>glipizide TABS 2.5 MG</i>                                    | 1         |                      | COMPLETE PROBIOTIC PEARLS CAPS                                                                     | 2         | RX/OTC               |
| <i>glipizide TB24</i>                                           | 1         | MP                   | CULTURELLE BLOATING & GAS DEF CAPS                                                                 | 2         | RX/OTC               |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>                  | 1         | MP                   | CULTURELLE IMMUNE DEFENSE CAPS                                                                     | 2         | RX/OTC               |
| <i>glyburide TABS</i>                                           | 1         | MP                   | CULTURELLE KID PROBIOTIC+FIBER PACK                                                                | 2         |                      |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b> |           |                      | CULTURELLE KIDS PURELY CHEW                                                                        | 2         |                      |
| Antidiarrheal/Probiotic Agents - Misc.                          |           |                      | CULTURELLE KIDS PURELY PACK                                                                        | 2         |                      |
| ACIDOPHILUS HIGH-POTENCY CAPS                                   | 2         | RX/OTC               | CULTURELLE KIDS CHEW                                                                               | 2         |                      |
| ACIDOPHILUS PEARLS CAPS                                         | 2         | RX/OTC               | CULTURELLE KIDS PACK                                                                               | 2         |                      |
| ACIDOPHILUS PROBIOTIC BLEND CAPS                                | 2         | RX/OTC               | CULTURELLE METABOLISM-WEIGHT CAPS                                                                  | 2         | RX/OTC               |
| ACTIPHILORA CAPS                                                | 2         | RX/OTC               | CULTURELLE PROBIOTICS KIDS PACK                                                                    | 2         |                      |
| ADVANCED PROBIOTIC-14 CAPS                                      | 2         | RX/OTC               | CULTURELLE PRO-WELL CAPS                                                                           | 2         | RX/OTC               |
| ADVANCED PROBIOTIC CAPS                                         | 2         | RX/OTC               | CVS ADULT 50+ PROBIOTIC CAPS                                                                       | 2         | RX/OTC               |
| ALIGN EXTRA STRENGTH CAPS                                       | 2         | RX/OTC               | CVS ADULT PROBIOTIC CAPS                                                                           | 2         | RX/OTC               |
| ALIGN CAPS 10 MG                                                | 2         | RX/OTC               | CVS DAILY PROBIOTIC CHILDRENS PACK                                                                 | 2         |                      |
| ALOE 10000 & PROBIOTICS CAPS                                    | 2         | RX/OTC               | CVS DAILY PROBIOTIC CAPS                                                                           | 2         | RX/OTC               |
| BACICAP CAPS                                                    | 2         | RX/OTC               | CVS DIGESTIVE PROBIOTIC CAPS                                                                       | 2         | RX/OTC               |
| BACID CAPS                                                      | 2         | RX/OTC               |                                                                                                    |           |                      |
| BILAC CAPS                                                      | 2         | RX/OTC               |                                                                                                    |           |                      |
| BIOCORE DAILY CAPS                                              | 2         | RX/OTC               |                                                                                                    |           |                      |
| BIOHM PROBIOTIC SUPPLEMENT CAPS                                 | 2         | RX/OTC               |                                                                                                    |           |                      |
| BIOHM PROBIOTIC/VITAMIN C CAPS                                  | 2         | RX/OTC               |                                                                                                    |           |                      |

| Drug Name                           | Drug Tier | Requirements/ Limits | Drug Name                           | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-------------------------------------|-----------|----------------------|
| CVS EVERYDAY CARE PROBIOTIC CAPS    | 2         | RX/OTC               | EQ PROBIOTIC CPDR                   | 2         |                      |
| CVS MOOD SUPPORT PROBIOTIC CAPS     | 2         | RX/OTC               | EQL DAILY PROBIOTIC CAPS            | 2         | RX/OTC               |
| CVS PROBIOTIC ADULT 50+ CAPS        | 2         | RX/OTC               | EQL PROBIOTIC COLON SUPPORT CAPS    | 2         | RX/OTC               |
| CVS PROBIOTIC MAXIMUM STRENGTH CAPS | 2         | RX/OTC               | ESTROVEN SLIMBIOTICS CAPS           | 2         | RX/OTC               |
| CVS PROBIOTIC PEARLS EX ST CAPS     | 2         | RX/OTC               | FEM-DOPHILUS WOMENS CAPS            | 2         | RX/OTC               |
| CVS PROBIOTIC CAPS                  | 2         | RX/OTC               | FLORA VANCE CAPS                    | 2         | RX/OTC               |
| CVS SENIOR PROBIOTIC CAPS           | 2         | RX/OTC               | FLORAJEN DIGESTION CAPS             | 2         | RX/OTC               |
| DAILY DIGESTIVE PROBIOTIC CAPS      | 2         | RX/OTC               | FLORAJEN KIDS CAPS                  | 2         | RX/OTC               |
| DAILY PROBIOTIC CAPS                | 2         | RX/OTC               | FLORASAVE CPDR                      | 2         |                      |
| DAILY ULTIMATE PROBIOTIC-14 CAPS    | 2         | RX/OTC               | FLORASTOR ADVANCED CAPS             | 2         | RX/OTC               |
| DERMACINRX PROBISOL CAPS            | 2         | RX/OTC               | FLORASTOR DIGEST DE-STRESS CAPS     | 2         | RX/OTC               |
| DERMACINRX PROBITRAN CAPS           | 2         | RX/OTC               | FLORASTOR SELECT GUT BOOST CAPS     | 2         | RX/OTC               |
| DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS | 2         | RX/OTC               | FLORASTOR SELECT IMMUNITY BOOS CAPS | 2         | RX/OTC               |
| DIGESTIVE ADV LACTOSE SUPPORT CAPS  | 2         | RX/OTC               | FLORRAXIS CAPS                      | 2         | RX/OTC               |
| DIGESTIVE ADV MULTI-STRAIN CAPS     | 2         | RX/OTC               | FORTIFY 30 BILLION PROBIOT 50+ CPDR | 2         |                      |
| DIGESTIVE ADV+BOWEL SUPPORT CAPS    | 2         | RX/OTC               | FORTIFY 50 BILLION PROBIOT 50+ CPDR | 2         |                      |
| DIGESTIVE ADV+GAS DEFENSE CAPS      | 2         | RX/OTC               | FORTIFY DAILY PROBIOTIC EX ST CPDR  | 2         |                      |
| DIGESTIVE ADV+LACTOSE SUPPORT CAPS  | 2         | RX/OTC               | FORTIFY DAILY PROBIOTIC CAPS        | 2         | RX/OTC               |
| DIGESTIVE ADVANTAGE CAPS            | 2         | RX/OTC               | FORTIFY OPTIMA PROBIOTIC CPDR       | 2         |                      |
| ENVIVE CAPS                         | 2         | RX/OTC               | FORTIFY OPTIMA WOMENS ADV CARE CPDR | 2         |                      |
| EQ PROBIOTIC CAPS                   | 2         | RX/OTC               | FORTIFY PROBIOTIC WOMENS EX ST CPDR | 2         |                      |
|                                     |           |                      | FORTIFY PROBIOTIC WOMENS CPDR       | 2         |                      |

| Drug Name                           | Drug Tier | Requirements/ Limits | Drug Name                         | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|-----------------------------------|-----------|----------------------|
| FT ACIDOPHILUS PROBIOTIC BLEND CAPS | 2         | RX/OTC               | MVW COMPLETE PROBIOTIC CPDR       | 2         |                      |
| FT PROBIOTIC ADVANCED CAPS          | 2         | RX/OTC               | NATRUL PROBIOTIC CAPS             | 2         | RX/OTC               |
| GENORAVANCE CAPS                    | 2         | RX/OTC               | NEXABIOTIC CPDR                   | 2         |                      |
| GNP ACIDOPHILUS HIGH POTENCY CAPS   | 2         | RX/OTC               | PEARLS IC CAPS                    | 2         | RX/OTC               |
| GNP ADVANCED PROBIOTIC CAPS         | 2         | RX/OTC               | PHILLIPS COLON HEALTH CAPS        | 2         | RX/OTC               |
| GNP PROBIOTIC COLON SUPPORT CAPS    | 2         | RX/OTC               | PREORBOTIC CAPS                   | 2         | RX/OTC               |
| HIGH POTENCY PROBIOTIC CAPS         | 2         | RX/OTC               | PRIMADOPHILUS BIFIDUS CPDR        | 2         |                      |
| JARRO-DOPHILUS EPS PROBIOTIC CPDR   | 2         |                      | PRIMIDAR CAPS                     | 2         | RX/OTC               |
| JARRO-DOPHILUS EPS CPDR             | 2         |                      | PROBINATE CAPS                    | 2         | RX/OTC               |
| JARRO-DOPHILUS HYPOALLERGENIC CAPS  | 2         | RX/OTC               | PROBIO DEFENSE CAPS               | 2         | RX/OTC               |
| JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS | 2         | RX/OTC               | PROBIOFLEXX CAPS                  | 2         | RX/OTC               |
| JARRO-DOPHILUS VAGINAL PROBIOT CPDR | 2         |                      | PROBIOMAX COMPLETE DF CAPS        | 2         | RX/OTC               |
| LACTEROL CAPS                       | 2         | RX/OTC               | PROBIOMAX DAILY DF CAPS           | 2         | RX/OTC               |
| LACTOVIVE CAPS                      | 2         | RX/OTC               | PROBIOMAX IG 26 DF CAPS           | 2         | RX/OTC               |
| LUMIVA CAPS                         | 2         | RX/OTC               | PROBIOMAX LEAN DF CAPS            | 2         | RX/OTC               |
| MAGE CPDR                           | 2         |                      | PROBIOMAX SB DF CAPS              | 2         | RX/OTC               |
| MEGA PROBIOTIC CAPS                 | 2         | RX/OTC               | PROBIONEXX CAPS                   | 2         | RX/OTC               |
| META BIOTIC/BIO-ACTIVE 12 CAPS      | 2         | RX/OTC               | PROBIOTIC + OMEGA-3 CAPS          | 2         | RX/OTC               |
| MICROBALANCE CAPS                   | 2         | RX/OTC               | PROBIOTIC + TURMERIC EXTRACT CAPS | 2         | RX/OTC               |
| MICROFLOR 33 CAPS                   | 2         | RX/OTC               | PROBIOTIC 10 ULTRA STRENGTH CAPS  | 2         | RX/OTC               |
| MICROFLOR CAPS                      | 2         | RX/OTC               | PROBIOTIC ADVANCED FORMULA CAPS   | 2         | RX/OTC               |
| MOMMY'S BLISS PROBIOTIC PACK        | 2         |                      | PROBIOTIC BLEND CAPS              | 2         | RX/OTC               |
| MVW COMPL FORM PROBIOTIC-KIDS CPDR  | 2         |                      | PROBIOTIC COLON SUPPORT CAPS      | 2         | RX/OTC               |
|                                     |           |                      | PROBIOTIC DAILY CAPS              | 2         | RX/OTC               |
|                                     |           |                      | PROBIOTIC DIGESTIVE SUPP CAPS     | 2         | RX/OTC               |

| Drug Name                           | Drug Tier | Requirements/ Limits | Drug Name                            | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|--------------------------------------|-----------|----------------------|
| PROBIOTIC MATURE ADULT CAPS         | 2         | RX/OTC               | TRUBIOTICS DIGEST + IMM HEALTH CAPS  | 2         | RX/OTC               |
| PROBIOTIC PEARLS ADVANTAGE CAPS     | 2         | RX/OTC               | TRUBIOTICS CAPS                      | 2         | RX/OTC               |
| PROBIOTIC PEARLS MAX POTENCY CAPS   | 2         | RX/OTC               | ULTRAFLORA IMMUNE HEALTH CAPS        | 2         | RX/OTC               |
| PROBIOTIC PEARLS WOMENS CAPS        | 2         | RX/OTC               | UP4 PROBIOTICS ADULT CAPS            | 2         | RX/OTC               |
| PROBIOTIC PEARLS CAPS               | 2         | RX/OTC               | UP4 PROBIOTICS MENS CAPS             | 2         | RX/OTC               |
| PROBIOTIC PRODUCT CAPS              | 2         | RX/OTC               | UP4 PROBIOTICS ULTRA CAPS            | 2         | RX/OTC               |
| PROBIOTIC/PREBIOTIC/ CRANBERRY CAPS | 2         | RX/OTC               | UP4 PROBIOTICS WOMENS CAPS           | 2         | RX/OTC               |
| PROBITROL CAPS                      | 2         | RX/OTC               | VH ESSENTIALS OPTIBALANCE CAPS       | 2         | RX/OTC               |
| PROBIZEN CAPS                       | 2         | RX/OTC               | VISBIOME GI CARE CAPS                | 2         | RX/OTC               |
| PRO-FLORA IMMUNE CAPS               | 2         | RX/OTC               | VSL#3 CAPS                           | 2         | RX/OTC               |
| PROMELLA IN PREBIOTIC CAPS          | 2         | RX/OTC               | WELLPRO 31 CAPS                      | 2         | RX/OTC               |
| PROMEROL CAPS                       | 2         | RX/OTC               | XYBIOTIC CAPS                        | 2         | RX/OTC               |
| PRORIVA CAPS                        | 2         | RX/OTC               | ZELAC CAPS                           | 2         | RX/OTC               |
| QUAD-PROBIOTIC CAPS                 | 2         | RX/OTC               | Antidiarrheal/Probiotic Combinations |           |                      |
| RELIBIOTIC CAPS                     | 2         | RX/OTC               | CULTURELLE ADULT ULT BALANCE CAPS    | 2         |                      |
| RESTORA CAPS                        | 2         | RX/OTC               | CULTURELLE DIGESTIVE DAILY PRO CAPS  | 2         |                      |
| RISAQUAD-2 CAPS                     | 2         | RX/OTC               | CULTURELLE DIGESTIVE DAILY CAPS      | 2         |                      |
| RISAQUAD CAPS                       | 2         | RX/OTC               | CULTURELLE DIGESTIVE HEALTH CAPS     | 2         |                      |
| SD PROBIOTIC-10 COMPLEX ULTRA CAPS  | 2         | RX/OTC               | CULTURELLE DIGESTIVE HEALTH CHEW     | 2         |                      |
| SM ADVANCED PROBIOTIC CAPS          | 2         | RX/OTC               | CULTURELLE HEALTH (INULIN) CAPS      | 2         |                      |
| SUPER PROBIOTIC DIGESTIVE CAPS      | 2         | RX/OTC               | CULTURELLE ULTIMATE STRENGTH CAPS    | 2         |                      |
| SUPER PROBIOTIC CAPS                | 2         | RX/OTC               | GNP PROBIOTIC EXTRA STRENGTH CAPS    | 2         |                      |
| SUPERIOR PROBIOTIC CAPS             | 2         | RX/OTC               |                                      |           |                      |
| SUREBIOTIC PROBIOTIC SUPPORT CAPS   | 2         | RX/OTC               |                                      |           |                      |
| SV PROBIOTIC EXTRA STRENGTH CAPS    | 2         | RX/OTC               |                                      |           |                      |

| Drug Name                             | Drug Tier | Requirements/ Limits                       | Drug Name                                        | Drug Tier | Requirements/ Limits                       |
|---------------------------------------|-----------|--------------------------------------------|--------------------------------------------------|-----------|--------------------------------------------|
| PROBIOTIC DIGESTIVE SUPPORT CAPS      | 2         |                                            | <i>naloxone hcl SOLN 0.4 MG/ML</i>               | 0         | QL(18 ML per 90 day(s) retail); MP         |
| VIActiv DIGESTIVE HEALTH CHEW         | 2         |                                            | <i>naloxone hcl SOSY 0.4 MG/ML</i>               | 1         |                                            |
| Antiperistaltic Agents                |           |                                            | <i>naloxone hcl SOSY 2 MG/2ML</i>                | 0         | QL(18 ML per 90 day(s) retail); MP         |
| <i>diphenoxylate w/ atropine LIQD</i> | 1         |                                            | <i>naltrexone hcl</i>                            | 0         | MP                                         |
| <i>diphenoxylate w/ atropine TABS</i> | 1         |                                            | NARCAN LIQD ( <i>naloxone hcl</i> )              | 0         | QL(18 EA per 90 day(s) retail); MP; RX/OTC |
| <i>loperamide hcl CAPS</i>            | 1         | QL(8 EA daily); RX/OTC                     | OPVEE NA                                         | 0         | QL(6 EA per 30 day(s) retail); MP          |
| <i>loperamide hcl TABS</i>            | 1         | QL(8 EA daily)                             | REXTOVY LIQD                                     | 2         |                                            |
| ANTIDOTES AND SPECIFIC ANTAGONISTS    |           |                                            | VIVITROL                                         | 0         | SP; MP                                     |
| Antidotes - Chelating Agents          |           |                                            | ZIMHI SOSY                                       | 0         | QL(9 ML per 90 day(s) retail); MP          |
| CHEMET                                | 2         |                                            | ANTIEMETICS - Drugs to Treat Nausea and Vomiting |           |                                            |
| <i>deferasirox PACK</i>               | 1         | SP; PA                                     | 5-HT3 Receptor Antagonists                       |           |                                            |
| <i>deferasirox TABS</i>               | 1         | SP; PA                                     | <i>granisetron hcl TABS</i>                      | 1         |                                            |
| <i>deferasirox TBSO</i>               | 1         | SP; PA                                     | <i>ondansetron hcl SOLN PO 4 MG/5ML</i>          | 1         | QL(50 ML per fill retail)                  |
| <i>deferiprone TABS</i>               | 1         | SP; PA                                     | <i>ondansetron hcl TABS 4 MG, 8 MG</i>           | 1         | QL(2 EA daily)                             |
| FERRIPROX SOLN                        | 2         | SP; PA                                     | <i>ondansetron TBDP 16 MG</i>                    | 1         |                                            |
| Antidotes and Specific Antagonists    |           |                                            | <i>ondansetron TBDP 4 MG, 8 MG</i>               | 1         | QL(2 EA daily)                             |
| ANDEXXA 200 MG                        | 2         | SP; PA                                     | Antiemetics - Anticholinergic                    |           |                                            |
| BRIDION SOLN                          | 2         | PA                                         | <i>meclizine hcl CHEW</i>                        | 1         | RX/OTC                                     |
| <i>deferorxamine mesylate</i>         | 1         | SP; PA                                     | <i>meclizine hcl TABS 12.5 MG, 25 MG</i>         | 1         | RX/OTC                                     |
| SM IPECAC SYRUP                       | 2         |                                            | Antiemetics - Miscellaneous                      |           |                                            |
| VISTOGARD                             | 2         |                                            | BONJESTA TBCR                                    | 2         |                                            |
| Opioid Antagonists                    |           |                                            | <i>doxylamine-pyridoxine TBEC</i>                | 1         |                                            |
| KLOXXADO LIQD                         | 0         | QL(18 EA per 90 day(s) retail); MP         |                                                  |           |                                            |
| <i>naloxone hcl LIQD</i>              | 0         | QL(18 EA per 90 day(s) retail); MP; RX/OTC |                                                  |           |                                            |
| <i>naloxone hcl SOCT</i>              | 0         | QL(18 ML per 90 day(s) retail); MP         |                                                  |           |                                            |
| <i>naloxone hcl SOLN 4 MG/10ML</i>    | 0         | QL(180 ML per 90 day(s) retail); MP        |                                                  |           |                                            |

| Drug Name                                           | Drug Tier | Requirements/ Limits                        | Drug Name                                                           | Drug Tier | Requirements/ Limits               |
|-----------------------------------------------------|-----------|---------------------------------------------|---------------------------------------------------------------------|-----------|------------------------------------|
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |                                             | BENADRYL ALLERGY EXTRA STR TABS                                     | 2         | QL(4 EA daily)                     |
| APONVIE EMUL                                        | NP        |                                             | <i>clemastine fumarate</i> TABS 1.34 MG                             | 1         | QL(2 EA daily)                     |
| <i>aprepitant</i> CAPS                              | 1         |                                             | DAYHIST ALLERGY 12 HOUR RELIEF TABS                                 | 2         | QL(2 EA daily)                     |
| ANTIFUNGALS - Drugs to Treat Fungal Infections      |           |                                             | <i>diphenhydramine hcl</i> CAPS                                     | 1         | QL(4 EA daily)                     |
| Antifungals                                         |           |                                             | <i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML                         | 1         | QL(240 ML per fill retail)         |
| <i>griseofulvin microsize</i> SUSP                  | 1         |                                             | <i>diphenhydramine hcl</i> LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML | 1         | QL(240 ML per fill retail)         |
| <i>griseofulvin microsize</i> TABS                  | 1         |                                             | <i>diphenhydramine hcl</i> TABS 25 MG                               | 1         | QL(4 EA daily)                     |
| <i>griseofulvin ultramicrosize</i>                  | 1         |                                             | Antihistamines - Non-Sedating                                       |           |                                    |
| <i>nystatin</i> TABS                                | 1         | QL(6 EA daily)                              | <i>cetirizine hcl</i> CAPS                                          | 1         |                                    |
| <i>terbinafine hcl</i> TABS                         | 1         | QL(1 EA daily; 90 EA per 120 day(s) retail) | <i>cetirizine hcl</i> CHEW                                          | 1         | QL(1 EA daily)                     |
| Imidazole-Related Antifungals                       |           |                                             | <i>cetirizine hcl</i> SOLN PO                                       | 1         | QL(240 ML per fill retail); RX/OTC |
| <i>fluconazole</i> SUSP                             | 1         | QL(70 ML per fill retail)                   | <i>cetirizine hcl</i> SYRP PO 1 MG/ML                               | 1         | QL(240 ML per fill retail); RX/OTC |
| <i>fluconazole</i> TABS 50 MG                       | 1         | QL(7 EA per fill retail)                    | <i>cetirizine hcl</i> TABS                                          | 1         | QL(1 EA daily)                     |
| <i>fluconazole</i> TABS 100 MG                      | 1         | QL(1 EA daily)                              | <i>desloratadine</i> TBDP                                           | NP        |                                    |
| <i>fluconazole</i> TABS 200 MG                      | 1         |                                             | <i>fexofenadine hcl</i> SUSP                                        | 1         |                                    |
| <i>fluconazole</i> TABS 150 MG                      | 1         | QL(2 EA daily)                              | <i>fexofenadine hcl</i> TABS 60 MG                                  | 1         | QL(2 EA daily)                     |
| <i>itraconazole</i> CAPS                            | 1         | QL(1 EA daily); PA                          | <i>fexofenadine hcl</i> TABS 180 MG                                 | 1         | QL(1 EA daily)                     |
| <i>itraconazole</i> SOLN                            | 1         | PA                                          | <i>levocetirizine dihydrochloride</i> SOLN                          | 1         | RX/OTC                             |
| ANTI-HISTAMINES - Drugs to Treat Allergies          |           |                                             | <i>loratadine</i> CAPS                                              | 1         |                                    |
| Antihistamines - Alkylamines                        |           |                                             | <i>loratadine</i> CHEW                                              | 1         |                                    |
| <i>chlorpheniramine maleate</i> SYRP                | 1         | QL(60 ML daily)                             | <i>loratadine</i> SOLN                                              | 1         | QL(240 ML per fill retail)         |
| <i>chlorpheniramine maleate</i> TABS                | 1         | QL(120 EA per fill retail)                  | <i>loratadine</i> TABS                                              | 1         |                                    |
| <i>dexchlorpheniramine maleate</i> SOLN             | 1         |                                             | <i>loratadine</i> TBDP 10 MG                                        | 1         |                                    |
| Antihistamines - Ethanolamines                      |           |                                             | Antihistamines - Phenothiazines                                     |           |                                    |

| Drug Name                                                 | Drug Tier | Requirements/ Limits                               | Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------------------------------------|-----------------------------------------------------------|-----------|----------------------|
| <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>fenofibric acid</i>                                    | NP        |                      |
| <i>promethazine hcl SUPP</i>                              | 1         | QL(12 EA per fill retail); AL(At least 2 yrs old)  | FENOGLIDE TABS ( <i>fenofibrate</i> )                     | NP        |                      |
| <i>promethazine hcl TABS</i>                              | 1         | AL(At least 2 yrs old)                             | FIBRICOR ( <i>fenofibric acid</i> )                       | NP        |                      |
| Antihistamines - Piperidines                              |           |                                                    | <i>gemfibrozil TABS</i>                                   | 1         | QL(2 EA daily); MP   |
| <i>ciproheptadine hcl SYRP</i>                            | 1         |                                                    | LIPOFEN CAPS ( <i>fenofibrate</i> )                       | NP        | MP                   |
| <i>ciproheptadine hcl TABS</i>                            | 1         |                                                    | HMG CoA Reductase Inhibitors                              |           |                      |
| ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol     |           |                                                    | ATORVALIQ SUSP                                            | NP        |                      |
| Antihyperlipidemics - Combinations                        |           |                                                    | <i>atorvastatin calcium TABS</i>                          | 1         | QL(1 EA daily); MP   |
| <i>ezetimibe-simvastatin</i>                              | 1         |                                                    | <i>fluvastatin sodium CAPS</i>                            | NP        |                      |
| Antihyperlipidemics - Misc.                               |           |                                                    | <i>fluvastatin sodium TB24</i>                            | NP        |                      |
| <i>omega-3-acid ethyl esters</i>                          | 1         |                                                    | LESCOL XL TB24 ( <i>fluvastatin sodium</i> )              | NP        |                      |
| Bile Acid Sequestrants                                    |           |                                                    | <i>lovastatin TABS 10 MG, 20 MG</i>                       | 1         | QL(1 EA daily); MP   |
| <i>cholestyramine light PACK</i>                          | 1         | MP                                                 | <i>lovastatin TABS 40 MG</i>                              | 1         | QL(2 EA daily); MP   |
| <i>cholestyramine light POWD</i>                          | 1         | MP                                                 | <i>pravastatin sodium</i>                                 | 1         | QL(1 EA daily); MP   |
| <i>cholestyramine PACK</i>                                | 1         | MP                                                 | <i>rosuvastatin calcium TABS</i>                          | 1         | QL(1 EA daily); MP   |
| <i>cholestyramine POWD</i>                                | 1         | MP                                                 | <i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>         | 1         | QL(1 EA daily); MP   |
| <i>colestipol hcl GRAN</i>                                | 1         | MP                                                 | <i>simvastatin TABS 80 MG</i>                             | 1         | MP                   |
| <i>colestipol hcl TABS</i>                                | 1         | MP                                                 | Intestinal Cholesterol Absorption Inhibitors              |           |                      |
| Fibric Acid Derivatives                                   |           |                                                    | <i>ezetimibe</i>                                          | 1         |                      |
| <i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>        | 1         |                                                    | Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |                      |
| <i>fenofibrate micronized 134 MG, 200 MG</i>              | 1         | QL(1 EA daily); MP                                 | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG                        | 2         | SP; PA               |
| <i>fenofibrate micronized 67 MG</i>                       | 1         | QL(2 EA daily); MP                                 | Nicotinic Acid Derivatives                                |           |                      |
| <i>fenofibrate CAPS</i>                                   | 2         | MP                                                 | <i>niacin (antihyperlipidemic) TBCR</i>                   | 1         | MP                   |
| <i>fenofibrate TABS 40 MG, 120 MG</i>                     | NP        |                                                    | Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors  |           |                      |
| <i>fenofibrate TABS 54 MG</i>                             | 1         | QL(3 EA daily); MP                                 |                                                           |           |                      |

| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| LEQVIO                                                          | NP        | SP; PA               |
| PRALUENT SOAJ                                                   | 2         | SP; PA               |
| REPATHA PUSHTRONEX SYSTEM SOCT                                  | 2         | SP; PA               |
| REPATHA SURECLICK SOAJ                                          | 2         | SP; PA               |
| REPATHA SOSY                                                    | 2         | SP; PA               |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b>   |           |                      |
| <b>ACE Inhibitors</b>                                           |           |                      |
| <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>                                            | NP        |                      |
| <i>perindopril erbumine</i>                                     | NP        |                      |
| <i>quinapril hcl</i>                                            | 1         | QL(1 EA daily); MP   |
| <i>ramipril CAPS</i>                                            | 1         | QL(2 EA daily); MP   |
| <i>trandolapril 4 MG</i>                                        | 1         | QL(2 EA daily); MP   |
| <i>trandolapril 1 MG, 2 MG</i>                                  | 1         | QL(1 EA daily); MP   |
| <b>Agents for Pheochromocytoma</b>                              |           |                      |
| <i>metirosine</i>                                               | 1         | SP; PA               |
| <b>Angiotensin II Receptor Antagonists</b>                      |           |                      |
| <i>candesartan cilexetil</i>                                    | 1         |                      |
| <i>irbesartan</i>                                               | 1         | QL(1 EA daily); MP   |
| <i>losartan potassium</i>                                       | 1         | QL(1 EA daily); MP   |
| <i>olmesartan medoxomil</i>                                     | 1         |                      |

| Drug Name                                                      | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------|-----------|----------------------|
| <i>telmisartan</i>                                             | 1         |                      |
| <i>valsartan SOLN</i>                                          | NP        |                      |
| <i>valsartan TABS</i>                                          | 1         | QL(1 EA daily); MP   |
| <b>Antiadrenergic Antihypertensives</b>                        |           |                      |
| <i>clonidine hcl TABS</i>                                      | 1         | MP                   |
| <i>doxazosin mesylate</i>                                      | 1         | MP                   |
| <i>guanfacine hcl</i>                                          | 1         | MP                   |
| <i>methyldopa TABS</i>                                         | 1         | MP                   |
| <i>prazosin hcl CAPS</i>                                       | 1         | MP                   |
| <i>terazosin hcl</i>                                           | 1         | MP                   |
| <b>Antihypertensive Combinations</b>                           |           |                      |
| <i>ACCURETIC 12.5 MG-10 MG (quinapril-hydrochlorothiazide)</i> | NP        | QL(3 EA daily)       |
| <i>amlodipine besylate-benazepril hcl</i>                      | 1         | QL(1 EA daily); MP   |
| <i>amlodipine besylate-olmesartan medoxomil</i>                | 1         |                      |
| <i>amlodipine besylate-valsartan</i>                           | 1         |                      |
| <i>amlodipine-valsartan-hydrochlorothiazide</i>                | 1         |                      |
| <i>atenolol &amp; chlorthalidone</i>                           | 1         | QL(1 EA daily); MP   |
| <i>benazepril &amp; hydrochlorothiazide</i>                    | 1         | QL(1 EA daily); MP   |
| <i>bisoprolol &amp; hydrochlorothiazide</i>                    | 1         | QL(1 EA daily); MP   |
| <i>candesartan cilexetil-hydrochlorothiazide</i>               | 1         |                      |
| <i>captopril &amp; hydrochlorothiazide</i>                     | NP        | QL(2 EA daily); MP   |
| <i>enalapril maleate &amp; hydrochlorothiazide</i>             | 1         | QL(2 EA daily); MP   |
| <i>EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)</i>  | NP        |                      |
| <i>fosinopril sodium &amp; hydrochlorothiazide</i>             | NP        | QL(1 EA daily); MP   |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------|-----------|----------------------|
| <i>irbesartan-hydrochlorothiazide</i>                                      | 1         | QL(1 EA daily); MP   |
| <i>lisinopril &amp; hydrochlorothiazide</i>                                | 1         | MP                   |
| <i>losartan potassium &amp; hydrochlorothiazide</i>                        | 1         | QL(1 EA daily); MP   |
| <i>metoprolol &amp; hydrochlorothiazide TABS</i>                           | NP        | QL(2 EA daily); MP   |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>                 | 1         |                      |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>                            | 1         |                      |
| <i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>                         | 1         | QL(4 EA daily)       |
| <i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>                         | 1         | QL(3 EA daily)       |
| <i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>                           | 1         | QL(2 EA daily)       |
| <i>telmisartan-amlodipine</i>                                              | 1         |                      |
| <i>telmisartan-hydrochlorothiazide</i>                                     | 1         | QL(1 EA daily)       |
| <i>trandolapril-verapamil hcl</i>                                          | NP        |                      |
| <i>valsartan-hydrochlorothiazide</i>                                       | 1         | QL(1 EA daily); MP   |
| Antihypertensives - Misc.                                                  |           |                      |
| VECAMYL                                                                    | 2         | SP; PA               |
| Vasodilators                                                               |           |                      |
| <i>hydralazine hcl TABS</i>                                                | 1         | MP                   |
| <i>minoxidil 2.5 MG, 10 MG</i>                                             | 1         | MP                   |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                      |
| Anti-infective Agents - Misc.                                              |           |                      |
| <i>metronidazole TABS 250 MG, 500 MG</i>                                   | 1         |                      |
| <i>trimethoprim TABS</i>                                                   | 1         |                      |

| Drug Name                                                                | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------------------------------|-----------|----------------------------|
| 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 125 MG</i>                                        | 1         | QL(4 EA daily)             |
| <i>vancomycin hcl CAPS 250 MG</i>                                        | 1         | QL(8 EA daily)             |
| <i>vancomycin hcl SOLR PO 25 MG/ML</i>                                   | 1         | QL(300 ML per fill retail) |
| <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)  |
| 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) |
| Monobactams                                                              |           |                            |
| CAYSTON                                                                  | NP        | SP; PA                     |
| Oxazolidinones                                                           |           |                            |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits          |
|--------------------------------------------------------------------------------------|-----------|-------------------------------|
| 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         |                               |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>                 |           |                               |
| 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 ( <i>pyrimethamine</i> )                                                    | NP        | SP; PA                        |
| KRINTAFEL                                                                            | 2         | QL(2 EA per 30 day(s) retail) |
| <i>mefloquine hcl</i>                                                                | 1         |                               |
| <i>pyrimethamine</i>                                                                 | 1         | SP; PA                        |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                             |           |                               |
| Antimyasthenic/Cholinergic Agents                                                    |           |                               |
| FIRDAPSE                                                                             | 2         | SP; PA                        |
| <i>pyridostigmine bromide TABS 60 MG</i>                                             | 1         |                               |
| <i>pyridostigmine bromide TBCR</i>                                                   | 1         |                               |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                               |
| Antimycobacterial Agents                                                             |           |                               |
| <i>ethambutol hcl TABS</i>                                                           | 1         | MP                            |

| Drug Name                                                                | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------|-----------|----------------------|
| <i>isoniazid SYRP</i>                                                    | 1         | MP                   |
| <i>isoniazid TABS</i>                                                    | 1         | MP                   |
| <i>pyrazinamide</i>                                                      | 1         |                      |
| <i>rifampin CAPS</i>                                                     | 1         |                      |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>  |           |                      |
| Alkylating Agents                                                        |           |                      |
| BELRAPZO SOLN                                                            | 2         | SP; PA               |
| BENDAMUSTINE HCL SOLN                                                    | 2         | SP; PA               |
| <i>bendamustine hcl SOLR</i>                                             | 1         | SP; PA               |
| BENDEKA SOLN                                                             | 2         | SP; PA               |
| <i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML</i> | 1         | SP; PA               |
| <i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>             | 1         | SP; PA               |
| CISPLATIN SOLR                                                           | 2         | SP; PA               |
| <i>cyclophosphamide CAPS 50 MG</i>                                       | 1         |                      |
| CYCLOPHOSPHAMIDE TABS                                                    | 2         |                      |
| EVOMELA IV                                                               | 2         | SP; PA               |
| KEMOPLAT SOLN                                                            | 2         | SP; PA               |
| LEUKERAN                                                                 | 2         |                      |
| <i>melphalan</i>                                                         | 1         |                      |
| <i>melphalan hcl IV</i>                                                  | 1         | SP; PA               |
| MYLERAN TABS                                                             | 2         |                      |
| TEMODAR SOLR                                                             | 2         | SP; PA               |
| <i>temozolomide CAPS</i>                                                 | 1         | SP; PA               |
| VIVIMUSTA SOLN                                                           | 2         | SP; PA               |
| YONDELIS                                                                 | 2         | SP; PA               |
| Antimetabolites                                                          |           |                      |
| <i>azacitidine SUSR</i>                                                  | 1         | SP; PA               |
| <i>capecitabine</i>                                                      | 1         | SP; PA               |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits | Drug Name                                  | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|----------------------|--------------------------------------------|-----------|----------------------|
| <i>cladribine 10 MG/10ML</i>                                                    | 1         | SP; PA               | LENVIMA (4 MG DAILY DOSE)                  | 2         | SP; PA               |
| <i>cytarabine SOLN</i>                                                          | 1         | SP; PA               | LENVIMA (8 MG DAILY DOSE)                  | 2         | SP; PA               |
| <i>decitabine</i>                                                               | 1         | SP; PA               | MVASI                                      | 2         | SP; PA               |
| <i>fludarabine phosphate SOLN</i>                                               | 1         | SP; PA               | ZALTRAP                                    | 2         | SP; PA               |
| FLUDARABINE PHOSPHATE SOLN                                                      | 2         | SP; PA               | Antineoplastic - Antibodies                |           |                      |
| <i>fludarabine phosphate SOLR</i>                                               | 1         | SP; PA               | ADCETRIS                                   | 2         | SP; PA               |
| FOLOTYN                                                                         | 2         | SP; PA               | ARZERRA                                    | 2         | SP; PA               |
| <i>mercaptopurine SUSP 2000 MG/100ML</i>                                        | 1         |                      | BLINCYTO                                   | 2         | SP; PA               |
| <i>mercaptopurine TABS</i>                                                      | 1         |                      | DARZALEX                                   | 2         | SP; PA               |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | 1         |                      | EMPLICITI                                  | 2         | SP; PA               |
| <i>methotrexate sodium TABS 2.5 MG</i>                                          | 1         | MP                   | GAZYVA                                     | 2         | SP; PA               |
| <i>pemetrexed disodium SOLR 100 MG, 500 MG</i>                                  | 1         | SP; PA               | KADCYLA                                    | 2         | SP; PA               |
| <i>pralatrexate</i>                                                             | 1         | SP; PA               | KEYTRUDA                                   | 2         | SP; PA               |
| TABLOID                                                                         | 2         | SP; PA               | LIBTAYO                                    | 2         | SP; PA               |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                                         | 2         |                      | LUMOXITI                                   | 2         | SP; PA               |
| Antineoplastic - Angiogenesis Inhibitors                                        |           |                      | OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML | 2         | SP; PA               |
| AVASTIN                                                                         | 2         | SP; PA               | POLIVY 140 MG                              | 2         | SP; PA               |
| CYRAMZA                                                                         | 2         | SP; PA               | POTELIGEO                                  | 2         | SP; PA               |
| INLYTA                                                                          | 2         | SP; PA               | RITUXAN                                    | 2         | SP; PA               |
| LENVIMA (10 MG DAILY DOSE)                                                      | 2         | SP; PA               | TECENTRIQ                                  | 2         | SP; PA               |
| LENVIMA (12 MG DAILY DOSE)                                                      | 2         | SP; PA               | UNITUXIN                                   | 2         | SP; PA               |
| LENVIMA (14 MG DAILY DOSE)                                                      | 2         | SP; PA               | YERVOY                                     | 2         | SP; PA               |
| LENVIMA (18 MG DAILY DOSE)                                                      | 2         | SP; PA               | ZEVALIN Y-90                               | 2         | SP; PA               |
| LENVIMA (20 MG DAILY DOSE)                                                      | 2         | SP; PA               | Antineoplastic - Anti-HER2 Agents          |           |                      |
| LENVIMA (24 MG DAILY DOSE)                                                      | 2         | SP; PA               | KANJINTI 420 MG                            | 2         | SP; PA               |
|                                                                                 |           |                      | PERJETA                                    | 2         | SP; PA               |
|                                                                                 |           |                      | Antineoplastic - BCL-2 Inhibitors          |           |                      |
|                                                                                 |           |                      | VENCLEXTA STARTING PACK TBPK               | 2         | SP; PA               |
|                                                                                 |           |                      | VENCLEXTA TABS                             | 2         | SP; PA               |
|                                                                                 |           |                      | Antineoplastic - Cellular Immunotherapy    |           |                      |
|                                                                                 |           |                      | KYMRIAH                                    | 2         | SP; PA               |
|                                                                                 |           |                      | PROVENGE                                   | 2         | SP; PA               |

| Drug Name                                            | Drug Tier | Requirements/ Limits                                | Drug Name                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|-----------------------------------------------------|--------------------------------------------------------------|-----------|----------------------|
| YESCARTA                                             | 2         | SP; PA                                              | LEUPROLIDE ACETATE-BUPIVACAINE                               | 2         | SP; PA               |
| Antineoplastic - EGFR Inhibitors                     |           |                                                     | <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>                  | 1         | SP; PA               |
| ERBITUX                                              | 2         | SP; PA                                              | LUPRON DEPOT (1-MONTH) KIT IM                                | 2         | SP; PA               |
| <i>erlotinib hcl</i>                                 | 1         | SP; PA                                              | LUPRON DEPOT (3-MONTH) KIT IM                                | 2         | SP; PA               |
| <i>gefitinib</i>                                     | 1         | SP; PA                                              | LUPRON DEPOT (4-MONTH) IM                                    | 2         | SP; PA               |
| GILOTRIF                                             | 2         | SP; PA                                              | LUPRON DEPOT (6-MONTH) IM                                    | 2         | SP; PA               |
| PORTRAZZA                                            | 2         | SP; PA                                              | LUTRATE DEPOT INJ 22.5 MG                                    | 2         |                      |
| TAGRISSE                                             | 2         | SP; PA                                              | LYSODREN                                                     | 2         | SP; PA               |
| VECTIBIX 100 MG/5ML, 400 MG/20ML                     | 2         | SP; PA                                              | <i>megestrol acetate SUSP</i>                                | 1         |                      |
| VIZIMPRO                                             | 2         | SP; PA                                              | <i>megestrol acetate TABS</i>                                | 1         |                      |
| Antineoplastic - Hedgehog Pathway Inhibitors         |           |                                                     | <i>tamoxifen citrate TABS</i>                                | 1         | MP                   |
| DAURISMO                                             | 2         | SP; PA                                              | <i>toremifene citrate</i>                                    | 1         | PA                   |
| ERIVEDGE                                             | 2         | SP; PA                                              | TRELSTAR MIXJECT 3.75 MG                                     | 2         | SP; PA               |
| ODOMZO                                               | 2         | SP; PA                                              | TRELSTAR MIXJECT 11.25 MG, 22.5 MG                           | 2         | SP; PA               |
| Antineoplastic - Hormonal and Related Agents         |           |                                                     | VABRINTY SC 22.5 MG, 30 MG, 45 MG                            | 2         | SP; PA               |
| <i>abiraterone acetate</i>                           | 1         | SP; PA                                              | XTANDI CAPS                                                  | 2         | SP; PA               |
| <i>anastrozole</i>                                   | 1         | MP                                                  | ZOLADEX 3.6 MG                                               | 2         | SP; PA               |
| <i>bicalutamide</i>                                  | 1         | QL(1 EA daily)                                      | ZOLADEX 10.8 MG                                              | 2         | SP; PA               |
| CAMCEVI                                              | 2         | SP                                                  | Antineoplastic - Immunomodulators                            |           |                      |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG                     | 2         | SP; PA                                              | POMALYST                                                     | 2         | SP; PA               |
| ELIGARD KIT SC 7.5 MG                                | 2         | SP; PA                                              | Antineoplastic Antibiotics                                   |           |                      |
| EMCYT                                                | 2         | SP; PA                                              | <i>daunorubicin hcl SOLN 50 MG/10ML</i>                      | 1         | SP; PA               |
| ERLEADA 60 MG                                        | 2         | SP; PA                                              | ELLENCE SOLN                                                 | 2         | SP; PA               |
| EULEXIN                                              | 2         |                                                     | <i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i> | 1         | SP; PA               |
| <i>exemestane</i>                                    | 1         |                                                     | <i>valrubicin</i>                                            | 1         | SP; PA               |
| FIRMAGON 80 MG                                       | 2         | SP; PA                                              | Antineoplastic Combinations                                  |           |                      |
| FIRMAGON (240 MG DOSE)                               | 2         | SP; PA                                              |                                                              |           |                      |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | 1         | QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA |                                                              |           |                      |
| <i>letrozole</i>                                     | 1         | QL(1 EA daily); MP                                  |                                                              |           |                      |
| <i>leuprolide acetate (3 month) INJ 22.5 MG</i>      | 1         |                                                     |                                                              |           |                      |

| Drug Name                        | Drug Tier | Requirements/ Limits   | Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------|-----------|------------------------|----------------------------------------------------|-----------|----------------------|
| HERCEPTIN HYLECTA                | 2         | SP; PA                 | <i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>         | 1         | SP; PA               |
| LONSURF                          | 2         | SP; PA                 | NINLARO                                            | 2         | SP; PA               |
| Antineoplastic Enzyme Inhibitors |           |                        | <i>pazopanib hcl</i>                               | 1         | SP; PA               |
| ALECENSA                         | 2         | SP; PA                 | PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | 2         | SP; PA               |
| BELEODAQ                         | 2         | SP; PA                 | <i>romidepsin SOLR</i>                             | 1         | SP; PA               |
| <i>bortezomib SOLR IJ</i>        | 1         | SP; PA                 | RUBRACA                                            | 2         | SP; PA               |
| BORTEZOMIB SOLR IV 3.5 MG        | 2         | SP; PA                 | <i>sorafenib tosylate</i>                          | 1         | SP; PA               |
| BOSULIF TABS 100 MG, 500 MG      | 2         | SP; PA                 | STIVARGA                                           | 2         | SP; PA               |
| BRAFTOVI 75 MG                   | 2         | SP; PA                 | <i>sunitinib malate</i>                            | 1         | SP; PA               |
| CABOMETYX TABS                   | 2         | SP; PA                 | TAFINLAR CAPS                                      | 2         | SP; PA               |
| CAPRELSA                         | 2         | SP; PA                 | TALZENNA 0.25 MG, 1 MG                             | 2         | SP; PA               |
| COMETRIQ (100 MG DAILY DOSE) KIT | 2         | SP; PA                 | <i>temsirolimus</i>                                | 1         | SP; PA               |
| COMETRIQ (140 MG DAILY DOSE) KIT | 2         | SP; PA                 | TIBSOVO                                            | 2         | SP; PA               |
| COMETRIQ (60 MG DAILY DOSE) KIT  | 2         | SP; PA                 | VITRAKVI CAPS                                      | 2         | SP; PA               |
| COTELLIC                         | 2         | SP; PA                 | VITRAKVI SOLN                                      | 2         | SP; PA               |
| <i>dasatinib</i>                 | 1         | SP; PA                 | VOTRIENT                                           | 2         | SP; PA               |
| <i>everolimus TABS</i>           | 1         | SP; PA                 | XALKORI CAPS                                       | 2         | SP; PA               |
| <i>everolimus TBSO</i>           | 1         | SP; PA                 | XOSPATA                                            | 2         | SP; PA               |
| IBRANCE CAPS                     | 2         | SP; PA                 | ZELBORAF                                           | 2         | SP; PA               |
| ICLUSIG 15 MG, 45 MG             | 2         | SP; PA                 | ZOLINZA                                            | 2         | SP; PA               |
| <i>imatinib mesylate TABS</i>    | 1         | SP; PA                 | ZYDELIG                                            | 2         | SP; PA               |
| IMBRUVICA CAPS 140 MG            | 2         | SP; PA                 | ZYKADIA TABS                                       | 2         | SP; PA               |
| IMBRUVICA CAPS 70 MG             | 2         | QL(1 EA daily); SP; PA | Antineoplastic Enzymes                             |           |                      |
| IMBRUVICA TABS                   | 2         | QL(1 EA daily); SP; PA | ONCASPAR                                           | 2         | SP; PA               |
| JAKAFI                           | 2         | SP; PA                 | Antineoplastic Radiopharmaceuticals                |           |                      |
| KYPROLIS                         | 2         | SP; PA                 | AZEDRA DOSIMETRIC                                  | 2         | SP; PA               |
| <i>lapatinib ditosylate</i>      | 1         | SP; PA                 | AZEDRA THERAPEUTIC                                 | 2         | SP; PA               |
| LORBRENA                         | 2         | SP; PA                 | LUTATHERA                                          | 2         | SP; PA               |
| MEKINIST TABS                    | 2         | SP; PA                 | Antineoplastics Misc.                              |           |                      |
| MEKTOVI                          | 2         | SP; PA                 | ACTIMMUNE 100 MCG/0.5ML                            | 2         | SP; PA               |
|                                  |           |                        | ALFERON N                                          | 2         | SP; PA               |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| <i>arsenic trioxide 12 MG/6ML</i>                        | 1         | SP; PA               |
| <i>bexarotene</i>                                        | 1         | SP; PA               |
| <i>hydroxyurea</i>                                       | 1         | MP                   |
| MATULANE                                                 | 2         | SP; PA               |
| PHOTOFRIN                                                | 2         | SP; PA               |
| PROLEUKIN                                                | 2         | SP; PA               |
| SYNRIBO                                                  | 2         | SP; PA               |
| <i>tretinoin (chemotherapy)</i>                          | 1         | SP; PA               |
| Chemotherapy Rescue/Antidote/Protective Agents           |           |                      |
| <i>dexrazoxane hcl</i>                                   | 1         | SP; PA               |
| KHAPZORY                                                 | 2         | SP; PA               |
| <i>leucovorin calcium TABS 5 MG, 25 MG</i>               | 1         |                      |
| <i>levoleucovorin calcium SOLN</i>                       | 1         | SP; PA               |
| <i>levoleucovorin calcium SOLR</i>                       | 1         | SP; PA               |
| <i>mesna SOLN</i>                                        | 1         | SP; PA               |
| <i>mesna TABS</i>                                        | 1         | SP; PA               |
| MESNEX TABS                                              | 2         | SP; PA               |
| VORAXAZE                                                 | 2         | SP; PA               |
| Mitotic Inhibitors                                       |           |                      |
| <i>docetaxel CONC 160 MG/8ML</i>                         | 1         | SP; PA               |
| DOCETAXEL CONC 160 MG/8ML                                | 2         | SP; PA               |
| <i>docetaxel SOLN</i>                                    | 1         | SP; PA               |
| DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML         | 2         | SP; PA               |
| DOCIVYX SOLN                                             | 2         | SP; PA               |
| <i>eribulin mesylate</i>                                 | 1         | SP; PA               |
| <i>etoposide CAPS</i>                                    | 1         | SP; PA               |
| <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               |

| Drug Name                                                                            | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------|-----------|----------------------|
| 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                                                           |           |                      |
| HYCANTIN CAPS                                                                        | 2         | SP; PA               |
| <i>irinotecan hcl</i>                                                                | 1         | SP; PA               |
| <i>topotecan hcl SOLN</i>                                                            | 1         | 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         |                      |
| <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                   |

| Drug Name                                                       | Drug Tier | Requirements/ Limits                    | Drug Name                                                                 | Drug Tier | Requirements/ Limits                                                                           |
|-----------------------------------------------------------------|-----------|-----------------------------------------|---------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|
| <i>pramipexole dihydrochloride TABS</i>                         | 1         | QL(3 EA daily); AL(At least 18 yrs old) | ERZOFRI 39 MG/0.25ML, 78 MG/0.5ML, 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML | NP        | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 |
| <i>pramipexole dihydrochloride TB24</i>                         | 1         |                                         | ERZOFRI 351 MG/2.25ML                                                     | NP        | SP                                                                                             |
| <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>   | 1         | QL(3 EA daily); MP                      | FANAPT TITRATION PACK C                                                   | NP        |                                                                                                |
| <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>        | 1         | QL(6 EA daily); MP                      | INVEGA HAFYERA                                                            | 2         | 1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP                                |
| <i>ropinirole hydrochloride TB24</i>                            | 1         |                                         | INVEGA SUSTENNA                                                           | 2         | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 |
| Antiparkinson Monoamine Oxidase Inhibitors                      |           |                                         | INVEGA TRINZA                                                             | 2         | 1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP                                 |
| <i>selegiline hcl CAPS</i>                                      | 1         | MP                                      | <i>paliperidone</i>                                                       | 1         |                                                                                                |
| <i>selegiline hcl TABS</i>                                      | 1         | MP                                      | RISPERDAL CONSTA ( <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 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders |           |                                         | <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 |
| Antimanic Agents                                                |           |                                         | <i>risperidone SOLN</i>                                                   | 1         |                                                                                                |
| <i>lithium</i>                                                  | 1         |                                         | <i>risperidone TABS</i>                                                   | 1         |                                                                                                |
| <i>lithium carbonate CAPS</i>                                   | 1         |                                         | <i>risperidone TBDP</i>                                                   | 1         |                                                                                                |
| <i>lithium carbonate TABS</i>                                   | 1         |                                         | RYKINDO SRER                                                              | NP        | AL(At least 18 yrs old); SP                                                                    |
| <i>lithium carbonate TBCR</i>                                   | 1         |                                         | UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML                      | 2         | SP                                                                                             |
| LITHOBID TBCR ( <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         |                                         |                                                                           |           |                                                                                                |
| <i>ziprasidone hcl</i>                                          | 1         |                                         |                                                                           |           |                                                                                                |
| <i>ziprasidone mesylate</i>                                     | 1         |                                         |                                                                           |           |                                                                                                |
| Benzisoxazoles                                                  |           |                                         |                                                                           |           |                                                                                                |

| Drug Name                                                            | Drug Tier | Requirements/ Limits    | Drug Name                           | Drug Tier | Requirements/ Limits                                                                |
|----------------------------------------------------------------------|-----------|-------------------------|-------------------------------------|-----------|-------------------------------------------------------------------------------------|
| UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML | 2         | SP                      | Quinolinone Derivatives             |           |                                                                                     |
| Butyrophenones                                                       |           |                         | ABILIFY ASIMTUFII PRSY 720 MG/2.4ML | 2         | QL(2.4 ML per 56 day(s) retail; 2 ML per 56 days mail); AL(At least 18 yrs old); SP |
| <i>haloperidol decanoate</i>                                         | 1         |                         | ABILIFY ASIMTUFII PRSY 960 MG/3.2ML | 2         | QL(3.2 ML per 56 day(s) retail; 3 ML per 56 days mail); AL(At least 18 yrs old); SP |
| <i>haloperidol lactate CONC</i>                                      | 1         |                         | ABILIFY MAINTENA PRSY               | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP                          |
| <i>haloperidol lactate SOLN</i>                                      | 1         |                         | ABILIFY MAINTENA SRER               | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP                          |
| <i>haloperidol TABS</i>                                              | 1         |                         | ABILIFY MYCITE MAINTENANCE KIT      | NP        | SP                                                                                  |
| Dibenzapines                                                         |           |                         | ABILIFY MYCITE STARTER KIT          | NP        | SP                                                                                  |
| <i>clozapine TABS</i>                                                | 0         |                         | <i>aripiprazole SOLN PO</i>         | 1         | QL(30 ML daily)                                                                     |
| <i>clozapine TBDP</i>                                                | 0         |                         | <i>aripiprazole TABS</i>            | 1         | QL(1 EA daily)                                                                      |
| <i>loxapine succinate</i>                                            | 1         |                         | <i>aripiprazole TBDP</i>            | 1         | QL(2 EA daily)                                                                      |
| <i>olanzapine SOLR</i>                                               | 1         |                         | ARISTADA 662 MG/2.4ML               | 2         | QL(2.4 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP |
| <i>olanzapine TABS</i>                                               | 1         | AL(At least 10 yrs old) | ARISTADA 882 MG/3.2ML               | 2         | QL(3.2 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); SP |
| <i>olanzapine TBDP</i>                                               | 1         |                         | ARISTADA 441 MG/1.6ML               | 2         | QL(1.6 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP |
| <i>quetiapine fumarate TABS</i>                                      | 1         |                         |                                     |           |                                                                                     |
| <i>quetiapine fumarate TB24</i>                                      | 1         |                         |                                     |           |                                                                                     |
| ZYPREXA RELPREVV                                                     | NP        | SP                      |                                     |           |                                                                                     |
| Muscarinic Agents                                                    |           |                         |                                     |           |                                                                                     |
| COBENFY STARTER PACK CPPK                                            | NP        |                         |                                     |           |                                                                                     |
| COBENFY CAPS                                                         | NP        |                         |                                     |           |                                                                                     |
| Phenothiazines                                                       |           |                         |                                     |           |                                                                                     |
| <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         |                         |                                     |           |                                                                                     |

| Drug Name                                                                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|-----------|----------------------|
| OPIPZA FILM                                                                                      | NP        |                      |
| Thioxanthenes                                                                                    |           |                      |
| <i>thiothixene</i>                                                                               | 1         |                      |
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b>                                              |           |                      |
| Antiretrovirals                                                                                  |           |                      |
| <i>abacavir sulfate-lamivudine</i>                                                               | 0         | QL(1 EA daily)       |
| <i>abacavir sulfate SOLN</i>                                                                     | 0         | QL(30 ML daily)      |
| <i>abacavir sulfate TABS</i>                                                                     | 0         | QL(2 EA daily)       |
| APTIVUS CAPS                                                                                     | 0         | QL(4 EA daily)       |
| <i>atazanavir sulfate CAPS</i>                                                                   | 0         | QL(2 EA daily)       |
| BIKTARVY 120 MG-30 MG-15 MG                                                                      | 2         |                      |
| BIKTARVY 200 MG-50 MG-25 MG                                                                      | 0         | QL(1 EA daily)       |
| COMBIVIR ( <i>lamivudine-zidovudine</i> )                                                        | 0         | QL(2 EA daily)       |
| COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i> ) | 0         | QL(1 EA daily)       |
| <i>darunavir TABS</i>                                                                            | 0         | QL(2 EA daily)       |
| DELSTRIGO                                                                                        | 0         | QL(1 EA daily)       |
| DESCOVY 120 MG-15 MG                                                                             | 2         |                      |
| DESCOVY 200 MG-25 MG                                                                             | 0         | QL(1 EA daily)       |
| DOVATO                                                                                           | 0         |                      |
| EDURANT                                                                                          | 0         | QL(1 EA daily)       |
| EDURANT PED PO 2.5 MG                                                                            | 2         |                      |
| <i>efavirenz CAPS 50 MG</i>                                                                      | 0         | QL(2 EA daily)       |
| <i>efavirenz CAPS 200 MG</i>                                                                     | 0         | QL(1 EA daily)       |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                     | 0         | QL(1 EA daily)       |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                        | 0         | QL(1 EA daily)       |

| Drug Name                                                      | Drug Tier | Requirements/ Limits       |
|----------------------------------------------------------------|-----------|----------------------------|
| <i>efavirenz TABS</i>                                          | 0         | QL(1 EA daily)             |
| <i>emtricitabine CAPS</i>                                      | 0         | QL(1 EA daily)             |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> | 0         | QL(1 EA daily)             |
| <i>emtricitabine-tenofovir disoproxil fumarate</i>             | 0         | QL(1 EA daily)             |
| EMTRIVA CAPS ( <i>emtricitabine</i> )                          | 0         | QL(1 EA daily)             |
| EMTRIVA SOLN                                                   | 0         | QL(24 ML daily)            |
| EPIVIR SOLN ( <i>lamivudine</i> )                              | 0         | QL(30 ML daily)            |
| EPIVIR TABS 300 MG ( <i>lamivudine</i> )                       | 0         | QL(1 EA daily)             |
| EPIVIR TABS 150 MG ( <i>lamivudine</i> )                       | 0         | QL(2 EA daily)             |
| EPZICOM ( <i>abacavir sulfate-lamivudine</i> )                 | 0         | QL(1 EA daily)             |
| <i>etravirine 100 MG</i>                                       | 0         | QL(4 EA daily)             |
| <i>etravirine 200 MG</i>                                       | 0         | QL(2 EA daily)             |
| EVOTAZ                                                         | 0         | QL(1 EA daily)             |
| <i>fosamprenavir calcium TABS</i>                              | 0         | QL(4 EA daily)             |
| GENVOYA                                                        | 0         | QL(1 EA daily)             |
| INTELENCE                                                      | 0         | QL(4 EA daily)             |
| INTELENCE ( <i>etravirine</i> )                                | 0         | QL(4 EA daily)             |
| INTELENCE 200 MG ( <i>etravirine</i> )                         | 0         | QL(2 EA daily)             |
| ISENTRESS CHEW 25 MG                                           | 0         | QL(12 EA daily)            |
| ISENTRESS CHEW 100 MG                                          | 0         | QL(6 EA daily)             |
| ISENTRESS PACK                                                 | 0         | QL(2 EA daily)             |
| ISENTRESS TABS                                                 | 0         | QL(2 EA daily)             |
| KALETRA SOLN                                                   | 0         | QL(160 ML per fill retail) |
| KALETRA TABS 50 MG-200 MG ( <i>lopinavir-ritonavir</i> )       | 0         | QL(6 EA daily)             |

| Drug Name                                                | Drug Tier | Requirements/ Limits       | Drug Name                                                              | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------------|------------------------------------------------------------------------|-----------|----------------------|
| KALETRA TABS 25 MG-100 MG ( <i>lopinavir-ritonavir</i> ) | 0         | QL(4 EA daily)             | REYATAZ CAPS 200 MG, 300 MG ( <i>atazanavir sulfate</i> )              | 0         | QL(2 EA daily)       |
| <i>lamivudine SOLN</i>                                   | 0         | QL(30 ML daily)            | REYATAZ PACK                                                           | 0         | QL(6 EA daily)       |
| <i>lamivudine TABS 300 MG</i>                            | 0         | QL(1 EA daily)             | <i>ritonavir TABS</i>                                                  | 0         | QL(12 EA daily)      |
| <i>lamivudine TABS 150 MG</i>                            | 0         | QL(2 EA daily)             | RUKOBIA                                                                | 0         |                      |
| <i>lamivudine-zidovudine</i>                             | 0         | QL(2 EA daily)             | SELZENTRY SOLN                                                         | 0         | QL(35 ML daily)      |
| LEXIVA SUSP                                              | 0         | QL(56 ML daily)            | SELZENTRY TABS 25 MG, 75 MG                                            | NP        |                      |
| LEXIVA TABS ( <i>fosamprenavir calcium</i> )             | 0         | QL(4 EA daily)             | STRIBILD                                                               | 0         |                      |
| <i>lopinavir-ritonavir SOLN</i>                          | 0         | QL(160 ML per fill retail) | SUNLENCA TABS PO 300 MG                                                | 2         | SP                   |
| <i>lopinavir-ritonavir TABS 25 MG-100 MG</i>             | 0         | QL(4 EA daily)             | SUNLENCA TBPk 300 MG                                                   | 2         | SP                   |
| <i>lopinavir-ritonavir TABS 50 MG-200 MG</i>             | 0         | QL(6 EA daily)             | SYMFI ( <i>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>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | 0         | QL(1 EA daily)       |
| <i>maraviroc TABS 150 MG</i>                             | 0         | QL(2 EA daily)             | SYMTUZA                                                                | 0         | QL(1 EA daily)       |
| <i>nevirapine SUSP</i>                                   | 0         | QL(40 ML daily)            | <i>tenofovir disoproxil fumarate TABS</i>                              | 0         | QL(1 EA daily)       |
| <i>nevirapine TABS</i>                                   | 0         | QL(2 EA daily)             | TIVICAY PD TBSO                                                        | 0         |                      |
| <i>nevirapine TB24 400 MG</i>                            | 0         | QL(1 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>ritonavir</i> )                         | 0         | QL(12 EA daily)            | TRIZIVIR                                                               | 0         | QL(2 EA daily)       |
| ODEFSEY                                                  | 0         |                            | TRUVADA ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )         | 0         | QL(1 EA daily)       |
| PIFELTRO                                                 | 0         | QL(1 EA daily)             | TYBOST                                                                 | 0         | QL(1 EA daily)       |
| PREZCOBIX                                                | 0         | QL(1 EA daily)             | VIRACEPT TABS 625 MG                                                   | 0         | QL(4 EA daily)       |
| PREZISTA SUSP                                            | 0         | QL(12 ML daily)            | VIRACEPT TABS 250 MG                                                   | 0         | QL(9 EA daily)       |
| PREZISTA TABS 75 MG, 600 MG, 800 MG                      | 0         | QL(2 EA daily)             | VIREAD POWD                                                            | 0         |                      |
| PREZISTA TABS ( <i>darunavir</i> )                       | 0         | QL(2 EA daily)             | VIREAD TABS                                                            | 0         | QL(1 EA daily)       |
| PREZISTA TABS 150 MG                                     | 0         | QL(3 EA daily)             | VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )                   | 0         | QL(1 EA daily)       |
| RETROVIR CAPS ( <i>zidovudine</i> )                      | 0         | QL(6 EA daily)             |                                                                        |           |                      |
| RETROVIR SYRP ( <i>zidovudine</i> )                      | 0         | QL(60 ML daily)            |                                                                        |           |                      |

| Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|
| YEZTUGO TABS PO 300 MG                     | 2         | SP                   |
| ZIAGEN SOLN ( <i>abacavir sulfate</i> )    | 0         | QL(30 ML daily)      |
| ZIAGEN TABS ( <i>abacavir sulfate</i> )    | 0         | QL(2 EA daily)       |
| <i>zidovudine</i> CAPS                     | 0         | QL(6 EA daily)       |
| <i>zidovudine</i> SYRP                     | 0         | QL(60 ML daily)      |
| <i>zidovudine</i> TABS                     | 0         | QL(2 EA daily)       |
| Antiviral Combinations                     |           |                      |
| PAXLOVID (150/100)                         | 0         |                      |
| PAXLOVID (300/100 & 150/100)               | 0         |                      |
| PAXLOVID (300/100)                         | 0         |                      |
| CMV Agents                                 |           |                      |
| PREVYMIS SOLN                              | 2         | SP; PA               |
| PREVYMIS TABS                              | 2         | SP; PA               |
| <i>valganciclovir hcl</i> TABS             | 1         | QL(2 EA daily)       |
| Hepatitis Agents                           |           |                      |
| EPCLUSA PACK                               | NP        | SP; PA               |
| EPCLUSA TABS                               | NP        | SP; PA               |
| HARVONI PACK                               | NP        | SP; PA               |
| HARVONI TABS                               | NP        | SP; PA               |
| LEDIPASVIR-SOFOSBUVIR TABS                 | 2         | SP                   |
| MAVYRET PACK                               | 2         | SP                   |
| MAVYRET TABS                               | 2         | SP                   |
| PEGASYS SOLN                               | 2         | SP; PA               |
| PEGASYS SOSY                               | 2         | SP; PA               |
| <i>ribavirin (hepatitis c)</i> CAPS        | 1         | SP; PA               |
| <i>ribavirin (hepatitis c)</i> TABS 200 MG | 1         | SP; PA               |
| SOFOSBUVIR-VELPATASVIR TABS                | 2         | SP                   |
| SOVALDI PACK                               | NP        | SP; PA               |
| SOVALDI TABS                               | NP        | SP; PA               |

| Drug Name                                          | Drug Tier | Requirements/ Limits            |
|----------------------------------------------------|-----------|---------------------------------|
| VOSEVI                                             | NP        | SP; PA                          |
| ZEPATIER                                           | NP        | SP; PA                          |
| Herpes Agents                                      |           |                                 |
| <i>acyclovir</i> CAPS                              | 1         | QL(50 EA per 30 day(s) retail)  |
| <i>acyclovir</i> SUSP                              | 1         | QL(400 ML per 30 day(s) retail) |
| <i>acyclovir</i> TABS PO 400 MG                    | 1         | QL(3 EA daily)                  |
| <i>acyclovir</i> TABS PO 800 MG                    | 1         | QL(50 EA per 30 day(s) retail)  |
| <i>famciclovir</i>                                 | 1         |                                 |
| <i>valacyclovir hcl</i> 1 GM                       | 1         | QL(42 EA per 21 day(s) retail)  |
| <i>valacyclovir hcl</i> 500 MG                     | 1         | QL(2 EA daily)                  |
| Influenza Agents                                   |           |                                 |
| <i>oseltamivir phosphate</i> CAPS 30 MG            | 1         | QL(20 EA per fill retail)       |
| <i>oseltamivir phosphate</i> CAPS 45 MG, 75 MG     | 1         | QL(10 EA per fill retail)       |
| <i>oseltamivir phosphate</i> SUSR                  | 1         | QL(120 ML per fill retail)      |
| <i>rimantadine hydrochloride</i> TABS              | NP        | PA                              |
| XOFLUZA (40 MG DOSE) 40 MG                         | NP        |                                 |
| XOFLUZA (80 MG DOSE) 80 MG                         | NP        |                                 |
| Misc. Antivirals                                   |           |                                 |
| LAGEVRIO                                           | 0         |                                 |
| TPOXX CAPS                                         | 2         |                                 |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure |           |                                 |
| Alpha-Beta Blockers                                |           |                                 |
| <i>carvedilol</i> 3.125 MG, 6.25 MG, 12.5 MG       | 1         | QL(3 EA daily); MP              |
| <i>carvedilol</i> 25 MG                            | 1         | QL(4 EA daily); MP              |
| <i>carvedilol phosphate</i>                        | NP        | QL(1 EA daily); MP              |

| Drug Name                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------|-----------|----------------------|
| COREG CR ( <i>carvedilol phosphate</i> )              | NP        | QL(1 EA daily); MP   | <i>sotalol hcl (afib/afl)</i>                                                    | 1         | QL(2 EA daily); MP   |
| <i>labetalol hcl TABS 300 MG</i>                      | 1         | QL(8 EA daily); MP   | <i>sotalol hcl TABS 240 MG</i>                                                   | 1         | MP                   |
| <i>labetalol hcl TABS 200 MG</i>                      | 1         | QL(6 EA daily); MP   | <i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>                                    | 1         | QL(2 EA daily); MP   |
| <i>labetalol hcl TABS 100 MG</i>                      | 1         | QL(3 EA daily); MP   | <i>timolol maleate TABS</i>                                                      | NP        | MP                   |
| <i>labetalol hcl TABS 400 MG</i>                      | 1         |                      | <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>             |           |                      |
| Beta Blockers Cardio-Selective                        |           |                      | Calcium Channel Blockers                                                         |           |                      |
| <i>acebutolol hcl CAPS</i>                            | 1         | MP                   | <i>amlodipine besylate TABS</i>                                                  | 1         | QL(1 EA daily); MP   |
| <i>atenolol TABS</i>                                  | 1         | QL(2 EA daily); MP   | CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl</i> ) | NP        | MP                   |
| <i>betaxolol hcl</i>                                  | 1         |                      | CONJUPRI ( <i>levamlodipine maleate</i> )                                        | 2         |                      |
| <i>bisoprolol fumarate 2.5 MG</i>                     | 1         |                      | <i>diltiazem hcl coated beads CP24 240 MG</i>                                    | 1         | QL(2 EA daily); MP   |
| <i>bisoprolol fumarate</i>                            | 1         | QL(1 EA daily); MP   | <i>diltiazem hcl coated beads CP24 360 MG</i>                                    | 1         | MP                   |
| LOPRESSOR SOLN PO 10 MG/ML                            | NP        |                      | <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>                    | 1         | QL(1 EA daily); MP   |
| <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i> | 1         | QL(4 EA daily); MP   | <i>diltiazem hcl extended release beads</i>                                      | 1         | QL(1 EA daily); MP   |
| <i>metoprolol succinate TB24 200 MG</i>               | 1         | QL(2 EA daily); MP   | <i>diltiazem hcl CP12</i>                                                        | 1         | QL(2 EA daily); MP   |
| <i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>        | 1         |                      | <i>diltiazem hcl CP24 180 MG</i>                                                 | 1         | MP                   |
| <i>metoprolol tartrate TABS 25 MG, 50 MG</i>          | 1         | QL(4 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   |
| Beta Blockers Non-Selective                           |           |                      | <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>                 | NP        | MP                   |
| <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>               | 1         | MP                   | <i>felodipine</i>                                                                | 1         | QL(1 EA daily); MP   |
| <i>pindolol TABS</i>                                  | NP        | MP                   | <i>isradipine CAPS</i>                                                           | NP        |                      |
| <i>propranolol hcl CP24</i>                           | 1         | QL(2 EA daily); MP   | <i>levamlodipine maleate</i>                                                     | 1         |                      |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>   | 1         | MP                   | <i>nicardipine hcl CAPS</i>                                                      | NP        | MP                   |
| <i>propranolol hcl TABS</i>                           | 1         | MP                   |                                                                                  |           |                      |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| <i>nifedipine CAPS 10 MG</i>                                                 | NP        | QL(4 EA daily); MP   |
| <i>nifedipine CAPS 20 MG</i>                                                 | 1         | QL(4 EA daily); MP   |
| <i>nifedipine TB24 30 MG, 90 MG</i>                                          | 1         | QL(1 EA daily); MP   |
| <i>nifedipine TB24 60 MG</i>                                                 | 1         | QL(2 EA daily); MP   |
| <i>nimodipine CAPS</i>                                                       | NP        |                      |
| <i>nisoldipine</i>                                                           | NP        |                      |
| NORLIQVA SOLN                                                                | NP        |                      |
| SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )                            | NP        |                      |
| VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )                               | NP        | QL(2 EA daily); MP   |
| <i>verapamil hcl CP24 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>             | NP        | QL(2 EA daily); MP   |
| <i>verapamil hcl CP24 360 MG</i>                                             | NP        | QL(1 EA daily); MP   |
| <i>verapamil hcl CP24 300 MG</i>                                             | NP        | 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 300 MG ( <i>verapamil hcl</i> )                              | NP        | MP                   |
| VERELAN PM CP24 100 MG, 200 MG ( <i>verapamil hcl</i> )                      | NP        | QL(2 EA daily); MP   |
| VERELAN CP24 120 MG, 180 MG, 240 MG ( <i>verapamil hcl</i> )                 | NP        | QL(2 EA daily); MP   |
| VERELAN CP24 360 MG ( <i>verapamil hcl</i> )                                 | NP        | QL(1 EA daily); 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                   |

| Drug Name                                                                                                                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| LANOXIN TABS 125 MCG, 250 MCG ( <i>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>                                                                                                               | NP        |                      |
| CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> ) | NP        |                      |
| ENTRESTO CPSP                                                                                                                                                 | NP        |                      |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>sacubitril-valsartan</i> )                                                                          | 2         |                      |
| OPSYNVI                                                                                                                                                       | NP        | SP; PA               |
| <i>sacubitril-valsartan TABS</i>                                                                                                                              | NP        |                      |
| 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                   |

| Drug Name                                               | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------|-----------|------------------------|
| LETAIRIS ( <i>ambrisentan</i> )                         | NP        | SP                     |
| TRACLEER TABS ( <i>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) SUSR</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                               |           |                        |
| VYNDAMAX                                                | 2         | QL(1 EA daily); SP; PA |
| VYNDAQEL                                                | 2         | QL(4 EA daily); SP; PA |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections    |           |                        |
| 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                                        | NP        |                        |
| <i>cefaclor CAPS</i>                                    | 1         |                        |
| <i>cefaclor SUSR 250 MG/5ML</i>                         | 1         |                        |

| Drug Name                                         | Drug Tier | Requirements/ Limits                                                       |
|---------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <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               |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy       |           |                                                                            |
| 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 |

| Drug Name                                                        | Drug Tier | Requirements/ Limits                                                       | Drug Name                                                                        | Drug Tier | Requirements/ Limits                                                       |
|------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| <i>drospirenone-ethinyl estradiol</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>drospirenone-ethinyl estradiol-levomefolate calcium</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>ethynodiol diacet &amp; eth estrad</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>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-1 MG</i>                             | 0         |                                                                            |
| <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-0.4 MG, 35 MCG-0.5 MG</i>            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| 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 |
|                                                                  |           |                                                                            | <i>norethindrone acet &amp; eth estra TABS</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>norethindrone acetate-ethinyl estradiol-fe</i>       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | MIUDELLA INTRAUTERINE COPPER                | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| <i>norethindrone-eth estradiol (triphasic)</i>          | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | PARAGARD INTRAUTERINE COPPER                | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| <i>norgestimate-ethinyl estradiol</i>                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | Emergency Contraceptives                    |           |                                                                                                      |
| <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                                                                         |                                             |           |                                                                                                      |
| Copper Contraceptives - IUD                             |           |                                                                            |                                             |           |                                                                                                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                                                                 | Drug Name                                                                            | Drug Tier | Requirements/ Limits            |
|------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|---------------------------------|
| <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 | <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |                                 |
| Progestin Contraceptives - IUD                             |           |                                                                                                      | Glucocorticosteroids                                                                 |           |                                 |
| KYLEENA                                                    | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | <i>budesonide TB24</i>                                                               | NP        |                                 |
| LILETTA (52 MG)                                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | CORTISONE ACETATE TABS                                                               | 2         |                                 |
| MIRENA (52 MG)                                             | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | <i>deflazacort SUSP</i>                                                              | 1         | SP; PA                          |
| SKYLA                                                      | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | <i>deflazacort TABS</i>                                                              | 1         | SP; PA                          |
| Progestin Contraceptives - Oral                            |           |                                                                                                      | DEXAMETHASONE INTENSOL CONC                                                          | 2         |                                 |
| <i>norethindrone (contraceptive)</i>                       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           | <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) |
|                                                            |           |                                                                                                      | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML                                       | 2         | QL(150 ML per 30 day(s) retail) |
|                                                            |           |                                                                                                      | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>                                | 1         | QL(150 ML per 30 day(s) retail) |
|                                                            |           |                                                                                                      | <i>dexamethasone ELIX</i>                                                            | 1         |                                 |
|                                                            |           |                                                                                                      | <i>dexamethasone SOLN</i>                                                            | 1         |                                 |
|                                                            |           |                                                                                                      | <i>dexamethasone TABS 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>                  | 1         |                                 |
|                                                            |           |                                                                                                      | <i>hydrocortisone TABS</i>                                                           | 1         |                                 |
|                                                            |           |                                                                                                      | <i>methylprednisolone TABS 4 MG, 8 MG</i>                                            | 1         |                                 |
|                                                            |           |                                                                                                      | <i>methylprednisolone TBPK</i>                                                       | 1         |                                 |
|                                                            |           |                                                                                                      | <i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>                                   | 1         |                                 |
|                                                            |           |                                                                                                      | <i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>                                  | 1         | QL(240 ML per fill retail)      |
|                                                            |           |                                                                                                      | <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>                                  | 1         | QL(150 ML per fill retail)      |
|                                                            |           |                                                                                                      | <i>prednisolone SOLN</i>                                                             | 1         |                                 |
|                                                            |           |                                                                                                      | PREDNISONE INTENSOL CONC                                                             | 2         |                                 |

| Drug Name                                                                                                       | Drug Tier | Requirements/ Limits                                                        | Drug Name                                               | Drug Tier | Requirements/ Limits                                           |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|---------------------------------------------------------|-----------|----------------------------------------------------------------|
| <i>prednisone SOLN</i>                                                                                          | 1         |                                                                             | <i>guaifenesin-codeine SOLN</i>                         | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>prednisone TABS</i>                                                                                          | 1         |                                                                             |                                                         |           |                                                                |
| <i>prednisone TBPk</i>                                                                                          | 1         |                                                                             | <i>guaifenesin-codeine SYRP</i>                         | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| UCERIS TB24 ( <i>budesonide</i> )                                                                               | NP        |                                                                             |                                                         |           |                                                                |
| ZILRETTA SRER                                                                                                   | 2         | SP; PA                                                                      | MAXI-TUSS PE LIQD                                       | 2         |                                                                |
| Mineralocorticoids                                                                                              |           |                                                                             | <i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>        | 1         | QL(240 ML per fill retail)                                     |
| <i>fludrocortisone acetate TABS</i>                                                                             | 1         |                                                                             | <i>phenylephrine-dm SOLN</i>                            | 1         | QL(240 ML per fill retail)                                     |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>                                     |           |                                                                             | <i>promethazine &amp; phenylephrine SYRP</i>            | 1         | QL(240 ML per fill retail); AL(At least 2 yrs old)             |
| Antitussives                                                                                                    |           |                                                                             | <i>promethazine w/codeine SOLN</i>                      | 1         | QL(240 ML per fill retail); AL(At least 6 yrs old)             |
| <i>benzonatate 100 MG</i>                                                                                       | 1         | 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>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>pseudoephedrine-ibuprofen TABS</i>                   | 1         |                                                                |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>                                                    | 1         |                                                                             | Expectorants                                            |           |                                                                |
| Cough/Cold/Allergy Combinations                                                                                 |           |                                                                             | <i>potassium iodide (expectorant) SOLN</i>              | 1         |                                                                |
| <i>brompheniramine &amp; phenyleph ELIX</i>                                                                     | 1         | QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail              | Misc. Respiratory Inhalants                             |           |                                                                |
| <i>brompheniramine &amp; pseudoeph ELIX</i>                                                                     | 1         | QL(120 ML per fill retail)                                                  | <i>sodium chloride (inhalant) AERS</i>                  | 1         | QL(240 ML per fill retail)                                     |
| <i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>                                                  | 1         | QL(120 ML per fill retail)                                                  | <i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>       | 1         |                                                                |
| <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)                                                  | Mucolytics                                              |           |                                                                |
| <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>                           | 1         | QL(240 ML per fill retail)                                                  | <i>acetylcysteine SOLN</i>                              | 1         |                                                                |
|                                                                                                                 |           |                                                                             | <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b> |           |                                                                |
|                                                                                                                 |           |                                                                             | Acne Products                                           |           |                                                                |
|                                                                                                                 |           |                                                                             | ABSORICA 10 MG, 20 MG, 40 MG ( <i>isotretinoin</i> )    | NP        | QL(2 EA daily); AL(At least 12 yrs old)                        |
|                                                                                                                 |           |                                                                             | <i>adapalene-benzoyl peroxide GEL</i>                   | 1         |                                                                |

| Drug Name                                                              | Drug Tier | Requirements/ Limits                                     | Drug Name                                              | Drug Tier | Requirements/ Limits                                     |
|------------------------------------------------------------------------|-----------|----------------------------------------------------------|--------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>adapalene CREA</i>                                                  | 1         |                                                          | <i>isotretinoin 10 MG, 20 MG, 40 MG</i>                | 1         | QL(2 EA daily);<br>AL(At least 12 yrs old)               |
| <i>adapalene GEL</i>                                                   | 1         | RX/OTC                                                   | RETIN-A MICRO<br>( <i>tretinoin microsphere</i> )      | NP        | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| <i>adapalene GEL</i>                                                   | 1         |                                                          | RETIN-A MICRO PUMP<br>( <i>tretinoin microsphere</i> ) | NP        | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| ADAPALENE SOLN                                                         | 2         |                                                          | RETIN-A GEL ( <i>tretinoin</i> )                       | 2         | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| AKLIEF                                                                 | NP        |                                                          | <i>sulfacetamide sodium (acne)</i>                     | 1         | QL(120 ML per fill retail)                               |
| ATRALIN GEL ( <i>tretinoin</i> )                                       | NP        | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) | <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>    | 1         | QL(60 GM per fill retail)                                |
| <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>                           | 1         |                                                          | <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>    | 1         | QL(30 GM per fill retail)                                |
| BENZOYL PEROXIDE GEL                                                   | 2         |                                                          | <i>tretinoin microsphere</i>                           | NP        | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| <i>benzoyl peroxide LIQD 5 %, 10 %</i>                                 | 1         |                                                          | <i>tretinoin CREA 0.025 %</i>                          | 1         | QL(20 GM per fill retail);<br>AL(Up to 35 yrs old)       |
| <i>benzoyl peroxide LOTN 5 %, 10 %</i>                                 | 1         |                                                          | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>           | 1         | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| BENZOYL PEROXIDE LOTN 5 %, 10 %                                        | 2         |                                                          | <i>tretinoin GEL 0.01 %, 0.025 %, 0.05 %</i>           | 1         | 1 package(s)<br>per fill retail;<br>AL(Up to 35 yrs old) |
| <i>clindamycin phosphate (topical) GEL</i>                             | 1         | QL(75 ML per fill retail)                                | Antibiotics - Topical                                  |           |                                                          |
| <i>clindamycin phosphate (topical) LOTN</i>                            | 1         | QL(60 ML per fill retail)                                | <i>bacitracin (topical) OINT</i>                       | 1         | QL(453.9 GM per fill retail)                             |
| <i>clindamycin phosphate (topical) SOLN</i>                            | 1         |                                                          | <i>bacitracin zinc OINT</i>                            | 1         | QL(453.6 GM per fill retail)                             |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>            | 1         |                                                          | <i>gentamicin sulfate (topical) CREA</i>               | 1         | QL(30 GM per fill retail)                                |
| <i>clindamycin phosphate-benzoyl peroxide GEL 2.5 %-1.2 %, 5 %-1 %</i> | 1         |                                                          | <i>gentamicin sulfate (topical) OINT</i>               | 1         | QL(30 GM per fill retail)                                |
| <i>clindamycin phosphate-tretinoin</i>                                 | 1         |                                                          |                                                        |           |                                                          |
| DIFFERIN CREA ( <i>adapalene</i> )                                     | NP        |                                                          |                                                        |           |                                                          |
| DIFFERIN GEL 0.3 % ( <i>adapalene</i> )                                | NP        |                                                          |                                                        |           |                                                          |
| DIFFERIN LOTN                                                          | NP        |                                                          |                                                        |           |                                                          |
| <i>erythromycin (acne aid) GEL</i>                                     | 1         | QL(60 GM per fill retail)                                |                                                        |           |                                                          |
| <i>erythromycin (acne aid) SOLN</i>                                    | 1         |                                                          |                                                        |           |                                                          |

| Drug Name                                 | Drug Tier | Requirements/ Limits              |
|-------------------------------------------|-----------|-----------------------------------|
| <i>mupirocin calcium (topical)</i>        | 1         |                                   |
| <i>mupirocin OINT</i>                     | 1         | QL(30 GM per fill retail)         |
| <i>neomycin-bacitracin-polymyxin OINT</i> | 1         | QL(56 GM per fill retail)         |
| <i>neomycin-polymyxin w/ pramoxine</i>    | 1         | QL(28.3 GM per fill retail)       |
| Antifungals - Topical                     |           |                                   |
| <i>ciclopirox SOLN</i>                    | 1         | PA                                |
| <i>clotrimazole (topical) CREA</i>        | 1         | QL(60 GM per fill retail); RX/OTC |
| <i>clotrimazole (topical) SOLN</i>        | 1         | QL(60 ML per fill retail); RX/OTC |
| <i>clotrimazole w/ betamethasone CREA</i> | 1         | QL(45 GM per fill retail)         |
| <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>                       | NP        | PA                                |
| <i>LUZU (luliconazole)</i>                | NP        | PA                                |
| <i>miconazole nitrate (topical) CREA</i>  | 1         | QL(92 GM per fill retail)         |
| <i>NIZORAL SHAM</i>                       | 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>           | NP        | PA                                |

| Drug Name                                              | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------|-----------|---------------------------|
| <i>OXISTAT CREA (oxiconazole nitrate)</i>              | NP        | 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                                 |           |                           |
| <i>ITCH RELIEF CREA</i>                                | 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                    |
| <i>CARAC CREA (fluorouracil (topical))</i>             | 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) |
| <i>LEVULAN KERASTICK SOLR</i>                          | 2         | SP; PA                    |
| Antipruritics - Topical                                |           |                           |
| <i>camphor &amp; menthol LOTN</i>                      | 1         | QL(59 ML per fill retail) |
| Antipsoriatics                                         |           |                           |
| <i>BIMZELX SOAJ 320 MG/2ML</i>                         | NP        | SP; PA                    |
| <i>BIMZELX SOAJ 160 MG/ML</i>                          | NP        | SP; PA                    |
| <i>BIMZELX SOSY 320 MG/2ML</i>                         | NP        | SP; PA                    |
| <i>BIMZELX SOSY 160 MG/ML</i>                          | NP        | SP; PA                    |
| <i>calcipotriene CREA</i>                              | 1         | QL(60 GM per fill retail) |
| <i>CALCIPOTRIENE FOAM</i>                              | NP        |                           |
| <i>calcipotriene OINT</i>                              | NP        |                           |

| Drug Name                                      | Drug Tier | Requirements/ Limits                            |
|------------------------------------------------|-----------|-------------------------------------------------|
| <i>calcipotriene SOLN</i>                      | NP        | 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                                          |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML           | NP        | SP; PA                                          |
| PYZCHIVA 45 MG/0.5ML, 90 MG/ML                 | NP        | SP; PA                                          |
| PYZCHIVA SC 45 MG/0.5ML                        | NP        | SP; PA                                          |
| PYZCHIVA SC 45 MG/0.5ML, 90 MG/ML              | NP        | PA                                              |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML         | 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                                          |
| SPEVIGO SOSY                                   | NP        | PA                                              |
| STEQEYMA                                       | 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) |
| USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML | NP        | SP; PA                                          |
| USTEKINUMAB-TTWE                               | NP        | SP; PA                                          |
| VTAMA                                          | NP        | PA                                              |

| Drug Name                                        | Drug Tier | Requirements/ Limits              |
|--------------------------------------------------|-----------|-----------------------------------|
| YESINTEK SOLN 45 MG/0.5ML                        | NP        | SP; PA                            |
| YESINTEK SOSY                                    | NP        | SP; PA                            |
| Antiseborrheic Products                          |           |                                   |
| <i>selenium sulfide LOTN 1 %</i>                 | 1         | QL(240 ML per fill retail)        |
| <i>selenium sulfide LOTN 2.5 %</i>               | 1         | QL(120 ML per fill retail)        |
| <i>selenium sulfide SHAM 1 %</i>                 | 1         | QL(240 ML per fill retail)        |
| <i>sulfacetamide sodium LIQD</i>                 | 1         | QL(480 ML per fill retail)        |
| Antivirals - Topical                             |           |                                   |
| <i>acyclovir topical CREA</i>                    | 1         | QL(1 GM daily)                    |
| <i>acyclovir topical OINT</i>                    | 1         |                                   |
| DENAVIR ( <i>penciclovir</i> )                   | 2         |                                   |
| <i>penciclovir</i>                               | NP        |                                   |
| ZOVIRAX CREA ( <i>acyclovir topical</i> )        | NP        | QL(1 GM daily)                    |
| ZOVIRAX OINT ( <i>acyclovir topical</i> )        | 2         |                                   |
| Burn Products                                    |           |                                   |
| <i>silver sulfadiazine</i>                       | 1         | QL(85 GM per fill retail)         |
| Corticosteroids - Topical                        |           |                                   |
| <i>alclometasone dipropionate CREA</i>           | 1         |                                   |
| <i>alclometasone dipropionate OINT</i>           | 1         |                                   |
| <i>amcinonide CREA</i>                           | NP        |                                   |
| <i>amcinonide LOTN</i>                           | 1         |                                   |
| <i>amcinonide OINT</i>                           | 1         |                                   |
| <i>betamethasone dipropionate (topical) CREA</i> | NP        | 1 package(s) per 30 day(s) retail |
| <i>betamethasone dipropionate (topical) LOTN</i> | 1         |                                   |

| Drug Name                                              | Drug Tier | Requirements/ Limits      | Drug Name                                                      | Drug Tier | Requirements/ Limits         |
|--------------------------------------------------------|-----------|---------------------------|----------------------------------------------------------------|-----------|------------------------------|
| <i>betamethasone dipropionate (topical) OINT</i>       | 1         |                           | <i>clobetasol propionate LOTN</i>                              | 1         |                              |
| <i>betamethasone dipropionate augmented CREA</i>       | NP        | QL(50 GM per fill retail) | <i>clobetasol propionate OINT 0.05 %</i>                       | 1         | QL(60 GM per fill retail)    |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | NP        |                           | <i>clobetasol propionate SHAM</i>                              | 1         |                              |
| <i>betamethasone dipropionate augmented LOTN</i>       | 1         |                           | <i>clobetasol propionate SOLN 0.05 %</i>                       | 1         | QL(50 ML per fill retail)    |
| <i>betamethasone dipropionate augmented OINT</i>       | NP        |                           | <i>clocortolone pivalate</i>                                   | NP        |                              |
| <i>betamethasone valerate CREA</i>                     | NP        | QL(45 GM per fill retail) | CLODAN                                                         | NP        |                              |
| <i>betamethasone valerate FOAM</i>                     | NP        |                           | CLODERM ( <i>clocortolone pivalate</i> )                       | NP        |                              |
| <i>betamethasone valerate LOTN</i>                     | NP        | QL(60 ML per fill retail) | CORDRAN LOTN ( <i>flurandrenolide</i> )                        | NP        |                              |
| <i>betamethasone valerate OINT</i>                     | NP        | QL(45 GM per fill retail) | <i>desonide CREA</i>                                           | 1         | 1 package(s) per fill retail |
| <i>calcipotriene-betamethasone dipropionate OINT</i>   | 1         |                           | <i>desonide LOTN</i>                                           | 1         |                              |
| <i>calcipotriene-betamethasone dipropionate SUSP</i>   | NP        |                           | <i>desonide OINT</i>                                           | 1         | 1 package(s) per fill retail |
| CAPEX SHAM                                             | NP        |                           | <i>desoximetasone CREA 0.05 %</i>                              | NP        | QL(60 GM per fill retail)    |
| <i>clobetasol propionate emollient base 0.05 %</i>     | 1         | QL(60 GM per fill retail) | <i>desoximetasone CREA 0.25 %</i>                              | NP        |                              |
| <i>clobetasol propionate emulsion</i>                  | 1         |                           | <i>desoximetasone GEL</i>                                      | NP        |                              |
| <i>clobetasol propionate CREA 0.05 %</i>               | 1         | QL(60 GM per fill retail) | <i>desoximetasone LIQD</i>                                     | NP        |                              |
| <i>clobetasol propionate FOAM</i>                      | 1         |                           | <i>desoximetasone OINT</i>                                     | 1         |                              |
| <i>clobetasol propionate GEL 0.05 %</i>                | 1         | QL(60 GM per fill retail) | <i>diflorasone diacetate CREA</i>                              | NP        | QL(60 GM per fill retail)    |
| <i>clobetasol propionate LIQD</i>                      | 1         |                           | <i>diflorasone diacetate OINT</i>                              | NP        | QL(60 GM per fill retail)    |
|                                                        |           |                           | DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> ) | NP        |                              |
|                                                        |           |                           | EPIFOAM FOAM                                                   | 2         |                              |
|                                                        |           |                           | <i>fluocinolone acetonide CREA</i>                             | NP        |                              |
|                                                        |           |                           | <i>fluocinolone acetonide OIL</i>                              | 1         |                              |
|                                                        |           |                           | <i>fluocinolone acetonide OINT</i>                             | NP        |                              |
|                                                        |           |                           | <i>fluocinolone acetonide SOLN</i>                             | NP        |                              |

| Drug Name                                  | Drug Tier | Requirements/ Limits                          | Drug Name                                                 | Drug Tier | Requirements/ Limits       |
|--------------------------------------------|-----------|-----------------------------------------------|-----------------------------------------------------------|-----------|----------------------------|
| <i>fluocinonide emulsified base</i>        | NP        | QL(60 GM per fill retail)                     | <i>hydrocortisone (topical) OINT 2.5 %</i>                | 1         | QL(454 GM per fill retail) |
| <i>fluocinonide CREA 0.05 %</i>            | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone (topical) SOLN 1 %</i>                  | 1         |                            |
| <i>fluocinonide CREA 0.1 %</i>             | 1         |                                               | <i>hydrocortisone acetate (topical) CREA</i>              | 1         |                            |
| <i>fluocinonide GEL</i>                    | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone acetate (topical) OINT</i>              | 1         |                            |
| <i>fluocinonide OINT</i>                   | 1         | QL(60 GM per fill retail)                     | HYDROCORTISONE ACETATE CREA                               | 2         |                            |
| <i>fluocinonide SOLN</i>                   | 1         | QL(60 ML per fill retail)                     | <i>hydrocortisone butyrate hydrophilic lipo base</i>      | NP        |                            |
| <i>flurandrenolide CREA</i>                | 1         |                                               | <i>hydrocortisone butyrate CREA</i>                       | NP        |                            |
| <i>flurandrenolide LOTN</i>                | NP        |                                               | <i>hydrocortisone butyrate LOTN</i>                       | NP        |                            |
| <i>flurandrenolide OINT</i>                | NP        |                                               | <i>hydrocortisone butyrate OINT</i>                       | NP        |                            |
| <i>fluticasone propionate CREA 0.05 %</i>  | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone butyrate SOLN</i>                       | 1         | QL(60 ML per fill retail)  |
| <i>fluticasone propionate LOTN</i>         | NP        |                                               | <i>hydrocortisone valerate CREA</i>                       | 1         |                            |
| <i>fluticasone propionate OINT</i>         | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone valerate OINT</i>                       | 1         |                            |
| <i>halcinonide CREA</i>                    | NP        |                                               | HYDROXATE GEL                                             | NP        |                            |
| <i>halobetasol propionate CREA</i>         | 1         |                                               | HYDROXYM GEL                                              | NP        |                            |
| <i>halobetasol propionate OINT</i>         | 1         |                                               | KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> ) | NP        |                            |
| HALOG CREA ( <i>halcinonide</i> )          | NP        |                                               | LOCOID LIPOCREAM                                          | NP        |                            |
| <i>hydrocortisone (topical) CREA 1 %</i>   | 1         | QL(85.2 GM per fill retail); RX/OTC           | LOCOID LOTN ( <i>hydrocortisone butyrate</i> )            | NP        |                            |
| <i>hydrocortisone (topical) CREA 0.5 %</i> | 1         | QL(30 GM per fill retail)                     | <i>mometasone furoate CREA</i>                            | 1         | QL(50 GM per fill retail)  |
| <i>hydrocortisone (topical) CREA 2.5 %</i> | 1         | QL(453.6 GM per fill retail)                  | <i>mometasone furoate OINT</i>                            | 1         | QL(45 GM per fill retail)  |
| <i>hydrocortisone (topical) LOTN 1 %</i>   | 1         | QL(99 GM per fill retail)                     | <i>mometasone furoate SOLN</i>                            | 1         | QL(60 ML per fill retail)  |
| <i>hydrocortisone (topical) LOTN 2.5 %</i> | 1         | QL(59 ML per fill retail)                     | SYNALAR CREA ( <i>fluocinolone acetonide</i> )            | NP        |                            |
| <i>hydrocortisone (topical) OINT 0.5 %</i> | 1         |                                               | SYNALAR OINT ( <i>fluocinolone acetonide</i> )            | NP        |                            |
| <i>hydrocortisone (topical) OINT 1 %</i>   | 1         | QL(2 GM daily; 56 GM per fill retail); RX/OTC |                                                           |           |                            |

| Drug Name                                                          | Drug Tier | Requirements/ Limits           |
|--------------------------------------------------------------------|-----------|--------------------------------|
| SYNALAR SOLN<br>(fluocinolone acetonide)                           | NP        |                                |
| TACLONEX SUSP<br>(calcipotriene-<br>betamethasone<br>dipropionate) | NP        |                                |
| TOPICORT SPRAY LIQD<br>(desoximetasone)                            | NP        |                                |
| TOPICORT CREA 0.25 %<br>(desoximetasone)                           | NP        |                                |
| TOPICORT CREA 0.05 %<br>(desoximetasone)                           | NP        | QL(60 GM per<br>fill retail)   |
| TOPICORT GEL<br>(desoximetasone)                                   | NP        |                                |
| triamcinolone acetonide<br>(topical) AERS                          | NP        |                                |
| triamcinolone acetonide<br>(topical) CREA 0.5 %                    | 1         | QL(15 GM per<br>fill retail)   |
| triamcinolone acetonide<br>(topical) CREA 0.1 %                    | 1         | QL(85.2 GM<br>per fill retail) |
| triamcinolone acetonide<br>(topical) CREA 0.025 %                  | 1         | QL(160 GM per<br>fill retail)  |
| triamcinolone acetonide<br>(topical) LOTN                          | NP        | QL(60 ML per<br>fill retail)   |
| triamcinolone acetonide<br>(topical) OINT 0.5 %                    | 1         | QL(15 GM per<br>fill retail)   |
| triamcinolone acetonide<br>(topical) OINT 0.025 %, 0.1 %           | 1         | QL(80 GM per<br>fill retail)   |
| triamcinolone acetonide<br>(topical) OINT 0.05 %                   | 1         |                                |
| triamcinolone acetonide-<br>dimethicone-silicone                   | 1         |                                |
| Eczema Agents                                                      |           |                                |
| ADBRY SOAJ                                                         | 2         | SP; PA                         |
| ADBRY SOSY                                                         | 2         | SP; PA                         |
| CIBINQO                                                            | NP        | SP; PA                         |
| DUPIXENT SOAJ                                                      | 2         | SP; PA                         |
| DUPIXENT SOSY 300<br>MG/2ML                                        | 2         | SP; PA                         |
| EBGLYSS SOAJ                                                       | 2         | SP; PA                         |

| Drug Name                                   | Drug Tier | Requirements/ Limits                                           |
|---------------------------------------------|-----------|----------------------------------------------------------------|
| EBGLYSS SOSY                                | 2         | SP; PA                                                         |
| OPZELURA                                    | NP        | PA                                                             |
| Emollient/Keratolytic Agents                |           |                                                                |
| urea CREA 40 %                              | 1         | QL(85.05 GM<br>per fill retail);<br>RX/OTC                     |
| urea LOTN 40 %                              | 1         | QL(325 GM per<br>fill retail)                                  |
| Emollients                                  |           |                                                                |
| lactic acid (ammonium<br>lactate) CREA      | 1         | QL(385 GM per<br>fill retail);<br>RX/OTC                       |
| lactic acid (ammonium<br>lactate) LOTN 12 % | 1         | QL(400 GM per<br>fill retail; 400<br>per fill mail);<br>RX/OTC |
| Hair Growth Agents                          |           |                                                                |
| LITFULO                                     | NP        | SP; PA                                                         |
| Immunomodulating Agents - Systemic          |           |                                                                |
| NEMLUVIO                                    | NP        | SP; PA                                                         |
| Immunomodulating Agents - Topical           |           |                                                                |
| imiquimod 5 %                               | 1         | QL(48 EA per<br>180 day(s)<br>retail)                          |
| Immunosuppressive Agents - Topical          |           |                                                                |
| ELIDEL (pimecrolimus)                       | 2         | QL(1 GM<br>daily); AL(At<br>least 2 yrs old);<br>PA            |
| pimecrolimus                                | 1         | QL(1 GM<br>daily); AL(At<br>least 2 yrs old);<br>PA            |
| tacrolimus (topical) OINT<br>0.03 %         | 1         | QL(1 GM<br>daily); AL(At<br>least 2 yrs old);<br>PA            |
| tacrolimus (topical) OINT<br>0.1 %          | 1         | PA                                                             |
| Keratolytic/Antimitotic/Vesicant Agents     |           |                                                                |
| podofilox SOLN                              | 1         | QL(4 ML per fill<br>retail)                                    |

| Drug Name                                       | Drug Tier | Requirements/ Limits                                               | Drug Name                                                                    | Drug Tier | Requirements/ Limits                                                                   |
|-------------------------------------------------|-----------|--------------------------------------------------------------------|------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------|
| <i>salicylic acid GEL 6 %</i>                   | 1         | QL(40 GM per fill retail)                                          | <i>metronidazole (topical) GEL 0.75 %</i>                                    | 1         | QL(45 GM per fill retail)                                                              |
| Local Anesthetics - Topical                     |           |                                                                    | <i>metronidazole (topical) LOTN</i>                                          | 1         |                                                                                        |
| <i>capsaicin CREA 0.035 %</i>                   | 1         | QL(42.5 GM per fill retail)                                        | Scabicides & Pediculicides                                                   |           |                                                                                        |
| <i>capsaicin CREA 0.1 %</i>                     | 1         | QL(56.6 GM per fill retail)                                        | <i>ivermectin (pediculicide)</i>                                             | NP        |                                                                                        |
| <i>capsaicin CREA 0.025 %, 0.075 %</i>          | 1         | QL(60 GM per fill retail)                                          | LICEMD GEL                                                                   | 2         |                                                                                        |
| CASTIVA WARMING LOTN                            | 2         | QL(113 GM per fill retail)                                         | <i>malathion</i>                                                             | 1         | QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail                          |
| <i>dibucaine</i>                                | 1         | QL(56.7 GM per fill retail)                                        | NATROBA ( <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) |
| <i>lidocaine hcl CREA 4 %</i>                   | 1         | 1 package(s) per 34 day(s) retail; 1 package(s) per 34 day(s) mail | NIX LICE KILLING SPRAY LIQD XX                                               | 2         |                                                                                        |
| <i>lidocaine hcl CREA 3 %</i>                   | 1         | QL(85 GM per fill retail); RX/OTC                                  | <i>permethrin AERO</i>                                                       | 1         |                                                                                        |
| <i>lidocaine hcl GEL 2 %</i>                    | 1         | QL(85 GM per fill retail); RX/OTC                                  | <i>permethrin CREA</i>                                                       | 1         | QL(60 GM per fill retail)                                                              |
| <i>lidocaine hcl PRSY</i>                       | 1         | QL(85 ML per fill retail)                                          | <i>permethrin LIQD EX</i>                                                    | 1         |                                                                                        |
| <i>lidocaine CREA 4 %</i>                       | 1         | QL(76.5 GM per fill retail)                                        | <i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>              | 1         |                                                                                        |
| LIDOCAINE CREA                                  | 2         | QL(85 GM per fill retail)                                          | <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | 1         |                                                                                        |
| <i>lidocaine-prilocaine CREA</i>                | 1         | QL(5800 GM per fill retail)                                        | <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>                         | 1         |                                                                                        |
| Misc. Topical                                   |           |                                                                    | SCHOOLTIME SHAMPOO SHAM                                                      | 2         |                                                                                        |
| CVS LANOLIN CREA                                | 2         |                                                                    | SKLICE ( <i>ivermectin (pediculicide)</i> )                                  | NP        |                                                                                        |
| <i>lanolin (topical) CREA</i>                   | 1         |                                                                    | <i>spinosad</i>                                                              | NP        | QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old) |
| LANOLOR CREA                                    | 2         |                                                                    | Tar Products                                                                 |           |                                                                                        |
| <i>zinc oxide (topical) OINT 20 %</i>           | 1         | QL(60 GM per fill retail)                                          |                                                                              |           |                                                                                        |
| Phosphodiesterase 4 (PDE4) Inhibitors - Topical |           |                                                                    |                                                                              |           |                                                                                        |
| ZORYVE CREA EX                                  | NP        | PA                                                                 |                                                                              |           |                                                                                        |
| Rosacea Agents                                  |           |                                                                    |                                                                              |           |                                                                                        |
| <i>metronidazole (topical) CREA</i>             | 1         | QL(45 GM per fill retail)                                          |                                                                              |           |                                                                                        |

| Drug Name                          | Drug Tier | Requirements/ Limits                                                                           | Drug Name                          | Drug Tier | Requirements/ Limits |
|------------------------------------|-----------|------------------------------------------------------------------------------------------------|------------------------------------|-----------|----------------------|
| coal tar extract SHAM 0.5 %        | 1         |                                                                                                | COBAS LIAT SARS-COV-2 CONTROL      | 0         | RX/OTC               |
| Wound Care Products                |           |                                                                                                | COVID-19 AT HOME ANTIGEN TEST KIT  | 0         |                      |
| APLIGRAF DISK                      | 2         | PA                                                                                             | COVID-19 AT-HOME TEST KIT          | 0         |                      |
| DIAGNOSTIC PRODUCTS                |           |                                                                                                | COVID-19 OTC ANTIGEN 1-PACK KIT    | 0         |                      |
| Diagnostic Drugs                   |           |                                                                                                | COVID-19 OTC ANTIGEN 2-PACK KIT    | 0         |                      |
| cosyntropin SOLR                   | 1         | SP; PA                                                                                         | CVS COVID-19 AT HOME TEST KIT KIT  | 0         |                      |
| THYROGEN 0.9 MG                    | 2         | SP; PA                                                                                         | DIATRUST COVID-19 HOME TEST KIT    | 0         |                      |
| Diagnostic Tests                   |           |                                                                                                | ELLUME COVID-19 HOME TEST KIT      | 0         |                      |
| ACCU-CHEK GUIDE TEST STRP          | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | FASTEP COVID-19 ANTIGEN TEST KIT   | 0         |                      |
| ACCUA SARS-COV-2                   | 0         |                                                                                                | FLOWFLEX COVID-19 AG HOME TEST KIT | 0         |                      |
| ADVIN COVID-19 ANTIGEN TEST KIT    | 0         |                                                                                                | GENABIO COVID-19 RAPID TEST KIT    | 0         |                      |
| BD VERITOR SYSTEM SARS-COV-2       | 0         |                                                                                                | GOTOKNOW COVID-19 ANTIGEN RAPI KIT | 0         |                      |
| BINAXNOW COVID-19 AG CARD          | 0         |                                                                                                | ID NOW COVID-19                    | 0         |                      |
| BINAXNOW COVID-19 AG HOME TEST KIT | 0         |                                                                                                | ID NOW COVID-19 2.0 CONTROL        | 0         | RX/OTC               |
| BINAXNOW COVID-19 ANTIGEN SELF KIT | 0         |                                                                                                | ID NOW COVID-19 2.0 TEST           | 0         |                      |
| CARESTART COVID-19 HOME TEST KIT   | 0         |                                                                                                | ID NOW COVID-19 CONTROL            | 0         | RX/OTC               |
| CHEMSTRIP K STRP                   | 2         |                                                                                                | IHEALTH COVID-19 RAPID TEST KIT    | 0         |                      |
| CLEARDETECT COVID-19 AG HOME KIT   | 0         |                                                                                                | INDICAID COVID-19 RAPID TEST KIT   | 0         |                      |
| CLINITEST RAPID COVID-19 TEST KIT  | 0         |                                                                                                | INTELISWAB COVID-19 RAPID TEST KIT | 0         |                      |
| COBAS LIAT SARS-COV-2 ASSAY        | 0         |                                                                                                | KETONE TEST STRP                   | 2         |                      |
|                                    |           |                                                                                                | KETOSTIX STRP                      | 2         |                      |
|                                    |           |                                                                                                | LUCIRA CHECK IT COVID-19 TEST KIT  | 0         | RX/OTC               |

| Drug Name                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| LUCIRA COVID-19 ALL-IN-ONE KIT                        | 0         | RX/OTC               | 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         |                      |
| LYRA DIRECT SARS-COV-2 ASSAY                          | 0         |                      |                                                                                                                                                                                                                                                                                               |           |                      |
| LYRA SARS-COV-2 ASSAY                                 | 0         |                      |                                                                                                                                                                                                                                                                                               |           |                      |
| OHC COVID-19 ANTIGEN SELF TEST KIT                    | 0         |                      |                                                                                                                                                                                                                                                                                               |           |                      |
| ON/GO COVID-19 ANTIGEN TEST KIT                       | 0         |                      |                                                                                                                                                                                                                                                                                               |           |                      |
| ON/GO ONE COVID-19 HOME TEST KIT                      | 0         |                      |                                                                                                                                                                                                                                                                                               |           |                      |
| 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         |                      | DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure                                                                                                                                                                                                                   |           |                      |
| SOFIA2 SARS ANTIGEN FIA                               | 0         |                      | Carbonic Anhydrase Inhibitors                                                                                                                                                                                                                                                                 |           |                      |
| SPEEDY SWAB COVID-19 ANTIGEN KIT                      | 0         |                      | acetazolamide CP12                                                                                                                                                                                                                                                                            | 1         | MP                   |
| XPERT XPRESS SARS-COV-2                               | 0         |                      | acetazolamide TABS                                                                                                                                                                                                                                                                            | 1         | MP                   |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes |           |                      | methazolamide TABS                                                                                                                                                                                                                                                                            | 1         | MP                   |
| Digestive Enzymes                                     |           |                      | Diuretic Combinations                                                                                                                                                                                                                                                                         |           |                      |
| CREON CPEP                                            | 2         |                      | amiloride & hydrochlorothiazide                                                                                                                                                                                                                                                               | 1         | QL(1 EA daily)       |
| SUCRAID                                               | 2         | SP; PA               | spironolactone & hydrochlorothiazide                                                                                                                                                                                                                                                          | 1         | MP                   |
|                                                       |           |                      | triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG                                                                                                                                                                                                                                          | 1         | QL(1 EA daily); MP   |
|                                                       |           |                      | triamterene & hydrochlorothiazide TABS                                                                                                                                                                                                                                                        | 1         | QL(1 EA daily); MP   |
|                                                       |           |                      | Loop Diuretics                                                                                                                                                                                                                                                                                |           |                      |
|                                                       |           |                      | bumetanide TABS                                                                                                                                                                                                                                                                               | 1         | MP                   |
|                                                       |           |                      | furosemide SOLN PO 8 MG/ML, 10 MG/ML                                                                                                                                                                                                                                                          | 1         | MP                   |
|                                                       |           |                      | furosemide TABS                                                                                                                                                                                                                                                                               | 1         | MP                   |
|                                                       |           |                      | SOAANZ TABS 20 MG                                                                                                                                                                                                                                                                             | 2         | MP                   |
|                                                       |           |                      | torsemide TABS 5 MG, 10 MG, 100 MG                                                                                                                                                                                                                                                            | 1         | QL(1 EA daily); MP   |
|                                                       |           |                      | torsemide TABS 20 MG                                                                                                                                                                                                                                                                          | 1         | MP                   |
|                                                       |           |                      | Potassium Sparing Diuretics                                                                                                                                                                                                                                                                   |           |                      |
|                                                       |           |                      | amiloride hcl TABS                                                                                                                                                                                                                                                                            | 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                                           |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>              |           |                                              |
| <b>- Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                                              |
| Bone Density Regulators                                    |           |                                              |
| <i>ACTONEL TABS 35 MG (risedronate sodium)</i>             | NP        | 4 per 28 days; QL(4 EA per 28 day(s) retail) |
| <i>ACTONEL TABS 150 MG (risedronate sodium)</i>            | NP        |                                              |
| <i>alendronate sodium SOLN</i>                             | NP        | 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>ATELVIA TBEC (risedronate sodium)</i>                   | NP        |                                              |
| <i>BONSITY SOPN 560 MCG/2.24ML</i>                         | 2         | PA                                           |
| <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)                |
| <i>EVENITY</i>                                             | 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                                       |

| Drug Name                                  | Drug Tier | Requirements/ Limits                         |
|--------------------------------------------|-----------|----------------------------------------------|
| <i>PAMIDRONATE DISODIUM SOLN</i>           | 2         | SP; PA                                       |
| <i>PROLIA SOSY</i>                         | 2         | SP; PA                                       |
| <i>risedronate sodium TABS 5 MG, 30 MG</i> | NP        | QL(1 EA daily)                               |
| <i>risedronate sodium TABS 35 MG</i>       | NP        | 4 per 28 days; QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TABS 150 MG</i>      | NP        |                                              |
| <i>risedronate sodium TBEC</i>             | NP        |                                              |
| <i>teriparatide SOPN</i>                   | 1         | PA                                           |
| <i>TERIPARATIDE SOPN</i>                   | 2         | PA                                           |
| <i>XGEVA SOLN</i>                          | 2         | SP; PA                                       |
| <i>zoledronic acid CONC</i>                | 1         | SP; PA                                       |
| <i>zoledronic acid SOLN 5 MG/100ML</i>     | 1         | SP; PA                                       |
| <i>ZOLEDRONIC ACID SOLN</i>                | 2         | SP; PA                                       |
| Corticotropin                              |           |                                              |
| <i>ACTHAR GEL</i>                          | 2         | SP; PA                                       |
| <i>CORTROPHIN GEL</i>                      | 2         | SP; PA                                       |
| Fertility Regulators                       |           |                                              |
| <i>CHORIONIC GONADOTROPIN IM</i>           | 2         | PA                                           |
| <i>NOVAREL IM</i>                          | 2         | PA                                           |
| <i>PREGNYL IM</i>                          | 2         | PA                                           |
| GnRH/LHRH Antagonists                      |           |                                              |
| <i>ORILISSA</i>                            | 2         | SP; PA                                       |
| Growth Hormone Receptor Antagonists        |           |                                              |
| <i>SOMAVERT</i>                            | 2         | SP; PA                                       |
| Growth Hormones                            |           |                                              |
| <i>GENOTROPIN MINIQUICK PRSY</i>           | 2         | SP; PA                                       |
| <i>GENOTROPIN CART SC</i>                  | 2         | SP; PA                                       |
| <i>NGENLA</i>                              | NP        | SP; PA                                       |
| <i>NORDITROPIN FLEXPRO SOPN</i>            | 2         | SP; PA                                       |

| Drug Name                                       | Drug Tier | Requirements/ Limits     | Drug Name                                                    | Drug Tier | Requirements/ Limits |
|-------------------------------------------------|-----------|--------------------------|--------------------------------------------------------------|-----------|----------------------|
| OMNITROPE SOCT                                  | NP        | SP; PA                   | IMCIVREE SOLN SC                                             | NP        | SP; PA               |
| SKYTROFA                                        | NP        | SP; PA                   | KANUMA                                                       | 2         | SP; PA               |
| SOGROYA                                         | 2         | SP; PA                   | <i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i> | 1         | QL(30 ML daily)      |
| Hormone Receptor Modulators                     |           |                          | <i>levocarnitine (metabolic modifiers) TABS</i>              | 1         | QL(3 EA daily)       |
| <i>raloxifene hcl</i>                           | 1         | QL(1 EA daily)           | LUMIZYME                                                     | 2         | SP; PA               |
| Insulin-Like Growth Factors (Somatomedins)      |           |                          | MYALEPT                                                      | 2         | SP; PA               |
| INCRELEX                                        | 2         | SP; PA                   | NAGLAZYME                                                    | 2         | SP; PA               |
| LHRH/GnRH Agonist Analog Pituitary Suppressants |           |                          | <i>nitisinone CAPS</i>                                       | 1         | SP; PA               |
| FENSOLVI (6 MONTH) SC                           | 2         | SP; PA                   | OLPRUVA (2 GM DOSE) THPK                                     | NP        | SP                   |
| LUPRON DEPOT-PED (1-MONTH)                      | 2         | SP; PA                   | OLPRUVA (3 GM DOSE) THPK                                     | NP        | SP                   |
| LUPRON DEPOT-PED (3-MONTH)                      | 2         | SP; PA                   | OLPRUVA (4 GM DOSE) THPK                                     | NP        | SP                   |
| LUPRON DEPOT-PED (6-MONTH) IM                   | 2         | SP; PA                   | OLPRUVA (5 GM DOSE) THPK                                     | NP        | SP                   |
| SUPPRELIN LA                                    | NP        | SP; PA                   | OLPRUVA (6 GM DOSE) THPK                                     | NP        | SP                   |
| SYNAREL                                         | 2         | SP; PA                   | OLPRUVA (6.67 GM DOSE) THPK                                  | NP        | SP                   |
| Metabolic Modifiers                             |           |                          | ORFADIN SUSP                                                 | 2         | SP; PA               |
| ALDURAZYME                                      | 2         | SP; PA                   | PALYNZIQ                                                     | 2         | SP; PA               |
| <i>betaine</i>                                  | 1         | SP; PA                   | <i>paricalcitol SOLN</i>                                     | 1         | SP; PA               |
| BUPHENYL POWD ( <i>sodium phenylbutyrate</i> )  | 2         | SP; PA                   | PARSABIV                                                     | 2         | SP; PA               |
| BUPHENYL TABS ( <i>sodium phenylbutyrate</i> )  | 2         | SP; PA                   | PHEBURANE PLLT                                               | 2         | PA                   |
| <i>calcitriol CAPS</i>                          | 1         |                          | REVCovi                                                      | 2         | SP; PA               |
| CARBAGLU ( <i>carglumic acid</i> )              | 2         | SP; PA                   | <i>sapropterin dihydrochloride PACK</i>                      | 1         | SP; PA               |
| <i>carglumic acid</i>                           | NP        | SP; PA                   | <i>sapropterin dihydrochloride TABS</i>                      | 1         | SP; PA               |
| <i>cinacalcet hcl</i>                           | 1         | SP; PA                   | <i>sodium phenylbutyrate POWD</i>                            | NP        | SP; PA               |
| CRYSVITA                                        | 2         | SP; PA                   | <i>sodium phenylbutyrate TABS</i>                            | NP        | SP; PA               |
| ELAPRASE                                        | 2         | SP; PA                   | STRENSIQ                                                     | 2         | SP; PA               |
| FABRAZYME                                       | 2         | SP; PA                   | VIMIZIM                                                      | 2         | SP; PA               |
| GALAFOLD                                        | 2         | QL(0.5 EA daily); SP; PA | XPHOZAH                                                      | NP        | SP                   |
| <i>glycerol phenylbutyrate 1.1 GM/ML</i>        | 1         | SP; PA                   |                                                              |           |                      |

| Drug Name                                             | Drug Tier | Requirements/ Limits          |
|-------------------------------------------------------|-----------|-------------------------------|
| Posterior Pituitary Hormones                          |           |                               |
| <i>desmopressin acetate spray</i>                     | 1         | QL(5 ML per fill retail)      |
| <i>desmopressin acetate spray refrigerated 0.01 %</i> | 1         | QL(5 ML per fill retail)      |
| <i>desmopressin acetate SOLN IJ</i>                   | 1         | SP; PA                        |
| DESMOPRESSIN ACETATE SOLN NA                          | 2         | SP; PA                        |
| <i>desmopressin acetate TABS</i>                      | 1         | QL(6 EA daily)                |
| Somatostatic Agents                                   |           |                               |
| <i>lanreotide acetate</i>                             | 1         | SP; PA                        |
| LANREOTIDE ACETATE                                    | 2         | SP; PA                        |
| <i>octreotide acetate KIT</i>                         | 1         | SP; PA                        |
| <i>octreotide acetate SOLN</i>                        | 1         | SP; PA                        |
| <i>octreotide acetate SOSY</i>                        | 1         | SP; PA                        |
| SIGNIFOR                                              | 2         | SP; PA                        |
| SIGNIFOR LAR                                          | 2         | SP; PA                        |
| SOMATULINE DEPOT                                      | 2         | SP; PA                        |
| Vasopressin Receptor Antagonists                      |           |                               |
| <i>tolvaptan TABS</i>                                 | 1         | SP; PA                        |
| <i>tolvaptan TBPK</i>                                 | 1         | SP; PA                        |
| ESTROGENS - Hormone Replacement/Modifying Drugs       |           |                               |
| Estrogen Combinations                                 |           |                               |
| COMBIPATCH PTTW                                       | 2         | QL(8 EA per 28 day(s) retail) |
| <i>estradiol &amp; norethindrone acetate TABS</i>     | 1         |                               |
| MYFEMBREE                                             | 2         |                               |
| <i>norethindrone acetate-ethinyl estradiol</i>        | 0         |                               |
| ORIAHNN                                               | 2         | PA                            |
| PREMPHASE                                             | 2         | QL(1 EA daily)                |
| PREMPRO                                               | 2         | QL(1 EA daily)                |
| Estrogens                                             |           |                               |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                  |
|------------------------------------------------------------------------------|-----------|---------------------------------------|
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                         | 2         | QL(0.29 EA daily); MP                 |
| <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                                    |
| <i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i> | 1         | QL(1 EA daily)                        |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                       |           |                                       |
| Fluoroquinolones                                                             |           |                                       |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>                         | 1         |                                       |
| <i>ciprofloxacin hcl TABS 100 MG</i>                                         | 1         | QL(6 EA per fill retail)              |
| CIPRO SUSR                                                                   | 2         |                                       |
| <i>levofloxacin SOLN PO</i>                                                  | 1         |                                       |
| <i>levofloxacin TABS</i>                                                     | 1         | QL(1 EA daily; 14 EA per fill retail) |
| <i>moxifloxacin hcl TABS</i>                                                 | 1         |                                       |
| <i>ofloxacin 300 MG, 400 MG</i>                                              | NP        | QL(56 EA per fill retail)             |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs       |           |                                       |
| Antiflatulents                                                               |           |                                       |
| <i>simethicone CHEW 80 MG</i>                                                | 1         |                                       |
| <i>simethicone LIQD PO</i>                                                   | 1         | QL(30 ML per fill retail)             |
| <i>simethicone SUSP</i>                                                      | 1         | QL(45 ML per fill retail)             |
| Bile Acid Synthesis Disorder Agents                                          |           |                                       |
| CHOLBAM                                                                      | 2         | QL(5 EA daily); SP; PA                |
| CTEXLI TABS PO 250 MG                                                        | 2         | SP; PA                                |

| Drug Name                                              | Drug Tier | Requirements/ Limits | Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|--------------------------------------------|-----------|----------------------|
| Farnesoid X Receptor (FXR) Agonists                    |           |                      | OTULFI SOLN IV 130 MG/26ML                 | NP        | SP; PA               |
| OCALIVA                                                | 2         | SP; PA               | SELARSDI SOLN IV 130 MG/26ML               | NP        | SP                   |
| Gallstone Solubilizing Agents                          |           |                      | SKYRIZI SOCT                               | NP        | SP; PA               |
| <i>chenodiol</i>                                       | 1         | SP; PA               | SKYRIZI SOLN                               | NP        | SP; PA               |
| <i>ursodiol CAPS</i>                                   | 1         | QL(3 EA daily); MP   | STEQEYMA                                   | NP        | SP; PA               |
| <i>ursodiol TABS 250 MG</i>                            | 1         | QL(7 EA daily); MP   | <i>sulfasalazine TABS</i>                  | 1         | MP                   |
| Gastrointestinal Stimulants                            |           |                      | <i>sulfasalazine TBEC</i>                  | 1         | MP                   |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1         |                      | TREMFYA PEN SOAJ SC 200 MG/2ML             | NP        | SP; PA               |
| <i>metoclopramide hcl TABS 5 MG</i>                    | 1         | MP                   | TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML | NP        | SP; PA               |
| <i>metoclopramide hcl TABS 10 MG</i>                   | 1         |                      | TREMFYA SOLN IV                            | NP        | SP; PA               |
| Inflammatory Bowel Agents                              |           |                      | TREMFYA SOSY SC 200 MG/2ML                 | NP        | SP; PA               |
| <i>balsalazide disodium CAPS</i>                       | 1         | QL(9 EA daily)       | USTEKINUMAB-TTWE                           | NP        | SP; PA               |
| CANASA SUPP ( <i>mesalamine</i> )                      | 2         |                      | VELSIPITY                                  | NP        | SP; PA               |
| ENTYVIO PEN SOAJ                                       | NP        | SP; PA               | ZYMFENTRA (1 PEN) AJKT                     | NP        | SP; PA               |
| LIALDA TBEC ( <i>mesalamine</i> )                      | NP        |                      | ZYMFENTRA (2 PEN) AJKT                     | NP        | SP; PA               |
| <i>mesalamine w/ cleanser</i>                          | 1         |                      | ZYMFENTRA (2 SYRINGE) PSKT                 | NP        | SP; PA               |
| <i>mesalamine ENEM</i>                                 | 1         | QL(60 ML daily)      | Intestinal Acidifiers                      |           |                      |
| <i>mesalamine SUPP</i>                                 | NP        |                      | <i>lactulose (encephalopathy)</i>          | 1         |                      |
| <i>mesalamine TBEC 1.2 GM</i>                          | 1         |                      | Irritable Bowel Syndrome (IBS) Agents      |           |                      |
| <i>mesalamine TBEC 800 MG</i>                          | NP        | QL(3 EA daily)       | <i>alosectron hcl</i>                      | NP        | PA                   |
| OMVOH (300 MG DOSE) SOAJ                               | NP        | SP; PA               | IBSRELA                                    | NP        | PA                   |
| OMVOH (300 MG DOSE) SOSY                               | NP        | SP; PA               | LINZESS                                    | 2         | PA                   |
| OMVOH SOAJ                                             | NP        | SP; PA               | LOTRONEX ( <i>alosectron hcl</i> )         | NP        | PA                   |
| OMVOH SOLN                                             | NP        | SP; PA               | Peripheral Opioid Receptor Antagonists     |           |                      |
| OMVOH SOSY                                             | NP        | SP; PA               | MOVANTIK                                   | 2         | PA                   |
|                                                        |           |                      | Phosphate Binder Agents                    |           |                      |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits       | Drug Name                                                            | Drug Tier | Requirements/ Limits                                                             |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|----------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| <i>calcium acetate (phosphate binder) CAPS</i>                                                                    | 1         | MP                         | <i>dutasteride-tamsulosin hcl</i>                                    | NP        |                                                                                  |
| <i>calcium acetate (phosphate binder) TABS</i>                                                                    | 1         | RX/OTC                     | ENTADFI                                                              | NP        |                                                                                  |
| <i>lanthanum carbonate CHEW</i>                                                                                   | 1         |                            | <i>finasteride</i>                                                   | 1         | QL(1 EA daily); MP                                                               |
| RENVELA TABS<br>(sevelamer carbonate)                                                                             | NP        |                            | JALYN ( <i>dutasteride-tamsulosin hcl</i> )                          | NP        |                                                                                  |
| <i>sevelamer carbonate PACK</i>                                                                                   | 1         |                            | RAPAFLO 4 MG<br>( <i>silodosin</i> )                                 | NP        |                                                                                  |
| <i>sevelamer carbonate TABS</i>                                                                                   | 1         |                            | <i>silodosin</i>                                                     | 1         |                                                                                  |
| <i>sevelamer hcl</i>                                                                                              | 1         |                            | <i>tamsulosin hcl</i>                                                | 1         | QL(2 EA daily); MP                                                               |
| Short Bowel Syndrome (SBS) Agents                                                                                 |           |                            | Urinary Analgesics                                                   |           |                                                                                  |
| GATTEX                                                                                                            | 2         | SP; PA                     | <i>phenazopyridine hcl TABS 100 MG, 200 MG</i>                       | 1         |                                                                                  |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                            | Urinary Stone Agents                                                 |           |                                                                                  |
| Alkalinizers                                                                                                      |           |                            | <i>tiopronin TABS</i>                                                | 1         | SP; PA                                                                           |
| <i>potassium citrate (alkalinizer) TBCR</i>                                                                       | 1         |                            | Vesicoureteral Reflux (VUR) Agents                                   |           |                                                                                  |
| <i>potassium citrate-citric acid PACK</i>                                                                         | 1         |                            | DEFLUX                                                               | 2         | SP; PA                                                                           |
| <i>sodium citrate &amp; citric acid</i>                                                                           | 1         | QL(16.67 ML daily); RX/OTC | <b>GOUT AGENTS - Drugs to Treat Gout</b>                             |           |                                                                                  |
| Cystinosis Agents                                                                                                 |           |                            | Gout Agent Combinations                                              |           |                                                                                  |
| CYSTAGON CAPS                                                                                                     | 2         | SP; PA                     | <i>colchicine w/ probenecid</i>                                      | 1         | MP                                                                               |
| PROCYSBI CPDR                                                                                                     | 2         | SP; PA                     | Gout Agents                                                          |           |                                                                                  |
| PROCYSBI PACK                                                                                                     | 2         | SP; PA                     | <i>allopurinol 100 MG, 300 MG</i>                                    | 1         | MP                                                                               |
| Genitourinary Irrigants                                                                                           |           |                            | <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 |
| <i>sodium chloride (gu irrigant) 0.9 %</i>                                                                        | 1         |                            | KRYSTEXXA                                                            | 2         | SP; PA                                                                           |
| Interstitial Cystitis Agents                                                                                      |           |                            | Uricosurics                                                          |           |                                                                                  |
| ELMIRON CAPS                                                                                                      | 2         | QL(3 EA daily)             | <i>probenecid</i>                                                    | 1         | MP                                                                               |
| Prostatic Hypertrophy Agents                                                                                      |           |                            | <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |           |                                                                                  |
| <i>alfuzosin hcl</i>                                                                                              | 1         |                            | Antihemophilic Products                                              |           |                                                                                  |
| <i>dutasteride</i>                                                                                                | 1         |                            | ADVATE                                                               | 2         | SP; PA                                                                           |
|                                                                                                                   |           |                            | ADYNOVATE                                                            | 2         | SP; PA                                                                           |

| Drug Name                                                                | Drug Tier | Requirements/ Limits | Drug Name                                 | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------|-----------|----------------------|
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT   | 2         | SP; PA               | NOVOSEVEN RT                              | 2         | SP; PA               |
| ALPHANATE SOLR                                                           | 2         | SP; PA               | NUWIQ KIT                                 | 2         | SP; PA               |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                              | 2         | SP; PA               | NUWIQ SOLR                                | 2         | SP; PA               |
| ALPROLIX                                                                 | 2         | SP; PA               | OBIZUR                                    | 2         | SP; PA               |
| ALTUVIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 2         | SP; PA               | PROFILNINE                                | 2         | SP; PA               |
| BENEFIX KIT                                                              | 2         | SP; PA               | REBINYN                                   | 2         | SP; PA               |
| COAGADEX                                                                 | 2         | SP; PA               | RECOMBINATE SOLR                          | 2         | SP; PA               |
| CORIFACT                                                                 | 2         | SP; PA               | RIASTAP                                   | 2         | SP; PA               |
| ELOCTATE                                                                 | 2         | SP; PA               | RIXUBIS SOLR                              | 2         | SP; PA               |
| ESPEROCT 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT            | 2         | SP; PA               | ROCTAVIAN                                 | 2         | SP; PA               |
| FEIBA                                                                    | 2         | SP; PA               | SEVENFACT                                 | 2         | SP; PA               |
| FIBRYGA                                                                  | 2         | SP; PA               | TRETTEN                                   | 2         | SP; PA               |
| HEMGENIX                                                                 | 2         | SP; PA               | VONVENDI                                  | 2         | SP; PA               |
| HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML                  | 2         | SP; PA               | WILATE KIT                                | 2         | SP; PA               |
| HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT                  | 2         | SP; PA               | XYNTHA                                    | 2         | SP; PA               |
| HUMATE-P SOLR                                                            | 2         | SP; PA               | XYNTHA SOLOFUSE                           | 2         | SP; PA               |
| IDELVION                                                                 | 2         | SP; PA               | Bradykinin B2 Receptor Antagonists        |           |                      |
| IXINITY SOLR                                                             | 2         | SP; PA               | <i>icatibant acetate SOSY</i>             | 1         | SP; PA               |
| JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT                           | 2         | SP; PA               | Complement Inhibitors                     |           |                      |
| KCENTRA                                                                  | 2         | SP; PA               | BERINERT KIT                              | 2         | SP; PA               |
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT                                       | 2         | SP; PA               | CINRYZE SOLR IV                           | 2         | SP; PA               |
| KOATE SOLR                                                               | 2         | SP; PA               | RUCONEST                                  | 2         | SP; PA               |
| KOGENATE FS KIT                                                          | 2         | SP; PA               | SOLIRIS                                   | 2         | SP; PA               |
| KOVALTRY                                                                 | 2         | SP; PA               | Hemataologic - Tyrosine Kinase Inhibitors |           |                      |
| NOVOEIGHT                                                                | 2         | SP; PA               | 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               |

| Drug Name                                                    | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------|-----------|----------------------|
| Platelet Aggregation Inhibitors                              |           |                      |
| <i>aspirin-dipyridamole</i>                                  | 1         |                      |
| BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> )                  | 2         | QL(2 EA daily)       |
| <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               |
| 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 400 MCG, 800 MCG</i>                      | 1         | QL(1 EA daily)       |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------|-----------|----------------------|
| <i>folic acid TABS 1 MG</i>                                                   | 1         | MP; RX/OTC           |
| Hematopoietic Gene Therapy                                                    |           |                      |
| ZYNTÉGLO                                                                      | 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                                                                      | 2         | SP; PA               |
| FYLNÉTRA                                                                      | NP        | SP                   |
| GRANIX SOLN 300 MCG/ML                                                        | NP        | SP; PA               |
| GRANIX SOSY                                                                   | NP        | SP; PA               |
| LEUKINE SOLR IJ                                                               | NP        | SP; PA               |
| MIRCERA                                                                       | NP        | SP; PA               |
| MULPLETA                                                                      | 2         | SP; PA               |
| NEULASTA ONPRO SOSY 6 MG/0.6ML                                                | NP        | SP; PA               |
| NEULASTA SOSY                                                                 | NP        | SP; PA               |
| NEUPOGEN SOLN                                                                 | 2         | SP; PA               |
| NEUPOGEN SOSY                                                                 | 2         | SP; PA               |
| NIVESTYM SOLN                                                                 | NP        | SP; PA               |
| NIVESTYM SOSY                                                                 | NP        | SP; PA               |
| NPLATE 250 MCG, 500 MCG                                                       | 2         | SP; PA               |
| NYVEPRIA                                                                      | NP        | SP; PA               |
| PROCRIT                                                                       | NP        | SP; PA               |
| PROCRIT                                                                       | NP        | SP; PA               |
| RELEUKO SOLN                                                                  | NP        | SP                   |
| RELEUKO SOSY                                                                  | NP        | SP                   |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|----------------------|
| RETACRIT 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP        | SP; PA               |
| RETACRIT                                                                        | 2         | SP; PA               |
| ROLVEDON                                                                        | NP        | SP                   |
| STIMUFEND                                                                       | NP        | SP                   |
| UDENYCA ONBODY SOSY                                                             | NP        | SP                   |
| UDENYCA SOAJ                                                                    | NP        | SP                   |
| UDENYCA SOSY                                                                    | NP        | SP; PA               |
| ZARXIO                                                                          | NP        | SP; PA               |
| ZIEXTENZO                                                                       | NP        | SP                   |
| Hematopoietic Mixtures                                                          |           |                      |
| <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                                                                            |           |                      |
| FERRETTTS 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)     |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>                            | 1         | QL(16 ML daily)      |
| <i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>                               | 1         | MP                   |
| <i>ferrous sulfate TBEC 325 MG</i>                                              | 1         | MP                   |
| <i>ferrous sulfate TBEC</i>                                                     | 1         |                      |
| IRON CHEWS PEDIATRIC CHEW                                                       | 2         |                      |
| IRON TABS 28 MG                                                                 | 2         |                      |

| Drug Name                                                                    | Drug Tier | Requirements/ Limits                                                                       |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <i>polysaccharide iron complex CAPS</i>                                      | 1         | QL(1 EA daily)                                                                             |
| Stem Cell Mobilizers                                                         |           |                                                                                            |
| <i>plerixafor</i>                                                            | 1         | SP; PA                                                                                     |
| HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders                   |           |                                                                                            |
| Hemostatics - Systemic                                                       |           |                                                                                            |
| <i>aminocaproic acid SOLN PO 0.25 GM/ML</i>                                  | 1         | SP; PA                                                                                     |
| <i>aminocaproic acid TABS 500 MG</i>                                         | 1         | QL(24 EA per fill retail); SP; PA                                                          |
| <i>aminocaproic acid TABS 1000 MG</i>                                        | 1         | SP; PA                                                                                     |
| <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) |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS                                    |           |                                                                                            |
| Antihistamine Hypnotics                                                      |           |                                                                                            |
| ALEVE PM 25 MG-220 MG                                                        | 2         |                                                                                            |
| <i>diphenhydramine hcl (sleep) CAPS</i>                                      | 1         |                                                                                            |
| <i>diphenhydramine hcl (sleep) LIQD</i>                                      | 1         |                                                                                            |
| <i>diphenhydramine hcl (sleep) TABS 25 MG</i>                                | 1         | QL(4 EA daily)                                                                             |
| <i>diphenhydramine hcl (sleep) TABS 50 MG</i>                                | 1         |                                                                                            |
| <i>diphenhydramine hcl (sleep) TBDP</i>                                      | 1         |                                                                                            |
| <i>diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG</i> | 1         |                                                                                            |
| <i>doxylamine succinate (sleep)</i>                                          | 1         |                                                                                            |

| Drug Name                                          | Drug Tier | Requirements/ Limits                    |
|----------------------------------------------------|-----------|-----------------------------------------|
| <i>ibuprofen-diphenhydramine citrate</i>           | 1         |                                         |
| <i>ibuprofen-diphenhydramine hcl</i>               | 1         |                                         |
| Barbiturate Hypnotics                              |           |                                         |
| <i>phenobarbital ELIX</i>                          | 1         |                                         |
| <i>phenobarbital TABS</i>                          | 1         |                                         |
| Hypnotics - Tricyclic Agents                       |           |                                         |
| <i>doxepin hcl (sleep)</i>                         | 1         |                                         |
| Non-Barbiturate Hypnotics                          |           |                                         |
| <i>dexmedetomidine hcl in sodium chloride SOLN</i> | 1         |                                         |
| <i>dexmedetomidine hcl SOLN 200 MCG/2ML</i>        | 1         |                                         |
| <i>estazolam</i>                                   | 1         |                                         |
| <i>eszopiclone</i>                                 | 1         |                                         |
| <i>flurazepam hcl</i>                              | NP        | QL(1 EA daily)                          |
| IGALMI FILM                                        | NP        |                                         |
| <i>midazolam hcl SOLN IJ</i>                       | 1         |                                         |
| MIDAZOLAM HCL SOLN IJ                              | 2         |                                         |
| RESTORIL 22.5 MG ( <i>temazepam</i> )              | NP        |                                         |
| <i>temazepam 15 MG, 30 MG</i>                      | 1         | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>temazepam 22.5 MG</i>                           | NP        |                                         |
| <i>temazepam 7.5 MG</i>                            | 1         |                                         |
| <i>triazolam</i>                                   | 1         | QL(1 EA daily)                          |
| <i>zaleplon</i>                                    | 1         | QL(1 EA daily)                          |
| ZOLPIDEM TARTRATE CAPS                             | NP        |                                         |
| <i>zolpidem tartrate SUBL</i>                      | NP        |                                         |
| <i>zolpidem tartrate TABS</i>                      | 1         | QL(1 EA daily)                          |
| <i>zolpidem tartrate TBCR</i>                      | 1         |                                         |
| Orexin Receptor Antagonists                        |           |                                         |
| QUVIVIQ                                            | NP        |                                         |
| Selective Melatonin Receptor Agonists              |           |                                         |

| Drug Name                                                                      | Drug Tier | Requirements/ Limits        |
|--------------------------------------------------------------------------------|-----------|-----------------------------|
| <i>ramelteon</i>                                                               | 1         |                             |
| <i>tasimelteon CAPS</i>                                                        | 1         | SP; PA                      |
| LAXATIVES - Bowel Treatment Drugs                                              |           |                             |
| Bulk Laxatives                                                                 |           |                             |
| <i>calcium polycarbophil TABS</i>                                              | 1         | QL(10 EA daily)             |
| METAMUCIL CAPS                                                                 | 2         |                             |
| NATURAL FIBER LAXATIVE POWD                                                    | 2         |                             |
| <i>psyllium CAPS 0.52 GM</i>                                                   | 1         |                             |
| <i>psyllium POWD 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i>          | 1         |                             |
| Laxative Combinations                                                          |           |                             |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>                   | 1         | QL(4000 ML per fill retail) |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                | 1         | QL(4000 ML per fill retail) |
| <i>sennosides-docusate sodium TABS</i>                                         | 1         | QL(4 EA daily)              |
| Laxatives - Miscellaneous                                                      |           |                             |
| <i>glycerin (laxative) SUPP 2 GM</i>                                           | 1         |                             |
| <i>lactulose SOLN</i>                                                          | 1         |                             |
| <i>polyethylene glycol 3350 PACK</i>                                           | 1         | QL(34 EA daily)             |
| <i>polyethylene glycol 3350 POWD</i>                                           | 1         | QL(34 GM daily)             |
| 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         |                             |

| Drug Name                                                   | Drug Tier | Requirements/ Limits          |
|-------------------------------------------------------------|-----------|-------------------------------|
| <b>Stimulant Laxatives</b>                                  |           |                               |
| <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         |                               |
| <b>Surfactant Laxatives</b>                                 |           |                               |
| <i>docusate sodium CAPS 50 MG</i>                           | 1         |                               |
| <i>docusate sodium CAPS 100 MG, 250 MG</i>                  | 1         | QL(3 EA daily)                |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>          | 1         |                               |
| DOCUSATE SODIUM SYRP                                        | 2         |                               |
| <i>docusate sodium TABS</i>                                 | 1         |                               |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b>     |           |                               |
| <b>Azithromycin</b>                                         |           |                               |
| <i>azithromycin SUSR 200 MG/5ML</i>                         | 0         | QL(30 ML per fill retail)     |
| <i>azithromycin SUSR 100 MG/5ML</i>                         | 0         | QL(15 ML per fill retail)     |
| <i>azithromycin TABS 600 MG</i>                             | 0         | QL(8 EA per 28 day(s) 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)                |
| <b>Clarithromycin</b>                                       |           |                               |
| <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)     |
| <b>Erythromycins</b>                                        |           |                               |
| E.E.S. GRANULES SUSR ( <i>erythromycin ethylsuccinate</i> ) | NP        |                               |

| Drug Name                                              | Drug Tier | Requirements/ Limits                                                                  |
|--------------------------------------------------------|-----------|---------------------------------------------------------------------------------------|
| ERYPED 200 SUSR ( <i>erythromycin ethylsuccinate</i> ) | NP        |                                                                                       |
| <i>erythromycin base CPEP</i>                          | NP        |                                                                                       |
| <i>erythromycin base TABS</i>                          | 1         |                                                                                       |
| <i>erythromycin base TBEC</i>                          | 1         |                                                                                       |
| <i>erythromycin ethylsuccinate SUSR</i>                | 1         |                                                                                       |
| <i>erythromycin ethylsuccinate TABS</i>                | 1         |                                                                                       |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                    |           |                                                                                       |
| <b>Bandages-Dressings-Tape</b>                         |           |                                                                                       |
| ALCOHOL PREP PADS-MISC                                 | 2         | OTC                                                                                   |
| <b>Contraceptives</b>                                  |           |                                                                                       |
| CONDOMS-MISC                                           | 2         | QL(36 ea per fill retail)                                                             |
| <b>Diabetic Supplies</b>                               |           |                                                                                       |
| ACCU-CHEK FASTCLIX LANCETS                             | 2         | QL(6.67 EA daily); RX/OTC                                                             |
| ACCU-CHEK GUIDE CONTROL LIQD                           | 2         | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail)                                  |
| ACCU-CHEK GUIDE ME KIT                                 | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC |
| ACCU-CHEK GUIDE KIT                                    | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); 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                                                             |

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

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

| Drug Name                      | Drug Tier | Requirements/ Limits                                       | Drug Name                      | Drug Tier | Requirements/ Limits               |
|--------------------------------|-----------|------------------------------------------------------------|--------------------------------|-----------|------------------------------------|
| EMBRACE PRESSURE ACTIVATED 28G | 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                                  | GENTLE-LET LANCETS             | 2         | QL(6.67 EA daily); RX/OTC          |
| FIFTY50 UNILET LANCETS 33G     | 2         | QL(6.67 EA daily); RX/OTC                                  | GLOBAL INJECT EASE LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC          |
| FINE 30                        | 2         | QL(6.67 EA daily); RX/OTC                                  | GLOBAL INJECT EASE LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC          |
| FINGERSTIX LANCETS             | 2         | QL(6.67 EA daily); RX/OTC                                  | GLUCOCOM LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC          |
| FORA LANCETS                   | 2         | QL(6.67 EA daily); RX/OTC                                  | GLUCOCOM LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LANCETS              | 2         | QL(6.67 EA daily); RX/OTC                                  | GLUCOCOM LANCETS 33G           | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 14 DAY READER  | 2         | QL(1 EA per 365 day(s) retail); PA                         | GNP STERILE LANCETS 28G        | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | GNP STERILE LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | GNP STERILE LANCETS 33G        | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 2 READER       | 2         | QL(1 EA per 365 day(s) retail); PA                         | GOJJI STERILE LANCETS          | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 2 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          | HAEMOLANCE                     | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | HAEMOLANCE LOW FLOW LANCETS    | 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 | HAEMOLANCE PLUS                | 2         | QL(6.67 EA daily); RX/OTC          |
| FREESTYLE LIBRE 3 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          | HAEMOLANCE PLUS HIGH FLOW      | 2         | QL(6.67 EA daily); RX/OTC          |
|                                |           |                                                            | HAEMOLANCE PLUS LOW FLOW       | 2         | QL(6.67 EA daily); RX/OTC          |
|                                |           |                                                            | HAEMOLANCE PLUS MAX FLOW       | 2         | QL(6.67 EA daily); RX/OTC          |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| HAEMOLANCE PLUS PEDIATRIC FLOW | 2         | QL(6.67 EA daily); RX/OTC | LIBERTY MEDICAL LANCETS        | 2         | QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC | LITE TOUCH LANCETS             | 2         | QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC | LITETOUCH LANCETS              | 2         | QL(6.67 EA daily); RX/OTC |
| H-E-B INCONTROL LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC | LIVE BETTER LANCET SUPER THIN  | 2         | QL(6.67 EA daily); RX/OTC |
| HY-VEE LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET       | 2         | QL(6.67 EA daily); RX/OTC |
| HY-VEE THIN LANCETS            | 2         | QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET EXTRA | 2         | QL(6.67 EA daily); RX/OTC |
| IN TOUCH STERILE LANCETS 30G   | 2         | QL(6.67 EA daily); RX/OTC | MEDICHOICE SAFETY LANCET NORM  | 2         | QL(6.67 EA daily); RX/OTC |
| KINNEY LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE EXTRA 21G             | 2         | QL(6.67 EA daily); RX/OTC |
| KINNEY THIN LANCETS            | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE LITE 25G              | 2         | QL(6.67 EA daily); RX/OTC |
| KROGER HEALTHPRO LANCET 26G    | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS EXTRA 21G        | 2         | QL(6.67 EA daily); RX/OTC |
| KROGER LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LANCETS          | 2         | QL(6.67 EA daily); RX/OTC |
| KROGER LANCETS SUPER THIN      | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS LITE 25G         | 2         | QL(6.67 EA daily); RX/OTC |
| KROGER LANCETS THIN            | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SPECIAL 0.8MM    | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS                        | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS SUPERLITE 30G    | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS 28G THIN               | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE PLUS UNIVERSAL 21G    | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS 30G                    | 2         | QL(6.67 EA daily); RX/OTC | MEDLANCE UNIVERSAL 21G         | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS 33G                    | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS MICRO THIN 33G         | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 21G   | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN             | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 30G   | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS SUPER THIN 28G         | 2         | QL(6.67 EA daily); RX/OTC | MEIJER LANCETS UNIVERSAL 33G   | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS THIN                   | 2         | QL(6.67 EA daily); RX/OTC | MICROLET LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN             | 2         | QL(6.67 EA daily); RX/OTC | MM TWIST LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| LANCETS ULTRA THIN 30G         | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                           |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| MOBILE LANCETS 30G             | 2         | QL(6.67 EA daily); RX/OTC | PRECISION THINS GP LANCETS     | 2         | QL(6.67 EA daily); RX/OTC |
| MONOLET LANCETS                | 2         | QL(6.67 EA daily); RX/OTC | PRO COMFORT LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC |
| MONOLET OPD LANCETS            | 2         | QL(6.67 EA daily); RX/OTC | PRO COMFORT LANCETS 31G        | 2         | QL(6.67 EA daily); RX/OTC |
| MONOLETTOR SAFETY LANCETS      | 2         | QL(6.67 EA daily); RX/OTC | PRO COMFORT SAFETY LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 21G          | 2         | QL(6.67 EA daily); RX/OTC | PRODIGY LANCETS 28G            | 2         | QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 23G          | 2         | QL(6.67 EA daily); RX/OTC | PRODIGY SAFETY LANCETS 26G     | 2         | QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 28G          | 2         | QL(6.67 EA daily); RX/OTC | PRODIGY TWIST TOP LANCETS 28G  | 2         | QL(6.67 EA daily); RX/OTC |
| MPD SAFETY LANCET 30G          | 2         | QL(6.67 EA daily); RX/OTC | PSS SELECT GP LANCETS          | 2         | QL(6.67 EA daily); RX/OTC |
| MYGLUCOHEALTH LANCETS 30G      | 2         | QL(6.67 EA daily); RX/OTC | PSS SELECT SAFETY LANCETS      | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SAFETY LANCETS 23G        | 2         | QL(6.67 EA daily); RX/OTC | PURE COMFORT LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SAFETY LANCETS 28G        | 2         | QL(6.67 EA daily); RX/OTC | PX LANCETS MICROTHIN 33G       | 2         | QL(6.67 EA daily); RX/OTC |
| NOVA SUREFLEX LANCETS          | 2         | QL(6.67 EA daily); RX/OTC | PX LANCETS ULTRA THIN 28G      | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET30G | 2         | QL(6.67 EA daily); RX/OTC | QC LANCETS SUPER THIN 30G      | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET33G | 2         | QL(6.67 EA daily); RX/OTC | QC LANCETS ULTRA THIN          | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA SAFETY LANCING | 2         | QL(6.67 EA daily); RX/OTC | QC UNILET LANCETS 28G          | 2         | QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRASOFT 2 LANCETS   | 2         | QL(6.67 EA daily); RX/OTC | QC UNILET LANCETS MICRO THIN   | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 28G            | 2         | QL(6.67 EA daily); RX/OTC | READYLANCE SAFETY LANCETS      | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 30G            | 2         | QL(6.67 EA daily); RX/OTC | REALITY LANCETS                | 2         | QL(6.67 EA daily); RX/OTC |
| PERFECT POINT SAFETY LANCETS   | 2         | QL(6.67 EA daily); RX/OTC | REALITY TRIGGER LANCETS        | 2         | QL(6.67 EA daily); RX/OTC |
| PHARMACIST CHOICE LANCETS      | 2         | QL(6.67 EA daily); RX/OTC | RELION LANCET DEVICES 30G      | 2         | QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 28G                | 2         | QL(6.67 EA daily); RX/OTC | RELION LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC |
| PIP LANCETS 30G                | 2         | QL(6.67 EA daily); RX/OTC |                                |           |                           |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| RELION LANCETS MICRO-THIN 33G  | 2         | QL(6.67 EA daily); RX/OTC | STERILANCE TL                  | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS THIN 26G        | 2         | QL(6.67 EA daily); RX/OTC | SUPER THIN LANCETS             | 2         | QL(6.67 EA daily); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G  | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 18G       | 2         | QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G  | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 21G       | 2         | QL(6.67 EA daily); RX/OTC |
| RIGHTEST GL300 LANCETS         | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 23G       | 2         | QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE                   | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 28G       | 2         | QL(6.67 EA daily); RX/OTC |
| SAFE-T-LANCE PLUS              | 2         | QL(6.67 EA daily); RX/OTC | SURE COMFORT LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCET 30G/PRESSURE ACT | 2         | QL(6.67 EA daily); RX/OTC | SURELITE LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS                 | 2         | QL(6.67 EA daily); RX/OTC | TECHLITE AST LANCETS           | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 21G             | 2         | QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS               | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 23G             | 2         | QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS 26G           | 2         | QL(6.67 EA daily); RX/OTC |
| SAFETY LANCETS 28G             | 2         | QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC |
| SAPS HEALTH PLUS LANCETS       | 2         | QL(6.67 EA daily); RX/OTC | THINLETS GP LANCETS            | 2         | QL(6.67 EA daily); RX/OTC |
| SAPS HEALTH TWIST TOP LANCETS  | 2         | QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC |
| SAPS TWIST TOP LANCETS         | 2         | QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC |
| SAPSCARE TWIST TOP LANCETS     | 2         | QL(6.67 EA daily); RX/OTC | TRAVEL LANCETS ADVANCED 28G    | 2         | QL(6.67 EA daily); RX/OTC |
| SB LANCETS THIN                | 2         | QL(6.67 EA daily); RX/OTC | TRUE COMFORT SAFETY LANCETS    | 2         | QL(6.67 EA daily); RX/OTC |
| SB LANCETS ULTRA THIN          | 2         | QL(6.67 EA daily); RX/OTC | TRUE COMFORT TWIST TOP LANCETS | 2         | QL(6.67 EA daily); RX/OTC |
| SINGLE-LET                     | 2         | QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 26G           | 2         | QL(6.67 EA daily); RX/OTC |
| SMARTEST LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC |
| SOLUS V2 LANCETS 28G           | 2         | QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC |
| SOLUS V2 TWIST LANCETS 30G     | 2         | QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 33G           | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                    | Drug Tier | Requirements/ Limits      | Drug Name                     | Drug Tier | Requirements/ Limits      |
|------------------------------|-----------|---------------------------|-------------------------------|-----------|---------------------------|
| TRUEPLUS SAFETY LANCETS 28G  | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2                     | 2         | QL(6.67 EA daily); RX/OTC |
| TWIST TOP LANCETS 30G        | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2 COMFORT             | 2         | QL(6.67 EA daily); RX/OTC |
| ULTILET CLASSIC LANCETS      | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2 EXTRA               | 2         | QL(6.67 EA daily); RX/OTC |
| ULTILET LANCETS              | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2 NEONATAL            | 2         | QL(6.67 EA daily); RX/OTC |
| ULTILET SAFETY LANCETS       | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2 NORMAL              | 2         | QL(6.67 EA daily); RX/OTC |
| ULTILET SAFETY LANCETS 23G   | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 2 SUPER               | 2         | QL(6.67 EA daily); RX/OTC |
| ULTRA THIN LANCETS 31G       | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3                     | 2         | QL(6.67 EA daily); RX/OTC |
| ULTRA-CARE LANCETS 30G       | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3 COMFORT             | 2         | QL(6.67 EA daily); RX/OTC |
| ULTRA-THIN II AUTO LANCET    | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3 EXTRA               | 2         | QL(6.67 EA daily); RX/OTC |
| ULTRA-THIN II LANCETS        | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3 GENTLE              | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET COMFORTOUCH LANCET    | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3 NEONATAL            | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE              | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK 3 NORMAL              | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE II           | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK CZT COMFORT           | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET G.P. LANCET           | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK CZT NORMAL            | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET G.P. SUPERLITE LANCET | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK NORMAL                | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET GP 28 ULTRA THIN      | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK PRO SAFETY LANCET     | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET LANCET                | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 28G    | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET MICRO-THIN 33G        | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK SAFETY LANCETS 30G    | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET SUPERLITE LANCET      | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 21G | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET SUPER-THIN 30G        | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 23G | 2         | QL(6.67 EA daily); RX/OTC |
| UNILET ULTRA-THIN 28G        | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 28G | 2         | QL(6.67 EA daily); RX/OTC |
| UNISTIK 1                    | 2         | QL(6.67 EA daily); RX/OTC | UNISTIK TOUCH SAFETY LANC 30G | 2         | QL(6.67 EA daily); RX/OTC |
|                              |           |                           | VERIFINE SAFE LANCET MINI 21G | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                      | Drug Tier | Requirements/ Limits      |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| VERIFINE SAFE LANCET MINI 23G  | 2         | QL(6.67 EA daily); RX/OTC | CURITY ALCOHOL PREPS           | 2         | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 28G  | 2         | QL(6.67 EA daily); RX/OTC | CVS ALCOHOL PREP PADS          | 2         | QL(6.67 EA daily); RX/OTC |
| VERIFINE SAFE LANCET MINI 30G  | 2         | QL(6.67 EA daily); RX/OTC | CVS PREP                       | 2         | QL(6.67 EA daily); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 28G | 2         | QL(6.67 EA daily); RX/OTC | DROPSAFE ALCOHOL PREP          | 2         | QL(6.67 EA daily); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 30G | 2         | QL(6.67 EA daily); RX/OTC | EASY COMFORT ALCOHOL PADS      | 2         | QL(6.67 EA daily); RX/OTC |
| VERIFINE UNIVERSAL LANCETS 33G | 2         | QL(6.67 EA daily); RX/OTC | EASY TOUCH ALCOHOL PREP MEDIUM | 2         | QL(6.67 EA daily); RX/OTC |
| VIVAGUARD LANCETS              | 2         | QL(6.67 EA daily); RX/OTC | EQL ALCOHOL SWABS              | 2         | QL(6.67 EA daily); RX/OTC |
| VIVAGUARD LANCETS 30G          | 2         | QL(6.67 EA daily); RX/OTC | FIFTY50 ALCOHOL PREP           | 2         | QL(6.67 EA daily); RX/OTC |
| VIVAGUARD SAFETY LANCETS 28G   | 2         | QL(6.67 EA daily); RX/OTC | GLOBAL ALCOHOL PREP EASE       | 2         | QL(6.67 EA daily); RX/OTC |
| ZEVSRX 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 | REALITY SWABS                  | 2         | QL(6.67 EA daily); RX/OTC |
| BD SWAB SINGLE USE REGULAR     | 2         | QL(6.67 EA daily); RX/OTC | RELION ALCOHOL SWABS           | 2         | QL(6.67 EA daily); RX/OTC |
| CARETOUCH ALCOHOL PREP         | 2         | QL(6.67 EA daily); RX/OTC | SAPS CARE ALCOHOL PREP         | 2         | QL(6.67 EA daily); RX/OTC |
| COMFORT TOUCH ALCOHOL PREP     | 2         | QL(6.67 EA daily); RX/OTC | SAPS HEALTH ALCOHOL PREP       | 2         | QL(6.67 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits      | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|--------------------------------|-----------|---------------------------|-------------------------------------|-----------|----------------------------------------|
| SAPS HEALTH CARE ALCOHOL PREP  | 2         | QL(6.67 EA daily); RX/OTC | EMBECTA PEN NEEDLE NANO             | 2         | QL(5 EA daily); RX/OTC                 |
| SB ALCOHOL PREP                | 2         | QL(6.67 EA daily); RX/OTC | EMBECTA PEN NEEDLE NANO 2 GEN       | 2         | QL(5 EA daily); RX/OTC                 |
| SM ALCOHOL PREP                | 2         | QL(6.67 EA daily); RX/OTC | EMBECTA PEN NEEDLE ULTRAFINE        | 2         | QL(5 EA daily)                         |
| SURE COMFORT ALCOHOL PREP      | 2         | QL(6.67 EA daily); RX/OTC | INSULIN SYRINGES                    | 2         | QL (5 ea daily); RX/OTC                |
| 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 |
| ZEVRX 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    |                                     |           |                                        |
| BD PEN NEEDLE ORIG ULTRAFINE   | 2         | QL(5 EA daily)            |                                     |           |                                        |
| BD PEN NEEDLE SHORT ULTRAFINE  | 2         | QL(5 EA daily); RX/OTC    |                                     |           |                                        |
| BD PEN NEEDLES                 | 2         | QL (5 ea daily); RX/OTC   |                                     |           |                                        |
| EMBECTA AUTOSHIELD DUO         | 2         | QL(5 EA daily); RX/OTC    |                                     |           |                                        |

| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|-------------------------------------|-----------|----------------------------------------|
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC | 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 |
| AEROCHAMBER PLUS FLO-VU SMALL DEVI  | 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 |
| AEROCHAMBER PLUS FLO-VU SMALL 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 |
| AEROCHAMBER PLUS FLO-VU W/MASK 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 |
| AEROCHAMBER PLUS FLO-VU 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 |
| AEROCHAMBER PLUS FLOW 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 W/FLOWSIGNAL 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 Z-STAT PLUS CHAMBR 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/LARGE MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | BREATHRITE VALVED MDI CHAMBER DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| AEROCHAMBER Z-STAT PLUS/MEDIUM 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/SMALL 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 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 |
| AEROCHAMBER2GO ANTI-STATIC DEVI     | 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 |

| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                          | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|------------------------------------|-----------|----------------------------------------|
| EASIVENT MASK LARGE MISC            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK LARGE MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK MEDIUM MISC           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK MEDIUM MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK SMALL MISC            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | LITETOUCH MASK SMALL MISC          | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MISC                       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | MICROCHAMBER 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 | MICROCHAMBER MISC                  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC L 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 |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | MINIELITE FILTER REPLACEMENTS 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 | NEBULIZER AIR TUBE/PLUGS 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 | NOSE CLIP MISC                     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| FILTER AIR PP 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 |
| FLEXICHAMBER 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 |
| FLYP HYPERSONIQ CARTRIDGE MISC      | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-MD MASK MISC   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| FULL KIT NEBULIZER SET MISC         | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND MISC           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| INNOSPIRE REPLACEMENT FILTER MISC   | 2         | QL(1 EA per 360 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                   | Drug Name                                                                | Drug Tier | Requirements/ Limits                                   |
|-------------------------------------------------------|-----------|----------------------------------------|--------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| SOOTHENEB NBL 100 ADULT MASK MISC                     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | QULIPTA                                                                  | 2         | PA                                                     |
| SOOTHENEB NBL 100 CHILD MASK MISC                     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | UBRELVY                                                                  | 2         | PA                                                     |
| SOOTHENEB NBL 100 MED CUP MISC                        | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | ZAVZPRET                                                                 | NP        | PA                                                     |
| SOOTHENEB NBL 100 MESH CAP MISC                       | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | Migraine Combinations                                                    |           |                                                        |
| THRESHOLD IMT MISC                                    | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>ergotamine w/ caffeine TABS</i>                                       | 1         |                                                        |
| TUBING/WING TIP MISC                                  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>sumatriptan-naproxen sodium</i>                                       | NP        |                                                        |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI                     | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | TREXIMET ( <i>sumatriptan-naproxen sodium</i> )                          | NP        |                                                        |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI                   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | Migraine Products                                                        |           |                                                        |
| VORTEX VALVE CHAMBER-PEDI MASK DEVI                   | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>                        | 1         |                                                        |
| VORTEX VALVED HOLDING CHAMBER DEVI                    | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | Serotonin Agonists                                                       |           |                                                        |
| WINDMILL TRAINER MISC                                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>almotriptan malate</i>                                                | NP        |                                                        |
| MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches |           |                                        | <i>eletriptan hydrobromide</i>                                           | 1         | QL(0.2 EA daily)                                       |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag |           |                                        | <i>frovatriptan succinate</i>                                            | 1         |                                                        |
| AJOVY SOAJ                                            | 2         | SP; PA                                 | IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML ( <i>sumatriptan succinate</i> ) | NP        | QL(0.67 ML daily)                                      |
| AJOVY SOSY                                            | 2         | SP; PA                                 | IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML ( <i>sumatriptan succinate</i> ) | NP        |                                                        |
| EMGALITY (300 MG DOSE) SOSY                           | NP        | SP; PA                                 | IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>sumatriptan succinate</i> ) | NP        | QL(0.67 ML daily)                                      |
| EMGALITY SOAJ                                         | 2         | SP; PA                                 | IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML ( <i>sumatriptan succinate</i> ) | NP        |                                                        |
| EMGALITY SOSY                                         | 2         | SP; PA                                 | <i>naratriptan hcl</i>                                                   | 1         | QL(0.3 EA daily); AL(At least 18 yrs old)              |
| NURTEC                                                | 2         | PA                                     | <i>rizatriptan benzoate TABS</i>                                         | 1         | QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old) |

| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits                                     |
|-------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <i>rizatriptan benzoate TBDP</i>                                                                            | 1         |                                                          |
| <i>sumatriptan</i>                                                                                          | 1         | QL(6 EA per 30 day(s) retail)                            |
| <i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>                                                                | NP        |                                                          |
| <i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>                                                                | NP        | QL(0.67 ML daily)                                        |
| <i>sumatriptan succinate SOCT 6 MG/0.5ML</i>                                                                | NP        | QL(0.67 ML daily)                                        |
| <i>sumatriptan succinate SOCT 4 MG/0.5ML</i>                                                                | NP        |                                                          |
| <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) |
| <i>sumatriptan succinate TABS</i>                                                                           | 1         | QL(9 EA per 30 day(s) retail)                            |
| <i>zolmitriptan SOLN 2.5 MG</i>                                                                             | NP        |                                                          |
| <i>zolmitriptan TABS</i>                                                                                    | 1         | QL(6 EA per 30 day(s) retail)                            |
| <i>zolmitriptan TBDP</i>                                                                                    | 1         | QL(6 EA per 30 day(s) retail)                            |
| <i>ZOMIG SOLN 2.5 MG (zolmitriptan)</i>                                                                     | NP        |                                                          |
| <b>MINERALS &amp; ELECTROLYTES</b>                                                                          |           |                                                          |
| Calcium                                                                                                     |           |                                                          |
| <i>CALCIUM ACETATE</i>                                                                                      | 2         |                                                          |
| <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)                                           |
| <i>oyster shell</i>                                                                                         | 1         |                                                          |
| Fluoride                                                                                                    |           |                                                          |
| <i>sodium fluoride CHEW</i>                                                                                 | 1         |                                                          |
| <i>sodium fluoride SOLN 0.5 MG/ML</i>                                                                       | 1         | RX/OTC                                                   |
| <i>SOLUVITA SOLN</i>                                                                                        | 2         | RX/OTC                                                   |
| Magnesium                                                                                                   |           |                                                          |

| Drug Name                                                               | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------|-----------|----------------------|
| <i>magnesium oxide (mg supplement) TABS</i>                             | 1         |                      |
| Phosphate                                                               |           |                      |
| <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> | 1         | QL(8 EA daily)       |
| Potassium                                                               |           |                      |
| <i>potassium bicarbonate TBEF</i>                                       | 1         |                      |
| <i>potassium chloride microencapsulated crystals er</i>                 | 1         | MP                   |
| <i>potassium chloride CPCR 10 MEQ</i>                                   | 1         | MP                   |
| <i>potassium chloride CPCR 8 MEQ</i>                                    | 1         | QL(1 EA daily); MP   |
| <i>potassium chloride PACK PO 20 MEQ</i>                                | 1         |                      |
| <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>                      | 1         | MP                   |
| <i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>                            | 1         | MP                   |
| Zinc                                                                    |           |                      |
| <i>zinc sulfate CAPS</i>                                                | 1         |                      |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                                |           |                      |
| Chelating Agents                                                        |           |                      |
| <i>penicillamine TABS</i>                                               | 1         |                      |
| <i>trientine hcl 250 MG</i>                                             | 1         | SP; PA               |
| Enzymes                                                                 |           |                      |
| <i>XIAFLEX</i>                                                          | 2         | SP; PA               |
| Fecal Incontinence Bulking Agents                                       |           |                      |
| <i>SOLESTA</i>                                                          | 2         | SP; PA               |
| Immunomodulators                                                        |           |                      |
| <i>lenalidomide</i>                                                     | 1         | SP; PA               |
| <i>REVLIMID</i>                                                         | 2         | SP; PA               |
| <i>THALOMID</i>                                                         | 2         | SP; PA               |
| Immunosuppressive Agents                                                |           |                      |

| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| ASTAGRAF XL CP24                                      | 2         | PA                   |
| ATGAM                                                 | 2         | SP; PA               |
| <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                   |
| 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 ( <i>cyclosporine</i> )               | 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      |           |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits       |
|--------------------------------------------------------|-----------|----------------------------|
| VIJOICE TBPk                                           | 2         | SP; PA                     |
| Potassium Removing Agents                              |           |                            |
| LOKELMA                                                | NP        |                            |
| LOKELMA                                                | 2         |                            |
| <i>sodium polystyrene sulfonate POWD</i>               | 1         | QL(454 GM per fill retail) |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | NP        |                            |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | 1         |                            |
| VELTASSA                                               | NP        |                            |
| Systemic Lupus Erythematosus Agents                    |           |                            |
| BENLYSTA SOLR                                          | 2         | SP; PA                     |
| MOUTH/THROAT/DENTAL AGENTS                             |           |                            |
| Anesthetics Topical Oral                               |           |                            |
| <i>lidocaine hcl (mouth-throat) 2 %</i>                | 1         | QL(100 ML per fill retail) |
| Anti-infectives - Throat                               |           |                            |
| <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                         |           |                            |

| Drug Name                                   | Drug Tier | Requirements/ Limits               |
|---------------------------------------------|-----------|------------------------------------|
| <i>triamcinolone acetonide (mouth)</i>      | 1         | QL(5 GM per fill retail)           |
| Throat Products - Misc.                     |           |                                    |
| AQUORAL SOLN                                | 2         | QL(900 ML per fill retail); RX/OTC |
| BIOTENE DRY MOUTH MOIST SPRAY SOLN          | 2         | QL(900 ML per fill retail); RX/OTC |
| CAPHOSOL SOLN                               | 2         | QL(900 ML per fill retail); RX/OTC |
| CVS DRY MOUTH SOLN                          | 2         | QL(900 ML per fill retail); RX/OTC |
| EQL DRY MOUTH ORAL RINSE SOLN               | 2         | QL(900 ML per fill retail); RX/OTC |
| MOI-STIR SOLN                               | 2         | QL(900 ML per fill retail); RX/OTC |
| MOUTH KOTE REMINT SOLN                      | 2         | QL(900 ML per fill retail); RX/OTC |
| MOUTH KOTE SOLN                             | 2         | QL(900 ML per fill retail); RX/OTC |
| 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)                     |
| <b>MULTIVITAMINS</b>                        |           |                                    |
| 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); RX/OTC             |
| B-Complex w/ Folic Acid                     |           |                                    |
| <i>b-complex w/ c &amp; folic acid CAPS</i> | 1         | QL(1 EA daily); RX/OTC             |

| Drug Name                                           | Drug Tier | Requirements/ Limits                                    |
|-----------------------------------------------------|-----------|---------------------------------------------------------|
| <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)                                          |
| STRESS FORMULA/IRON/ENERGY TABS                     | 2         | 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)                                          |
| 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)                    |

| Drug Name                                          | Drug Tier | Requirements/ Limits                                    | Drug Name                                                                      | Drug Tier | Requirements/ Limits                 |
|----------------------------------------------------|-----------|---------------------------------------------------------|--------------------------------------------------------------------------------|-----------|--------------------------------------|
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC | 1         | QL(1 ea daily); AL(Up to 13 yrs old)                    | POLY-VITA SOLN PO                                                              | 2         |                                      |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND   | 2         | QL(50ml per fill retail); AL(Up to 13 yrs old)          | POLY-VITE PEDIATRIC SOLN PO                                                    | 2         |                                      |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC | 1         | QL(50ml per fill retail); AL(Up to 13 yrs old)          | Prenatal Vitamins                                                              |           |                                      |
| <i>pediatric vitamins acd w/ fluoride SOLN</i>     | 1         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC | PRENATAL VITAMINS-ASSORTED BRAND                                               | 2         | QL(30 ea per 30 days retail); RX/OTC |
| SOLUVITA ACD WITH FLUORIDE SOLN                    | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC | PRENATAL VITAMINS-ASSORTED GENERIC                                             | 1         | QL(30 ea per 30 days retail); RX/OTC |
| VITAMINS ACD-FLUORIDE SOLN                         | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC | Vitamins w/ Lipotropics                                                        |           |                                      |
| Ped MV w/ Iron                                     |           |                                                         | <i>vitamins w/ lipotropics CAPS</i>                                            | 1         | QL(1 EA daily)                       |
| BPROTECTED PEDIA POLY-VITE/FE SOLN                 | 2         |                                                         | MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms                         |           |                                      |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML             | 2         |                                                         | Articular Cartilage Repair Therapy                                             |           |                                      |
| MULTIVITAMIN DROPS/IRON SOLN                       | 2         |                                                         | MACI                                                                           | 2         | SP; PA                               |
| MULTIVITAMIN INFANT & TODDLER SOLN                 | 2         |                                                         | Central Muscle Relaxants                                                       |           |                                      |
| PC PEDIATRIC POLY-VITA/FE DROP SOLN                | 2         | QL(60 ML per fill retail)                               | AMRIX CP24 (cyclobenzaprine hcl)                                               | NP        |                                      |
| POLY-VITA/IRON SOLN                                | 2         | QL(60 ML per fill retail)                               | <i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>                                    | NP        |                                      |
| POLY-VITE/IRON SOLN                                | 2         |                                                         | <i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i> | 1         | SP; PA                               |
| Pediatric Multiple Vitamins                        |           |                                                         | <i>baclofen SUSP</i>                                                           | NP        |                                      |
| BPROTECTED PEDIA POLY-VITE SOLN PO                 | 2         |                                                         | <i>baclofen TABS 15 MG</i>                                                     | 1         |                                      |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO             | 2         |                                                         | <i>baclofen TABS 5 MG</i>                                                      | 1         | PA                                   |
| POLY-VI-SOL SOLN PO                                | 2         |                                                         | <i>baclofen TABS 10 MG, 20 MG</i>                                              | 1         | MP                                   |
|                                                    |           |                                                         | <i>carisoprodol TABS 350 MG</i>                                                | 1         | MP; PA                               |
|                                                    |           |                                                         | <i>carisoprodol TABS 250 MG</i>                                                | NP        | PA                                   |
|                                                    |           |                                                         | <i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>                               | 1         |                                      |
|                                                    |           |                                                         | <i>chlorzoxazone TABS 500 MG</i>                                               | 1         | MP                                   |
|                                                    |           |                                                         | <i>cyclobenzaprine hcl CP24</i>                                                | NP        |                                      |

| Drug Name                                        | Drug Tier | Requirements/ Limits | Drug Name                                                                         | Drug Tier | Requirements/ Limits           |
|--------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>cyclobenzaprine hcl TABS 7.5 MG</i>           | 1         | QL(4 EA daily)       | GENVISC 850 SOSY                                                                  | 2         | SP; PA                         |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>      | 1         | QL(3 EA daily)       | HYALGAN SOLN                                                                      | 2         | SP; PA                         |
| FLEQSUVY SUSP ( <i>baclofen</i> )                | NP        |                      | HYALGAN SOSY                                                                      | 2         | SP; PA                         |
| GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML  | 2         | SP; PA               | HYMOVIS                                                                           | 2         | SP; PA                         |
| LIORESAL SOLN IT                                 | 2         | SP; PA               | MONOVISC                                                                          | 2         | SP; PA                         |
| LYVISPAH PACK                                    | NP        |                      | ORTHOVISC                                                                         | 2         | SP; PA                         |
| <i>metaxalone</i>                                | 1         |                      | SUPARTZ FX SOSY                                                                   | 2         | SP; PA                         |
| METAXALONE 640 MG                                | 2         |                      | SYNOJOYNT SOSY                                                                    | 2         | SP; PA                         |
| <i>methocarbamol TABS 500 MG</i>                 | 1         | MP                   | SYNVISC ONE SOSY                                                                  | 2         | SP; PA                         |
| <i>methocarbamol TABS 750 MG, 1000 MG</i>        | 1         |                      | SYNVISC SOSY                                                                      | 2         | SP; PA                         |
| METHOCARBAMOL TABS                               | NP        |                      | TRILURON SOSY                                                                     | 2         | SP; PA                         |
| <i>orphenadrine citrate TB12</i>                 | 1         |                      | TRIVISC SOSY                                                                      | 2         | SP; PA                         |
| OZOBAX DS SOLN PO ( <i>baclofen</i> )            | NP        |                      | VISCO-3 SOSY                                                                      | 2         | SP; PA                         |
| OZOBAX SOLN PO ( <i>baclofen</i> )               | NP        |                      | <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b> |           |                                |
| SOMA TABS 250 MG ( <i>carisoprodol</i> )         | NP        | PA                   | <b>Nasal Agent Combinations</b>                                                   |           |                                |
| <i>tizanidine hcl CAPS</i>                       | 1         |                      | <i>azelastine hcl-fluticasone propionate SUSP</i>                                 | NP        |                                |
| <i>tizanidine hcl TABS</i>                       | 1         |                      | DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )                     | 2         |                                |
| <b>Direct Muscle Relaxants</b>                   |           |                      | RYALTRIS                                                                          | NP        |                                |
| DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> ) | NP        |                      | <b>Nasal Agents - Misc.</b>                                                       |           |                                |
| <i>dantrolene sodium CAPS</i>                    | NP        |                      | FT SALINE NASAL SPRAY SOLN                                                        | 2         | QL(90 ML per fill retail)      |
| <b>Muscle Relaxant Combinations</b>              |           |                      | LITTLE REMEDIES SALINE SOLN                                                       | 2         | QL(90 ML per fill retail)      |
| <i>orphenadrine w/ aspirin &amp; caff</i>        | NP        |                      | <i>saline SOLN 0.65 %</i>                                                         | 1         | QL(90 ML per fill retail)      |
| <b>Viscosupplements</b>                          |           |                      | <b>Nasal Antiallergy</b>                                                          |           |                                |
| EUFLEXXA SOSY                                    | 2         | SP; PA               | <i>azelastine hcl</i>                                                             | 1         | QL(30 ML per fill retail)      |
| GEL-ONE                                          | 2         | SP; PA               | <i>cromolyn sodium (nasal) 5.2 MG/ACT</i>                                         | 1         | QL(26 ML per fill retail)      |
| GELSYN-3 SOSY                                    | 2         | SP; PA               | <i>olopatadine hcl (nasal)</i>                                                    | 1         |                                |
|                                                  |           |                      | <b>Nasal Anticholinergics</b>                                                     |           |                                |
|                                                  |           |                      | <i>ipratropium bromide (nasal) 0.06 %</i>                                         | 1         | QL(15 ML per 30 day(s) retail) |

| Drug Name                                              | Drug Tier | Requirements/ Limits                                      | Drug Name             | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|-----------------------------------------------------------|-----------------------|-----------|----------------------|
| <i>ipratropium bromide (nasal) 0.03 %</i>              | 1         | QL(30 ML per 30 day(s) retail)                            | ELEVIDYS 16.5-17.4 KG | 2         | SP; PA               |
| Nasal Steroids                                         |           |                                                           | ELEVIDYS 17.5-18.4 KG | 2         | SP; PA               |
| <i>flunisolide (nasal)</i>                             | 1         | QL(25 ML per fill retail)                                 | ELEVIDYS 18.5-19.4 KG | 2         | SP; PA               |
| <i>fluticasone propionate (nasal) SUSP</i>             | 1         | QL(16 ML per fill retail); RX/OTC                         | ELEVIDYS 19.5-20.4 KG | 2         | SP; PA               |
| <i>mometasone furoate (nasal) SUSP</i>                 | 1         | QL(17 GM per fill retail); AL(At least 2 yrs old); RX/OTC | ELEVIDYS 20.5-21.4 KG | 2         | SP; PA               |
| Sympathomimetic Decongestants                          |           |                                                           | ELEVIDYS 21.5-22.4 KG | 2         | SP; PA               |
| <i>epinephrine hcl (nasal)</i>                         | 1         |                                                           | ELEVIDYS 22.5-23.4 KG | 2         | SP; PA               |
| <i>phenylephrine hcl (oral) TABS</i>                   | 1         | QL(24 EA per fill retail)                                 | ELEVIDYS 23.5-24.4 KG | 2         | SP; PA               |
| <i>pseudoephedrine hcl TABS</i>                        | 1         |                                                           | ELEVIDYS 24.5-25.4 KG | 2         | SP; PA               |
| <i>pseudoephedrine hcl TB12</i>                        | 1         | QL(2 EA daily)                                            | ELEVIDYS 25.5-26.4 KG | 2         | SP; PA               |
| SUDAFED CHILDRENS LIQD                                 | 2         |                                                           | ELEVIDYS 26.5-27.4 KG | 2         | SP; PA               |
| SUDAFED PE CHILDRENS SOLN                              | 2         | QL(120 ML per fill retail)                                | ELEVIDYS 27.5-28.4 KG | 2         | SP; PA               |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles |           |                                                           | ELEVIDYS 28.5-29.4 KG | 2         | SP; PA               |
| ALS Agents                                             |           |                                                           | ELEVIDYS 29.5-30.4 KG | 2         | SP; PA               |
| <i>riluzole TABS</i>                                   | 1         | PA                                                        | ELEVIDYS 30.5-31.4 KG | 2         | SP; PA               |
| TEGLUTIK SUSP                                          | 2         | SP; PA                                                    | ELEVIDYS 31.5-32.4 KG | 2         | SP; PA               |
| TIGLUTIK SUSP                                          | 2         | SP; PA                                                    | ELEVIDYS 32.5-33.4 KG | 2         | SP; PA               |
| Muscular Dystrophy Agents                              |           |                                                           | ELEVIDYS 33.5-34.4 KG | 2         | SP; PA               |
| AMONDYS 45                                             | 2         | SP; PA                                                    | ELEVIDYS 34.5-35.4 KG | 2         | SP; PA               |
| ELEVIDYS 10.0-10.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 35.5-36.4 KG | 2         | SP; PA               |
| ELEVIDYS 10.5-11.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 36.5-37.4 KG | 2         | SP; PA               |
| ELEVIDYS 11.5-12.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 37.5-38.4 KG | 2         | SP; PA               |
| ELEVIDYS 12.5-13.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 38.5-39.4 KG | 2         | SP; PA               |
| ELEVIDYS 13.5-14.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 39.5-40.4 KG | 2         | SP; PA               |
| ELEVIDYS 14.5-15.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 40.5-41.4 KG | 2         | SP; PA               |
| ELEVIDYS 15.5-16.4 KG                                  | 2         | SP; PA                                                    | ELEVIDYS 41.5-42.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 42.5-43.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 43.5-44.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 44.5-45.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 45.5-46.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 46.5-47.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 47.5-48.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 48.5-49.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 49.5-50.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 50.5-51.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 51.5-52.4 KG | 2         | SP; PA               |
|                                                        |           |                                                           | ELEVIDYS 52.5-53.4 KG | 2         | SP; PA               |

| Drug Name                                  | Drug Tier | Requirements/ Limits | Drug Name              | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|------------------------|-----------|----------------------|
| ELEVIDYS 53.5-54.4 KG                      | 2         | SP; PA               | ZOLGENSMA 11.6-12.0 KG | 2         | SP; PA               |
| ELEVIDYS 54.5-55.4 KG                      | 2         | SP; PA               | ZOLGENSMA 12.1-12.5 KG | 2         | SP; PA               |
| ELEVIDYS 55.5-56.4 KG                      | 2         | SP; PA               | ZOLGENSMA 12.6-13.0 KG | 2         | SP; PA               |
| ELEVIDYS 56.5-57.4 KG                      | 2         | SP; PA               | ZOLGENSMA 13.1-13.5 KG | 2         | SP; PA               |
| ELEVIDYS 57.5-58.4 KG                      | 2         | SP; PA               | ZOLGENSMA 13.6-14.0 KG | 2         | SP; PA               |
| ELEVIDYS 58.5-59.4 KG                      | 2         | SP; PA               | ZOLGENSMA 14.1-14.5 KG | 2         | SP; PA               |
| ELEVIDYS 59.5-60.4 KG                      | 2         | SP; PA               | ZOLGENSMA 14.6-15.0 KG | 2         | SP; PA               |
| ELEVIDYS 60.5-61.4 KG                      | 2         | SP; PA               | ZOLGENSMA 15.1-15.5 KG | 2         | SP; PA               |
| ELEVIDYS 61.5-62.4 KG                      | 2         | SP; PA               | ZOLGENSMA 15.6-16.0 KG | 2         | SP; PA               |
| ELEVIDYS 62.5-63.4 KG                      | 2         | SP; PA               | ZOLGENSMA 16.1-16.5 KG | 2         | SP; PA               |
| ELEVIDYS 63.5-64.4 KG                      | 2         | SP; PA               | ZOLGENSMA 16.6-17.0 KG | 2         | SP; PA               |
| ELEVIDYS 64.5-65.4 KG                      | 2         | SP; PA               | ZOLGENSMA 17.1-17.5 KG | 2         | SP; PA               |
| ELEVIDYS 65.5-66.4 KG                      | 2         | SP; PA               | ZOLGENSMA 17.6-18.0 KG | 2         | SP; PA               |
| ELEVIDYS 66.5-67.4 KG                      | 2         | SP; PA               | ZOLGENSMA 18.1-18.5 KG | 2         | SP; PA               |
| ELEVIDYS 67.5-68.4 KG                      | 2         | SP; PA               | ZOLGENSMA 18.6-19.0 KG | 2         | SP; PA               |
| ELEVIDYS 68.5-69.4 KG                      | 2         | SP; PA               | ZOLGENSMA 19.1-19.5 KG | 2         | SP; PA               |
| ELEVIDYS 69.5 KG PLUS                      | 2         | SP; PA               | ZOLGENSMA 19.6-20.0 KG | 2         | SP; PA               |
| EXONDYS 51                                 | 2         | SP; PA               | ZOLGENSMA 2.6-3.0 KG   | 2         | SP; PA               |
| VILTEPSO                                   | 2         | SP; PA               | ZOLGENSMA 20.1-20.5 KG | 2         | SP; PA               |
| VYONDYS 53                                 | 2         | SP; PA               | ZOLGENSMA 3.1-3.5 KG   | 2         | SP; PA               |
| Neuromuscular Blocking Agent - Neurotoxins |           |                      | ZOLGENSMA 3.6-4.0 KG   | 2         | SP; PA               |
| BOTOX IJ                                   | 2         | SP; PA               | ZOLGENSMA 4.1-4.5 KG   | 2         | SP; PA               |
| DYSPOORT                                   | 2         | SP; PA               | ZOLGENSMA 4.6-5.0 KG   | 2         | SP; PA               |
| MYOBLOC                                    | 2         | SP; PA               |                        |           |                      |
| XEOMIN                                     | 2         | SP; PA               |                        |           |                      |
| Spinal Muscular Atrophy Agents (SMA)       |           |                      |                        |           |                      |
| EVRYSDI                                    | 2         | SP; PA               |                        |           |                      |
| EVRYSDI PO 5 MG                            | 2         | SP                   |                        |           |                      |
| 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               |                        |           |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits               | Drug Name                                                | Drug Tier | Requirements/ Limits      |
|----------------------------------------------------------|-----------|------------------------------------|----------------------------------------------------------|-----------|---------------------------|
| ZOLGENSMA 5.1-5.5 KG                                     | 2         | SP; PA                             | <i>timolol maleate (ophth) SOLN</i>                      | NP        | QL(60 EA per fill retail) |
| ZOLGENSMA 5.6-6.0 KG                                     | 2         | SP; PA                             | TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %          | 2         |                           |
| ZOLGENSMA 6.1-6.5 KG                                     | 2         | SP; PA                             | TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> ) | NP        | QL(60 EA per fill retail) |
| ZOLGENSMA 6.6-7.0 KG                                     | 2         | SP; PA                             | Cycloplegic Mydriatics                                   |           |                           |
| ZOLGENSMA 7.1-7.5 KG                                     | 2         | SP; PA                             | <i>atropine sulfate (ophthalmic) OINT</i>                | 1         | QL(4 GM per fill retail)  |
| ZOLGENSMA 7.6-8.0 KG                                     | 2         | SP; PA                             | <i>atropine sulfate (ophthalmic) SOLN</i>                | 1         | QL(5 ML per fill retail)  |
| ZOLGENSMA 8.1-8.5 KG                                     | 2         | SP; PA                             | ATROPINE SULFATE SOLN 1 %                                | 2         | QL(5 EA per fill retail)  |
| ZOLGENSMA 8.6-9.0 KG                                     | 2         | SP; PA                             | CYCLOGYL 0.5 %                                           | 2         | QL(15 ML per fill retail) |
| ZOLGENSMA 9.1-9.5 KG                                     | 2         | SP; PA                             | <i>cyclopentolate hcl 1 %</i>                            | 1         | QL(5 ML per fill retail)  |
| ZOLGENSMA 9.6-10.0 KG                                    | 2         | SP; PA                             | ISOPTO ATROPINE SOLN                                     | 2         | QL(5 ML per fill retail)  |
| <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>        |           |                                    | <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>          | 1         | QL(5 ML per fill retail)  |
| Artificial Tears and Lubricants                          |           |                                    | <i>tropicamide SOLN 0.5 %</i>                            | 1         | QL(15 ML per fill retail) |
| <i>polyvinyl alcohol 1.4 %</i>                           | 1         | QL(15 ML per fill retail)          | <i>tropicamide SOLN 1 %</i>                              | 1         | QL(3 ML per fill retail)  |
| <i>white petrolatum-mineral oil</i>                      | 1         | QL(5 GM per fill retail)           | Miotics                                                  |           |                           |
| Beta-blockers - Ophthalmic                               |           |                                    | <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                | 1         |                           |
| <i>betaxolol hcl (ophth) SOLN</i>                        | NP        | QL(5 ML per fill retail)           | Ophthalmic - Angiogenesis Inhibitors                     |           |                           |
| <i>brimonidine tartrate-timolol maleate</i>              | NP        |                                    | BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML              | 2         | SP; PA                    |
| <i>carteolol hcl (ophth)</i>                             | 1         | 1 max fill(s) per 30 day(s) retail | BEVACIZUMAB IZ 2.75 MG/0.11ML                            | 2         | PA                        |
| COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) | 2         |                                    | EYLEA SOLN                                               | 2         | SP; PA                    |
| DORZOLAMIDE HCL-TIMOLOL MAL                              | 2         | QL(10 ML per fill retail)          | LUCENTIS SOSY                                            | 2         | SP; PA                    |
| <i>dorzolamide hcl-timolol maleate</i>                   | 1         |                                    | Ophthalmic Adrenergic Agents                             |           |                           |
| <i>dorzolamide hcl-timolol maleate</i>                   | 1         | QL(10 ML per fill retail)          | ALPHAGAN P ( <i>brimonidine tartrate</i> )               | 2         |                           |
| ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )          | 2         |                                    |                                                          |           |                           |
| <i>levobunolol hcl 0.5 %</i>                             | 1         |                                    |                                                          |           |                           |
| <i>timolol maleate (ophth) SOLG 0.25 %</i>               | 1         |                                    |                                                          |           |                           |
| <i>timolol maleate (ophth) SOLN 0.5 %</i>                | NP        |                                    |                                                          |           |                           |
| <i>timolol maleate (ophth) SOLN</i>                      | 1         | QL(5 ML per fill retail)           |                                                          |           |                           |

| Drug Name                                       | Drug Tier | Requirements/ Limits               |
|-------------------------------------------------|-----------|------------------------------------|
| <i>apraclonidine hcl</i>                        | 1         |                                    |
| <i>brimonidine tartrate 0.2 %</i>               | 1         | QL(5 ML per fill retail)           |
| <i>brimonidine tartrate 0.1 %, 0.15 %</i>       | NP        |                                    |
| SIMBRINZA                                       | 2         |                                    |
| Ophthalmic Anti-infectives                      |           |                                    |
| <i>bacitracin-polymyxin b (ophth)</i>           | 1         | QL(4 GM per fill retail)           |
| <i>ciprofloxacin hcl (ophth) SOLN</i>           | 1         | QL(5 ML per fill retail)           |
| ERYTHROMYCIN                                    | 2         | QL(4 GM per fill retail)           |
| <i>erythromycin (ophth)</i>                     | 1         | QL(4 GM per fill retail)           |
| <i>gatifloxacin (ophth)</i>                     | NP        |                                    |
| <i>gentamicin sulfate (ophth) SOLN</i>          | 1         | QL(5 ML per fill retail)           |
| <i>levofloxacin (ophth) 0.5 %</i>               | 1         |                                    |
| <i>moxifloxacin hcl (ophth) SOLN OP</i>         | 1         | QL(3 ML per fill retail)           |
| <i>neomycin-bacitracin zn-polymyxin</i>         | 1         | QL(4 GM per fill retail)           |
| <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)           |
| ZYMAXID ( <i>gatifloxacin (ophth)</i> )         | NP        |                                    |
| Ophthalmic Decongestants                        |           |                                    |
| <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i> | 1         | 1 max fill(s) per 30 day(s) retail |

| Drug Name                                         | Drug Tier | Requirements/ Limits      |
|---------------------------------------------------|-----------|---------------------------|
| <i>naphazoline w/ pheniramine 0.315 %-0.027 %</i> | 1         | QL(0.5 ML daily)          |
| <i>tetrahydrozoline hcl (ophth) 0.05 %</i>        | 1         | QL(30 ML per fill retail) |
| Ophthalmic Immunomodulators                       |           |                           |
| CEQUA SOLN                                        | NP        |                           |
| <i>cyclosporine (ophth) EMUL</i>                  | NP        |                           |
| RESTASIS MULTIDOSE EMUL                           | 2         |                           |
| RESTASIS EMUL ( <i>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            |           |                           |
| 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)  |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits               |
|----------------------------------------------------------------------------|-----------|------------------------------------|
| <i>neomycin-polymyx-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.                                                        |           |                                    |
| ACULAR ( <i>ketorolac tromethamine (ophth)</i> )                           | NP        | QL(5 ML per fill retail)           |
| ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> )                        | 2         | 1 max fill(s) per 30 day(s) retail |
| <i>azelastine hcl (ophth)</i>                                              | 1         | QL(6 ML per fill retail)           |
| <i>bromfenac sodium (ophth) 0.075 %, 0.09 %</i>                            | 1         |                                    |
| <i>cromolyn sodium (ophth)</i>                                             | 1         | QL(10 ML per fill retail)          |
| CYSTARAN                                                                   | 2         | SP; PA                             |
| <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>                                              | NP        |                                    |
| <i>flurbiprofen sodium</i>                                                 | 1         | QL(3 ML per fill retail)           |

| Drug Name                                    | Drug Tier | Requirements/ Limits                                           |
|----------------------------------------------|-----------|----------------------------------------------------------------|
| ILEVRO                                       | NP        |                                                                |
| <i>ketorolac tromethamine (ophth) 0.4 %</i>  | NP        | 1 max fill(s) per 30 day(s) retail                             |
| <i>ketorolac tromethamine (ophth) 0.5 %</i>  | NP        | 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>                      | NP        |                                                                |
| IYUZEH SOLN                                  | NP        |                                                                |
| TRAVATAN Z SOLN ( <i>travoprost</i> )        | 2         |                                                                |
| <i>travoprost SOLN</i>                       | NP        |                                                                |
| 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>ciprofloxacin hcl (otic)</i> ) | 2         |                                                                |
| <i>ciprofloxacin hcl (otic)</i>              | 1         |                                                                |
| <i>ofloxacin (otic)</i>                      | 1         | QL(5 ML per fill retail)                                       |
| Otic Combinations                            |           |                                                                |
| <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)                                      |
| Otic Steroids                                |           |                                                                |
| <i>fluocinolone acetonide (otic)</i>         | 1         | QL(20 ML per fill retail)                                      |

| Drug Name                                                                                  | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>hydrocortisone w/acetic acid</i>                                                        | 1         | QL(10 ML per fill retail) |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |           |                           |
| Oxytocics                                                                                  |           |                           |
| <i>methylergonovine maleate TABS</i>                                                       | 1         |                           |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |                           |
| Immune Serums                                                                              |           |                           |
| BIVIGAM SOLN                                                                               | 2         | SP; PA                    |
| CUVITRU SOLN                                                                               | 2         | SP; PA                    |
| CYTOGAM SOLN                                                                               | 2         | SP; PA                    |
| FLEBOGAMMA DIF SOLN                                                                        | 2         | SP; PA                    |
| GAMASTAN IM                                                                                | 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                    |
| 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                    |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits        |
|------------------------------------------------------------------------------------|-----------|-----------------------------|
| 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         |                             |
| <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         |                             |

| Drug Name                                                                  | Drug Tier | Requirements/ Limits                                |
|----------------------------------------------------------------------------|-----------|-----------------------------------------------------|
| <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         |                                                     |
| PHARMACEUTICAL ADJUVANTS                                                   |           |                                                     |
| Internal Vehicle Ingredients/Agents                                        |           |                                                     |
| SIMPLYTHICK EASY MIX                                                       | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| SIMPLYTHICK EASYMIX LEVEL 1                                                | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| SIMPLYTHICK EASYMIX LEVEL 2                                                | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| SIMPLYTHICK EASYMIX LEVEL 3                                                | 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                                                        |           |                                                     |
| LANOLIN XX                                                                 | 2         |                                                     |
| PROGESTINS - Hormone Replacement/Modifying Drugs                           |           |                                                     |
| Progestins                                                                 |           |                                                     |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>                     | 1         | MP                                                  |

| Drug Name                                                                                          | Drug Tier | Requirements/ Limits           |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <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) |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions |           |                                |
| Agents for Chemical Dependency                                                                     |           |                                |
| <i>acamprosate calcium</i>                                                                         | 1         |                                |
| <i>disulfiram 250 MG</i>                                                                           | 1         |                                |
| Anti-Cataplectic Agents                                                                            |           |                                |
| SODIUM OXYBATE SOLN                                                                                | 2         | SP; PA                         |
| XYREM SOLN                                                                                         | 2         | SP; PA                         |
| Antidementia Agents                                                                                |           |                                |
| ADLARITY PTWK                                                                                      | NP        |                                |
| <i>donepezil hydrochloride TABS 23 MG</i>                                                          | 1         |                                |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i>                                                    | 1         | QL(1 EA daily); MP             |
| <i>donepezil hydrochloride TBDP</i>                                                                | 1         |                                |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )                                            | 2         | QL(1 EA daily)                 |
| EXELON 13.3 MG/24HR ( <i>rivastigmine</i> )                                                        | 2         |                                |
| <i>galantamine hydrobromide CP24</i>                                                               | NP        | QL(1 EA daily)                 |
| <i>galantamine hydrobromide SOLN</i>                                                               | NP        | QL(6 ML daily)                 |
| <i>galantamine hydrobromide TABS</i>                                                               | 1         | QL(2 EA daily)                 |
| <i>memantine hcl CP24</i>                                                                          | 1         |                                |
| <i>memantine hcl SOLN</i>                                                                          | NP        | QL(10 ML daily)                |
| <i>memantine hcl TABS</i>                                                                          | NP        | QL(1 EA per 28 day(s) retail)  |

| Drug Name                                           | Drug Tier | Requirements/ Limits                | Drug Name                                         | Drug Tier | Requirements/ Limits                    |
|-----------------------------------------------------|-----------|-------------------------------------|---------------------------------------------------|-----------|-----------------------------------------|
| <i>memantine hcl TABS</i>                           | 1         | QL(2 EA daily); MP                  | BAFIERTAM                                         | NP        | SP                                      |
| NAMENDA TITRATION PAK TABS ( <i>memantine hcl</i> ) | NP        | QL(1 EA per 28 day(s) retail)       | BRIUMVI                                           | NP        | SP                                      |
| <i>rivastigmine 13.3 MG/24HR</i>                    | NP        |                                     | COPAXONE SOSY ( <i>glatiramer acetate</i> )       | 2         | SP; PA                                  |
| <i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>        | NP        | QL(1 EA daily)                      | <i>dalfampridine</i>                              | 1         | SP; PA                                  |
| <i>rivastigmine tartrate CAPS</i>                   | 1         | QL(2 EA daily)                      | <i>dimethyl fumarate CDPK</i>                     | 1         | SP; PA                                  |
| Cerebral Adrenoleukodystrophy (CALD) Agents         |           |                                     | <i>dimethyl fumarate CPDR</i>                     | 1         | SP; PA                                  |
| SKYSONA                                             | 2         | SP; PA                              | <i>finngolimod hcl</i>                            | 1         | SP; PA                                  |
| Combination Psychotherapeutics                      |           |                                     | GILENYA ( <i>finngolimod hcl</i> )                | NP        | SP; PA                                  |
| LYBALVI                                             | NP        |                                     | GILENYA                                           | NP        | SP; PA                                  |
| <i>perphenazine-amitriptyline</i>                   | 1         | QL(4 EA daily)                      | <i>glatiramer acetate SOSY</i>                    | NP        | SP; PA                                  |
| Fibromyalgia Agents                                 |           |                                     | KESIMPTA                                          | 2         | SP; PA                                  |
| SAVELLA TITRATION PACK MISC                         | 2         | QL(55 EA per 365 day(s) retail); PA | MAYZENT STARTER PACK TBPK 0.25 MG                 | NP        | SP                                      |
| SAVELLA TABS                                        | 2         | QL(2 EA daily); PA                  | MAYZENT TABS                                      | NP        | SP                                      |
| Movement Disorder Drug Therapy                      |           |                                     | OCREVUS ZUNOVO                                    | NP        | SP                                      |
| AUSTEDO XR PATIENT TITRATION TEPK                   | 2         | SP; PA                              | PLEGRIDY SOSY IM                                  | NP        | SP                                      |
| AUSTEDO XR PATIENT TITRATION TEPK                   | 2         | SP; PA                              | PONVORY STARTER PACK TBPK                         | NP        | SP                                      |
| AUSTEDO XR TB24                                     | 2         | SP; PA                              | PONVORY TABS                                      | NP        | SP                                      |
| AUSTEDO XR TB24                                     | 2         | SP; PA                              | TASCENSO ODT                                      | NP        | SP                                      |
| AUSTEDO TABS                                        | 2         | SP; PA                              | ZEPOSIA STARTER KIT CPPK                          | NP        | SP                                      |
| INGREZZA CAPS                                       | 2         | SP; PA                              | Premenstrual Dysphoric Disorder (PMDD) Agents     |           |                                         |
| INGREZZA CPSP                                       | 2         | SP; PA                              | <i>fluoxetine hcl (pmdd) TABS 10 MG</i>           | 1         | AL(At least 7 yrs old)                  |
| <i>tetrabenazine</i>                                | NP        | SP; PA                              | <i>fluoxetine hcl (pmdd) TABS 20 MG</i>           | 1         | QL(4 EA daily); AL(At least 7 yrs old)  |
| XENAZINE ( <i>tetrabenazine</i> )                   | NP        | SP; PA                              | Psychotherapeutic and Neurological Agents - Misc. |           |                                         |
| Multiple Sclerosis Agents                           |           |                                     | <i>ergoloid mesylates TABS</i>                    | 1         |                                         |
| AVONEX PEN AJKT                                     | 2         | SP; PA                              | Smoking Deterrents                                |           |                                         |
| AVONEX PREFILLED PSKT                               | 2         | SP; PA                              | APO-VARENICLINE TABS                              | 2         | QL(2 EA daily); AL(At least 13 yrs old) |
|                                                     |           |                                     | <i>bupropion hcl (smoking deterrent)</i>          | 0         | AL(At least 13 yrs old)                 |

| Drug Name                                                         | Drug Tier | Requirements/ Limits                    | Drug Name                                                      | Drug Tier | Requirements/ Limits   |
|-------------------------------------------------------------------|-----------|-----------------------------------------|----------------------------------------------------------------|-----------|------------------------|
| CHANTIX CONTINUING MONTH PAK TABS ( <i>varenicline tartrate</i> ) | 2         | QL(2 EA daily); AL(At least 13 yrs old) | KALYDECO PACK 50 MG, 75 MG                                     | 2         | SP; PA                 |
| CHANTIX STARTING MONTH PAK TBPK ( <i>varenicline tartrate</i> )   | 2         | AL(At least 13 yrs old)                 | KALYDECO TABS                                                  | 2         | SP; PA                 |
| CHANTIX TABS ( <i>varenicline tartrate</i> )                      | 2         | QL(2 EA daily); AL(At least 13 yrs old) | ORKAMBI PACK                                                   | 2         | SP; PA                 |
| <i>nicotine polacrilex GUM</i>                                    | 0         | AL(At least 13 yrs old)                 | ORKAMBI TABS                                                   | 2         | SP; PA                 |
| <i>nicotine polacrilex LOZG</i>                                   | 0         | AL(At least 13 yrs old)                 | PULMOZYME                                                      | 2         | SP; PA                 |
| NICOTINE KIT                                                      | 0         | AL(At least 13 yrs old)                 | SYMDEKO                                                        | 2         | SP; PA                 |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>         | 0         | AL(At least 13 yrs old)                 | TRIKAFTA TBPK 100 MG-50 MG                                     | 2         | QL(3 EA daily); SP; PA |
| NICOTROL NS SOLN                                                  | NP        | AL(At least 13 yrs old); PA             | Pulmonary Fibrosis Agents                                      |           |                        |
| NICOTROL INHA                                                     | NP        | AL(At least 13 yrs old); PA             | OFEV                                                           | 2         | SP; PA                 |
| <i>varenicline tartrate TABS</i>                                  | NP        | QL(2 EA daily); AL(At least 13 yrs old) | <i>pirfenidone CAPS</i>                                        | 1         | SP; PA                 |
| <i>varenicline tartrate TBPK</i>                                  | NP        | AL(At least 13 yrs old)                 | <i>pirfenidone TABS 534 MG</i>                                 | 1         | SP                     |
| Transthyretin Amyloidosis Agents                                  |           |                                         | TETRACYCLINES - Drugs to Treat Bacterial Infections            |           |                        |
| ONPATTRO                                                          | 2         | SP; PA                                  | Tetracyclines                                                  |           |                        |
| TEGSEDI                                                           | 2         | SP; PA                                  | <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>            | 1         |                        |
| Vasomotor Symptom Agents                                          |           |                                         | <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>            | 1         |                        |
| <i>paroxetine mesylate (vasomotor)</i>                            | NP        |                                         | <i>doxycycline hyclate CAPS</i>                                | 1         |                        |
| RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions       |           |                                         | <i>doxycycline hyclate TABS 100 MG</i>                         | 1         |                        |
| Alpha-Proteinase Inhibitor (Human)                                |           |                                         | <i>minocycline hcl CAPS</i>                                    | 1         |                        |
| ARALAST NP SOLR 500 MG, 1000 MG                                   | 2         | SP; PA                                  | THYROID AGENTS - Drugs to Regulate Thyroid Hormones            |           |                        |
| GLASSIA SOLN                                                      | 2         | SP; PA                                  | Antithyroid Agents                                             |           |                        |
| PROLASTIN-C SOLR                                                  | 2         | SP; PA                                  | <i>methimazole TABS</i>                                        | 1         | MP                     |
| ZEMAIRA SOLR 1000 MG                                              | 2         | SP; PA                                  | <i>propylthiouracil</i>                                        | 1         | MP                     |
| Cystic Fibrosis Agents                                            |           |                                         | 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    | Drug Name                                                                   | Drug Tier | Requirements/ Limits       |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------|-----------------------------------------------------------------------------|-----------|----------------------------|
| EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG                                                                       | 2         | MP                      | PEDIARIX SUSY                                                               | 0         | AL(At least 19 yrs old)    |
| <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         |                         | PENTACEL                                                                    | 0         | AL(At least 19 yrs old)    |
| <i>levothyroxine sodium TABS</i>                                                                                                  | 1         | MP                      | QUADRACEL SUSP                                                              | 0         | AL(At least 19 yrs old)    |
| <i>liothyronine sodium TABS</i>                                                                                                   | 1         | MP                      | QUADRACEL SUSY                                                              | 0         | AL(At least 19 yrs old)    |
| NIVA THYROID TABS                                                                                                                 | 2         | MP                      | TDVAX SUSP                                                                  | 0         | AL(At least 19 yrs old)    |
| NP THYROID TABS                                                                                                                   | 2         | MP                      | TENIVAC SUSP 2 LFU-5 LFU                                                    | 0         | AL(At least 19 yrs old)    |
| RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                | 2         | MP                      | TETANUS-DIPHTHERIA TOXOIDS TD SUSP                                          | 0         | AL(At least 19 yrs old)    |
| SYNTHROID TABS ( <i>levothyroxine sodium</i> )                                                                                    | 2         | MP                      | VAXELIS SUSP                                                                | 0         | AL(At least 19 yrs old)    |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                                                                                   | 2         | MP                      | VAXELIS SUSY                                                                | 0         | AL(At least 19 yrs old)    |
| TIROSINT CAPS 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG ( <i>levothyroxine sodium</i> ) | 2         |                         | <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                            |
| <b>TOXOIDS</b>                                                                                                                    |           |                         | Antispasmodics                                                              |           |                            |
| Toxoid Combinations                                                                                                               |           |                         | <i>dicyclomine hcl CAPS</i>                                                 | 1         |                            |
| ADACEL SUSP                                                                                                                       | 0         | AL(At least 19 yrs old) | <i>dicyclomine hcl SOLN PO</i>                                              | 1         | QL(40 ML daily)            |
| ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML                                                                                  | 0         | AL(At least 19 yrs old) | <i>dicyclomine hcl TABS</i>                                                 | 1         |                            |
| BOOSTRIX SUSP                                                                                                                     | 0         | AL(At least 19 yrs old) | <i>glycopyrrolate TABS 1 MG, 2 MG</i>                                       | 1         | QL(4 EA daily)             |
| BOOSTRIX SUSY                                                                                                                     | 0         | AL(At least 19 yrs old) | <i>hyoscyamine sulfate ELIX</i>                                             | 1         |                            |
| DAPTACEL                                                                                                                          | 0         | AL(At least 19 yrs old) | <i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>                              | 1         |                            |
| INFANRIX                                                                                                                          | 0         | AL(At least 19 yrs old) | <i>hyoscyamine sulfate SUBL 0.125 MG</i>                                    | 1         |                            |
| KINRIX SUSY                                                                                                                       | 0         | AL(At least 19 yrs old) | <i>hyoscyamine sulfate TABS 0.125 MG</i>                                    | 1         |                            |
|                                                                                                                                   |           |                         | <i>hyoscyamine sulfate TB12 0.375 MG</i>                                    | 1         |                            |
|                                                                                                                                   |           |                         | <i>hyoscyamine sulfate TBDP 0.125 MG</i>                                    | 1         |                            |
|                                                                                                                                   |           |                         | <b>H-2 Antagonists</b>                                                      |           |                            |
|                                                                                                                                   |           |                         | <i>cimetidine TABS 200 MG</i>                                               | 1         | MP; RX/OTC                 |
|                                                                                                                                   |           |                         | <i>cimetidine TABS 800 MG</i>                                               | 1         | QL(500 EA per fill retail) |

| Drug Name                                                         | Drug Tier | Requirements/ Limits       |
|-------------------------------------------------------------------|-----------|----------------------------|
| <i>cimetidine TABS 300 MG, 400 MG</i>                             | 1         |                            |
| <i>famotidine TABS 10 MG</i>                                      | 1         |                            |
| <i>famotidine TABS 20 MG, 40 MG</i>                               | 1         | MP; RX/OTC                 |
| Misc. Anti-Ulcer                                                  |           |                            |
| <i>sucralfate SUSP</i>                                            | 1         | QL(420 ML per fill retail) |
| <i>sucralfate TABS</i>                                            | 1         | QL(4 EA daily); MP         |
| Proton Pump Inhibitors                                            |           |                            |
| <i>esomeprazole magnesium CPDR</i>                                | 1         | RX/OTC                     |
| <i>esomeprazole magnesium PACK</i>                                | 1         |                            |
| <i>lansoprazole CPDR</i>                                          | 1         | RX/OTC                     |
| <i>lansoprazole TBDD</i>                                          | 1         | PA; RX/OTC                 |
| NEXIUM 24HR CLEAR MINIS CPDR ( <i>esomeprazole magnesium</i> )    | NP        | RX/OTC                     |
| NEXIUM 24HR CPDR ( <i>esomeprazole magnesium</i> )                | NP        | RX/OTC                     |
| NEXIUM CPDR 20 MG ( <i>esomeprazole magnesium</i> )               | NP        | RX/OTC                     |
| NEXIUM PACK 10 MG, 20 MG, 40 MG ( <i>esomeprazole magnesium</i> ) | NP        |                            |
| <i>omeprazole CPDR</i>                                            | 1         | QL(2 EA daily)             |
| <i>omeprazole TBEC</i>                                            | 1         | QL(1 EA daily)             |
| <i>pantoprazole sodium PACK</i>                                   | NP        |                            |
| <i>pantoprazole sodium TBEC 20 MG</i>                             | 1         | QL(1 EA daily)             |
| <i>pantoprazole sodium TBEC 40 MG</i>                             | 1         | QL(2 EA daily)             |
| PROTONIX PACK ( <i>pantoprazole sodium</i> )                      | 2         |                            |
| <i>rabeprazole sodium TBEC</i>                                    | 1         |                            |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| Ulcer Drugs - Prostaglandins                                         |           |                      |
| <i>misoprostol</i>                                                   | 1         |                      |
| Ulcer Therapy Combinations                                           |           |                      |
| KONVOMEPEP SUSP                                                      | NP        |                      |
| <i>omeprazole-sodium bicarbonate CAPS</i>                            | NP        | RX/OTC               |
| <i>omeprazole-sodium bicarbonate PACK</i>                            | NP        |                      |
| ZEGERID OTC CAPS ( <i>omeprazole-sodium bicarbonate</i> )            | NP        | RX/OTC               |
| ZEGERID CAPS ( <i>omeprazole-sodium bicarbonate</i> )                | NP        | RX/OTC               |
| ZEGERID PACK ( <i>omeprazole-sodium bicarbonate</i> )                | NP        |                      |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                      |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                      |
| <i>darifenacin hydrobromide</i>                                      | 1         |                      |
| DETROL LA CP24 ( <i>tolterodine tartrate</i> )                       | NP        | QL(1 EA daily)       |
| <i>fesoterodine fumarate</i>                                         | 1         |                      |
| <i>oxybutynin chloride SOLN</i>                                      | 1         |                      |
| <i>oxybutynin chloride TABS 2.5 MG</i>                               | NP        |                      |
| <i>oxybutynin chloride TABS 5 MG</i>                                 | 1         | QL(3 EA daily); MP   |
| <i>oxybutynin chloride TB24</i>                                      | 1         | QL(2 EA daily); MP   |
| <i>solifenacin succinate TABS</i>                                    | 1         |                      |
| <i>tolterodine tartrate CP24</i>                                     | NP        | QL(1 EA daily)       |
| <i>tolterodine tartrate TABS</i>                                     | 1         | QL(2 EA daily)       |
| TOVIAZ ( <i>fesoterodine fumarate</i> )                              | NP        |                      |
| <i>tropium chloride CP24</i>                                         | NP        |                      |

| Drug Name                                           | Drug Tier | Requirements/ Limits    |
|-----------------------------------------------------|-----------|-------------------------|
| <i>trospium chloride TABS</i>                       | 1         | QL(2 EA daily)          |
| VESICARE LS SUSP                                    | NP        |                         |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists |           |                         |
| GEMTESA                                             | NP        |                         |
| <i>mirabegron TB24</i>                              | NP        |                         |
| MYRBETRIQ TB24 ( <i>mirabegron</i> )                | 2         |                         |
| Urinary Antispasmodics - Cholinergic Agonists       |           |                         |
| <i>bethanechol chloride</i>                         | 1         | MP                      |
| Urinary Antispasmodics - Direct Muscle Relaxants    |           |                         |
| <i>flavoxate hcl</i>                                | NP        |                         |
| <b>VACCINES</b>                                     |           |                         |
| Bacterial Vaccines                                  |           |                         |
| ACTHIB SOLR IM                                      | 0         | AL(At least 19 yrs old) |
| BCG VACCINE                                         | 0         | AL(At least 19 yrs old) |
| BEXSERO 0.5 ML                                      | 0         | AL(At least 19 yrs old) |
| BIOTHRAX                                            | 0         | AL(At least 19 yrs old) |
| HIBERIX SOLR IJ                                     | 0         | AL(At least 19 yrs old) |
| MENACTRA                                            | 0         | AL(At least 19 yrs old) |
| MENQUADFI 0.5 ML                                    | 0         | AL(At least 19 yrs old) |
| MENVEO SOLN                                         | 0         | AL(At least 19 yrs old) |
| MENVEO SOLR                                         | 0         | AL(At least 19 yrs old) |
| PEDVAX HIB SUSP                                     | 0         | AL(At least 19 yrs old) |
| PENBRAYA                                            | 0         | AL(At least 19 yrs old) |
| PNEUMOVAX 23 SOLN                                   | 0         | AL(At least 19 yrs old) |
| PNEUMOVAX 23 SOSY                                   | 0         | AL(At least 19 yrs old) |
| PREVNAR 13                                          | 0         | AL(At least 19 yrs old) |

| Drug Name                              | Drug Tier | Requirements/ Limits                                         |
|----------------------------------------|-----------|--------------------------------------------------------------|
| PREVNAR 20                             | 0         | AL(At least 19 yrs old)                                      |
| TRUMENBA 0.5 ML                        | 0         | AL(At least 19 yrs old)                                      |
| TYPHIM VI SOLN                         | 0         | AL(At least 19 yrs old)                                      |
| TYPHIM VI SOSY                         | 0         | AL(At least 19 yrs old)                                      |
| VAXCHORA                               | 0         | AL(At least 19 yrs old)                                      |
| VAXNEUVANCE                            | 0         | AL(At least 19 yrs old)                                      |
| VIVOTIF                                | 0         | AL(At least 19 yrs old)                                      |
| Viral Vaccines                         |           |                                                              |
| ABRYSVO                                | 0         | QL(1 EA per fill retail); AL(At least 60 yrs old)            |
| ACAM2000                               | 0         | 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) |
| AFLURIA QUADRIVALENT SUSP              | 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) |
| AFLURIA SUSP                           | 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)            |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | 0         |                                                              |
| COMIRNATY SUSP                         | 0         |                                                              |

| Drug Name                   | Drug Tier | Requirements/ Limits                                          |
|-----------------------------|-----------|---------------------------------------------------------------|
| COMIRNATY SUSY              | 0         |                                                               |
| DENG VAXIA                  | 0         | AL (At least 19 yrs old)                                      |
| ENGERIX-B SUSP 20 MCG/ML    | 0         | 3 max fill(s) per 999 day(s) retail; AL (At least 19 yrs old) |
| ENGERIX-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) |
| FLUAD QUADRIVALENT          | 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) |
| FLUARIX SUSY                | 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) |
| FLUBLOK SOSY                | 0         | 1 max fill(s) per 180 day(s) 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) |

| Drug Name                      | Drug Tier | Requirements/ Limits                                          |
|--------------------------------|-----------|---------------------------------------------------------------|
| FLUCELVAX QUADRIVALENT SUSY    | 0         | 1 max fill(s) per 180 day(s) retail; AL (At least 19 yrs old) |
| FLUCELVAX SUSP                 | 0         | 1 max fill(s) per 180 day(s) retail; AL (At least 19 yrs old) |
| FLUCELVAX SUSY                 | 0         | 1 max fill(s) per 180 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) |
| FLULAVAL SUSY                  | 0         | 1 max fill(s) per 180 day(s) retail; AL (At least 19 yrs old) |
| FLUMIST                        | 0         | 1 max fill(s) per 180 day(s) retail; AL (At least 19 yrs old) |
| FLUMIST QUADRIVALENT           | 0         | 1 max fill(s) per 180 day(s) retail; 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) |
| FLUZONE HIGH-DOSE SUSY         | 0         | 1 max fill(s) per 180 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) |

| Drug Name                              | Drug Tier | Requirements/ Limits                                                            | Drug Name                                   | Drug Tier | Requirements/ Limits                                         |
|----------------------------------------|-----------|---------------------------------------------------------------------------------|---------------------------------------------|-----------|--------------------------------------------------------------|
| FLUZONE QUADRIVALENT SUSY              | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)                    | MODERNA COVID-19 BIVALENT                   | 0         |                                                              |
| FLUZONE SUSP                           | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)                    | MODERNA COVID-19 VAC 6M-11Y SUSP            | 0         |                                                              |
| FLUZONE SUSY                           | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old)                    | MODERNA COVID-19 VAC 6M-11Y SUSY            | 0         |                                                              |
| 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) | MODERNA COVID-19 VACCINE SUSP               | 0         |                                                              |
| 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) | NOVAVAX COVID-19 VACCINE SUSP               | 0         |                                                              |
| HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML | 0         | AL(At least 19 yrs old)                                                         | NOVAVAX COVID-19 VACCINE SUSY               | 0         |                                                              |
| HEPLISAV-B SOSY                        | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)                    | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | 0         |                                                              |
| IMOVAX RABIES SUSR                     | 0         | AL(At least 19 yrs old)                                                         | PFIZER COVID-19 VAC BIVALENT                | 0         |                                                              |
| IPOL IJ                                | 0         | AL(At least 19 yrs old)                                                         | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | 0         |                                                              |
| IXCHIQ                                 | 0         | AL(At least 19 yrs old)                                                         | PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP         | 0         |                                                              |
| IXIARO                                 | 0         | AL(At least 19 yrs old)                                                         | PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | 0         |                                                              |
| JYNNEOS                                | 0         | AL(At least 19 yrs old)                                                         | PFIZER-BIONTECH COVID-19 VACC SUSP          | 0         |                                                              |
| M-M-R II SOLR                          | 0         | AL(At least 19 yrs old)                                                         | PREHEVBRIO                                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| MNEXSPIKE SUSY 10 MCG/0.2ML            | 0         |                                                                                 | PRIORIX SUSR                                | 0         | AL(At least 19 yrs old)                                      |
|                                        |           |                                                                                 | PROQUAD SUSR                                | 0         | AL(At least 19 yrs old)                                      |
|                                        |           |                                                                                 | RABAVERT                                    | 0         | AL(At least 19 yrs old)                                      |
|                                        |           |                                                                                 | RECOMBIVAX HB SUSP                          | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
|                                        |           |                                                                                 | RECOMBIVAX HB SUSY                          | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |

| Drug Name                           | Drug Tier | Requirements/ Limits                                                                    | Drug Name                                       | Drug Tier | Requirements/ Limits        |
|-------------------------------------|-----------|-----------------------------------------------------------------------------------------|-------------------------------------------------|-----------|-----------------------------|
| ROTARIX SUSP                        | 0         | AL(At least 19 yrs old)                                                                 | CLEOCIN CREA<br>(clindamycin phosphate vaginal) | 2         | QL(40 GM per fill retail)   |
| ROTATEQ SOLN                        | 0         | AL(At least 19 yrs old)                                                                 | clindamycin phosphate vaginal CREA              | NP        | QL(40 GM per fill retail)   |
| SHINGRIX                            | 0         | Limit 2 dose per lifetime; 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) | CLINDESSE                                       | 2         |                             |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML  | 0         |                                                                                         | clotrimazole vaginal CREA 2 %                   | 1         | QL(21 GM per fill retail)   |
| SPIKEVAX SUSP                       | 0         |                                                                                         | clotrimazole vaginal CREA 1 %                   | 1         | QL(45 GM per fill retail)   |
| SPIKEVAX SUSY                       | 0         |                                                                                         | GYNAZOLE-1                                      | 2         |                             |
| STAMARIL SUSR                       | 0         | AL(At least 19 yrs old)                                                                 | metronidazole vaginal                           | 1         |                             |
| TICOVAC                             | 0         | AL(At least 19 yrs old)                                                                 | metronidazole vaginal                           | 1         | QL(70 GM per fill retail)   |
| TWINRIX SUSY                        | 0         | AL(At least 19 yrs old)                                                                 | MICONAZOLE 7 SUPP 100 MG                        | 2         | QL(7 EA per fill retail)    |
| VAQTA                               | 0         | AL(At least 19 yrs old)                                                                 | miconazole nitrate vaginal CREA 2 %             | 1         | QL(45 GM per fill retail)   |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML  | 0         | AL(At least 19 yrs old)                                                                 | miconazole nitrate vaginal KIT                  | 1         | QL(24 EA per fill retail)   |
| VARIVAX SUSR                        | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)                            | miconazole nitrate vaginal SUPP 200 MG          | 1         | QL(3 EA per fill retail)    |
| YF-VAX SUSR                         | 0         | AL(At least 19 yrs old)                                                                 | miconazole nitrate vaginal SUPP 100 MG          | 1         | QL(7 EA per fill retail)    |
| <b>VAGINAL AND RELATED PRODUCTS</b> |           |                                                                                         | MONISTAT 3 CREA                                 | 2         | QL(15 GM daily)             |
| Spermicides                         |           |                                                                                         | NUVESSA                                         | 2         |                             |
| ENCARE SUPP 100 MG                  | 2         | QL(12 EA per fill retail)                                                               | terconazole vaginal CREA 0.4 %                  | 1         | QL(45 GM per fill retail)   |
| OPTIONS GYNOL II CONTRACEPTIVE GEL  | 2         | QL(86 GM per fill retail)                                                               | terconazole vaginal CREA 0.8 %                  | 1         | QL(20 GM per fill retail)   |
| VCF VAGINAL CONTRACEPTIVE FILM      | 2         | QL(9 EA per fill retail)                                                                | terconazole vaginal SUPP                        | 1         | QL(3 EA per fill retail)    |
| VCF VAGINAL CONTRACEPTIVE GEL       | 2         |                                                                                         | tioconazole vaginal 6.5 %                       | 1         | QL(5 GM per fill retail)    |
| Vaginal Anti-infectives             |           |                                                                                         | VANDAZOLE                                       | NP        | QL(70 GM per fill retail)   |
|                                     |           |                                                                                         | XACIATO GEL                                     | NP        |                             |
|                                     |           |                                                                                         | Vaginal Anti-inflammatory Agents                |           |                             |
|                                     |           |                                                                                         | hydrocortisone vaginal                          | 1         | QL(85.2 GM per fill retail) |
|                                     |           |                                                                                         | Vaginal Estrogens                               |           |                             |

| Drug Name                                                      | Drug Tier | Requirements/ Limits                                     |
|----------------------------------------------------------------|-----------|----------------------------------------------------------|
| <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)                                  |
| VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions |           |                                                          |
| Anaphylaxis Therapy Agents                                     |           |                                                          |
| AUVI-Q SOAJ 0.3 MG/0.3ML                                       | NP        | QL(6 EA per 180 day(s) retail)                           |
| 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) |
| <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>             | 2         |                                                          |
| <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)                           |
| <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)   |
| EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )         | 2         | QL(6 EA per 180 day(s) retail)                           |
| EPIPEN JR 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )      | 2         | QL(6 EA per 180 day(s) retail)                           |
| NEFFY SOLN NA                                                  | 2         |                                                          |
| Neurogenic Orthostatic Hypotension (NOH) - Agents              |           |                                                          |
| <i>droxidopa</i>                                               | 1         | SP; PA                                                   |

| Drug Name                                                             | Drug Tier | Requirements/ Limits            |
|-----------------------------------------------------------------------|-----------|---------------------------------|
| Vasopressors                                                          |           |                                 |
| <i>midodrine hcl</i>                                                  | 1         |                                 |
| VITAMINS                                                              |           |                                 |
| Oil Soluble Vitamins                                                  |           |                                 |
| <i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>             | 1         | QL(0.267 EA daily)              |
| <i>cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG</i>               | 1         | QL(2 EA daily)                  |
| <i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i> | 1         |                                 |
| <i>ergocalciferol CAPS</i>                                            | 1         |                                 |
| 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)               |
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| ASPRUZYO SPRINKLE PACK 500 MG .....                  | 9  | ATORALIN GEL (tretinoin) .....                 | 45 | azelastine hcl-fluticasone propionate SUSP .....                              | 81 |
| ASSURE COMFORT LANCETS 28G .....                     | 64 | atropine sulfate (ophthalmic) OINT 84          |    | azithromycin SUSR 100 MG/5ML .                                                | 63 |
| ASSURE HAEMOLANCE PLUS HIGH .....                    | 64 | atropine sulfate (ophthalmic) SOLN 84          |    | azithromycin SUSR 200 MG/5ML .                                                | 63 |
| ASSURE HAEMOLANCE PLUS LOW .....                     | 64 | ATROPINE SULFATE SOLN 1 % .                    | 84 | azithromycin TABS 250 MG .....                                                | 63 |
| ASSURE HAEMOLANCE PLUS MICRO .....                   | 64 | ATROVENT HFA .....                             | 11 | azithromycin TABS 500 MG .....                                                | 63 |
| ASSURE HAEMOLANCE PLUS NORMAL .....                  | 64 | AUM ALCOHOL PREP PADS ....                     | 71 | azithromycin TABS 600 MG .....                                                | 63 |
| ASSURE HAEMOLANCE PLUS PED .....                     | 64 | AURORA LANCET SUPER THIN 30G .....             | 64 | AZSTARYS .....                                                                | 2  |
| ASSURE LANCE LANCETS .....                           | 64 | AURORA LANCET THIN 23G ....                    | 64 | b complex w/ c CAPS .....                                                     | 79 |
| ASSURE LANCE LANCETS 21G .                           | 64 | AUSTEDO TABS .....                             | 89 | B-1 TABS .....                                                                | 97 |
| ASSURE LANCE PLUS SAFETY 25G .....                   | 64 | AUSTEDO XR PATIENT TITRATION TEPK .....        | 89 | BACICAP CAPS .....                                                            | 19 |
|                                                      |    | AUSTEDO XR TB24 .....                          | 89 | BACID CAPS .....                                                              | 19 |
|                                                      |    | AUVELITY .....                                 | 15 | bacitracin (topical) OINT .....                                               | 45 |
|                                                      |    | AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML ..... | 97 | bacitracin zinc OINT .....                                                    | 45 |
|                                                      |    | AUVI-Q SOAJ 0.3 MG/0.3ML .....                 | 97 | bacitracin-polymyxin b (ophth) ....                                           | 85 |
|                                                      |    |                                                |    | baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML ..... | 80 |
|                                                      |    |                                                |    | baclofen SOLN PO 5 MG/5ML, 10 MG/5ML .....                                    | 80 |

|                                        |    |                                                    |    |                                                          |    |
|----------------------------------------|----|----------------------------------------------------|----|----------------------------------------------------------|----|
| baclofen SUSP .....                    | 80 | BELEODAQ .....                                     | 31 | betamethasone dipropionate<br>augmented CREA .....       | 48 |
| baclofen TABS 10 MG, 20 MG ....        | 80 | BELRAPZO SOLN .....                                | 28 | betamethasone dipropionate<br>augmented GEL 0.05 % ..... | 48 |
| baclofen TABS 15 MG .....              | 80 | BENADRYL ALLERGY EXTRA STR<br>TABS .....           | 24 | betamethasone dipropionate<br>augmented LOTN .....       | 48 |
| baclofen TABS 5 MG .....               | 80 | benazepril & hydrochlorothiazide .                 | 26 | betamethasone dipropionate<br>augmented OINT .....       | 48 |
| BAFIERTAM .....                        | 89 | benazepril hcl 40 MG .....                         | 26 | betamethasone valerate CREA ...                          | 48 |
| balsalazide disodium CAPS .....        | 57 | benazepril hcl 5 MG, 10 MG, 20 MG .                | 26 | betamethasone valerate FOAM ...                          | 48 |
| BAQSIMI ONE PACK POWD .....            | 17 | BENDAMUSTINE HCL SOLN .....                        | 28 | betamethasone valerate LOTN ....                         | 48 |
| BAQSIMI TWO PACK POWD .....            | 17 | bendamustine hcl SOLR .....                        | 28 | betamethasone valerate OINT ....                         | 48 |
| BCG VACCINE .....                      | 93 | BENDEKA SOLN .....                                 | 28 | betaxolol hcl (ophth) SOLN .....                         | 84 |
| b-complex vitamins CAPS .....          | 79 | BENEFIX KIT .....                                  | 59 | betaxolol hcl .....                                      | 38 |
| b-complex vitamins TABS .....          | 79 | BENLYSTA SOLR .....                                | 78 | bethanechol chloride .....                               | 93 |
| b-complex w/ c & folic acid CAPS .     | 79 | BENZNIDAZOLE .....                                 | 9  | BETHKIS NEBU (tobramycin) .....                          | 3  |
| b-complex w/ c & folic acid TABS .     | 79 | benzonatate 100 MG .....                           | 44 | BEVACIZUMAB IZ 2.5 MG/0.1ML,<br>3.25 MG/0.13ML .....     | 84 |
| BD AUTOSHIELD DUO .....                | 72 | benzonatate 200 MG .....                           | 44 | BEVACIZUMAB IZ 2.75 MG/0.11ML .                          | 84 |
| BD GLUCOSE CHEW .....                  | 17 | benzoyl peroxide GEL 2.5 %, 5 %, 10<br>% .....     | 45 | BEVESPI AEROSPHERE .....                                 | 12 |
| BD MICROTAINER LANCETS ....            | 64 | BENZOYL PEROXIDE GEL .....                         | 45 | bexarotene (topical) .....                               | 46 |
| BD PEN NEEDLE MICRO<br>ULTRAFINE ..... | 72 | benzoyl peroxide LIQD 5 %, 10 % .                  | 45 | bexarotene .....                                         | 32 |
| BD PEN NEEDLE MINI ULTRAFINE<br>.....  | 72 | benzoyl peroxide LOTN 5 %, 10 %                    | 45 | BEXSERO 0.5 ML .....                                     | 93 |
| BD PEN NEEDLE NANO 2ND GEN .           | 72 | BENZOYL PEROXIDE LOTN 5 %, 10 %                    | 45 | BEYFORTUS .....                                          | 87 |
| BD PEN NEEDLE NANO<br>ULTRAFINE .....  | 72 | benztropine mesylate TABS .....                    | 32 | bicalutamide .....                                       | 30 |
| BD PEN NEEDLE ORIG ULTRAFINE<br>.....  | 72 | BERINERT KIT .....                                 | 59 | BIKTARVY 120 MG-30 MG-15 MG                              | 35 |
| BD PEN NEEDLE SHORT<br>ULTRAFINE ..... | 72 | betaine .....                                      | 55 | BIKTARVY 200 MG-50 MG-25 MG                              | 35 |
| BD PEN NEEDLES .....                   | 72 | betamethasone dipropionate (topical)<br>CREA ..... | 47 | BILAC CAPS .....                                         | 19 |
| BD SWAB SINGLE USE REGULAR             | 71 | betamethasone dipropionate (topical)<br>LOTN ..... | 47 | bimatoprost SOLN .....                                   | 86 |
| BD VERITOR SYSTEM SARS-COV-<br>2 ..... | 52 | betamethasone dipropionate (topical)<br>OINT ..... | 48 | BIMZELX SOAJ 160 MG/ML .....                             | 46 |

|                                                                                                              |                                                |                                                                      |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------|
| BIMZELX SOAJ 320 MG/2ML .....46                                                                              | BONSITY SOPN 560 MCG/2.24ML<br>54              | brimonidine tartrate 0.2 % ..... 85                                  |
| BIMZELX SOSY 160 MG/ML .....46                                                                               |                                                | brimonidine tartrate-timolol maleate .<br>84                         |
| BIMZELX SOSY 320 MG/2ML .....46                                                                              | BOOSTRIX SUSP ..... 91                         |                                                                      |
| BINAXNOW COVID-19 AG CARD<br>52                                                                              | BOOSTRIX SUSY ..... 91                         | BRIUMVI ..... 89                                                     |
| BINAXNOW COVID-19 AG HOME<br>TEST KIT .....52                                                                | bortezomib SOLR IJ ..... 31                    | BRIVIACT SOLN IV 50 MG/5ML .. 13                                     |
| BINAXNOW COVID-19 ANTIGEN<br>SELF KIT .....52                                                                | BORTEZOMIB SOLR IV 3.5 MG .. 31                | BRIXADI (WEEKLY) SOSY .....7                                         |
| BIOCORE DAILY CAPS ..... 19                                                                                  | bosentan TABS ..... 39                         | BRIXADI SOSY 64 MG/0.18ML, 96<br>MG/0.27ML, 128 MG/0.36ML .....7     |
| BIOHM PROBIOTIC SUPPLEMENT<br>CAPS .....19                                                                   | BOSULIF TABS 100 MG, 500 MG .31                | bromfenac sodium (ophth) 0.075 %,<br>0.09 % ..... .86                |
| BIOHM PROBIOTIC/VITAMIN C<br>CAPS .....19                                                                    | BOTOX IJ .....83                               | bromocriptine mesylate CAPS .....32                                  |
| BIO-KULT CAPS .....19                                                                                        | BPROTECTED PEDIA POLY-VITE<br>SOLN PO .....80  | bromocriptine mesylate TABS 2.5<br>MG ..... 32                       |
| BIOTENE DRY MOUTH MOIST<br>SPRAY SOLN .....79                                                                | BPROTECTED PEDIA POLY-<br>VITE/FE SOLN .....80 | brompheniramine & phenyleph ELIX .<br>44                             |
| BIOTHRAX .....93                                                                                             | BRAFTOVI 75 MG .....31                         | brompheniramine & pseudoeph ELIX<br>44                               |
| BIOZEN CAPS .....19                                                                                          | BREATHE COMFORT<br>CHAMBER/ADULT DEVI .....73  | brompheniramine & pseudoeph LIQD<br>15 MG/5ML-1 MG/5ML ..... 44      |
| bisacodyl SUPP .....63                                                                                       | BREATHE COMFORT<br>CHAMBER/CHILD DEVI .....73  | BUBBLES THE FISH II PEDI MASK<br>MISC ..... 73                       |
| bisacodyl TBEC .....63                                                                                       | BREATHE EASE LARGE DEVI ...73                  | budesonide (inhalation) SUSP .....11                                 |
| bismuth subsalicylate CHEW 262 MG<br>.....19                                                                 | BREATHE EASE MEDIUM DEVI ..73                  | budesonide TB24 .....43                                              |
| bismuth subsalicylate SUSP 262<br>MG/15ML, 525 MG/15ML, 525<br>MG/30ML, 527 MG/30ML, 1050<br>MG/30ML .....19 | BREATHE EASE NEB MASK/CHILD<br>MISC .....73    | budesonide-formoterol fumarate<br>dihydrate .....12                  |
| bisoprolol & hydrochlorothiazide ..26                                                                        | BREATHE EASE NEB<br>MASK/INFANT MISC .....73   | bumetanide TABS .....53                                              |
| bisoprolol fumarate .....38                                                                                  | BREATHE EASE SMALL DEVI ...73                  | BUPHENYL POWD (sodium<br>phenylbutyrate) .....55                     |
| bisoprolol fumarate 2.5 MG .....38                                                                           | BREATHERITE VALVED MDI<br>CHAMBER DEVI .....73 | BUPHENYL TABS (sodium<br>phenylbutyrate) .....55                     |
| BIVIGAM SOLN .....87                                                                                         | BREO ELLIPTA ..... 12                          | buprenorphine hcl SUBL .....8                                        |
| BLINCYTO ..... 29                                                                                            | BREZTRI AEROSPHERE .....12                     | buprenorphine hcl-naloxone hcl<br>dihydrate FILM SL 0.5 MG-2 MG ...8 |
| BONJESTA TBCR .....23                                                                                        | BRIDION SOLN .....23                           | buprenorphine hcl-naloxone hcl                                       |
|                                                                                                              | BRILINTA 60 MG, 90 MG (ticagrelor)<br>60       |                                                                      |
|                                                                                                              | brimonidine tartrate 0.1 %, 0.15 % 85          |                                                                      |

|                                          |                                         |                                        |
|------------------------------------------|-----------------------------------------|----------------------------------------|
| dihydrate FILM SL 1 MG-4 MG ..... 8      | MG, 10 MG-40 MG, 10 MG-80 MG, 5         | capecitabine ..... 28                  |
| buprenorphine hcl-naloxone hcl           | MG-10 MG, 5 MG-20 MG, 5 MG-40           | CAPEX SHAM ..... 48                    |
| dihydrate FILM SL 2 MG-8 MG ..... 8      | MG, 5 MG-80 MG (amlodipine              | CAPHOSOL SOLN ..... 79                 |
| buprenorphine hcl-naloxone hcl           | besylate-atorvastatin calcium) ..... 39 | CAPLYTA ..... 33                       |
| dihydrate FILM SL 3 MG-12 MG ..... 8     | caffeine citrate SOLN PO ..... 1        | CAPRELSA ..... 31                      |
| buprenorphine hcl-naloxone hcl           | calcipotriene CREA ..... 46             | capsaicin CREA 0.025 %, 0.075 %        |
| dihydrate SUBL 0.5 MG-2 MG ..... 8       | CALCIPOTRIENE FOAM ..... 46             | 51                                     |
| buprenorphine hcl-naloxone hcl           | calcipotriene OINT ..... 46             | capsaicin CREA 0.035 % ..... 51        |
| dihydrate SUBL 2 MG-8 MG ..... 8         | calcipotriene SOLN ..... 47             | capsaicin CREA 0.1 % ..... 51          |
| buprenorphine PTWK ..... 8               | calcipotriene-betamethasone             | captopril & hydrochlorothiazide ... 26 |
| bupropion hcl (smoking deterrent) 89     | dipropionate OINT ..... 48              | captopril ..... 26                     |
| bupropion hcl TABS ..... 15              | calcipotriene-betamethasone             | CARAC CREA (fluorouracil (topical))    |
| bupropion hcl TB12 100 MG ..... 15       | dipropionate SUSP ..... 48              | 46                                     |
| bupropion hcl TB12 150 MG ..... 15       | calcitonin (salmon) IJ ..... 54         | CARBAGLU (carglumic acid) ..... 55     |
| bupropion hcl TB12 200 MG ..... 15       | calcitonin (salmon) NA ..... 54         | carbamazepine CHEW 100 MG ... 13       |
| bupropion hcl TB24 150 MG ..... 15       | calcitriol CAPS ..... 55                | carbamazepine CHEW 200 MG ... 13       |
| bupropion hcl TB24 300 MG ..... 15       | calcium acetate (phosphate binder)      | carbamazepine CP12 ..... 13            |
| bupropion hcl TB24 450 MG ..... 15       | CAPS ..... 58                           | carbamazepine SUSP ..... 13            |
| buspirone hcl ..... 10                   | calcium acetate (phosphate binder)      | carbamazepine TABS ..... 13            |
| butalbital-acetaminophen TABS 50         | TABS ..... 58                           | carbamazepine TB12 ..... 13            |
| MG-325 MG ..... 6                        | CALCIUM ACETATE ..... 77                | carbamide peroxide (otic) 6.5 % ... 86 |
| butalbital-acetaminophen-caffeine        | calcium carbonate (antacid) CHEW        | CARBATROL CP12 (carbamazepine)         |
| CAPS 40 MG-50 MG-325 MG ..... 6          | 500 MG ..... 9                          | ..... 13                               |
| butalbital-acetaminophen-caffeine        | calcium carbonate-cholecalciferol       | carbidopa ..... 32                     |
| TABS 40 MG-50 MG-325 MG ..... 6          | TABS 10 MCG-600 MG, 200 UNIT-           | carbidopa-levodopa TABS ..... 32       |
| butalbital-acetaminophen-caffeine w/     | 600 MG, 400 UNIT-600 MG, 5 MCG-         | carbidopa-levodopa TBCR ..... 32       |
| codeine 30 MG-40 MG-50 MG-325            | 600 MG ..... 77                         | carboplatin SOLN 50 MG/5ML, 150        |
| MG ..... 7                               | calcium polycarbophil TABS ..... 62     | MG/15ML, 450 MG/45ML, 600              |
| butalbital-aspirin-caffeine CAPS .... 6  | CAMCEVI ..... 30                        | MG/60ML ..... 28                       |
| butalbital-aspirin-caffeine w/cod .... 7 | camphor & menthol LOTN ..... 46         | CARDIZEM LA TB24 180 MG, 240           |
| BUTRANS PTWK (buprenorphine) . 8         | CANASA SUPP (mesalamine) .... 57        | MG, 300 MG, 360 MG, 420 MG             |
| CABOMETYX TABS ..... 31                  | candesartan cilexetil ..... 26          | (diltiazem hcl) ..... 38               |
| CADUET 10 MG-10 MG, 10 MG-20             | candesartan cilexetil-                  |                                        |

|                                             |    |                                                  |    |                                                              |    |
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| CAREONE LANCET SUPER THIN 30G .....         | 64 | cefaclor SUSR 250 MG/5ML .....                   | 40 | CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ... | 90 |
| CAREONE LANCET THIN 23G ..                  | 64 | cefadroxil CAPS .....                            | 40 | CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) ..... | 90 |
| CARESENS LANCETS .....                      | 64 | cefadroxil SUSR .....                            | 40 | CHANTIX TABS (varenicline tartrate) .....                    | 90 |
| CARESENS LANCETS 30G .....                  | 64 | cefadroxil TABS .....                            | 40 | CHEMET .....                                                 | 23 |
| CARESTART COVID-19 HOME TEST KIT .....      | 52 | cefdinir CAPS .....                              | 40 | CHEMSTRIP K STRP .....                                       | 52 |
| CARETOUCH ALCOHOL PREP ..                   | 71 | cefdinir SUSR .....                              | 40 | chenodiol .....                                              | 57 |
| CARETOUCH SAFETY LANCETS 64                 |    | cefixime CAPS .....                              | 40 | CHILDRENS ADVIL SUSP 100 MG/5ML (ibuprofen) .....            | 5  |
| CARETOUCH SAFETY LANCETS 26G .....          | 64 | cefixime SUSR .....                              | 40 | CHILDRENS MOTRIN SUSP 100 MG/5ML (ibuprofen) .....           | 5  |
| CARETOUCH TWIST LANCETS 28G .....           | 64 | cefpodoxime proxetil SUSR .....                  | 40 | chlorthalidone 25 MG, 50 MG .....                            | 54 |
| CARETOUCH TWIST LANCETS 30G .....           | 64 | cefpodoxime proxetil TABS .....                  | 40 | chlorhexidine gluconate (mouth-throat) .....                 | 78 |
| CARETOUCH TWIST LANCETS 33G .....           | 64 | cefprozil SUSR .....                             | 40 | chloroquine phosphate TABS 250 MG .....                      | 28 |
| CARETOUCH TWIST MC LANCETS 30G .....        | 64 | cefprozil TABS .....                             | 40 | chloroquine phosphate TABS 500 MG .....                      | 28 |
| carglumic acid .....                        | 55 | ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG ..... | 40 | chlorpheniramine maleate SYRP ..                             | 24 |
| carisoprodol TABS 250 MG .....              | 80 | cefuroxime axetil TABS .....                     | 40 | chlorpheniramine maleate TABS ..                             | 24 |
| carisoprodol TABS 350 MG .....              | 80 | celecoxib .....                                  | 5  | chlorpromazine hcl TABS .....                                | 34 |
| carteolol hcl (ophth) .....                 | 84 | CELONTIN (methsuximide) .....                    | 14 | chlorthalidone 25 MG, 50 MG .....                            | 54 |
| carvedilol 25 MG .....                      | 37 | cephalexin CAPS 250 MG, 500 MG 40                |    | chlorzoxazone TABS 250 MG, 375 MG, 750 MG .....              | 80 |
| carvedilol 3.125 MG, 6.25 MG, 12.5 MG ..... | 37 | cephalexin SUSR .....                            | 40 | chlorzoxazone TABS 500 MG .....                              | 80 |
| carvedilol phosphate .....                  | 37 | CEPROTIN .....                                   | 59 | CHOLBAM .....                                                | 56 |
| CASGEVY .....                               | 60 | CEQUA SOLN .....                                 | 85 | cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT .....     | 97 |
| CASTIVA WARMING LOTN .....                  | 51 | CERDELGA .....                                   | 60 | cholecalciferol CAPS 125 MCG, 5000 UNIT, 125 MCG .....       | 97 |
| CAYSTON .....                               | 27 | CEREZYME 400 UNIT .....                          | 60 | cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400       |    |
| cefaclor CAPS .....                         | 40 | cetirizine hcl CAPS .....                        | 24 |                                                              |    |
| CEFACLOR ER TB12 .....                      | 40 | cetirizine hcl CHEW .....                        | 24 |                                                              |    |
|                                             |    | cetirizine hcl SOLN PO .....                     | 24 |                                                              |    |
|                                             |    | cetirizine hcl SYRP PO 1 MG/ML ..                | 24 |                                                              |    |
|                                             |    | cetirizine hcl TABS .....                        | 24 |                                                              |    |
|                                             |    | CETRAXAL (ciprofloxacin hcl (otic)) .            | 86 |                                                              |    |

|                                                                |    |                                                       |    |                                                                      |    |
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| UNIT/ML .....                                                  | 97 | citalopram hydrobromide SOLN ...                      | 15 | .....                                                                | 96 |
| cholestyramine light PACK .....                                | 25 | citalopram hydrobromide TABS ...                      | 15 | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) .....        | 45 |
| cholestyramine light POWD .....                                | 25 | cladribine 10 MG/10ML .....                           | 29 | clindamycin phosphate-benzoyl<br>peroxide GEL 2.5 %-1.2 %, 5 %-1 % . | 45 |
| cholestyramine PACK .....                                      | 25 | clarithromycin SUSR .....                             | 63 | clindamycin phosphate-tretinoin ..                                   | 45 |
| cholestyramine POWD .....                                      | 25 | clarithromycin TABS .....                             | 63 | CLINDESSE .....                                                      | 96 |
| CHORIONIC GONADOTROPIN IM<br>54                                |    | clarithromycin TB24 .....                             | 63 | CLINITEST RAPID COVID-19 TEST<br>KIT .....                           | 52 |
| CHOSEN LANCETS 30G .....                                       | 64 | CLEANLET LANCETS 28G .....                            | 64 | clobazam SUSP .....                                                  | 13 |
| CHOSEN SAFETY LANCETS 28G<br>64                                |    | CLEARDETECT COVID-19 AG<br>HOME KIT .....             | 52 | clobazam TABS .....                                                  | 13 |
| CIBINQO .....                                                  | 50 | clemastine fumarate TABS 1.34 MG .<br>24              |    | clobetasol propionate CREA 0.05 % .                                  | 48 |
| ciclopirox SOLN .....                                          | 46 | CLEOCIN CREA (clindamycin<br>phosphate vaginal) ..... | 96 | clobetasol propionate emollient base<br>0.05 % .....                 | 48 |
| cilostazol .....                                               | 60 | CLEVER CHEK LANCETS .....                             | 65 | clobetasol propionate emulsion ...                                   | 48 |
| cimetidine TABS 200 MG .....                                   | 91 | CLEVER CHOICE COMFORT EZ<br>65                        |    | clobetasol propionate FOAM .....                                     | 48 |
| cimetidine TABS 300 MG, 400 MG<br>92                           |    | CLEVER CHOICE HOLDING<br>CHAMBER DEVI .....           | 73 | clobetasol propionate GEL 0.05 %                                     | 48 |
| cimetidine TABS 800 MG .....                                   | 91 | CLEVER CHOICE LANCETS 21G<br>65                       |    | clobetasol propionate LIQD .....                                     | 48 |
| cinacalcet hcl .....                                           | 55 | CLEVER CHOICE LANCETS 23G<br>65                       |    | clobetasol propionate LOTN .....                                     | 48 |
| CINQAIR .....                                                  | 10 | CLEVER CHOICE LANCETS 28G<br>65                       |    | clobetasol propionate OINT 0.05 %                                    | 48 |
| CINRYZE SOLR IV .....                                          | 59 | clindamycin hcl 150 MG, 300 MG .                      | 27 | clobetasol propionate SHAM .....                                     | 48 |
| CIPRO SUSR .....                                               | 56 | clindamycin palmitate hydrochloride .                 | 27 | clobetasol propionate SOLN 0.05 % .                                  | 48 |
| ciprofloxacin hcl (ophth) SOLN ....                            | 85 | clindamycin phosphate (topical) GEL<br>45             |    | clocortolone pivalate .....                                          | 48 |
| ciprofloxacin hcl (otic) .....                                 | 86 | clindamycin phosphate (topical)<br>LOTN .....         | 45 | CLODAN .....                                                         | 48 |
| ciprofloxacin hcl TABS 100 MG ...                              | 56 | clindamycin phosphate (topical)<br>SOLN .....         | 45 | CLODERM (clocortolone pivalate)<br>48                                |    |
| ciprofloxacin hcl TABS 250 MG, 500<br>MG, 750 MG .....         | 56 | clindamycin phosphate vaginal CREA                    |    | clomipramine hcl .....                                               | 16 |
| ciprofloxacin-dexamethasone .....                              | 86 |                                                       |    | clonazepam TABS .....                                                | 13 |
| cisplatin SOLN 50 MG/50ML, 100<br>MG/100ML, 200 MG/200ML ..... | 28 |                                                       |    | clonazepam TBDP .....                                                | 13 |
| CISPLATIN SOLR .....                                           | 28 |                                                       |    |                                                                      |    |
| CITALOPRAM HYDROBROMIDE<br>CAPS .....                          | 15 |                                                       |    |                                                                      |    |

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| clonidine hcl (adhd) TB12 .....          | 2  | colestipol hcl GRAN .....                             | 25 | MASK DEVI .....                                                                               | 73 |
| clonidine hcl TABS .....                 | 26 | colestipol hcl TABS .....                             | 25 | COMPACT SPACE CHAMBER/MED MASK DEVI .....                                                     | 73 |
| clopidogrel bisulfate 300 MG .....       | 60 | COMBIGAN (brimonidine tartrate-timolol maleate) ..... | 84 | COMPACT SPACE CHAMBER/SM MASK DEVI .....                                                      | 73 |
| clopidogrel bisulfate 75 MG .....        | 60 | COMBIPATCH PTTW .....                                 | 56 | COMPLERA 200 MG-300 MG-25 MG (emtricitabine- rilpivirine-tenofovir disoproxil fumarate) ..... | 35 |
| clorazepate dipotassium TABS ....        | 10 | COMBIVENT RESPIMAT AERS ..                            | 12 | COMPLETE PROBIOTIC PEARLS CAPS .....                                                          | 19 |
| clotrimazole (topical) CREA .....        | 46 | COMBIVIR (lamivudine-zidovudine) .                    | 35 | CONCERTA TBCR (methylphenidate hcl) .....                                                     | 2  |
| clotrimazole (topical) SOLN .....        | 46 | COMETRIQ (100 MG DAILY DOSE) KIT .....                | 31 | CONDOMS-MISC .....                                                                            | 63 |
| clotrimazole vaginal CREA 1 % ....       | 96 | COMETRIQ (140 MG DAILY DOSE) KIT .....                | 31 | CONJUPRI (levamlodipine maleate) 38                                                           |    |
| clotrimazole vaginal CREA 2 % ....       | 96 | COMETRIQ (60 MG DAILY DOSE) KIT .....                 | 31 | CONZIP CP24 (tramadol hcl) .....                                                              | 6  |
| clotrimazole w/ betamethasone CREA ..... | 46 | COMFORT ASSURED LANCETS 28G .....                     | 65 | COPAXONE SOSY (glatiramer acetate) .....                                                      | 89 |
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| CREON CPEP .....                          | 53 | CULTURELLE PROBIOTICS KIDS PACK .....    | 19 | CVS PROBIOTIC PEARLS EX ST CAPS .....                | 20 |
| CRINONE GEL .....                         | 97 | CULTURELLE PRO-WELL CAPS .               | 19 | CVS SENIOR PROBIOTIC CAPS .                          | 20 |
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| CULTURELLE DIGESTIVE HEALTH CAPS .....    | 22 | CVS DIGESTIVE PROBIOTIC CAPS .....       | 19 | CYCLOPHOSPHAMIDE TABS ....                           | 28 |
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|                                                      |    |                                                      |    |                                                                                    |    |
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| ciproheptadine hcl TABS .....                        | 25 | deferiasirox PACK .....                              | 23 | desogestrel-ethinyl estradiol<br>(biphasic) .....                                  | 40 |
| CYRAMZA .....                                        | 29 | deferiasirox TABS .....                              | 23 | desogestrel-ethinyl estradiol<br>(triphasic) .....                                 | 40 |
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| dantrolene sodium CAPS .....                         | 81 | DEPAKOTE SPRINKLES CSDR<br>(divalproex sodium) ..... | 14 | desvenlafaxine succinate 100 MG .16                                                |    |
| dapagliflozin propanediol .....                      | 18 | DEPO-SUBQ PROVERA 104 SUSY<br>SC .....               | 42 | desvenlafaxine succinate 25 MG, 50<br>MG .....                                     | 16 |
| dapsone .....                                        | 27 | DERMACINRX PROBISOL CAPS 20                          |    | DETROL LA CP24 (tolterodine<br>tartrate) .....                                     | 92 |
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| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..43                                                            | 30 ..... | 65 | DIGESTIVE ADV                                                |    |
| dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....                                                           | 43       |    | DIGESTIVE/IMMUNE CAPS .....                                  | 20 |
| dexamethasone SOLN .....                                                                                       | 43       |    | DIGESTIVE ADV LACTOSE SUPPORT CAPS .....                     | 20 |
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| dexmedetomidine hcl in sodium chloride SOLN .....                                                              | 62       |    | DIGESTIVE ADV+GAS DEFENSE CAPS .....                         | 20 |
| dexmedetomidine hcl SOLN 200 MCG/2ML .....                                                                     | 62       |    | DIGESTIVE ADV+LACTOSE SUPPORT CAPS .....                     | 20 |
| dexmethylphenidate hcl CP24 .....                                                                              | 2        |    | DIGESTIVE ADVANTAGE CAPS .                                   | 20 |
| dexmethylphenidate hcl TABS .....                                                                              | 2        |    | digoxin SOLN PO 0.05 MG/ML .....                             | 39 |
| dexrazoxane hcl .....                                                                                          | 32       |    | digoxin TABS 125 MCG, 250 MCG                                | 39 |
| DEXTENZA INST .....                                                                                            | 85       |    | dihydroergotamine mesylate SOLN NA 4 MG/ML .....             | 76 |
| dextroamphetamine sulfate CP24 10 MG, 15 MG .....                                                              | 1        |    | DILANTIN (phenytoin sodium extended) .....                   | 14 |
| dextroamphetamine sulfate CP24 5 MG .....                                                                      | 1        |    | DILANTIN INFATABS CHEW (phenytoin) .....                     | 14 |
| dextroamphetamine sulfate SOLN ..                                                                              | 1        |    | diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG ..... | 38 |
| dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....                                                       | 1        |    | diltiazem hcl coated beads CP24 240 MG .....                 | 38 |
| dextroamphetamine sulfate TABS 5 MG, 10 MG .....                                                               | 1        |    | diltiazem hcl coated beads CP24 360 MG .....                 | 38 |
| dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML ..... | 44       |    | diltiazem hcl CP12 .....                                     | 38 |
| dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....                           | 44       |    | diltiazem hcl CP24 120 MG, 240 MG                            | 38 |
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|                                                                                                                |          |    | diltiazem hcl TABS .....                                     | 38 |
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| diazepam CONC .....                                                                                            | 10       |    |                                                              |    |
| DIAZEPAM SOAJ .....                                                                                            | 10       |    |                                                              |    |
| diazepam SOLN IJ 5 MG/ML, 10 MG/2ML .....                                                                      | 10       |    |                                                              |    |
| diazepam SOLN IJ 5 MG/ML .....                                                                                 | 10       |    |                                                              |    |
| DIAZEPAM SOLN IJ 5 MG/ML ....                                                                                  | 10       |    |                                                              |    |
| diazepam SOLN PO 5 MG/5ML ...                                                                                  | 10       |    |                                                              |    |
| diazepam TABS .....                                                                                            | 10       |    |                                                              |    |
| diazoxide .....                                                                                                | 17       |    |                                                              |    |
| dibucaine .....                                                                                                | 51       |    |                                                              |    |
| diclofenac potassium TABS 50 MG .                                                                              | 5        |    |                                                              |    |
| diclofenac sodium (ophth) .....                                                                                | 86       |    |                                                              |    |
| diclofenac sodium (topical) GEL EX 46                                                                          |          |    |                                                              |    |
| diclofenac sodium TB24 .....                                                                                   | 5        |    |                                                              |    |
| diclofenac sodium TBEC .....                                                                                   | 5        |    |                                                              |    |
| dicloxacin sodium .....                                                                                        | 88       |    |                                                              |    |
| dicyclomine hcl CAPS .....                                                                                     | 91       |    |                                                              |    |
| dicyclomine hcl SOLN PO .....                                                                                  | 91       |    |                                                              |    |
| dicyclomine hcl TABS .....                                                                                     | 91       |    |                                                              |    |
| DIFFERIN CREA (adapalene) ....                                                                                 | 45       |    |                                                              |    |
| DIFFERIN GEL 0.3 % (adapalene) 45                                                                              |          |    |                                                              |    |
| DIFFERIN LOTN .....                                                                                            | 45       |    |                                                              |    |
| diflorasone diacetate CREA .....                                                                               | 48       |    |                                                              |    |
| diflorasone diacetate OINT .....                                                                               | 48       |    |                                                              |    |
| diflunisal TABS .....                                                                                          | 6        |    |                                                              |    |

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| diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....38              | docetaxel CONC 160 MG/8ML .... 32                            | doxycycline (monohydrate) CAPS 50 MG, 100 MG ..... 90        |
| dimethyl fumarate CDPK ..... 89                                                | DOCETAXEL CONC 160 MG/8ML 32                                 | doxycycline (monohydrate) TABS 50 MG, 100 MG ..... 90        |
| dimethyl fumarate CPDR ..... 89                                                | DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML ..... 32    | doxycycline hyclate CAPS ..... 90                            |
| diphenhydramine hcl (sleep) CAPS 61                                            | docetaxel SOLN ..... 32                                      | doxycycline hyclate TABS 100 MG 90                           |
| diphenhydramine hcl (sleep) LIQD 61                                            | DOCIVYX SOLN ..... 32                                        | doxylamine succinate (sleep) ..... 61                        |
| diphenhydramine hcl (sleep) TABS 25 MG ..... 61                                | docusate sodium CAPS 100 MG, 250 MG ..... 63                 | doxylamine-pyridoxine TBEC ..... 23                          |
| diphenhydramine hcl (sleep) TABS 50 MG ..... 61                                | docusate sodium CAPS 50 MG ... 63                            | droperidol SOLN 2.5 MG/ML ..... 10                           |
| diphenhydramine hcl (sleep) TBDP 61                                            | docusate sodium LIQD 50 MG/5ML, 100 MG/10ML ..... 63         | DROPLET LANCETS ULTRA THIN 30G ..... 65                      |
| diphenhydramine hcl CAPS ..... 24                                              | DOCUSATE SODIUM SYRP ..... 63                                | DROPLET PERSONAL LANCETS 30G ..... 65                        |
| diphenhydramine hcl ELIX 12.5 MG/5ML ..... 24                                  | docusate sodium TABS ..... 63                                | DROPSAFE ACTI-LANCE 23G ... 65                               |
| diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML ..... 24          | dofetilide ..... 10                                          | DROPSAFE ALCOHOL PREP ... 71                                 |
| diphenhydramine hcl TABS 25 MG 24                                              | donepezil hydrochloride TABS 23 MG ..... 88                  | drospirenone-ethinyl estradiol ..... 41                      |
| diphenhydramine-acetaminophen (sleep) TABS 500 MG-25 MG, 500 MG-38 MG ..... 61 | donepezil hydrochloride TABS 5 MG, 10 MG ..... 88            | drospirenone-ethinyl estradiol-levomefolate calcium ..... 41 |
| diphenoxylate w/ atropine LIQD ... 23                                          | donepezil hydrochloride TBDP .... 88                         | DROXIA CAPS ..... 60                                         |
| diphenoxylate w/ atropine TABS .. 23                                           | DOPTELET ..... 60                                            | droxidopa ..... 97                                           |
| DIPROLENE OINT (betamethasone dipropionate augmented) ..... 48                 | dorzolamide hcl ..... 86                                     | DRUG MART ON-THE-GO LANCET 30G ..... 65                      |
| dipyridamole ..... 60                                                          | DORZOLAMIDE HCL ..... 86                                     | DRUG MART UNILET LANCETS 28G ..... 65                        |
| disopyramide phosphate CAPS ... 10                                             | DORZOLAMIDE HCL-TIMOLOL MAL ..... 84                         | DRUG MART UNILET LANCETS 30G ..... 65                        |
| disulfiram 250 MG ..... 88                                                     | dorzolamide hcl-timolol maleate .. 84                        | DRUG MART UNILET LANCETS 33G ..... 65                        |
| divalproex sodium CSDR ..... 14                                                | DOVATO ..... 35                                              | DUETACT (pioglitazone hcl-glimepiride) ..... 16              |
| divalproex sodium TB24 ..... 14                                                | doxazosin mesylate ..... 26                                  | DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT ..... 12 |
| divalproex sodium TBEC ..... 14                                                | doxepin hcl (sleep) ..... 62                                 |                                                              |
|                                                                                | doxepin hcl CAPS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG ..... 16 |                                                              |
|                                                                                | doxepin hcl CAPS 150 MG ..... 16                             |                                                              |
|                                                                                | doxepin hcl CONC ..... 16                                    |                                                              |

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| DULERA 50 MCG/ACT-5 MCG/ACT 12                       | EASY TOUCH LANCETS 30G/TWIST                          | ELEPSIA XR TB24         |
|                                                      | 65                                                    | 13                      |
| duloxetine hcl CPEP 20 MG, 30 MG, 40 MG              | EASY TOUCH LANCETS 32G                                | eletriptan hydrobromide |
| 16                                                   | 65                                                    | 76                      |
| duloxetine hcl CPEP 60 MG                            | EASY TOUCH LANCETS 32G/TWIST                          | ELEVIDYS 10.0-10.4 KG   |
| 16                                                   | 65                                                    | 82                      |
| DUPIXENT SOAJ                                        | EASY TOUCH LANCETS 33G/TWIST                          | ELEVIDYS 10.5-11.4 KG   |
| 50                                                   | 65                                                    | 82                      |
| DUPIXENT SOSY 300 MG/2ML                             | EASY TOUCH SAFETY LANCETS 21G                         | ELEVIDYS 11.5-12.4 KG   |
| 50                                                   | 65                                                    | 82                      |
| dutasteride                                          | EASY TOUCH SAFETY LANCETS 23G                         | ELEVIDYS 12.5-13.4 KG   |
| 58                                                   | 65                                                    | 82                      |
| dutasteride-tamsulosin hcl                           | EASY TOUCH SAFETY LANCETS 26G                         | ELEVIDYS 13.5-14.4 KG   |
| 58                                                   | 65                                                    | 82                      |
| DYANAVAL XR TBCR                                     | EASY TOUCH SAFETY LANCETS 28G                         | ELEVIDYS 14.5-15.4 KG   |
| 1                                                    | 65                                                    | 82                      |
| DYMISTA SUSP (azelastine hcl-fluticasone propionate) | EASY TOUCH SAFETY LANCETS 28G                         | ELEVIDYS 15.5-16.4 KG   |
| 81                                                   | 65                                                    | 82                      |
| DYSPORT                                              | EASY TOUCH SAFETY LANCETS 28G                         | ELEVIDYS 16.5-17.4 KG   |
| 83                                                   | 65                                                    | 82                      |
| E.E.S. GRANULES SUSR (erythromycin ethylsuccinate)   | EBASE CONTROLLER KIT MISC                             | ELEVIDYS 17.5-18.4 KG   |
| 63                                                   | 74                                                    | 82                      |
| EASIVENT MASK LARGE MISC                             | EBGLYSS SOAJ                                          | ELEVIDYS 18.5-19.4 KG   |
| 74                                                   | 50                                                    | 82                      |
| EASIVENT MASK MEDIUM MISC                            | EBGLYSS SOSY                                          | ELEVIDYS 19.5-20.4 KG   |
| 74                                                   | 50                                                    | 82                      |
| EASIVENT MASK SMALL MISC                             | econazole nitrate CREA                                | ELEVIDYS 20.5-21.4 KG   |
| 74                                                   | 46                                                    | 82                      |
| EASIVENT MISC                                        | ECOTRIN ARTHRTIS PAIN TBEC (aspirin)                  | ELEVIDYS 21.5-22.4 KG   |
| 74                                                   | 6                                                     | 82                      |
| EASY COMFORT ALCOHOL PADS 71                         | ECOTRIN TBEC (aspirin)                                | ELEVIDYS 22.5-23.4 KG   |
|                                                      | 6                                                     | 82                      |
| EASY COMFORT LANCETS                                 | EDURANT                                               | ELEVIDYS 23.5-24.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY COMFORT LANCETS TWIST TOP                       | EDURANT PED PO 2.5 MG                                 | ELEVIDYS 24.5-25.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY TOUCH ALCOHOL PREP MEDIUM                       | efavirenz CAPS 200 MG                                 | ELEVIDYS 25.5-26.4 KG   |
| 71                                                   | 35                                                    | 82                      |
| EASY TOUCH LANCETS 21G                               | efavirenz CAPS 50 MG                                  | ELEVIDYS 26.5-27.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY TOUCH LANCETS 23G                               | efavirenz TABS                                        | ELEVIDYS 27.5-28.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY TOUCH LANCETS 26G                               | efavirenz-emtricitabine-tenofovir disoproxil fumarate | ELEVIDYS 28.5-29.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY TOUCH LANCETS 28G                               | efavirenz-lamivudine-tenofovir disoproxil fumarate    | ELEVIDYS 29.5-30.4 KG   |
| 65                                                   | 35                                                    | 82                      |
| EASY TOUCH LANCETS 28G/TWIST                         | ELAPRASE                                              | ELEVIDYS 30.5-31.4 KG   |
| 65                                                   | 55                                                    | 82                      |
| EASY TOUCH LANCETS 30G                               | ELELYSO                                               | ELEVIDYS 31.5-32.4 KG   |
| 65                                                   | 60                                                    | 82                      |
|                                                      |                                                       | ELEVIDYS 32.5-33.4 KG   |
|                                                      |                                                       | 82                      |
|                                                      |                                                       | ELEVIDYS 33.5-34.4 KG   |
|                                                      |                                                       | 82                      |
|                                                      |                                                       | ELEVIDYS 34.5-35.4 KG   |
|                                                      |                                                       | 82                      |
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| ELEVIDYS 39.5-40.4 KG .....82 | ELEVIDYS 69.5 KG PLUS .....83                                 | EMGALITY SOSY .....76                                            |
| ELEVIDYS 40.5-41.4 KG .....82 | ELIDEL (pimecrolimus) .....50                                 | EMPLICITI .....29                                                |
| ELEVIDYS 41.5-42.4 KG .....82 | ELIGARD KIT SC 7.5 MG .....30                                 | emtricitabine CAPS .....35                                       |
| ELEVIDYS 42.5-43.4 KG .....82 | ELIGARD SC 22.5 MG, 30 MG, 45 MG .....30                      | emtricitabine- rilpivirine-tenofovir disoproxil fumarate .....35 |
| ELEVIDYS 43.5-44.4 KG .....82 | ELIQUIS DVT/PE STARTER PACK TBPK .....12                      | emtricitabine-tenofovir disoproxil fumarate .....35              |
| ELEVIDYS 44.5-45.4 KG .....82 | ELIQUIS TABS .....12                                          | EMTRIVA CAPS (emtricitabine) ...35                               |
| ELEVIDYS 45.5-46.4 KG .....82 | ELLA .....42                                                  | EMTRIVA SOLN .....35                                             |
| ELEVIDYS 46.5-47.4 KG .....82 | ELLENCE SOLN .....30                                          | EMVERM CHEW .....9                                               |
| ELEVIDYS 47.5-48.4 KG .....82 | ELLUME COVID-19 HOME TEST KIT .....52                         | enalapril maleate & hydrochlorothiazide .....26                  |
| ELEVIDYS 48.5-49.4 KG .....82 | ELMIRON CAPS .....58                                          | enalapril maleate TABS .....26                                   |
| ELEVIDYS 49.5-50.4 KG .....82 | ELOCTATE .....59                                              | ENBREL MINI SOCT .....5                                          |
| ELEVIDYS 50.5-51.4 KG .....82 | eltrombopag olamine PACK 12.5 MG .....60                      | ENBREL SOLN .....5                                               |
| ELEVIDYS 51.5-52.4 KG .....82 | eltrombopag olamine TABS 12.5 MG, 25 MG, 50 MG, 75 MG .....60 | ENBREL SOSY .....5                                               |
| ELEVIDYS 52.5-53.4 KG .....82 | EMBECTA AUTOSHIELD DUO ...72                                  | ENBREL SURECLICK SOAJ .....5                                     |
| ELEVIDYS 53.5-54.4 KG .....83 | EMBECTA PEN NEEDLE NANO .72                                   | ENCARE SUPP 100 MG .....96                                       |
| ELEVIDYS 54.5-55.4 KG .....83 | EMBECTA PEN NEEDLE NANO 2 GEN .....72                         | ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML .....80                   |
| ELEVIDYS 55.5-56.4 KG .....83 | EMBECTA PEN NEEDLE ULTRAFINE .....72                          | ENERGIX-B SUSP 20 MCG/ML ...94                                   |
| ELEVIDYS 56.5-57.4 KG .....83 | EMBRACE LANCETS ULTRA THIN 30G .....65                        | ENERGIX-B SUSY .....94                                           |
| ELEVIDYS 57.5-58.4 KG .....83 | EMBRACE PRESSURE ACTIVATED 21G .....65                        | enoxaparin sodium SOLN IJ 300 MG/3ML .....13                     |
| ELEVIDYS 58.5-59.4 KG .....83 | EMBRACE PRESSURE ACTIVATED 28G .....66                        | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....13              |
| ELEVIDYS 59.5-60.4 KG .....83 | EMCYT .....30                                                 | enoxaparin sodium SOSY 30 MG/0.3ML .....13                       |
| ELEVIDYS 60.5-61.4 KG .....83 |                                                               | enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....13          |
| ELEVIDYS 61.5-62.4 KG .....83 |                                                               |                                                                  |
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| enoxaparin sodium SOSY 80<br>MG/0.8ML, 120 MG/0.8ML ..... 13                                | EPZICOM (abacavir sulfate-<br>lamivudine) .....35        | erythromycin base CPEP .....63                                                          |
| ENTADFI .....58                                                                             | EQ PROBIOTIC CAPS ..... 20                               | erythromycin base TABS ..... 63                                                         |
| ENTRESTO CPSP .....39                                                                       | EQ PROBIOTIC CPDR .....20                                | erythromycin base TBEC ..... 63                                                         |
| ENTRESTO TABS 103 MG-97 MG,<br>26 MG-24 MG, 51 MG-49 MG<br>(sacubitril-valsartan) ..... 39  | EQ SPACE CHAMBER ANTI-<br>STATIC DEVI ..... 74           | erythromycin ethylsuccinate SUSR<br>63                                                  |
| ENTYVIO PEN SOAJ .....57                                                                    | EQ SPACE CHAMBER ANTI-<br>STATIC L DEVI ..... 74         | erythromycin ethylsuccinate TABS 63                                                     |
| ENVIVE CAPS .....20                                                                         | EQ SPACE CHAMBER ANTI-<br>STATIC M DEVI .....74          | ERZOFRI 351 MG/2.25ML ..... 33                                                          |
| EPCLUSA PACK .....37                                                                        | EQ SPACE CHAMBER ANTI-<br>STATIC S DEVI .....74          | ERZOFRI 39 MG/0.25ML, 78<br>MG/0.5ML, 117 MG/0.75ML, 156<br>MG/ML, 234 MG/1.5ML .....33 |
| EPCLUSA TABS .....37                                                                        | EQL ALCOHOL SWABS .....71                                | escitalopram oxalate SOLN .....15                                                       |
| EPIFOAM FOAM .....48                                                                        | EQL DAILY PROBIOTIC CAPS ... 20                          | escitalopram oxalate TABS .....15                                                       |
| epinastine hcl (ophth) ..... 86                                                             | EQL DRY MOUTH ORAL RINSE<br>SOLN .....79                 | esomeprazole magnesium CPDR .92                                                         |
| epinephrine (anaphylaxis) SOAJ 0.15<br>MG/0.15ML .....97                                    | EQL PROBIOTIC COLON<br>SUPPORT CAPS ..... 20             | esomeprazole magnesium PACK . 92                                                        |
| epinephrine (anaphylaxis) SOAJ 0.3<br>MG/0.3ML .....97                                      | ERBITUX ..... 30                                         | ESPEROCT 500 UNIT, 1000 UNIT,<br>1500 UNIT, 2000 UNIT, 3000 UNIT<br>59                  |
| epinephrine (anaphylaxis) SOAJ .. 97                                                        | ergocalciferol CAPS .....97                              | estazolam ..... 62                                                                      |
| epinephrine hcl (nasal) .....82                                                             | ergoloid mesylates TABS .....89                          | estradiol & norethindrone acetate<br>TABS .....56                                       |
| EPIPEN 2-PAK SOAJ (epinephrine<br>(anaphylaxis)) .....97                                    | ergotamine w/ caffeine TABS .....76                      | estradiol PTTW ..... 56                                                                 |
| EPIPEN JR 2-PAK SOAJ<br>(epinephrine (anaphylaxis)) .....97                                 | eribulin mesylate ..... 32                               | estradiol PTWK ..... 56                                                                 |
| EPIVIR SOLN (lamivudine) .....35                                                            | ERIVEDGE .....30                                         | estradiol TABS .....56                                                                  |
| EPIVIR TABS 150 MG (lamivudine)<br>35                                                       | ERLEADA 60 MG .....30                                    | estradiol vaginal CREA ..... 97                                                         |
| EPIVIR TABS 300 MG (lamivudine)<br>35                                                       | erlotinib hcl ..... 30                                   | estradiol vaginal TABS .....97                                                          |
| EPOGEN 2000 UNIT/ML, 3000<br>UNIT/ML, 4000 UNIT/ML, 10000<br>UNIT/ML, 20000 UNIT/ML .....60 | ertapenem sodium IJ .....27                              | estrogens, conjugated TABS 0.3 MG,<br>0.45 MG, 0.625 MG, 0.9 MG, 1.25<br>MG ..... 56    |
| epoprostenol sodium .....39                                                                 | ERYPED 200 SUSR (erythromycin<br>ethylsuccinate) .....63 | ESTROVEN SLIMBIOTICS CAPS 20                                                            |
| EPRONTIA SOLN 25 MG/ML<br>(topiramate) ..... 13                                             | erythromycin (acne aid) GEL ..... 45                     | eszopiclone .....62                                                                     |
|                                                                                             | erythromycin (acne aid) SOLN .... 45                     | ethambutol hcl TABS ..... 28                                                            |
|                                                                                             | erythromycin (ophth) ..... 85                            | ethosuximide CAPS .....14                                                               |
|                                                                                             | ERYTHROMYCIN .....85                                     | ethosuximide SOLN .....14                                                               |

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| ethynodiol diacet & eth estrad . . . . . | 41 | EXONDYS 51 . . . . .                   | 83 | fenofibrate TABS 40 MG, 120 MG .25     |
| etodolac CAPS . . . . .                  | 5  | EYLEA SOLN . . . . .                   | 84 | fenofibrate TABS 54 MG . . . . .25     |
| etodolac TABS . . . . .                  | 5  | EYSUVIS SUSP . . . . .                 | 85 | fenofibric acid . . . . .25            |
| etodolac TB24 . . . . .                  | 5  | ezetimibe . . . . .                    | 25 | FENOGLIDE TABS (fenofibrate) .. 25     |
| etonogestrel-ethinyl estradiol . . . . . | 42 | ezetimibe-simvastatin . . . . .        | 25 | FENSOLVI (6 MONTH) SC . . . . .55      |
| etoposide CAPS . . . . .                 | 32 | EZ-LETS LANCETS 21G . . . . .          | 66 | fentanyl PT72 12 MCG/HR, 25            |
| etoposide SOLN 1 GM/50ML, 100            |    | EZ-LETS LANCETS 26G . . . . .          | 66 | MCG/HR, 50 MCG/HR, 75 MCG/HR,          |
| MG/5ML, 500 MG/25ML . . . . .            | 32 | EZ-LETS LANCETS 28G . . . . .          | 66 | 100 MCG/HR . . . . .6                  |
| etravirine 100 MG . . . . .              | 35 | EZ-LETS LANCETS 30G . . . . .          | 66 | fentanyl PT72 37.5 MCG/HR, 62.5        |
| etravirine 200 MG . . . . .              | 35 | FABRAZYME . . . . .                    | 55 | MCG/HR, 87.5 MCG/HR . . . . .6         |
| EUFLEXXA SOSY . . . . .                  | 81 | famciclovir . . . . .                  | 37 | FERRETTS TABS . . . . .61              |
| EULEXIN . . . . .                        | 30 | famotidine TABS 10 MG . . . . .        | 92 | FERRIPROX SOLN . . . . .23             |
| EVENITY . . . . .                        | 54 | famotidine TABS 20 MG, 40 MG .. 92     |    | ferrous fumarate TABS . . . . .61      |
| everolimus (immunosuppressant) .78       |    | FANAPT TITRATION PACK C ....33         |    | ferrous fumarate-fa-b complex-c-zn-    |
| everolimus TABS . . . . .                | 31 | FARXIGA (dapagliflozin propanediol)    |    | mg-mn-cu TABS . . . . .61              |
| everolimus TBSO . . . . .                | 31 | . . . . .                              | 18 | FERROUS GLUCONATE TABS 324             |
| EVEXITHROID TABS 15 MG, 30               |    | FASENRA PEN SOAJ . . . . .             | 10 | MG . . . . .61                         |
| MG, 60 MG, 90 MG, 120 MG, 180            |    | FASENRA SOSY 10 MG/0.5ML ...10         |    | ferrous gluconate TABS . . . . .61     |
| MG . . . . .                             | 91 | FASTEP COVID-19 ANTIGEN TEST           |    | ferrous sulfate dried TBCR . . . . .61 |
| EVOMELA IV . . . . .                     | 28 | KIT . . . . .                          | 52 | ferrous sulfate SOLN 15 MG/ML, 15      |
| EVOTAZ . . . . .                         | 35 | FEIBA . . . . .                        | 59 | MG/ML . . . . .61                      |
| EVRYSDI . . . . .                        | 83 | felbamate SUSP . . . . .               | 14 | ferrous sulfate SOLN 220 MG/5ML,       |
| EVRYSDI PO 5 MG . . . . .                | 83 | felbamate TABS . . . . .               | 14 | 300 MG/6.8ML . . . . .61               |
| EXELON 13.3 MG/24HR                      |    | felodipine . . . . .                   | 38 | ferrous sulfate TABS 325 MG, 65        |
| (rivastigmine) . . . . .                 | 88 | FEM-DOPHILUS WOMENS CAPS               |    | MG, 325 MG . . . . .61                 |
| EXELON 4.6 MG/24HR, 9.5                  |    | 20                                     |    | ferrous sulfate TBEC 325 MG . . . .61  |
| MG/24HR (rivastigmine) . . . . .         | 88 | fenofibrate CAPS . . . . .             | 25 | ferrous sulfate TBEC . . . . .61       |
| exemestane . . . . .                     | 30 | fenofibrate micronized 134 MG, 200     |    | fesoterodine fumarate . . . . .92      |
| exenatide SOPN 10 MCG/0.04ML .17         |    | MG . . . . .                           | 25 | FEVERALL JUNIOR STRENGTH               |
| exenatide SOPN 5 MCG/0.02ML ..17         |    | fenofibrate micronized 43 MG, 90       |    | SUPP . . . . .6                        |
| EXFORGE HCT (amlodipine-                 |    | MG, 130 MG . . . . .                   | 25 | fexofenadine hcl SUSP . . . . .24      |
| valsartan-hydrochlorothiazide) . . . .26 |    | fenofibrate micronized 67 MG . . . . . | 25 | fexofenadine hcl TABS 180 MG ...24     |
|                                          |    |                                        |    | fexofenadine hcl TABS 60 MG . . . .24  |

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| FIBRICOR (fenofibric acid) .....             | 25 | FLORRAXIS CAPS .....                                               | 20 | FLUMIST QUADRIVALENT .....                    | 94 |
| FIBRYGA .....                                | 59 | FLOVENT DISKUS AEPB<br>(fluticasone propionate (inhalation))<br>11 |    | flunisolide (nasal) .....                     | 82 |
| FIFTY50 ALCOHOL PREP .....                   | 71 | FLOWFLEX COVID-19 AG HOME<br>TEST KIT .....                        | 52 | fluocinolone acetonide (otic) .....           | 86 |
| FIFTY50 SAFETY SEAL LANCETS .<br>66          |    | FLUAD .....                                                        | 94 | fluocinolone acetonide CREA .....             | 48 |
| FIFTY50 UNILET LANCETS 33G .66               |    | FLUAD QUADRIVALENT .....                                           | 94 | fluocinolone acetonide OIL .....              | 48 |
| FILTER AIR PP MISC .....                     | 74 | FLUARIX QUADRIVALENT SUSY                                          | 94 | fluocinolone acetonide OINT .....             | 48 |
| finasteride .....                            | 58 | FLUARIX SUSY .....                                                 | 94 | fluocinolone acetonide SOLN .....             | 48 |
| FINE 30 .....                                | 66 | FLUBLOK QUADRIVALENT .....                                         | 94 | fluocinonide CREA 0.05 % .....                | 49 |
| FINGERSTIX LANCETS .....                     | 66 | FLUBLOK SOSY .....                                                 | 94 | fluocinonide CREA 0.1 % .....                 | 49 |
| fingolimod hcl .....                         | 89 | FLUCELVAX QUADRIVALENT<br>SUSP .....                               | 94 | fluocinonide emulsified base .....            | 49 |
| FIRDAPSE .....                               | 28 | FLUCELVAX QUADRIVALENT<br>SUSY .....                               | 94 | fluocinonide GEL .....                        | 49 |
| FIRMAGON (240 MG DOSE) .....                 | 30 | FLUCELVAX SUSP .....                                               | 94 | fluocinonide OINT .....                       | 49 |
| FIRMAGON 80 MG .....                         | 30 | FLUCELVAX SUSY .....                                               | 94 | fluocinonide SOLN .....                       | 49 |
| FIRST-PROGESTERONE VGS<br>SUPP .....         | 97 | fluconazole SUSR .....                                             | 24 | fluorometholone (ophth) SUSP .....            | 85 |
| flavoxate hcl .....                          | 93 | fluconazole TABS 100 MG .....                                      | 24 | fluorouracil (topical) CREA 0.5 % .           | 46 |
| FLEBOGAMMA DIF SOLN .....                    | 87 | fluconazole TABS 150 MG .....                                      | 24 | fluorouracil (topical) CREA 5 % ...           | 46 |
| flecainide acetate .....                     | 10 | fluconazole TABS 200 MG .....                                      | 24 | fluorouracil (topical) SOLN .....             | 46 |
| FLEQSUVY SUSP (baclofen) .....               | 81 | fluconazole TABS 50 MG .....                                       | 24 | fluoxetine hcl (pmdd) TABS 10 MG<br>89        |    |
| FLEXICHAMBER DEVI .....                      | 74 | fludarabine phosphate SOLN .....                                   | 29 | fluoxetine hcl (pmdd) TABS 20 MG<br>89        |    |
| FLORA VANCE CAPS .....                       | 20 | FLUDARABINE PHOSPHATE SOLN<br>.....                                | 29 | fluoxetine hcl CAPS .....                     | 15 |
| FLORAJEN DIGESTION CAPS ...                  | 20 | fludarabine phosphate SOLR .....                                   | 29 | fluoxetine hcl CPDR .....                     | 15 |
| FLORAJEN KIDS CAPS .....                     | 20 | fludrocortisone acetate TABS .....                                 | 44 | fluoxetine hcl SOLN .....                     | 15 |
| FLORASAVE CPDR .....                         | 20 | FLULAVAL QUADRIVALENT SUSY .<br>94                                 |    | FLUOXETINE HCL TABS (fluoxetine<br>hcl) ..... | 15 |
| FLORASTOR ADVANCED CAPS .20                  |    | FLULAVAL SUSY .....                                                | 94 | fluoxetine hcl TABS 10 MG .....               | 15 |
| FLORASTOR DIGEST DE-STRESS<br>CAPS .....     | 20 | FLUMIST .....                                                      | 94 | fluoxetine hcl TABS 20 MG .....               | 15 |
| FLORASTOR SELECT GUT BOOST<br>CAPS .....     | 20 |                                                                    |    |                                               |    |
| FLORASTOR SELECT IMMUNITY<br>BOOS CAPS ..... | 20 |                                                                    |    |                                               |    |
|                                              |    |                                                                    |    | fluoxetine hcl TABS 60 MG .....               | 15 |
|                                              |    |                                                                    |    | fluphenazine decanoate .....                  | 34 |
|                                              |    |                                                                    |    | fluphenazine hcl TABS .....                   | 34 |

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| flurandrenolide CREA .....                                                                                        | 49 | FLUZONE SUSP .....                                | 95 | fosinopril sodium .....                       | 26 |
| flurandrenolide LOTN .....                                                                                        | 49 | FLUZONE SUSY .....                                | 95 | FRAGMIN SOLN 10000 UNIT/4ML<br>13             |    |
| flurandrenolide OINT .....                                                                                        | 49 | FLYP HYPERSONIQ CARTRIDGE<br>MISC .....           | 74 | FREESTYLE LANCETS .....                       | 66 |
| flurazepam hcl .....                                                                                              | 62 | FOCALIN XR CP24<br>(dexmethylphenidate hcl) ..... | 2  | FREESTYLE LIBRE 14 DAY<br>READER .....        | 66 |
| flurbiprofen sodium .....                                                                                         | 86 | folic acid TABS 1 MG .....                        | 60 | FREESTYLE LIBRE 14 DAY<br>SENSOR .....        | 66 |
| flurbiprofen TABS .....                                                                                           | 5  | folic acid TABS 400 MCG, 800 MCG .<br>60          |    | FREESTYLE LIBRE 2 PLUS<br>SENSOR .....        | 66 |
| fluticasone propionate (inhalation)<br>AEPB .....                                                                 | 11 | FOLOTYN .....                                     | 29 | FREESTYLE LIBRE 2 PLUS<br>SENSOR .....        | 66 |
| fluticasone propionate (nasal) SUSP .<br>82                                                                       |    | fondaparinux sodium .....                         | 13 | FREESTYLE LIBRE 2 READER ..                   | 66 |
| fluticasone propionate CREA 0.05 %<br>49                                                                          |    | FORA LANCETS .....                                | 66 | FREESTYLE LIBRE 2 SENSOR ..                   | 66 |
| fluticasone propionate hfa 110<br>MCG/ACT, 220 MCG/ACT .....                                                      | 11 | FORFIVO XL TB24 (bupropion hcl)<br>15             |    | FREESTYLE LIBRE 3 PLUS<br>SENSOR .....        | 66 |
| fluticasone propionate hfa 44<br>MCG/ACT .....                                                                    | 11 | FORTESTA GEL TD (testosterone) 8                  |    | FREESTYLE LIBRE 3 READER ..                   | 66 |
| fluticasone propionate LOTN .....                                                                                 | 49 | FORTIFY 30 BILLION PROBIOT 50+<br>CPDR .....      | 20 | FREESTYLE LIBRE 3 SENSOR ..                   | 66 |
| fluticasone propionate OINT .....                                                                                 | 49 | FORTIFY 50 BILLION PROBIOT 50+<br>CPDR .....      | 20 | FREESTYLE LIBRE READER ....                   | 66 |
| fluticasone-salmeterol AEPB 100<br>MCG/ACT-50 MCG/ACT, 250<br>MCG/ACT-50 MCG/ACT, 500<br>MCG/ACT-50 MCG/ACT ..... | 12 | FORTIFY DAILY PROBIOTIC CAPS .<br>20              |    | FREESTYLE UNISTICK II LANCETS<br>.....        | 66 |
| fluticasone-salmeterol AERO .....                                                                                 | 12 | FORTIFY DAILY PROBIOTIC EX ST<br>CPDR .....       | 20 | frovatriptan succinate .....                  | 76 |
| fluvastatin sodium CAPS .....                                                                                     | 25 | FORTIFY OPTIMA PROBIOTIC<br>CPDR .....            | 20 | FT ACIDOPHILUS PROBIOTIC<br>BLEND CAPS .....  | 21 |
| fluvastatin sodium TB24 .....                                                                                     | 25 | FORTIFY OPTIMA WOMENS ADV<br>CARE CPDR .....      | 20 | FT GLUCOSE CHEW 4 GM .....                    | 17 |
| fluvoxamine maleate CP24 .....                                                                                    | 15 | FORTIFY PROBIOTIC WOMENS<br>CPDR .....            | 20 | FT PROBIOTIC ADVANCED CAPS<br>21              |    |
| fluvoxamine maleate TABS .....                                                                                    | 15 | FORTIFY PROBIOTIC WOMENS EX<br>ST CPDR .....      | 20 | FT SALINE NASAL SPRAY SOLN 81                 |    |
| FLUZONE HIGH-DOSE<br>QUADRIVALENT .....                                                                           | 94 | fosamprenavir calcium TABS .....                  | 35 | FULL KIT NEBULIZER SET MISC 74                |    |
| FLUZONE HIGH-DOSE SUSY ....                                                                                       | 94 | fosinopril sodium &<br>hydrochlorothiazide .....  | 26 | FULPHILA .....                                | 60 |
| FLUZONE QUADRIVALENT SUSP<br>94                                                                                   |    |                                                   |    | furosemide SOLN PO 8 MG/ML, 10<br>MG/ML ..... | 53 |
| FLUZONE QUADRIVALENT SUSY<br>95                                                                                   |    |                                                   |    | furosemide TABS .....                         | 53 |
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|                                                                                                                   |    |                                                   |    | gabapentin CAPS 100 MG .....                  | 13 |

|                                                                       |                                                     |                                                       |
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| gabapentin CAPS 300 MG, 400 MG .<br>13                                | GEMTESA .....93                                     | 28G .....66                                           |
| gabapentin SOLN .....13                                               | GENABIO COVID-19 RAPID TEST<br>KIT .....52          | GLOBAL INJECT EASE LANCETS<br>30G .....66             |
| gabapentin TABS 600 MG, 800 MG<br>13                                  | GENORAVANCE CAPS .....21                            | GLUCAGON EMERGENCY SOLR IJ<br>1 MG (glucagon) .....17 |
| GABLOFEN SOLN IT 10000<br>MCG/20ML, 40000 MCG/20ML ...81              | GENOTROPIN CART SC .....54                          | glucagon SOLR IJ 1 MG .....17                         |
| GALAFOLD .....55                                                      | GENOTROPIN MINISQUICK PRSY 54                       | GLUCO TO GO CHEW .....17                              |
| galantamine hydrobromide CP24 .88                                     | gentamicin sulfate (ophth) SOLN .85                 | GLUCOCOM LANCETS 28G .....66                          |
| galantamine hydrobromide SOLN .88                                     | gentamicin sulfate (topical) CREA .45               | GLUCOCOM LANCETS 30G .....66                          |
| galantamine hydrobromide TABS .88                                     | gentamicin sulfate (topical) OINT .45               | GLUCOCOM LANCETS 33G .....66                          |
| GAMASTAN IM .....87                                                   | GENTEEL BUTTERFLY TOUCH<br>LANCET .....66           | GLUCOSE CHEW .....17                                  |
| GAMIFANT 10 MG/2ML, 50<br>MG/10ML .....78                             | GENTLE-LET GP LANCETS .....66                       | GLUMETZA TB24 (metformin hcl) .16                     |
| GAMMAGARD .....87                                                     | GENTLE-LET LANCETS .....66                          | glyburide micronized 1.5 MG, 3 MG,<br>6 MG .....19    |
| GAMMAGARD S/D LESS IGA SOLR<br>.....87                                | GENVISC 850 SOSY .....81                            | glyburide TABS .....19                                |
| GAMMAKED 1 GM/10ML, 5<br>GM/50ML, 10 GM/100ML, 20<br>GM/200ML .....87 | GENVOYA .....35                                     | glyburide-metformin .....16                           |
| GAMMAPLEX SOLN .....87                                                | GILENYA (fingolimod hcl) .....89                    | glycerin (laxative) SUPP 2 GM ....62                  |
| GAMUNEX-C .....87                                                     | GILENYA .....89                                     | glycerol phenylbutyrate 1.1 GM/ML<br>55               |
| GARDASIL 9 SUSP 0.5 ML .....95                                        | GILOTRIF .....30                                    | glycine diluent .....88                               |
| GARDASIL 9 SUSY 0.5 ML .....95                                        | ginger (zingiber officinalis) CAPS 250<br>MG .....2 | glycopyrrolate TABS 1 MG, 2 MG .91                    |
| gatifloxacin (ophth) .....85                                          | GLASSIA SOLN .....90                                | GLYXAMBI .....16                                      |
| GATTEX .....58                                                        | glatiramer acetate SOSY .....89                     | GNP ACIDOPHILUS HIGH<br>POTENCY CAPS .....21          |
| GAUZE SPONGES .....66                                                 | glimepiride 1 MG, 2 MG .....19                      | GNP ADVANCED PROBIOTIC<br>CAPS .....21                |
| GAZYVA .....29                                                        | glimepiride 3 MG .....19                            | GNP ALCOHOL SWABS .....71                             |
| gefitinib .....30                                                     | glimepiride 4 MG .....19                            | GNP GLUCOSE CHEW .....17                              |
| GEL-ONE .....81                                                       | glipizide TABS 2.5 MG .....19                       | GNP PROBIOTIC COLON<br>SUPPORT CAPS .....21           |
| GELSYN-3 SOSY .....81                                                 | glipizide TABS 5 MG, 10 MG .....19                  | GNP PROBIOTIC EXTRA<br>STRENGTH CAPS .....22          |
| gemfibrozil TABS .....25                                              | glipizide TB24 .....19                              | GNP STERILE LANCETS 28G ...66                         |
|                                                                       | glipizide-metformin hcl .....16                     |                                                       |
|                                                                       | GLOBAL ALCOHOL PREP EASE 71                         |                                                       |
|                                                                       | GLOBAL INJECT EASE LANCETS                          |                                                       |

|                                                |                                                                                                                              |                                                     |
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| GNP STERILE LANCETS 30G ... 66                 | FLOW ..... 67                                                                                                                | HERCEPTIN HYLECTA ..... 31                          |
| GNP STERILE LANCETS 33G ... 66                 | halcinonide CREA ..... 49                                                                                                    | HIBERIX SOLR IJ ..... 93                            |
| GOJJI STERILE LANCETS ..... 66                 | halobetasol propionate CREA ..... 49                                                                                         | HIGH POTENCY PROBIOTIC CAPS<br>21                   |
| GOODSENSE ALCOHOL SWABS<br>71                  | halobetasol propionate OINT ..... 49                                                                                         | HIZENTRA SOLN ..... 87                              |
| GOTOKNOW COVID-19 ANTIGEN<br>RAPI KIT ..... 52 | HALOG CREA (halcinonide) ..... 49                                                                                            | HIZENTRA SOSY 10 GM/50ML ... 87                     |
| granisetron hcl TABS ..... 23                  | haloperidol decanoate ..... 34                                                                                               | HM STERILE ALCOHOL PREP .. 71                       |
| GRANIX SOLN 300 MCG/ML ..... 60                | haloperidol lactate CONC ..... 34                                                                                            | HULIO (2 PEN) AJKT ..... 4                          |
| GRANIX SOSY ..... 60                           | haloperidol lactate SOLN ..... 34                                                                                            | HULIO (2 SYRINGE) PSKT ..... 4                      |
| griseofulvin microsize SUSP ..... 24           | haloperidol TABS ..... 34                                                                                                    | HUMALOG JUNIOR KWIKPEN<br>SOPN ..... 18             |
| griseofulvin microsize TABS ..... 24           | HARVONI PACK ..... 37                                                                                                        | HUMALOG KWIKPEN SOPN 100<br>UNIT/ML ..... 18        |
| griseofulvin ultramicrosize ..... 24           | HARVONI TABS ..... 37                                                                                                        | HUMALOG MIX 50/50 KWIKPEN<br>SUPN ..... 18          |
| guaifenesin-codeine SOLN ..... 44              | HAVRIX IM 720 EL U/0.5ML, 1440<br>EL U/ML ..... 95                                                                           | HUMALOG MIX 50/50 SUSP ..... 18                     |
| guaifenesin-codeine SYRP ..... 44              | H-E-B INCONTROL ALCOHOL .. 71                                                                                                | HUMALOG MIX 75/25 KWIKPEN<br>SUPN ..... 18          |
| guanfacine hcl (adhd) ..... 2                  | H-E-B INCONTROL LANCETS 28G .<br>67                                                                                          | HUMALOG MIX 75/25 SUSP ..... 18                     |
| guanfacine hcl ..... 26                        | H-E-B INCONTROL LANCETS 30G .<br>67                                                                                          | HUMALOG SOLN IJ ..... 18                            |
| GVOKE KIT SOLN ..... 17                        | H-E-B INCONTROL LANCETS 33G .<br>67                                                                                          | HUMALOG TEMPO PEN SOPN .. 18                        |
| GYNAZOLE-1 ..... 96                            | HEMATINIC PLUS VIT/MINERALS<br>TABS ..... 61                                                                                 | HUMATE-P SOLR ..... 59                              |
| HADLIMA PUSHTOUCH SOAJ ..... 4                 | HEMGENIX ..... 59                                                                                                            | HUMIRA (2 PEN) AJKT 40<br>MG/0.8ML ..... 4          |
| HADLIMA SOSY ..... 4                           | HEMLIBRA 30 MG/ML, 60<br>MG/0.4ML, 105 MG/0.7ML, 150<br>MG/ML ..... 59                                                       | HUMIRA (2 PEN) AJKT ..... 4                         |
| HAEMOLANCE ..... 66                            | HEMOFIL M SOLR 250 UNIT, 500<br>UNIT, 1000 UNIT, 1700 UNIT ..... 59                                                          | HUMIRA (2 SYRINGE) PSKT ..... 4                     |
| HAEMOLANCE LOW FLOW<br>LANCETS ..... 66        | HEPAGAM B SOLN IJ ..... 87                                                                                                   | HUMIRA-CD/UC/HS STARTER<br>AJKT 40 MG/0.8ML ..... 4 |
| HAEMOLANCE PLUS ..... 66                       | heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... 13 | HUMIRA-CD/UC/HS STARTER<br>AJKT 80 MG/0.8ML ..... 4 |
| HAEMOLANCE PLUS HIGH FLOW .<br>66              | HEPLISAV-B SOSY ..... 95                                                                                                     | HUMIRA-PED<40KG CROHNS<br>STARTER PSKT ..... 4      |
| HAEMOLANCE PLUS LOW FLOW .<br>66               |                                                                                                                              | HUMIRA-PED>=40KG CROHNS                             |
| HAEMOLANCE PLUS MAX FLOW<br>66                 |                                                                                                                              |                                                     |
| HAEMOLANCE PLUS PEDIATRIC                      |                                                                                                                              |                                                     |

|                                    |    |                                       |    |                                    |    |
|------------------------------------|----|---------------------------------------|----|------------------------------------|----|
| START PSKT .....                   | 4  | hydrocortisone (intrarectal) .....    | 8  | hydrocortisone valerate CREA ..... | 49 |
| HUMIRA-PED>=40KG UC                |    | hydrocortisone (rectal) EX 1 % .....  | 9  | hydrocortisone valerate OINT ..... | 49 |
| STARTER AJKT .....                 | 4  | hydrocortisone (rectal) EX 2.5 % ...  | 9  | hydrocortisone w/acetic acid ..... | 87 |
| HUMIRA-PS/UV/ADOL HS               |    | hydrocortisone (topical) CREA 0.5 %   |    | HYDROMORPHONE HCL SUPP ...         | 6  |
| STARTER AJKT .....                 | 4  | 49                                    |    | hydromorphone hcl TABS .....       | 6  |
| HUMIRA-PSORIASIS/UVEIT             |    | hydrocortisone (topical) CREA 1 %     |    | hydromorphone hcl TB24 .....       | 6  |
| STARTER AJKT .....                 | 4  | 49                                    |    | HYDROXATE GEL .....                | 49 |
| HUMULIN 70/30 SUSP .....           | 18 | hydrocortisone (topical) CREA 2.5 %   |    | HYDROXYM GEL .....                 | 49 |
| HUMULIN N SUSP .....               | 18 | 49                                    |    | hydroxyprogesterone caproate       |    |
| HUMULIN R SOLN IJ .....            | 18 | hydrocortisone (topical) LOTN 1 %     |    | (antineoplastic) .....             | 30 |
| HUMULIN R U-500                    |    | 49                                    |    | hydroxyurea .....                  | 32 |
| (CONCENTRATED) SOLN SC ....        | 18 | hydrocortisone (topical) LOTN 2.5 % . |    | hydroxyzine hcl SOLN 25 MG/ML, 50  |    |
| HUMULIN R U-500 KWIKPEN SOPN       |    | 49                                    |    | MG/ML .....                        | 10 |
| SC .....                           | 18 | hydrocortisone (topical) OINT 0.5 % . |    | hydroxyzine hcl SYRP .....         | 10 |
| HYALGAN SOLN .....                 | 81 | 49                                    |    | hydroxyzine hcl TABS .....         | 10 |
| HYALGAN SOSY .....                 | 81 | hydrocortisone (topical) OINT 1 %     | 49 | hydroxyzine pamoate CAPS 25 MG,    |    |
| HYCAMTIN CAPS .....                | 32 | hydrocortisone (topical) OINT 2.5 % . |    | 100 MG .....                       | 10 |
| hydralazine hcl TABS .....         | 27 | 49                                    |    | hydroxyzine pamoate CAPS 50 MG     |    |
| hydrochlorothiazide CAPS .....     | 54 | hydrocortisone (topical) SOLN 1 %     |    | 10                                 |    |
| hydrochlorothiazide TABS 25 MG, 50 |    | 49                                    |    | HYMOVIS .....                      | 81 |
| MG .....                           | 54 | hydrocortisone acetate (topical)      |    | hyoscyamine sulfate ELIX .....     | 91 |
| hydrocodone bitartrate CP12 .....  | 6  | CREA .....                            | 49 | hyoscyamine sulfate SOLN PO 0.125  |    |
| hydrocodone bitartrate-homatropine |    | hydrocortisone acetate (topical) OINT |    | MG/ML .....                        | 91 |
| methylobromide SOLN .....          | 44 | .....                                 | 49 | hyoscyamine sulfate SUBL 0.125 MG  |    |
| hydrocodone-acetaminophen SOLN     |    | HYDROCORTISONE ACETATE                |    | .....                              | 91 |
| 108 MG/5ML-2.5 MG/5ML, 217         |    | CREA .....                            | 49 | hyoscyamine sulfate TABS 0.125 MG  |    |
| MG/10ML-5 MG/10ML, 325             |    | hydrocortisone butyrate CREA ....     | 49 | .....                              | 91 |
| MG/15ML-7.5 MG/15ML .....          | 7  | hydrocortisone butyrate hydrophilic   |    | hyoscyamine sulfate TB12 0.375 MG  |    |
| hydrocodone-acetaminophen TABS     |    | lipo base .....                       | 49 | 91                                 |    |
| 325 MG-10 MG .....                 | 7  | hydrocortisone butyrate LOTN ....     | 49 | hyoscyamine sulfate TBDP 0.125 MG  |    |
| hydrocodone-acetaminophen TABS     |    | hydrocortisone butyrate OINT .....    | 49 | .....                              | 91 |
| 325 MG-5 MG .....                  | 7  | hydrocortisone butyrate SOLN ....     | 49 | HYPERHEP B SOLN IM .....           | 87 |
| hydrocodone-acetaminophen TABS     |    | hydrocortisone TABS .....             | 43 | HYPERHEP B SOSY .....              | 87 |
| 325 MG-7.5 MG .....                | 7  | hydrocortisone vaginal .....          | 96 |                                    |    |

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| HYPERRHO S/D SOSY IM 1500<br>UNIT .....87               | ID NOW COVID-19 2.0 CONTROL<br>52                                             | IMITREX STATDOSE SYSTEM<br>SOAJ 6 MG/0.5ML (sumatriptan<br>succinate) .....76 |
| HYPERRHO S/D SOSY IM 250 UNIT<br>.....87                | ID NOW COVID-19 2.0 TEST ....52                                               | IMLYGIC .....32                                                               |
| HYQVIA .....87                                          | ID NOW COVID-19 CONTROL ...52                                                 | IMOVAX RABIES SUSR .....95                                                    |
| HYRIMOZ SOAJ .....4                                     | IDACIO (2 PEN) AJKT .....4                                                    | IN TOUCH STERILE LANCETS 30G<br>.....67                                       |
| HYRIMOZ SOSY .....4                                     | IDACIO (2 SYRINGE) PSKT .....4                                                | INCRELEX .....55                                                              |
| HYRIMOZ-CROHNS/UC STARTER<br>SOAJ .....4                | IDACIO-CROHNS/UC STARTER<br>AJKT .....4                                       | indapamide TABS 1.25 MG, 2.5 MG .<br>54                                       |
| HYRIMOZ-PED<40KG CROHN<br>STARTER SOSY .....4           | IDACIO-PSORIASIS STARTER<br>AJKT .....4                                       | INDICAID COVID-19 RAPID TEST<br>KIT .....52                                   |
| HYRIMOZ-PED>=40KG CROHN<br>START SOSY .....4            | IDELVION .....59                                                              | indomethacin CAPS 25 MG, 50 MG 5                                              |
| HYRIMOZ-PLAQ PSOR/UEIT<br>START SOAJ .....4             | IGALMI FILM .....62                                                           | indomethacin CPCR .....5                                                      |
| HYRIMOZ-PLAQUE PSORIASIS<br>START SOAJ .....4           | IHEALTH COVID-19 RAPID TEST<br>KIT .....52                                    | INFANRIX .....91                                                              |
| HY-VEE LANCETS .....67                                  | ILEVRO .....86                                                                | INFANTS ADVIL SUSP (ibuprofen) .5                                             |
| HY-VEE THIN LANCETS .....67                             | ILUVIEN .....85                                                               | INGREZZA CAPS .....89                                                         |
| ibandronate sodium SOLN .....54                         | imatinib mesylate TABS .....31                                                | INGREZZA CPSP .....89                                                         |
| ibandronate sodium TABS .....54                         | IMBRUVICA CAPS 140 MG .....31                                                 | INLYTA .....29                                                                |
| IBRANCE CAPS .....31                                    | IMBRUVICA CAPS 70 MG .....31                                                  | INNOSPIRE REPLACEMENT<br>FILTER MISC .....74                                  |
| IBSRELA .....57                                         | IMBRUVICA TABS .....31                                                        | INPEFA .....39                                                                |
| ibuprofen CHEW .....5                                   | IMCIVREE SOLN SC .....55                                                      | INSPIREASE MISC .....74                                                       |
| ibuprofen SUSP .....5                                   | imipramine hcl TABS .....16                                                   | INSPIREASE RESERVOIR BAGS<br>74                                               |
| ibuprofen TABS 200 MG, 400 MG,<br>600 MG, 800 MG .....5 | imipramine pamoate .....16                                                    | INSULIN ASP PROT & ASP<br>FLEXPEN SUPN .....18                                |
| ibuprofen-diphenhydramine citrate<br>62                 | imiquimod 5 % .....50                                                         | INSULIN ASPART PROT & ASPART<br>SUSP .....18                                  |
| ibuprofen-diphenhydramine hcl ...62                     | IMITREX STATDOSE REFILL SOCT<br>4 MG/0.5ML (sumatriptan succinate) .<br>76    | INSULIN GLARGINE SOLN .....18                                                 |
| icatibant acetate SOSY .....59                          | IMITREX STATDOSE REFILL SOCT<br>6 MG/0.5ML (sumatriptan succinate) .<br>76    | INSULIN GLARGINE SOLOSTAR<br>SOPN 100 UNIT/ML .....18                         |
| ICLUSIG 15 MG, 45 MG .....31                            | IMITREX STATDOSE SYSTEM<br>SOAJ 4 MG/0.5ML (sumatriptan<br>succinate) .....76 | INSULIN GLARGINE-YFGN SOLN<br>18                                              |
| ID NOW COVID-19 .....52                                 |                                                                               |                                                                               |

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|---------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| INSULIN GLARGINE-YFGN SOPN 18               | ISENTRESS CHEW 25 MG ..... 35                               | JANUVIA ..... 17                                         |
| INSULIN LISPRO (1 UNIT DIAL) SOPN ..... 18  | ISENTRESS PACK ..... 35                                     | JARDIANCE ..... 18                                       |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN ..... 18 | ISENTRESS TABS ..... 35                                     | JARRO-DOPHILUS EPS CPDR .. 21                            |
| INSULIN LISPRO PROT & LISPRO SUPN ..... 18  | isoniazid SYRP ..... 28                                     | JARRO-DOPHILUS EPS PROBIOTIC CPDR ..... 21               |
| INSULIN LISPRO SOLN IJ ..... 18             | isoniazid TABS ..... 28                                     | JARRO-DOPHILUS HYPOALLERGENIC CAPS ..... 21              |
| INSULIN SYRINGES ..... 72                   | ISOPTO ATROPINE SOLN ..... 84                               | JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS ..... 21             |
| INTELENCE (etravirine) ..... 35             | isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG ..... 9 | JARRO-DOPHILUS VAGINAL PROBIOT CPDR ..... 21             |
| INTELENCE ..... 35                          | isosorbide mononitrate TABS ..... 9                         | JENTADUETO TABS ..... 16                                 |
| INTELENCE 200 MG (etravirine) .. 35         | ISOSORBIDE MONONITRATE TABS ..... 9                         | JEVTANA ..... 32                                         |
| INTELISWAB COVID-19 RAPID TEST KIT ..... 52 | isosorbide mononitrate TB24 ..... 9                         | JIVI 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT ..... 59  |
| INVEGA HAFYERA ..... 33                     | isotretinoin 10 MG, 20 MG, 40 MG 45                         | JOURNAVX ..... 6                                         |
| INVEGA SUSTENNA ..... 33                    | isradipine CAPS ..... 38                                    | JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG ..... 25              |
| INVEGA TRINZA ..... 33                      | ISTALOL SOLN (timolol maleate (ophth)) ..... 84             | JYNNEOS ..... 95                                         |
| INVOKANA ..... 18                           | ITCH RELIEF CREA ..... 46                                   | KADCYLA ..... 29                                         |
| IPOL IJ ..... 95                            | itraconazole CAPS ..... 24                                  | KALBITOR ..... 59                                        |
| ipratropium bromide (nasal) 0.03 % 82       | itraconazole SOLN ..... 24                                  | KALETRA SOLN ..... 35                                    |
| ipratropium bromide (nasal) 0.06 % 81       | ivermectin (pediculicide) ..... 51                          | KALETRA TABS 25 MG-100 MG (lopinavir-ritonavir) ..... 36 |
| ipratropium bromide SOLN 0.02 % 11          | ivermectin ..... 9                                          | KALETRA TABS 50 MG-200 MG (lopinavir-ritonavir) ..... 35 |
| ipratropium-albuterol SOLN ..... 12         | IXCHIQ ..... 95                                             | KALYDECO PACK 50 MG, 75 MG 90                            |
| irbesartan ..... 26                         | IXEMPRA KIT ..... 32                                        | KALYDECO TABS ..... 90                                   |
| irbesartan-hydrochlorothiazide .... 27      | IXIARO ..... 95                                             | KANJINTI 420 MG ..... 29                                 |
| irinotecan hcl ..... 32                     | IXINITY SOLR ..... 59                                       | KANUMA ..... 55                                          |
| IRON CHEWS PEDIATRIC CHEW 61                | IYUZEH SOLN ..... 86                                        | KAZANO (alogliptin-metformin hcl) 16                     |
| IRON TABS 28 MG ..... 61                    | JAKAFI ..... 31                                             | KCENTRA ..... 59                                         |
| ISENTRESS CHEW 100 MG ..... 35              | JALYN (dutasteride-tamsulosin hcl) . 58                     |                                                          |
|                                             | JANUMET TABS ..... 16                                       |                                                          |
|                                             | JANUMET XR TB24 ..... 16                                    |                                                          |

|                                                                |    |                                                   |    |                                                  |    |
|----------------------------------------------------------------|----|---------------------------------------------------|----|--------------------------------------------------|----|
| KEMOPLAT SOLN .....                                            | 28 | KONVOMEPI SUSR .....                              | 92 | lamivudine-zidovudine .....                      | 36 |
| KENALOG AERS (triamcinolone<br>acetone (topical)) .....        | 49 | KOVALTRY .....                                    | 59 | lamotrigine CHEW .....                           | 13 |
| KESIMPTA .....                                                 | 89 | KRINTAFEL .....                                   | 28 | lamotrigine KIT 25 MG .....                      | 13 |
| ketoconazole (topical) CREA .....                              | 46 | KROGER HEALTHPRO LANCET<br>26G .....              | 67 | lamotrigine TABS .....                           | 13 |
| ketoconazole (topical) SHAM 2 % .....                          | 46 | KROGER LANCETS .....                              | 67 | lamotrigine TB24 .....                           | 13 |
| KETONE TEST STRP .....                                         | 52 | KROGER LANCETS SUPER THIN<br>67 .....             | 67 | lamotrigine TBDP .....                           | 13 |
| ketoprofen CAPS 50 MG .....                                    | 5  | KROGER LANCETS THIN .....                         | 67 | LANCETS .....                                    | 67 |
| ketoprofen CP24 .....                                          | 5  | KRYSTEXXA .....                                   | 58 | LANCETS 28G THIN .....                           | 67 |
| ketorolac tromethamine (ophth) 0.4<br>% .....                  | 86 | KYLEENA .....                                     | 43 | LANCETS 30G .....                                | 67 |
| ketorolac tromethamine (ophth) 0.5<br>% .....                  | 86 | KYMRIAH .....                                     | 29 | LANCETS 33G .....                                | 67 |
| ketorolac tromethamine TABS .....                              | 5  | KYPROLIS .....                                    | 31 | LANCETS MICRO THIN 33G .....                     | 67 |
| KETOSTIX STRP .....                                            | 52 | labetalol hcl TABS 100 MG .....                   | 38 | LANCETS SUPER THIN .....                         | 67 |
| ketotifen fumarate (ophth) 0.035 %<br>86 .....                 | 86 | labetalol hcl TABS 200 MG .....                   | 38 | LANCETS SUPER THIN 28G .....                     | 67 |
| KEY-E CHEW .....                                               | 97 | labetalol hcl TABS 300 MG .....                   | 38 | LANCETS THIN .....                               | 67 |
| KEYTRUDA .....                                                 | 29 | labetalol hcl TABS 400 MG .....                   | 38 | LANCETS ULTRA THIN .....                         | 67 |
| KHAPZORY .....                                                 | 32 | LACTEROL CAPS .....                               | 21 | LANCETS ULTRA THIN 30G .....                     | 67 |
| KINNEY LANCETS .....                                           | 67 | lactic acid (ammonium lactate) CREA<br>.....      | 50 | lanolin (topical) CREA .....                     | 51 |
| KINNEY THIN LANCETS .....                                      | 67 | lactic acid (ammonium lactate) LOTN<br>12 % ..... | 50 | LANOLIN XX .....                                 | 88 |
| KINRIX SUSY .....                                              | 91 | LACTOVIVE CAPS .....                              | 21 | LANOLOR CREA .....                               | 51 |
| KITABIS PAK (W/ NEBULIZER)<br>NEBU 300 MG/5ML (tobramycin) ... | 3  | lactulose (encephalopathy) .....                  | 57 | LANOXIN TABS 125 MCG, 250 MCG<br>(digoxin) ..... | 39 |
| KLOXXADO LIQD .....                                            | 23 | lactulose SOLN .....                              | 62 | lanreotide acetate .....                         | 56 |
| KOATE SOLR .....                                               | 59 | LAGEVRIO .....                                    | 37 | LANREOTIDE ACETATE .....                         | 56 |
| KOATE-DVI SOLR 500 UNIT, 1000<br>UNIT .....                    | 59 | LAMICTAL ODT KIT (lamotrigine) .....              | 13 | lansoprazole CPDR .....                          | 92 |
| KOGENATE FS KIT .....                                          | 59 | LAMICTAL STARTER KIT 25 MG<br>(lamotrigine) ..... | 13 | lansoprazole TBDD .....                          | 92 |
| KOMBIGLYZE XR (saxagliptin-<br>metformin hcl) .....            | 16 | lamivudine SOLN .....                             | 36 | lanthanum carbonate CHEW .....                   | 58 |
|                                                                |    | lamivudine TABS 150 MG .....                      | 36 | lapatinib ditosylate .....                       | 31 |
|                                                                |    | lamivudine TABS 300 MG .....                      | 36 | LEDIPASVIR-SOFOSBUVIR TABS<br>37 .....           | 37 |
|                                                                |    |                                                   |    | leflunomide .....                                | 5  |
|                                                                |    |                                                   |    | lenalidomide .....                               | 77 |

|                                                         |                                                                                                                                |                                                                      |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| LENVIMA (10 MG DAILY DOSE) .29                          | levetiracetam TB24 ..... 13                                                                                                    | LIBERVANT FILM .....13                                               |
| LENVIMA (12 MG DAILY DOSE) .29                          | levobunolol hcl 0.5 % ..... 84                                                                                                 | LIBTAYO ..... 29                                                     |
| LENVIMA (14 MG DAILY DOSE) .29                          | levocarnitine (metabolic modifiers)<br>SOLN PO 1 GM/10ML .....55                                                               | LICEMD GEL ..... 51                                                  |
| LENVIMA (18 MG DAILY DOSE) .29                          | levocarnitine (metabolic modifiers)<br>TABS .....55                                                                            | lidocaine CREA 4 % ..... 51                                          |
| LENVIMA (20 MG DAILY DOSE) .29                          | levocetirizine dihydrochloride SOLN<br>24                                                                                      | LIDOCAINE CREA .....51                                               |
| LENVIMA (24 MG DAILY DOSE) .29                          | levofloxacin (ophth) 0.5 % ..... 85                                                                                            | lidocaine hcl (mouth-throat) 2 % ...78                               |
| LENVIMA (4 MG DAILY DOSE) .. 29                         | levofloxacin SOLN PO .....56                                                                                                   | lidocaine hcl CREA 3 % ..... 51                                      |
| LENVIMA (8 MG DAILY DOSE) .. 29                         | levofloxacin TABS .....56                                                                                                      | lidocaine hcl CREA 4 % ..... 51                                      |
| LEQVIO .....26                                          | levofloxacin SOLN PO .....56                                                                                                   | lidocaine hcl GEL 2 % ..... 51                                       |
| LESCOL XL TB24 (fluvastatin<br>sodium) .....25          | levofloxacin TABS .....56                                                                                                      | lidocaine hcl PRSY ..... 51                                          |
| LETAIRIS (ambrisentan) .....40                          | levoleucovorin calcium SOLN ..... 32                                                                                           | lidocaine-prilocaine CREA .....51                                    |
| letrozole ..... 30                                      | levoleucovorin calcium SOLR ..... 32                                                                                           | LILETTA (52 MG) ..... 43                                             |
| leucovorin calcium TABS 5 MG, 25<br>MG ..... 32         | levonorgestrel & eth estradiol TABS<br>41                                                                                      | LINZESS ..... 57                                                     |
| LEUKERAN ..... 28                                       | levonorgestrel (emergency oc) 1.5<br>MG ..... 42                                                                               | LIORESAL SOLN IT ..... 81                                            |
| LEUKINE SOLR IJ .....60                                 | levonorgestrel-eth estradiol<br>(triphasic) .....41                                                                            | liothyronine sodium TABS ..... 91                                    |
| leuprolide acetate (3 month) INJ 22.5<br>MG ..... 30    | levonorgestrel-ethinyl estradiol (91-<br>day) 0.03 MG-0.15 MG ..... 41                                                         | LIPOFEN CAPS (fenofibrate) .....25                                   |
| leuprolide acetate KIT IJ 1 MG/0.2ML<br>..... 30        | levonorgestrel-ethinyl estradiol<br>(continuous) ..... 41                                                                      | LIQREV SUSP .....40                                                  |
| LEUPROLIDE ACETATE-<br>BUPIVACAINE ..... 30             | levothyroxine sodium CAPS 13 MCG,<br>25 MCG, 50 MCG, 75 MCG, 88<br>MCG, 100 MCG, 112 MCG, 125<br>MCG, 137 MCG, 150 MCG .....91 | liraglutide (weight management) 18<br>MG/3ML ..... 1                 |
| levalbuterol hcl ..... 12                               | levothyroxine sodium TABS ..... 91                                                                                             | liraglutide ..... 17                                                 |
| levalbuterol hcl 1.25 MG/0.5ML ...12                    | LEVULAN KERASTICK SOLR .... 46                                                                                                 | lisdexamphetamine dimesylate CAPS 1                                  |
| levalbuterol tartrate .....12                           | LEXIVA SUSP ..... 36                                                                                                           | lisdexamphetamine dimesylate CHEW .<br>1                             |
| levamlodipine maleate ..... 38                          | LEXIVA TABS (fosamprenavir<br>calcium) ..... 36                                                                                | lisinopril & hydrochlorothiazide ...27                               |
| LEVEMIR FLEXPEN SOPN ..... 18                           | LIALDA TBEC (mesalamine) ..... 57                                                                                              | lisinopril TABS 2.5 MG, 5 MG, 10<br>MG, 20 MG, 30 MG, 40 MG ..... 26 |
| LEVEMIR SOLN ..... 18                                   | LIBERTY MEDICAL LANCETS ...67                                                                                                  | LITE TOUCH LANCETS .....67                                           |
| levetiracetam SOLN PO 100 MG/ML,<br>500 MG/5ML ..... 13 |                                                                                                                                | LITETOUCH LANCETS .....67                                            |
| levetiracetam TABS .....13                              |                                                                                                                                | LITETOUCH MASK LARGE MISC 74                                         |
|                                                         |                                                                                                                                | LITETOUCH MASK MEDIUM MISC .<br>74                                   |

|                                          |    |                                             |    |                                                                               |    |
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| LITETOUCH MASK SMALL MISC                | 74 | lorazepam CONC                              | 10 | lurasidone hcl                                                                | 33 |
| LITFULO                                  | 50 | lorazepam TABS 0.5 MG, 2 MG                 | 10 | LUTATHERA                                                                     | 31 |
| lithium                                  | 33 | lorazepam TABS 1 MG                         | 10 | LUTRATE DEPOT INJ 22.5 MG                                                     | 30 |
| lithium carbonate CAPS                   | 33 | LORBRENA                                    | 31 | LUZU (luliconazole)                                                           | 46 |
| lithium carbonate TABS                   | 33 | LOREEV XR CS24                              | 10 | LYBALVI                                                                       | 89 |
| lithium carbonate TBCR                   | 33 | losartan potassium &<br>hydrochlorothiazide | 27 | LYFGENIA                                                                      | 60 |
| LITHOBID TBCR (lithium carbonate)        | 33 | losartan potassium                          | 26 | LYRA DIRECT SARS-COV-2 ASSAY                                                  | 53 |
| LITTLE REMEDIES SALINE SOLN              | 81 | LOTRONEX (alosetron hcl)                    | 57 | LYRA SARS-COV-2 ASSAY                                                         | 53 |
| LIVE BETTER LANCET SUPER<br>THIN         | 67 | lovastatin TABS 10 MG, 20 MG                | 25 | LYSODREN                                                                      | 30 |
| LO LOESTRIN FE TABS                      | 41 | lovastatin TABS 40 MG                       | 25 | LYUMJEV TEMPO PEN SOPN                                                        | 18 |
| LOCOID LIPOCREAM                         | 49 | loxapine succinate                          | 34 | LYVISPAH PACK                                                                 | 81 |
| LOCOID LOTN (hydrocortisone<br>butyrate) | 49 | LUCENTIS SOSY                               | 84 | MACI                                                                          | 80 |
| LOKELMA                                  | 78 | LUCIRA CHECK IT COVID-19 TEST<br>KIT        | 52 | MAGE CPDR                                                                     | 21 |
| LONSURF                                  | 31 | LUCIRA COVID-19 ALL-IN-ONE KIT              | 53 | magnesium citrate 1.745 GM/30ML                                               | 62 |
| loperamide hcl CAPS                      | 23 | luliconazole                                | 46 | magnesium hydroxide SUSP 7.75 %,<br>400 MG/5ML, 1200 MG/15ML, 2400<br>MG/30ML | 62 |
| loperamide hcl TABS                      | 23 | LUMIVA CAPS                                 | 21 | magnesium oxide (mg supplement)<br>TABS                                       | 77 |
| lopinavir-ritonavir SOLN                 | 36 | LUMIZYME                                    | 55 | magnesium oxide TABS 400 MG                                                   | 9  |
| lopinavir-ritonavir TABS 25 MG-100<br>MG | 36 | LUMOXITI                                    | 29 | malathion                                                                     | 51 |
| lopinavir-ritonavir TABS 50 MG-200<br>MG | 36 | LUPRON DEPOT (1-MONTH) KIT IM               | 30 | maraviroc TABS 150 MG                                                         | 36 |
| LOPRESSOR SOLN PO 10 MG/ML               | 38 | LUPRON DEPOT (3-MONTH) KIT IM               | 30 | maraviroc TABS 300 MG                                                         | 36 |
| loratadine CAPS                          | 24 | LUPRON DEPOT (4-MONTH) IM                   | 30 | MATULANE                                                                      | 32 |
| loratadine CHEW                          | 24 | LUPRON DEPOT (6-MONTH) IM                   | 30 | MAVYRET PACK                                                                  | 37 |
| loratadine SOLN                          | 24 | LUPRON DEPOT-PED (1-MONTH)                  | 55 | MAVYRET TABS                                                                  | 37 |
| loratadine TABS                          | 24 | LUPRON DEPOT-PED (3-MONTH)                  | 55 | MAXI-TUSS PE LIQD                                                             | 44 |
| loratadine TBDP 10 MG                    | 24 | LUPRON DEPOT-PED (6-MONTH)<br>IM            | 55 | MAYZENT STARTER PACK TBPK<br>0.25 MG                                          | 89 |
|                                          |    |                                             |    | MAYZENT TABS                                                                  | 89 |

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| meclizine hcl CHEW .....23                                     | .....67                                      | mesna SOLN .....32                                                                     |
| meclizine hcl TABS 12.5 MG, 25 MG<br>23                        | MEIJER LANCETS UNIVERSAL 30G<br>.....67      | mesna TABS .....32                                                                     |
| MEDICHOICE SAFETY LANCET .67                                   | MEIJER LANCETS UNIVERSAL 33G<br>.....67      | MESNEX TABS .....32                                                                    |
| MEDICHOICE SAFETY LANCET<br>EXTRA .....67                      | MEKINIST TABS .....31                        | META BIOTIC/BIO-ACTIVE 12<br>CAPS .....21                                              |
| MEDICHOICE SAFETY LANCET<br>NORM .....67                       | MEKTOVI .....31                              | METAMUCIL CAPS .....62                                                                 |
| MEDLANCE EXTRA 21G .....67                                     | melatonin TABS 3 MG, 5 MG .....2             | metaxalone .....81                                                                     |
| MEDLANCE LITE 25G .....67                                      | meloxicam TABS .....5                        | METAXALONE 640 MG .....81                                                              |
| MEDLANCE PLUS EXTRA 21G ..67                                   | melphalan .....28                            | metformin hcl SOLN .....16                                                             |
| MEDLANCE PLUS LANCETS ....67                                   | melphalan hcl IV .....28                     | metformin hcl TABS 500 MG, 850<br>MG, 1000 MG .....17                                  |
| MEDLANCE PLUS LITE 25G .....67                                 | memantine hcl CP24 .....88                   | metformin hcl TABS 625 MG .....17                                                      |
| MEDLANCE PLUS SPECIAL 0.8MM<br>.....67                         | memantine hcl SOLN .....88                   | metformin hcl TABS 750 MG .....17                                                      |
| MEDLANCE PLUS SUPERLITE 30G<br>.....67                         | memantine hcl TABS .....88                   | metformin hcl TB24 500 MG, 1000<br>MG .....17                                          |
| MEDLANCE PLUS UNIVERSAL 21G<br>.....67                         | memantine hcl TABS .....89                   | metformin hcl TB24 500 MG, 750 MG<br>.....17                                           |
| MEDLANCE UNIVERSAL 21G ...67                                   | MENACTRA .....93                             | methadone hcl TABS 10 MG .....7                                                        |
| medroxyprogesterone acetate<br>(contraceptive) SUSP IM .....43 | MENQUADFI 0.5 ML .....93                     | methadone hcl TABS 5 MG .....6                                                         |
| medroxyprogesterone acetate<br>(contraceptive) SUSY IM .....43 | MENVEO SOLN .....93                          | methamphetamine hcl .....1                                                             |
| medroxyprogesterone acetate 2.5<br>MG, 5 MG, 10 MG .....88     | MENVEO SOLR .....93                          | methazolamide TABS .....53                                                             |
| mefloquine hcl .....28                                         | meperidine hcl SOLN PO 50<br>MG/5ML .....6   | methenamine mandelate .....28                                                          |
| MEGA PROBIOTIC CAPS .....21                                    | meperidine hcl TABS 50 MG .....6             | methenamine-hyosc-methylene blue-<br>sod phos-phenyl sal TABS 81.6 MG .<br>27          |
| megestrol acetate SUSP .....30                                 | meprobamate .....10                          | methimazole TABS .....90                                                               |
| megestrol acetate TABS .....30                                 | mercaptopurine SUSP 2000<br>MG/100ML .....29 | methocarbamol TABS 500 MG ....81                                                       |
| MEIJER ALCOHOL SWABS .....71                                   | mercaptopurine TABS .....29                  | methocarbamol TABS 750 MG, 1000<br>MG .....81                                          |
| MEIJER LANCETS .....67                                         | mesalamine ENEM .....57                      | METHOCARBAMOL TABS .....81                                                             |
| MEIJER LANCETS UNIVERSAL 21G                                   | mesalamine SUPP .....57                      | methotrexate sodium SOLN 1<br>GM/40ML, 50 MG/2ML, 250<br>MG/10ML, 1000 MG/40ML .....29 |
|                                                                | mesalamine TBEC 1.2 GM .....57               |                                                                                        |
|                                                                | mesalamine TBEC 800 MG .....57               |                                                                                        |
|                                                                | mesalamine w/ cleanser .....57               |                                                                                        |

|                                                                |                                                           |                                                                  |
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| methotrexate sodium TABS 2.5 MG<br>29                          | metoprolol succinate TB24 200 MG<br>38                    | MICROLET LANCETS .....67                                         |
| methsuximide .....14                                           | metoprolol succinate TB24 25 MG,<br>50 MG, 100 MG .....38 | MICROSPACER MISC ..... 74                                        |
| methyldopa TABS .....26                                        | metoprolol tartrate TABS 100 MG .38                       | midazolam hcl SOLN IJ .....62                                    |
| methylergonovine maleate TABS ..87                             | metoprolol tartrate TABS 25 MG, 50<br>MG ..... 38         | MIDAZOLAM HCL SOLN IJ ..... 62                                   |
| METHYLIN SOLN (methylphenidate<br>hcl) .....2                  | metoprolol tartrate TABS 37.5 MG,<br>75 MG .....38        | midodrine hcl .....97                                            |
| methylphenidate hcl CHEW .....2                                | metronidazole (topical) CREA .....51                      | MIEBO .....86                                                    |
| methylphenidate hcl CP24 10 MG, 20<br>MG, 30 MG, 40 MG ..... 2 | metronidazole (topical) GEL 0.75 %<br>51                  | mifepristone (hyperglycemia) ..... 17                            |
| methylphenidate hcl CP24 60 MG ..2                             | metronidazole (topical) LOTN ..... 51                     | miglitol .....16                                                 |
| methylphenidate hcl CP24 .....2                                | metronidazole TABS 250 MG, 500<br>MG ..... 27             | miglustat .....60                                                |
| methylphenidate hcl CPRC ..... 2                               | metronidazole vaginal .....96                             | MINIELITE FILTER<br>REPLACEMENTS MISC .....74                    |
| methylphenidate hcl SOLN ..... 2                               | metyrosine .....26                                        | minocycline hcl CAPS ..... 90                                    |
| methylphenidate hcl TABS .....2                                | MICONAZOLE 7 SUPP 100 MG ..96                             | minoxidil 2.5 MG, 10 MG ..... 27                                 |
| methylphenidate hcl TB24 ..... 2                               | miconazole nitrate (topical) CREA .46                     | mirabegron TB24 ..... 93                                         |
| methylphenidate hcl TBCR 10 MG,<br>20 MG .....2                | miconazole nitrate vaginal CREA 2 %<br>.....96            | MIRCERA ..... 60                                                 |
| methylphenidate hcl TBCR 18 MG,<br>27 MG, 36 MG, 54 MG .....2  | miconazole nitrate vaginal KIT .....96                    | MIRENA (52 MG) ..... 43                                          |
| methylphenidate hcl TBCR 45 MG,<br>63 MG ..... 2               | miconazole nitrate vaginal SUPP 100<br>MG ..... 96        | mirtazapine TABS .....14                                         |
| methylprednisolone TABS 4 MG, 8<br>MG ..... 43                 | miconazole nitrate vaginal SUPP 200<br>MG ..... 96        | mirtazapine TBDP .....15                                         |
| methylprednisolone TBPk .....43                                | MICRHOGAM ULTRA-FILTERED<br>PLUS SOSY IM .....87          | misoprostol .....92                                              |
| methyltestosterone TABS .....8                                 | MICROBALANCE CAPS ..... 21                                | mitoxantrone hcl 20 MG/10ML, 25<br>MG/12.5ML, 30 MG/15ML .....30 |
| metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....57     | MICROCHAMBER DEVI .....74                                 | MIUDELLA INTRAUTERINE<br>COPPER ..... 42                         |
| metoclopramide hcl TABS 10 MG .57                              | MICROCHAMBER MISC ..... 74                                | MM TWIST LANCETS ..... 67                                        |
| metoclopramide hcl TABS 5 MG ..57                              | MICROFLOR 33 CAPS .....21                                 | M-M-R II SOLR .....95                                            |
| metolazone .....54                                             | MICROFLOR CAPS ..... 21                                   | MNEXSPIKE SUSY 10 MCG/0.2ML .<br>95                              |
| metoprolol & hydrochlorothiazide<br>TABS .....27               |                                                           | MOBILE LANCETS 30G .....68                                       |
|                                                                |                                                           | MODERNA COVID-19 BIVALENT<br>95                                  |
|                                                                |                                                           | MODERNA COVID-19 VAC 6M-11Y<br>SUSP .....95                      |

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| MODERNA COVID-19 VAC 6M-11Y<br>SUSY .....                                          | 95 | MOTPOLY XR CP24 .....                                           | 14 | MVASI .....                                            | 29 |
| MODERNA COVID-19 VACCINE<br>SUSP .....                                             | 95 | MOTRIN CHILDRENS CHEW<br>(ibuprofen) .....                      | 5  | MVW COMPL FORM PROBIOTIC-<br>KIDS CPDR .....           | 21 |
| moexipril hcl .....                                                                | 26 | MOTRIN INFANTS DROPS SUSP<br>(ibuprofen) .....                  | 5  | MVW COMPLETE FORMULATION<br>SOLN .....                 | 79 |
| MOI-STIR SOLN .....                                                                | 79 | MOUNJARO .....                                                  | 17 | MVW COMPLETE PROBIOTIC<br>CPDR .....                   | 21 |
| mometasone furoate (nasal) SUSP<br>82                                              |    | MOUTH KOTE REMINT SOLN ....                                     | 79 | MYALEPT .....                                          | 55 |
| mometasone furoate CREA .....                                                      | 49 | MOUTH KOTE SOLN .....                                           | 79 | mycophenolate mofetil CAPS .....                       | 78 |
| mometasone furoate OINT .....                                                      | 49 | MOVANTIK .....                                                  | 57 | mycophenolate mofetil hcl .....                        | 78 |
| mometasone furoate SOLN .....                                                      | 49 | moxifloxacin hcl (ophth) SOLN OP                                | 85 | mycophenolate mofetil SUSR .....                       | 78 |
| MOMMY'S BLISS PROBIOTIC PACK<br>.....                                              | 21 | moxifloxacin hcl TABS .....                                     | 56 | mycophenolate mofetil TABS .....                       | 78 |
| MONISTAT 3 CREA .....                                                              | 96 | MPD SAFETY LANCET 21G ....                                      | 68 | mycophenolate sodium .....                             | 78 |
| MONOLET LANCETS .....                                                              | 68 | MPD SAFETY LANCET 23G ....                                      | 68 | MYDAYIS CP24 (amphetamine-<br>dextroamphetamine) ..... | 1  |
| MONOLET OPD LANCETS .....                                                          | 68 | MPD SAFETY LANCET 28G ....                                      | 68 | MYFEMBREE .....                                        | 56 |
| MONOLETTOR SAFETY LANCETS<br>68                                                    |    | MPD SAFETY LANCET 30G ....                                      | 68 | MYGLUCOHEALTH LANCETS 30G<br>68                        |    |
| MONOVISC .....                                                                     | 81 | MULPLETA .....                                                  | 60 | MYLERAN TABS .....                                     | 28 |
| montelukast sodium CHEW .....                                                      | 11 | MULTIPLE VITAMINS TABS-<br>ASSORTED BRAND .....                 | 79 | MYOBLOC .....                                          | 83 |
| montelukast sodium PACK .....                                                      | 11 | MULTIPLE VITAMINS TABS-<br>ASSORTED GENERIC .....               | 79 | MYRBETRIQ TB24 (mirabegron) .                          | 93 |
| montelukast sodium TABS .....                                                      | 11 | multiple vitamins w/ iron TABS ....                             | 79 | NABI-HB SOLN IM .....                                  | 87 |
| morphine sulfate beads .....                                                       | 7  | MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>BRAND .....   | 79 | nabumetone .....                                       | 5  |
| morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG ..... | 7  | MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>GENERIC ..... | 79 | nadolol TABS 20 MG, 40 MG, 80 MG<br>.....              | 38 |
| morphine sulfate SOLN PO 10<br>MG/5ML, 20 MG/5ML .....                             | 7  | MULTIVITAMIN DROPS/IRON SOLN<br>.....                           | 80 | NAGLAZYME .....                                        | 55 |
| morphine sulfate SOLN PO 20<br>MG/ML, 100 MG/5ML .....                             | 7  | MULTIVITAMIN INFANT &<br>TODDLER SOLN .....                     | 80 | naloxone hcl LIQD .....                                | 23 |
| morphine sulfate SUPP .....                                                        | 7  | mupirocin calcium (topical) .....                               | 46 | naloxone hcl SOCT .....                                | 23 |
| morphine sulfate TABS .....                                                        | 7  | mupirocin OINT .....                                            | 46 | naloxone hcl SOLN 0.4 MG/ML ...                        | 23 |
| morphine sulfate TBCR .....                                                        | 7  |                                                                 |    | naloxone hcl SOLN 4 MG/10ML ...                        | 23 |
|                                                                                    |    |                                                                 |    | naloxone hcl SOSY 0.4 MG/ML ...                        | 23 |
|                                                                                    |    |                                                                 |    | naloxone hcl SOSY 2 MG/2ML ....                        | 23 |

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| naltrexone hcl .....                                | 23 | neomycin-polymy-dexameth SUSP<br>0.1 %-3.5 MG/ML-10000 UNIT/ML,<br>0.1 % ..... | 86 | NIACIN ER CPCR .....                                        | 97 |
| NAMENDA TITRATION PAK TABS<br>(memantine hcl) ..... | 89 | neomycin-polymyxin w/ pramoxine<br>46 .....                                    |    | NIACIN ER TBCR .....                                        | 97 |
| naphazoline w/ pheniramine 0.3 %-<br>0.025 % .....  | 85 | neomycin-polymyxin-gramicidin ..                                               | 85 | niacin TABS 500 MG .....                                    | 97 |
| naphazoline w/ pheniramine 0.315<br>%-0.027 % ..... | 85 | neomycin-polymyxin-hc (ophth) ..                                               | 86 | niacin TBCR .....                                           | 97 |
| naproxen sodium TABS 220 MG ...                     | 5  | neomycin-polymyxin-hc (otic) SOLN .                                            | 86 | nicardipine hcl CAPS .....                                  | 38 |
| naproxen sodium TABS 275 MG, 550<br>MG .....        | 5  | neomycin-polymyxin-hc (otic) SUSP .                                            | 86 | NICOTINE KIT .....                                          | 90 |
| naproxen SUSP .....                                 | 5  | NESINA (alogliptin benzoate) ....                                              | 17 | nicotine polacrilex GUM .....                               | 90 |
| naproxen TABS .....                                 | 5  | NEULASTA ONPRO SOSY 6<br>MG/0.6ML .....                                        | 60 | nicotine polacrilex LOZG .....                              | 90 |
| naproxen TBEC .....                                 | 5  | NEULASTA SOSY .....                                                            | 60 | nicotine PT24 TD 7 MG/24HR, 14<br>MG/24HR, 21 MG/24HR ..... | 90 |
| naproxen-esomeprazole magnesium<br>.....            | 5  | NEUPOGEN SOLN .....                                                            | 60 | NICOTROL INHA .....                                         | 90 |
| naratriptan hcl .....                               | 76 | NEUPOGEN SOSY .....                                                            | 60 | NICOTROL NS SOLN .....                                      | 90 |
| NARCAN LIQD (naloxone hcl) ....                     | 23 | nevirapine SUSP .....                                                          | 36 | nifedipine CAPS 10 MG .....                                 | 39 |
| NATAZIA .....                                       | 41 | nevirapine TABS .....                                                          | 36 | nifedipine CAPS 20 MG .....                                 | 39 |
| nateglinide .....                                   | 18 | nevirapine TB24 400 MG .....                                                   | 36 | nifedipine TB24 30 MG, 90 MG ...                            | 39 |
| NATROBA (spinosad) .....                            | 51 | NEXABIOTIC CPDR .....                                                          | 21 | nifedipine TB24 60 MG .....                                 | 39 |
| NATRUL PROBIOTIC CAPS .....                         | 21 | NEXIUM 24HR CLEAR MINIS CPDR<br>(esomeprazole magnesium) .....                 | 92 | nilotinib hcl 50 MG, 150 MG, 200 MG<br>.....                | 31 |
| NATURAL FIBER LAXATIVE POWD<br>62 .....             |    | NEXIUM 24HR CPDR<br>(esomeprazole magnesium) .....                             | 92 | nimodipine CAPS .....                                       | 39 |
| NEBULIZER AIR TUBE/PLUGS<br>MISC .....              | 74 | NEXIUM CPDR 20 MG<br>(esomeprazole magnesium) .....                            | 92 | NINLARO .....                                               | 31 |
| nefazodone hcl .....                                | 15 | NEXIUM PACK 10 MG, 20 MG, 40<br>MG (esomeprazole magnesium) ..                 | 92 | nisoldipine .....                                           | 39 |
| NEFFY SOLN NA .....                                 | 97 | NEXPLANON .....                                                                | 42 | nitisinone CAPS .....                                       | 55 |
| NEMLUVIO .....                                      | 50 | NGENLA .....                                                                   | 54 | NITRO-BID OINT .....                                        | 9  |
| neomycin sulfate TABS .....                         | 3  | niacin (antihyperlipidemic) TBCR ..                                            | 25 | nitrofurantoin .....                                        | 28 |
| neomycin-bacitracin zn-polymyxin                    | 85 | niacin CPCR 250 MG, 500 MG ...                                                 | 97 | nitrofurantoin macrocrystal 50 MG,<br>100 MG .....          | 28 |
| neomycin-bacitracin-polymyxin OINT<br>46 .....      |    |                                                                                |    | nitrofurantoin monohyd macro ....                           | 28 |
| neomycin-polymy-dexameth OINT                       | 85 |                                                                                |    | nitroglycerin CPCR .....                                    | 9  |

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| NIVESTYM SOLN .....60                                                               | MCG-0.3 MG .....42                               | NULOJIX .....78                                        |
| NIVESTYM SOSY .....60                                                               | NORLIQVA SOLN .....39                            | NUMOISYN LIQD .....79                                  |
| NIX LICE KILLING SPRAY LIQD XX<br>51                                                | NORPACE CAPS (disopyramide<br>phosphate) .....10 | NUPLAZID CAPS .....33                                  |
| NIZORAL SHAM .....46                                                                | nortriptyline hcl CAPS .....16                   | NUPLAZID TABS 10 MG .....33                            |
| NORDITROPIN FLEXPOR SOPN .54                                                        | nortriptyline hcl SOLN .....16                   | NURTEC .....76                                         |
| norelgestromin-ethinyl estradiol ...42                                              | NORVIR CAPS .....36                              | NUVAXOVID COVID-19 VACCINE<br>SUSY 5 MCG/0.5ML .....95 |
| norethin acet & estrad-fe CAPS ...41                                                | NORVIR PACK .....36                              | NUVESSA .....96                                        |
| norethin acet & estrad-fe CHEW ..41                                                 | NORVIR TABS (ritonavir) .....36                  | NUWIQ KIT .....59                                      |
| norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG .....41 | NOSE CLIP MISC .....74                           | NUWIQ SOLR .....59                                     |
| norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG .....41                         | NOVA SAFETY LANCETS 23G ..68                     | nystatin (mouth-throat) .....78                        |
| norethindrone & eth estradiol 35<br>MCG-0.4 MG, 35 MCG-0.5 MG ...41                 | NOVA SAFETY LANCETS 28G ..68                     | nystatin (topical) CREA .....46                        |
| norethindrone & eth estradiol 35<br>MCG-1 MG .....41                                | NOVA SUREFLEX LANCETS ....68                     | nystatin (topical) OINT .....46                        |
| norethindrone & ethinyl estradiol-fe<br>41                                          | NOVAREL IM .....54                               | nystatin (topical) POWD EX .....46                     |
| norethindrone (contraceptive) ....43                                                | NOVAVAX COVID-19 VACCINE<br>SUSP .....95         | nystatin TABS .....24                                  |
| norethindrone acet & eth estra TABS<br>41                                           | NOVAVAX COVID-19 VACCINE<br>SUSY .....95         | nystatin-triamcinolone CREA .....46                    |
| norethindrone acetate TABS .....88                                                  | NOVOEIGHT .....59                                | nystatin-triamcinolone OINT .....46                    |
| norethindrone acetate-ethinyl<br>estradiol .....56                                  | NOVOLOG 70/30 FLEXPEN RELION<br>SUPN .....18     | NYVEPRIA .....60                                       |
| norethindrone acetate-ethinyl<br>estradiol-fe .....42                               | NOVOLOG MIX 70/30 FLEXPEN<br>SUPN .....18        | OBIZUR .....59                                         |
| norethindrone-eth estradiol (triphasic)<br>.....42                                  | NOVOLOG MIX 70/30 RELION<br>SUSP .....18         | OALIVA .....57                                         |
| norgestimate-ethinyl estradiol<br>(triphasic) .....42                               | NOVOLOG MIX 70/30 SUSP .....18                   | OCREVUS ZUNOVO .....89                                 |
| norgestimate-ethinyl estradiol ....42                                               | NOVOSEVEN RT .....59                             | OCTAGAM SOLN .....87                                   |
| norgestrel & ethinyl estradiol 30                                                   | NP THYROID TABS .....91                          | octreotide acetate KIT .....56                         |
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|                                                                                     | NUCALA SOSY .....10                              | ODOMZO .....30                                         |
|                                                                                     |                                                  | OFEV .....90                                           |
|                                                                                     |                                                  | ofloxacin (ophth) .....85                              |
|                                                                                     |                                                  | ofloxacin (otic) .....86                               |

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| ofloxacin 300 MG, 400 MG .....56                            | OMVOH SOAJ .....57                                 | OPTICHAMBER DIAMOND-MD MASK MISC .....74                                                     |
| OHC COVID-19 ANTIGEN SELF TEST KIT .....53                  | OMVOH SOLN .....57                                 | OPTICHAMBER DIAMOND-SM MASK MISC .....74                                                     |
| OHTUVAYRE .....11                                           | OMVOH SOSY .....57                                 | OPTIONS GYNOL II CONTRACEPTIVE GEL .....96                                                   |
| olanzapine SOLR .....34                                     | ON/GO COVID-19 ANTIGEN TEST KIT .....53            | OPVEE NA .....23                                                                             |
| olanzapine TABS .....34                                     | ON/GO ONE COVID-19 HOME TEST KIT .....53           | OPZELURA .....50                                                                             |
| olanzapine TBDP .....34                                     | ONCASPAR .....31                                   | ORAL RELIEF SPRAY SOLN .....79                                                               |
| olmesartan medoxomil .....26                                | ondansetron hcl SOLN PO 4 MG/5ML .....23           | ORALAIR SUBL .....2                                                                          |
| olmesartan medoxomil-amlodipine-hydrochlorothiazide .....27 | ondansetron hcl TABS 4 MG, 8 MG 23                 | ORENITRAM MONTH 1 TEPK ....39                                                                |
| olmesartan medoxomil-hydrochlorothiazide .....27            | ondansetron TBDP 16 MG .....23                     | ORENITRAM MONTH 2 TEPK ....39                                                                |
| olopatadine hcl (nasal) .....81                             | ondansetron TBDP 4 MG, 8 MG ..23                   | ORENITRAM MONTH 3 TEPK ....39                                                                |
| olopatadine hcl .....86                                     | ONETOUCH DELICA PLUS LANCET30G .....68             | ORFADIN SUSP .....55                                                                         |
| OLPRUVA (2 GM DOSE) THPK ...55                              | ONETOUCH DELICA PLUS LANCET33G .....68             | ORIAHNN .....56                                                                              |
| OLPRUVA (3 GM DOSE) THPK ...55                              | ONETOUCH DELICA SAFETY LANCING .....68             | ORILISSA .....54                                                                             |
| OLPRUVA (4 GM DOSE) THPK ...55                              | ONETOUCH ULTRASOFT 2 LANCETS .....68               | ORKAMBI PACK .....90                                                                         |
| OLPRUVA (5 GM DOSE) THPK ...55                              | ONGLYZA (saxagliptin hcl) .....17                  | ORKAMBI TABS .....90                                                                         |
| OLPRUVA (6 GM DOSE) THPK ...55                              | ONPATTRO .....90                                   | orphenadrine citrate TB12 .....81                                                            |
| OLPRUVA (6.67 GM DOSE) THPK 55                              | ONYDA XR SUER .....2                               | orphenadrine w/ aspirin & caff ....81                                                        |
| OLUMIANT .....3                                             | OPDIVO 40 MG/4ML, 100 MG/10ML, 240 MG/24ML .....29 | ORTHOVISC .....81                                                                            |
| omega-3-acid ethyl esters .....25                           | OPIPZA FILM .....35                                | oseltamivir phosphate CAPS 30 MG .37                                                         |
| omeprazole CPDR .....92                                     | OPSYNVI .....39                                    | oseltamivir phosphate CAPS 45 MG, 75 MG .....37                                              |
| omeprazole TBEC .....92                                     | OPTICHAMBER DIAMOND DEVI .74                       | oseltamivir phosphate SUSR .....37                                                           |
| omeprazole-sodium bicarbonate CAPS .....92                  | OPTICHAMBER DIAMOND MISC .74                       | OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (alogliptin-pioglitazone) .....16 |
| omeprazole-sodium bicarbonate PACK .....92                  | OPTICHAMBER DIAMOND-LG MASK DEVI .....74           | OTEZLA TABS .....5                                                                           |
| OMNITROPE SOCT .....55                                      |                                                    | OTEZLA TBPK .....5                                                                           |
| OMVOH (300 MG DOSE) SOAJ ..57                               |                                                    | OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5                                   |
| OMVOH (300 MG DOSE) SOSY ..57                               |                                                    |                                                                                              |

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| MG/0.4ML, 20 MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML .....3                           | OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN ..... 17               | PARI SOFT PLASTIC ADULT MASK<br>MISC ..... 75                |
| OTULFI SOLN IV 130 MG/26ML .. 57                                                      | OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....17                 | PARI SOFT PLASTIC PED MASK<br>MISC ..... 75                  |
| OTULFI SOSY SC 45 MG/0.5ML, 90<br>MG/ML ..... 47                                      | OZEMPIC (2 MG/DOSE) SOPN ...17                               | PARI VORTEX ADULT MASK ....75                                |
| oxaprozin TABS .....5                                                                 | OZOBAX DS SOLN PO (baclofen) 81                              | paricalcitol SOLN ..... 55                                   |
| OXAYDO TABS 5 MG .....7                                                               | OZOBAX SOLN PO (baclofen) ....81                             | paroxetine hcl TABS ..... 15                                 |
| oxazepam CAPS .....10                                                                 | OZURDEX IMPL .....86                                         | paroxetine hcl TB24 .....15                                  |
| oxcarbazepine SUSP ..... 14                                                           | PACLITAXEL PROTEIN-BOUND<br>PART .....32                     | paroxetine mesylate (vasomotor) .90                          |
| oxcarbazepine TABS ..... 14                                                           | paclitaxel protein-bound particles .32                       | PARSABIV ..... 55                                            |
| OXERVATE ..... 85                                                                     | paliperidone ..... 33                                        | PAXLOVID (150/100) ..... 37                                  |
| oxiconazole nitrate CREA ..... 46                                                     | PALYNZIQ .....55                                             | PAXLOVID (300/100 & 150/100) .37                             |
| OXISTAT CREA (oxiconazole nitrate)<br>..... 46                                        | pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML ..... 54 | PAXLOVID (300/100) ..... 37                                  |
| oxybutynin chloride SOLN .....92                                                      | PAMIDRONATE DISODIUM SOLN<br>54                              | pazopanib hcl ..... 31                                       |
| oxybutynin chloride TABS 2.5 MG .92                                                   | pantoprazole sodium PACK ..... 92                            | PC PEDIATRIC POLY-VITA/FE<br>DROP SOLN .....80               |
| oxybutynin chloride TABS 5 MG ...92                                                   | pantoprazole sodium TBEC 20 MG<br>92                         | PC PEDIATRIC POLY-VITAMIN<br>DROP SOLN PO .....80            |
| oxybutynin chloride TB24 .....92                                                      | pantoprazole sodium TBEC 40 MG<br>92                         | PEARLS IC CAPS ..... 21                                      |
| oxycodone hcl CAPS .....7                                                             | PANZYGA .....87                                              | ped multivitamins w/fl & iron SOLN<br>79                     |
| oxycodone hcl CONC 100 MG/5ML 7                                                       | PARAGARD INTRAUTERINE<br>COPPER ..... 42                     | PEDIARIX SUSY .....91                                        |
| oxycodone hcl SOLN .....7                                                             | PARI ALTERA NEBULIZER<br>HANDSET MISC .....74                | PEDIATRIC MOUTHPIECE MISC .75                                |
| oxycodone hcl T12A 10 MG, 20 MG,<br>40 MG ..... 7                                     | PARI BABY CONVERSION KIT<br>MISC ..... 74                    | PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED BRAND .....79  |
| oxycodone hcl T12A 80 MG .....7                                                       | PARI ERAPID NEBULIZER<br>HANDSET MISC .....75                | PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED GENERIC ...80  |
| oxycodone hcl TABS .....7                                                             | PARI EXPIRATORY FILTER SET<br>DEVI .....75                   | PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED BRAND .....80  |
| oxycodone w/ acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....7 | PARI MASK SET MISC .....75                                   | PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED GENERIC ....80 |
| oxymorphone hcl TB12 15 MG .....7                                                     |                                                              | pediatric vitamins acd w/ fluoride<br>SOLN .....80           |
| oxymorphone hcl TB12 5 MG, 7.5<br>MG, 10 MG, 20 MG, 30 MG, 40 MG 7                    |                                                              |                                                              |
| oyster shell ..... 77                                                                 |                                                              |                                                              |

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| PEDVAX HIB SUSP .....                                             | 93 | SUSP .....                                                    | 95 | phenytoin SUSP .....                                        | 14 |
| peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR .....    | 62 | PFIZER-BIONT COVID-19 VAC-<br>TRIS SUSP .....                 | 95 | PHILLIPS COLON HEALTH CAPS<br>21                            |    |
| peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride ..... | 62 | PFIZER-BIONTECH COVID-19<br>VACC SUSP .....                   | 95 | PHOTOFRIN .....                                             | 32 |
| PEGASYS SOLN .....                                                | 37 | PFLEX MISC .....                                              | 75 | PHYRAGO 20 MG, 50 MG, 70 MG,<br>80 MG, 100 MG, 140 MG ..... | 31 |
| PEGASYS SOSY .....                                                | 37 | PHARMACIST CHOICE ALCOHOL .<br>71                             |    | phytonadione TABS 5 MG .....                                | 97 |
| pemetrexed disodium SOLR 100 MG,<br>500 MG .....                  | 29 | PHARMACIST CHOICE LANCETS .<br>68                             |    | PIFELTRO .....                                              | 36 |
| PENBRAYA .....                                                    | 93 | PHARMACIST CHOICE MASK<br>WIPES MISC .....                    | 75 | PILLOW MASK/ADULT MISC .....                                | 75 |
| penciclovir .....                                                 | 47 | PHEBURANE PLLT .....                                          | 55 | PILLOW MASK/CHILD MISC .....                                | 75 |
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| penicillin v potassium SOLR .....                                 | 87 | phenelzine sulfate .....                                      | 15 | pilocarpine hcl (oral) 5 MG .....                           | 79 |
| penicillin v potassium TABS .....                                 | 87 | phenobarbital ELIX .....                                      | 62 | pilocarpine hcl SOLN 1 %, 2 %, 4 % .<br>84                  |    |
| PENTACEL .....                                                    | 91 | phenobarbital TABS .....                                      | 62 | PILOT COVID-19 AT-HOME TEST<br>KIT .....                    | 53 |
| pentoxifylline .....                                              | 59 | phentermine hcl-topiramate .....                              | 1  | pimecrolimus .....                                          | 50 |
| PERFECT LANCETS 28G .....                                         | 68 | phenylephrine hcl (mydriatic) SOLN<br>2.5 % .....             | 84 | PIN RID CHEW .....                                          | 9  |
| PERFECT LANCETS 30G .....                                         | 68 | phenylephrine hcl (oral) TABS ....                            | 82 | pindolol TABS .....                                         | 38 |
| PERFECT POINT SAFETY<br>LANCETS .....                             | 68 | phenylephrine-dm LIQD 2.5<br>MG/5ML-5 MG/5ML .....            | 44 | pioglitazone hcl .....                                      | 18 |
| perindopril erbumine .....                                        | 26 | phenylephrine-dm SOLN .....                                   | 44 | pioglitazone hcl-glimepiride .....                          | 16 |
| PERJETA .....                                                     | 29 | phenylephrine-shark liver oil-cocoa<br>butter .....           | 9  | pioglitazone hcl-metformin hcl TABS .<br>16                 |    |
| permethrin AERO .....                                             | 51 | phenylephrine-shark liver oil-mineral<br>oil-petrolatum ..... | 9  | PIP LANCETS 28G .....                                       | 68 |
| permethrin CREA .....                                             | 51 | phenytoin CHEW .....                                          | 14 | PIP LANCETS 30G .....                                       | 68 |
| permethrin LIQD EX .....                                          | 51 | phenytoin sodium extended 100 MG,<br>200 MG, 300 MG .....     | 14 | pirfenidone CAPS .....                                      | 90 |
| perphenazine TABS .....                                           | 34 | phenytoin sodium extended 200 MG,<br>300 MG .....             | 14 | pirfenidone TABS 534 MG .....                               | 90 |
| perphenazine-amitriptyline .....                                  | 89 |                                                               |    | piroxicam CAPS .....                                        | 5  |
| PFIZER COVID-19 VAC BIVALENT .<br>95                              |    |                                                               |    | PLEGRIDY SOSY IM .....                                      | 89 |
| PFIZER COVID-19 VAC-TRIS 5-11Y<br>SUSP .....                      | 95 |                                                               |    | plerixafor .....                                            | 61 |
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| POCKET CHAMBER DEVI .....                                       | 75 | potassium chloride TBCR 8 MEQ, 10 MEQ .....        | 77      | prednisolone SOLN .....                    | 43 |
| POCKET SPACER DEVI .....                                        | 75 | potassium citrate (alkalinizer) TBCR .             | 58      | PREDNISONE INTENSOL CONC                   | 43 |
| podofilox SOLN .....                                            | 50 | potassium citrate-citric acid PACK                 | .58     | prednisone SOLN .....                      | 44 |
| POLIVY 140 MG .....                                             | 29 | potassium iodide (expectorant) SOLN                | .....44 | prednisone TABS .....                      | 44 |
| polyethylene glycol 3350 PACK ...                               | 62 | POTELIGEO .....                                    | 29      | prednisone TBPk .....                      | 44 |
| polyethylene glycol 3350 POWD ..                                | 62 | PRADAXA CAPS (dabigatran etexilate mesylate) ..... | 13      | pregabalin CAPS .....                      | 14 |
| polymyxin b-trimethoprim .....                                  | 85 | PRADAXA PACK .....                                 | 13      | pregabalin SOLN .....                      | 14 |
| polysaccharide iron complex CAPS 61                             |    | pralatrexate .....                                 | 29      | PREGNYL IM .....                           | 54 |
| polyvinyl alcohol 1.4 % .....                                   | 84 | PRALUENT SOAJ .....                                | 26      | PREHEVBRIO .....                           | 95 |
| POLY-VI-SOL SOLN PO .....                                       | 80 | pramipexole dihydrochloride TABS 33                |         | PREMARIN .....                             | 97 |
| POLY-VITA SOLN PO .....                                         | 80 | pramipexole dihydrochloride TB24                   | 33      | PREMPHASE .....                            | 56 |
| POLY-VITA/IRON SOLN .....                                       | 80 | pramoxine hcl (rectal) FOAM EX ....                | 9       | PREMPRO .....                              | 56 |
| POLY-VITE PEDIATRIC SOLN PO 80                                  |    | prasugrel hcl .....                                | 60      | PRENATAL VITAMINS-ASSORTED BRAND .....     | 80 |
| POLY-VITE/IRON SOLN .....                                       | 80 | pravastatin sodium .....                           | 25      | PRENATAL VITAMINS-ASSORTED GENERIC .....   | 80 |
| POMALYST .....                                                  | 30 | prazosin hcl CAPS .....                            | 26      | PREORBOTIC CAPS .....                      | 21 |
| PONVORY STARTER PACK TBPk                                       | 89 | PRECISION THINS GP LANCETS 68                      |         | PREPARATION H EX 1 % .....                 | 9  |
| PONVORY TABS .....                                              | 89 | PRED MILD .....                                    | 86      | PREPARATION H SOOTHING RELIEF EX 1 % ..... | 9  |
| PORTRAZZA .....                                                 | 30 | prednisolone acetate (ophth) .....                 | 86      | PREVNAR 13 .....                           | 93 |
| pot phosphate monobasic w/ sod phosphate dibasic & monobasic .. | 77 | PREDNISOLONE ACETATE P-F                           | .86     | PREVNAR 20 .....                           | 93 |
| potassium bicarbonate TBEF .....                                | 77 | PREDNISOLONE SODIUM PHOSPHATE .....                | 86      | PREVYMIS SOLN .....                        | 37 |
| potassium chloride CPCR 10 MEQ 77                               |    | prednisolone sodium phosphate SOLN 15 MG/5ML ..... | 43      | PREVYMIS TABS .....                        | 37 |
| potassium chloride CPCR 8 MEQ .                                 | 77 | prednisolone sodium phosphate SOLN 20 MG/5ML ..... | 43      | PREZCOBIX .....                            | 36 |
| potassium chloride microencapsulated crystals er ....           | 77 | prednisolone sodium phosphate SOLN 5 MG/5ML .....  | 43      | PREZISTA SUSP .....                        | 36 |
| potassium chloride PACK PO 20 MEQ .....                         | 77 |                                                    |         | PREZISTA TABS (darunavir) .....            | 36 |
| potassium chloride SOLN PO 10 %, 20 %, 10 % .....               | 77 |                                                    |         | PREZISTA TABS 150 MG .....                 | 36 |
|                                                                 |    |                                                    |         | PREZISTA TABS 75 MG, 600 MG, 800 MG .....  | 36 |
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| PRIMADOPHILUS BIFIDUS CPDR<br>21          | EXTRACT CAPS .....21                           | MG/2ML .....34                                                 |
| PRIMIDAR CAPS .....21                     | PROBIOTIC 10 ULTRA STRENGTH<br>CAPS .....21    | prochlorperazine maleate TABS ...34                            |
| primidone 125 MG ..... 14                 | PROBIOTIC ADVANCED FORMULA<br>CAPS .....21     | PROCRIT .....60                                                |
| primidone 50 MG, 250 MG .....14           | PROBIOTIC BLEND CAPS .....21                   | PROCYSBI CPDR .....58                                          |
| PRIORIX SUSR .....95                      | PROBIOTIC COLON SUPPORT<br>CAPS .....21        | PROCYSBI PACK ..... 58                                         |
| PRIVIGEN SOLN ..... 87                    | PROBIOTIC DAILY CAPS .....21                   | PRODIGY LANCETS 28G .....68                                    |
| PRO COMFORT ALCOHOL .....71               | PROBIOTIC DIGESTIVE SUPP<br>CAPS .....21       | PRODIGY SAFETY LANCETS 26G .<br>68                             |
| PRO COMFORT LANCETS 30G .68               | PROBIOTIC DIGESTIVE SUPPORT<br>CAPS .....23    | PRODIGY TWIST TOP LANCETS<br>28G .....68                       |
| PRO COMFORT LANCETS 31G .68               | PROBIOTIC MATURE ADULT CAPS<br>.....22         | PROFILNINE .....59                                             |
| PRO COMFORT SAFETY LANCETS<br>30G .....68 | PROBIOTIC PEARLS ADVANTAGE<br>CAPS .....22     | PRO-FLORA IMMUNE CAPS .....22                                  |
| PRO COMFORT SPACER ADULT<br>MISC .....75  | PROBIOTIC PEARLS CAPS .....22                  | progesterone CAPS 100 MG ..... 88                              |
| PRO COMFORT SPACER CHILD<br>MISC .....75  | PROBIOTIC PEARLS MAX<br>POTENCY CAPS .....22   | progesterone CAPS 200 MG ..... 88                              |
| PRO COMFORT SPACER INFANT<br>DEVI .....75 | PROBIOTIC PEARLS WOMENS<br>CAPS .....22        | PROGLYCEM (diazoxide) ..... 17                                 |
| PROAIR DIGIHALER .....12                  | PROBIOTIC PRODUCT CAPS ...22                   | PROGRAF PACK .....78                                           |
| probenecid .....58                        | PROBIOTIC/PREBIOTIC/CRANBER<br>RY CAPS .....22 | PROGRAF SOLN .....78                                           |
| PROBINATE CAPS .....21                    | PROBITROL CAPS .....22                         | PROLASTIN-C SOLR .....90                                       |
| PROBIO DEFENSE CAPS .....21               | PROBIZEN CAPS .....22                          | PROLEUKIN .....32                                              |
| PROBIOFLEXX CAPS .....21                  | PROCARE SPACER/ADULT MASK<br>DEVI .....75      | PROLIA SOSY .....54                                            |
| PROBIOMAX COMPLETE DF CAPS<br>.....21     | PROCARE SPACER/CHILD MASK<br>DEVI .....75      | PROMELLA IN PREBIOTIC CAPS<br>22                               |
| PROBIOMAX DAILY DF CAPS ...21             | PROCHAMBER VHC DEVI .....75                    | PROMEROL CAPS .....22                                          |
| PROBIOMAX IG 26 DF CAPS ....21            | prochlorperazine ..... 34                      | promethazine & phenylephrine SYRP<br>.....44                   |
| PROBIOMAX LEAN DF CAPS ....21             | prochlorperazine edisylate 10                  | promethazine hcl SOLN PO 6.25<br>MG/5ML, 12.5 MG/10ML ..... 25 |
| PROBIOMAX SB DF CAPS .....21              |                                                | promethazine hcl SUPP ..... 25                                 |
| PROBIONEXX CAPS .....21                   |                                                | promethazine hcl TABS .....25                                  |
| PROBIOTIC + OMEGA-3 CAPS ..21             |                                                | promethazine w/codeine SOLN ...44                              |
| PROBIOTIC + TURMERIC                      |                                                | promethazine w/codeine SYRP ...44                              |
|                                           |                                                | PRONEB ULTRA FILTER SET MISC.                                  |

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| 75                                                                    | PX LANCETS ULTRA THIN 28G .68                                                                            | QUADRACEL SUSY .....91                                                                                                                                        |
| propafenone hcl TABS .....10                                          | pyrantel pamoate SUSP .....9                                                                             | quetiapine fumarate TABS .....34                                                                                                                              |
| propranolol hcl CP24 .....38                                          | pyrazinamide .....28                                                                                     | quetiapine fumarate TB24 .....34                                                                                                                              |
| propranolol hcl SOLN PO 20<br>MG/5ML, 40 MG/5ML .....38               | pyrethrins-piperonyl butoxide LIQD 3<br>%-2.4 %-0.3 %-1.2 % .....51                                      | QUICKVUE AT-HOME COVID-19<br>TEST KIT .....53                                                                                                                 |
| propranolol hcl TABS .....38                                          | pyrethrins-piperonyl butoxide SHAM<br>4 %-0.33 % .....51                                                 | QUICKVUE SARS ANTIGEN TEST .<br>53                                                                                                                            |
| propylthiouracil .....90                                              | pyrethrins-piperonyl butoxide-<br>permethrin-nit remover 4 %-0.33 %-<br>0.5 % .....51                    | quinapril hcl .....26                                                                                                                                         |
| PROQUAD SUSR .....95                                                  | pyridostigmine bromide TABS 60 MG<br>.....28                                                             | quinapril-hydrochlorothiazide 12.5<br>MG-10 MG .....27                                                                                                        |
| PRORIVA CAPS .....22                                                  | pyridostigmine bromide TBCR ....28                                                                       | quinapril-hydrochlorothiazide 12.5<br>MG-20 MG .....27                                                                                                        |
| PROTONIX PACK (pantoprazole<br>sodium) .....92                        | pyridoxine hcl TABS 25 MG, 50 MG,<br>100 MG .....97                                                      | quinapril-hydrochlorothiazide 25 MG-<br>20 MG .....27                                                                                                         |
| protriptyline hcl .....16                                             | pyrimethamine .....28                                                                                    | quinidine gluconate TBCR .....10                                                                                                                              |
| PROVENGE .....29                                                      | PYZCHIVA 45 MG/0.5ML, 90 MG/ML<br>.....47                                                                | quinidine sulfate TABS .....10                                                                                                                                |
| PROVENTIL HFA AERS (albuterol<br>sulfate) .....12                     | PYZCHIVA SC 45 MG/0.5ML, 90<br>MG/ML .....47                                                             | QULIPTA .....76                                                                                                                                               |
| pseudoephedrine hcl TABS .....82                                      | PYZCHIVA SC 45 MG/0.5ML .....47                                                                          | QUVIVIQ .....62                                                                                                                                               |
| pseudoephedrine hcl TB12 .....82                                      | QC ALCOHOL SWABS .....71                                                                                 | RABAVERT .....95                                                                                                                                              |
| pseudoephedrine-ibuprofen TABS 44                                     | QC LANCETS SUPER THIN 30G 68                                                                             | rabeprazole sodium TBEC .....92                                                                                                                               |
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| TEZSPIRE SOSY .....                                      | 10 | timolol maleate (ophth) SOLG 0.25 % .....             | 84 | tolmetin sodium CAPS .....                                                                                                     | 5  |
| THALOMID .....                                           | 77 | timolol maleate (ophth) SOLN 0.5 % . 84               |    | tolmetin sodium TABS 600 MG .....                                                                                              | 5  |
| THEO-24 CP24 100 MG .....                                | 12 | timolol maleate (ophth) SOLN .....                    | 84 | tolnaftate CREA .....                                                                                                          | 46 |
| THEO-24 CP24 200 MG, 300 MG, 400 MG .....                | 12 | timolol maleate TABS .....                            | 38 |                                                                                                                                |    |
| theophylline ELIX .....                                  | 12 | TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 % . 84  |    |                                                                                                                                |    |
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| tolterodine tartrate CP24 .....                | 92 | hcl) .....                                       | 7  | tretinoin CREA 0.025 % .....                                | 45 |
| tolterodine tartrate TABS .....                | 92 | tramadol hcl SOLN .....                          | 7  | tretinoin GEL 0.01 %, 0.025 %, 0.05 % .....                 | 45 |
| tolvaptan TABS .....                           | 56 | tramadol hcl TABS 25 MG, 75 MG, 100 MG .....     | 7  | tretinoin microsphere .....                                 | 45 |
| tolvaptan TBPk .....                           | 56 | tramadol hcl TABS 50 MG .....                    | 7  | TRETEN .....                                                | 59 |
| TOPAMAX SPRINKLE CPSP (topiramate) .....       | 14 | tramadol hcl TB24 .....                          | 7  | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG .....               | 29 |
| TOPICORT CREA 0.05 % (desoximetasone) .....    | 50 | tramadol-acetaminophen .....                     | 7  | TREXIMET (sumatriptan-naproxen sodium) .....                | 76 |
| TOPICORT CREA 0.25 % (desoximetasone) .....    | 50 | trandolapril 1 MG, 2 MG .....                    | 26 | triamcinolone acetonide (mouth) ..                          | 79 |
| TOPICORT GEL (desoximetasone) 50               |    | trandolapril 4 MG .....                          | 26 | triamcinolone acetonide (topical) AERS .....                | 50 |
| TOPICORT SPRAY LIQD (desoximetasone) .....     | 50 | trandolapril-verapamil hcl .....                 | 27 | triamcinolone acetonide (topical) CREA 0.025 % .....        | 50 |
| topiramate CPSP 15 MG, 25 MG ..                | 14 | tranexamic acid TABS .....                       | 61 | triamcinolone acetonide (topical) CREA 0.1 % .....          | 50 |
| topiramate CPSP 50 MG .....                    | 14 | tranylcypromine sulfate .....                    | 15 | triamcinolone acetonide (topical) CREA 0.5 % .....          | 50 |
| topiramate SOLN 25 MG/ML .....                 | 14 | TRAVATAN Z SOLN (travoprost) ..                  | 86 | triamcinolone acetonide (topical) LOTN .....                | 50 |
| topiramate TABS 25 MG .....                    | 14 | TRAVEL LANCETS ADVANCED 28G .....                | 69 | triamcinolone acetonide (topical) OINT 0.025 %, 0.1 % ..... | 50 |
| topiramate TABS 50 MG, 100 MG, 200 MG .....    | 14 | travoprost SOLN .....                            | 86 | triamcinolone acetonide (topical) OINT 0.05 % .....         | 50 |
| topotecan hcl SOLN .....                       | 32 | trazodone hcl TABS 300 MG .....                  | 15 | triamcinolone acetonide (topical) OINT 0.5 % .....          | 50 |
| topotecan hcl SOLR .....                       | 32 | trazodone hcl TABS 50 MG, 100 MG, 150 MG .....   | 15 | triamcinolone acetonide-dimethicone-silicone .....          | 50 |
| toremifene citrate .....                       | 30 | TRELSTAR MIXJECT 11.25 MG, 22.5 MG .....         | 30 | triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....  | 53 |
| torsemide TABS 20 MG .....                     | 53 | TRELSTAR MIXJECT 3.75 MG ...                     | 30 | triamterene & hydrochlorothiazide TABS .....                | 53 |
| torsemide TABS 5 MG, 10 MG, 100 MG .....       | 53 | TREMFYA PEN SOAJ SC 200 MG/2ML .....             | 57 | triazolam .....                                             | 62 |
| TOVIAZ (fesoterodine fumarate) ..              | 92 | TREMFYA SOLN IV .....                            | 57 | trientine hcl 250 MG .....                                  | 77 |
| TPOXX CAPS .....                               | 37 | TREMFYA SOSY SC 200 MG/2ML 57                    |    | trifluoperazine hcl TABS .....                              | 34 |
| TRACLEER TABS (bosentan) .....                 | 40 | TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML ..... | 57 |                                                             |    |
| TRADJENTA .....                                | 17 | treprostinil SOLN IJ .....                       | 39 |                                                             |    |
| tramadol hcl CP24 100 MG, 200 MG, 300 MG ..... | 7  | tretinoin (chemotherapy) .....                   | 32 |                                                             |    |
| TRAMADOL HCL SOLN (tramadol                    |    | tretinoin CREA 0.025 %, 0.05 %, 0.1 % .....      | 45 |                                                             |    |

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| trihexyphenidyl hcl SOLN .....32               | TRUEPLUS LANCETS 30G ..... 69                                    | ULTILET SAFETY LANCETS 23G<br>70        |
| trihexyphenidyl hcl TABS ..... 32              | TRUEPLUS LANCETS 33G ..... 69                                    | ULTRA THIN LANCETS 31G .....70          |
| TRIKAFTA TBPK 100 MG-50 MG .90                 | TRUEPLUS SAFETY LANCETS 28G<br>.....70                           | ULTRA-CARE ALCOHOL PREP<br>PADS .....72 |
| TRILEPTAL SUSP (oxcarbazepine)<br>14           | TRULICITY .....17                                                | ULTRA-CARE LANCETS 30G ....70           |
| TRILURON SOSY ..... 81                         | TRUMENBA 0.5 ML .....93                                          | ULTRAFLOA IMMUNE HEALTH<br>CAPS .....22 |
| trimethoprim TABS .....27                      | TRUVADA (emtricitabine-tenofovir<br>disoproxil fumarate) .....36 | ULTRA-THIN II AUTO LANCET .. 70         |
| trimipramine maleate CAPS ..... 16             | TUBING/WING TIP MISC .....76                                     | ULTRA-THIN II LANCETS ..... 70          |
| TRIUMEQ PD TBSO .....36                        | TWINRIX SUSY .....96                                             | UNILET COMFORTOUCH LANCET<br>70         |
| TRIUMEQ TABS .....36                           | TWIST TOP LANCETS 30G .....70                                    | UNILET EXCELITE .....70                 |
| TRIVISC SOSY .....81                           | TYBLUME CHEW .....42                                             | UNILET EXCELITE II .....70              |
| TRIZIVIR .....36                               | TYBOST .....36                                                   | UNILET G.P. LANCET .....70              |
| tropicamide SOLN 0.5 % .....84                 | TYENNE SOAJ .....5                                               | UNILET G.P. SUPERLITE LANCET .<br>70    |
| tropicamide SOLN 1 % .....84                   | TYENNE SOLN ..... 5                                              | UNILET GP 28 ULTRA THIN ..... 70        |
| tropium chloride CP24 .....92                  | TYENNE SOSY ..... 5                                              | UNILET LANCET .....70                   |
| tropium chloride TABS .....93                  | TYLENOL CHILDRENS<br>CHEWABLES CHEW<br>(acetaminophen) ..... 6   | UNILET MICRO-THIN 33G ..... 70          |
| TRUBIOTICS CAPS .....22                        | TYPHIM VI SOLN .....93                                           | UNILET SUPERLITE LANCET ... 70          |
| TRUBIOTICS DIGEST + IMM<br>HEALTH CAPS .....22 | TYPHIM VI SOSY .....93                                           | UNILET SUPER-THIN 30G .....70           |
| TRUE COMFORT ALCOHOL PREP<br>PADS .....72      | UBRELVY .....76                                                  | UNILET ULTRA-THIN 28G .....70           |
| TRUE COMFORT PRO ALCOHOL<br>PREP .....72       | UCERIS TB24 (budesonide) .....44                                 | UNISTIK 1 .....70                       |
| TRUE COMFORT SAFETY<br>LANCETS .....69         | UDENYCA ONBODY SOSY .....61                                      | UNISTIK 2 .....70                       |
| TRUE COMFORT TWIST TOP<br>LANCETS .....69      | UDENYCA SOAJ .....61                                             | UNISTIK 2 COMFORT .....70               |
| TRUEPLUS GLUCOSE CHEW ....17                   | UDENYCA SOSY .....61                                             | UNISTIK 2 EXTRA .....70                 |
| TRUEPLUS GLUCOSE ON THE GO<br>CHEW .....17     | ULTICARE ALCOHOL SWABS ...72                                     | UNISTIK 2 NEONATAL .....70              |
| TRUEPLUS LANCETS 26G ..... 69                  | ULTILET ALCOHOL SWABS .....72                                    | UNISTIK 2 NORMAL .....70                |
| TRUEPLUS LANCETS 28G ..... 69                  | ULTILET CLASSIC LANCETS ...70                                    | UNISTIK 2 SUPER .....70                 |
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| UNISTIK 3 GENTLE .....                               | 70 | USTEKINUMAB-TTWE .....                                                     | 57 | VANDAZOLE .....                          | 96 |
| UNISTIK 3 NEONATAL .....                             | 70 | UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML ..... | 34 | VAQTA .....                              | 96 |
| UNISTIK 3 NORMAL .....                               | 70 | UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML .....                 | 33 | VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML ..... | 96 |
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| UNISTIK CZT NORMAL .....                             | 70 | valacyclovir hcl 1 GM .....                                                | 37 | varenicline tartrate TBPK .....          | 90 |
| UNISTIK NORMAL .....                                 | 70 | valacyclovir hcl 500 MG .....                                              | 37 | VARIVAX SUSR .....                       | 96 |
| UNISTIK PRO SAFETY LANCET 70                         |    | valganciclovir hcl TABS .....                                              | 37 | VAXCHORA .....                           | 93 |
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| UNISTIK TOUCH SAFETY LANC 21G .....                  | 70 | valrubicin .....                                                           | 30 | VAXNEUVANCE .....                        | 93 |
| UNISTIK TOUCH SAFETY LANC 23G .....                  | 70 | valsartan SOLN .....                                                       | 26 | VCF VAGINAL CONTRACEPTIVE FILM .....     | 96 |
| UNISTIK TOUCH SAFETY LANC 28G .....                  | 70 | valsartan TABS .....                                                       | 26 | VCF VAGINAL CONTRACEPTIVE GEL .....      | 96 |
| UNISTIK TOUCH SAFETY LANC 30G .....                  | 70 | valsartan-hydrochlorothiazide ....                                         | 27 | VECAMEYL .....                           | 27 |
| UNITUXIN .....                                       | 29 | VALTOCO 10 MG DOSE LIQD ....                                               | 13 | VECTIBIX 100 MG/5ML, 400 MG/20ML .....   | 30 |
| UP4 PROBIOTICS ADULT CAPS .22                        |    | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML .....                                 | 13 | VELSIPITY .....                          | 57 |
| UP4 PROBIOTICS MENS CAPS .22                         |    | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML .....                                  | 13 | VELTASSA .....                           | 78 |
| UP4 PROBIOTICS ULTRA CAPS .22                        |    | VALTOCO 5 MG DOSE LIQD ....                                                | 13 | VENCLEXTA STARTING PACK TBPK .....       | 29 |
| UP4 PROBIOTICS WOMENS CAPS 22                        |    | vancomycin hcl CAPS 125 MG ....                                            | 27 | VENCLEXTA TABS .....                     | 29 |
| urea CREA 40 % .....                                 | 50 | vancomycin hcl CAPS 250 MG ....                                            | 27 | VENLAFAXINE BESYLATE ER ...              | 16 |
| urea LOTN 40 % .....                                 | 50 | vancomycin hcl SOLR IV 1 GM ....                                           | 27 | venlafaxine hcl CP24 150 MG ....         | 16 |
| URETRON D/S TABS 81.6 MG ...                         | 27 | VANCOMYCIN HCL SOLR IV 1 GM .                                              | 27 | venlafaxine hcl CP24 37.5 MG ....        | 16 |
| ursodiol CAPS .....                                  | 57 | vancomycin hcl SOLR IV 500 MG .27                                          |    | venlafaxine hcl CP24 75 MG .....         | 16 |
| ursodiol TABS 250 MG .....                           | 57 | VANCOMYCIN HCL SOLR IV 500 MG .....                                        | 27 | venlafaxine hcl TABS .....               | 16 |
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| verapamil hcl TABS ..... 39                                      | VIJOICE TBPk ..... 78                                | VIVOTIF ..... 93                             |
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| VERELAN CP24 360 MG (verapamil hcl) ..... 39                     | VIMOVO (naproxen-esomeprazole magnesium) ..... 5     | VONVENDI ..... 59                            |
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| VERELAN PM CP24 300 MG (verapamil hcl) ..... 39                  | VIRACEPT TABS 250 MG ..... 36                        | VORTEX HOLD CHMBR/MASK/CHILD DEVI ..... 76   |
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| zoledronic acid SOLN 5 MG/100ML<br>54  | ZOLGENSMA 5.1-5.5 KG .....84   | ZUBSOLV SUBL 2.1 MG-8.6 MG ...8          |
| ZOLEDRONIC ACID SOLN .....54           | ZOLGENSMA 5.6-6.0 KG .....84   | ZUBSOLV SUBL 2.9 MG-11.4 MG .8           |
| ZOLGENSMA 20.6-21.0 KG .....83         | ZOLGENSMA 6.1-6.5 KG .....84   | ZULRESSO .....15                         |
| ZOLGENSMA 10.1-10.5 KG .....83         | ZOLGENSMA 6.6-7.0 KG .....84   | ZURZUVAE .....15                         |
| ZOLGENSMA 10.6-11.0 KG .....83         | ZOLGENSMA 7.1-7.5 KG .....84   | ZYDELIG .....31                          |
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| ZOLGENSMA 11.6-12.0 KG .....83         | ZOLGENSMA 8.1-8.5 KG .....84   | ZYMAXID (gatifloxacin (ophth)) ...85     |
| ZOLGENSMA 12.1-12.5 KG .....83         | ZOLGENSMA 8.6-9.0 KG .....84   | ZYMFENTRA (1 PEN) AJKT .....57           |
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