

## **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 Comboos, 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 |

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

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

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

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

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

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| QELBREE  | NP        | MP   |
| Stimulants - Misc.   |           |  |
| AZSTARYS   | NP        | MP   |
| CONCERTA TBCR PO<br>(Use methylphenidate hcl)                | 2         | Generic for Concerta;<br>AL(At least 6 yrs old); MP                |
| dexmethylphenidate hcl<br>CP24 PO                            | 1         | Generic for Focalin XR;<br>MP; PA                                  |
| dexmethylphenidate hcl<br>TABS PO                            | 1         | Generic for Focalin; QL(2 EA daily);<br>AL(At least 6 yrs old); MP |
| FOCALIN XR CP24 PO<br>(Use dexmethylphenidate hcl)           | NP        | Generic for Focalin XR;<br>MP; PA                                  |
| METHYLIN SOLN PO<br>(Use methylphenidate hcl)                | 2         | Generic for Methylin; MP;<br>PA                                    |
| methylphenidate hcl<br>CHEW PO                               | 1         | MP; PA   |
| methylphenidate hcl CP24<br>PO                               | 1         | Generic for Aptensio XR;<br>MP; PA                                 |
| methylphenidate hcl CP24<br>PO 10 MG, 20 MG, 30<br>MG, 40 MG | 1         | Generic for Ritalin LA; MP;<br>PA                                  |
| methylphenidate hcl CP24<br>PO 60 MG                         | 1         | MP; PA   |
| methylphenidate hcl<br>CPCR PO                               | 1         | Generic for Metadate CD;<br>AL(At least 6 yrs old); MP             |
| methylphenidate hcl<br>SOLN PO                               | 1         | Generic for Methylin; MP;<br>PA                                    |
| methylphenidate hcl<br>TABS PO                               | 1         | Generic for Ritalin; AL(At<br>least 3 yrs old);<br>MP              |
| methylphenidate hcl TB24<br>PO                               | 1         | AL(At least 6<br>yrs old); MP                                      |
| methylphenidate hcl<br>TBCR PO 45 MG, 63 MG                  | 1         | AL(At least 6<br>yrs old)  |

| Drug Name   | Drug Tier | Requirements/Limits                                       |
|---|-----------|---|
| methylphenidate hcl<br>TBCR PO 10 MG, 20 MG                                     | 1         | AL(At least 6<br>yrs old); MP                             |
| methylphenidate hcl<br>TBCR PO 18 MG, 27 MG,<br>36 MG, 54 MG                    | 1         | Generic for<br>Concerta;<br>AL(At least 6<br>yrs old); MP |
| RELEXXII TBCR PO 18<br>MG, 27 MG, 36 MG, 54<br>MG                               | 2         | Generic for<br>Concerta;<br>AL(At least 6<br>yrs old); MP |
| RELEXXII TBCR PO 45<br>MG, 63 MG (Use<br>methylphenidate hcl)                   | 2         | AL(At least 6<br>yrs old)                                 |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                                     |           |   |
| Allergenic Extracts   |           |   |
| ORALAIR SUBL  | 2         | PA  |
| <b>ALTERNATIVE MEDICINES</b>  |           |   |
| Alternative Medicine - G's  |           |   |
| ginger (zingiber officinalis)<br>CAPS PO 250 MG                                 | 1         | QL(4 EA daily)  |
| Alternative Medicine - M's  |           |   |
| melatonin TABS PO 3<br>MG, 5 MG   | 1         | QL(1 EA daily)  |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>                    |           |   |
| Aminoglycosides   |           |   |
| BETHKIS NEBU (Use<br>tobramycin)  | 2         | SP; PA  |
| KITABIS PAK NEBU (Use<br>tobramycin)  | 2         | SP; PA  |
| neomycin sulfate TABS<br>PO   | 1         |   |
| TOBI NEBU (Use<br>tobramycin)   | NP        | SP; PA  |
| tobramycin sulfate SOLN<br>IJ 1.2 GM/30ML, 2<br>GM/50ML, 10 MG/ML, 80<br>MG/2ML | 1         | PA  |
| tobramycin sulfate SOLR   | 1         | PA  |
| tobramycin NEBU   | 1         | SP; PA  |

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



| Drug Name                                | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| HADLIMA PUSHTOUCH SOAJ                   | NP        | SP; PA              | IDACIO (2 PEN) AJKT  | NP        | SP; PA              |
| HADLIMA SOSY                             | NP        | SP; PA              | IDACIO (2 SYRINGE) PSKT                                      | NP        | SP; PA              |
| HULIO (2 PEN) AJKT                       | NP        | SP; PA              | IDACIO-CROHNS/UC STARTER AJKT                                | NP        | SP; PA              |
| HULIO (2 SYRINGE) PSKT                   | NP        | SP; PA              | IDACIO-PSORIASIS STARTER AJKT                                | NP        | SP; PA              |
| HUMIRA (2 PEN) AJKT                      | 2         | PA                  | SIMLANDI (1 PEN) AJKT  | 2         | SP; PA              |
| HUMIRA (2 PEN) AJKT 40 MG/0.8ML          | 2         | PA                  | SIMLANDI (2 PEN) AJKT  | 2         | SP; PA              |
| HUMIRA (2 SYRINGE) PSKT                  | 2         | SP; PA              | YUFLYMA (1 PEN) AJKT   | NP        | SP; PA              |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | 2         | PA                  | YUFLYMA (2 PEN) AJKT   | NP        | SP; PA              |
| HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML | 2         | PA                  | YUFLYMA (2 SYRINGE) PSKT 20 MG/0.2ML                         | 2         | SP; PA              |
| HUMIRA-PED<40KG CROHNS STARTER PSKT      | 2         | SP; PA              | YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML                         | NP        | SP; PA              |
| HUMIRA-PED>=40KG CROHNS START PSKT       | 2         | SP; PA              | YUFLYMA-CD/UC/HS STARTER AJKT                                | NP        | SP; PA              |
| HUMIRA-PED>=40KG UC STARTER AJKT         | 2         | PA                  | YUSIMRY  | NP        | PA                  |
| HUMIRA-PS/UV/ADOL HS STARTER AJKT        | 2         | PA                  | <b>Nonsteroidal Anti-inflammatory Agents (NSAIDs)</b>        |           |                     |
| HUMIRA-PSORIASIS/UEIT STARTER AJKT       | 2         | PA                  | ADVIL TABS PO ( <i>Use ibuprofen</i> )                       | 0         | MP                  |
| HYRIMOZ-CROHNS/UC STARTER SOAJ           | NP        | SP; PA              | <i>celecoxib</i> PO  | 1         | QL(2 EA daily); PA  |
| HYRIMOZ-PED<40KG CROHN STARTER SOSY      | NP        | SP; PA              | CHILDRENS ADVIL SUSP PO 100 MG/5ML ( <i>Use ibuprofen</i> )  | 0         | MP; RX/OTC          |
| HYRIMOZ-PED>=40KG CROHN START SOSY       | NP        | SP; PA              | CHILDRENS MOTRIN SUSP PO 100 MG/5ML ( <i>Use ibuprofen</i> ) | 0         | MP; RX/OTC          |
| HYRIMOZ-PLAQ PSOR/UEIT START SOAJ        | NP        | SP; PA              | <i>diclofenac potassium</i> TABS PO 50 MG                    | 1         | MP                  |
| HYRIMOZ-PLAQUE PSORIASIS START SOAJ      | NP        | SP; PA              | <i>diclofenac sodium</i> TB24 PO                             | 1         | MP                  |
| HYRIMOZ SOAJ                             | NP        | SP; PA              | <i>diclofenac sodium</i> TBEC PO                             | 1         | MP                  |
| HYRIMOZ SOSY                             | NP        | SP; PA              | <i>etodolac</i> CAPS PO                                      | 1         | MP                  |
|  |           |                     | <i>etodolac</i> TABS PO                                      | 1         | MP                  |
|  |           |                     | <i>etodolac</i> TB24 PO                                      | 1         | MP                  |
|  |           |                     | <i>flurbiprofen</i> TABS PO                                  | 1         | MP                  |
|  |           |                     | <i>ibuprofen</i> CHEW PO                                     | 0         | MP                  |
|  |           |                     | <i>ibuprofen</i> SUSP PO                                     | 0         | MP                  |

| Drug Name   | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|
| <i>ibuprofen TABS PO 200 MG, 400 MG, 600 MG, 800 MG</i> | 0         | MP   |
| <i>indomethacin CAPS PO 25 MG, 50 MG</i>                | 1         | MP   |
| <i>indomethacin CPCR PO</i>                             | 1         | MP   |
| INFANTS ADVIL SUSP PO (Use <i>ibuprofen</i> )           | 0         | MP   |
| <i>ketoprofen CAPS PO 50 MG</i>                         | 1         | MP   |
| <i>ketoprofen CP24 PO</i>                               | 1         | MP   |
| <i>ketorolac tromethamine TABS PO</i>                   | 1         | QL(20 EA per fill retail); AL(At least 17 yrs old); MP |
| <i>meloxicam TABS PO</i>                                | 1         | MP   |
| MOTRIN CHILDRENS CHEW PO (Use <i>ibuprofen</i> )        | 0         | MP   |
| MOTRIN INFANTS DROPS SUSP PO (Use <i>ibuprofen</i> )    | 0         | MP   |
| <i>nabumetone PO</i>                                    | 1         | MP   |
| <i>naproxen sodium TABS PO 275 MG, 550 MG</i>           | 1         | MP   |
| <i>naproxen sodium TABS PO 220 MG</i>                   | 1         | QL(2 EA daily); MP                                     |
| <i>naproxen-esomeprazole magnesium PO</i>               | 1         | PA   |
| <i>naproxen SUSP PO</i>                                 | 1         | MP   |
| <i>naproxen TABS PO</i>                                 | 1         | MP   |
| <i>naproxen TBEC PO</i>                                 | 1         | QL(2 EA daily); MP                                     |
| <i>oxaprozin TABS PO</i>                                | 1         | MP   |
| <i>piroxicam CAPS PO</i>                                | 1         | MP   |
| <i>sulindac TABS PO</i>                                 | 1         | MP   |
| TOLECTIN 600 TABS PO                                    | 2         | MP   |
| <i>tolmetin sodium CAPS PO</i>                          | 1         | MP   |
| <i>tolmetin sodium TABS PO 600 MG</i>                   | 1         | MP   |
| Pyrimidine Synthesis Inhibitors                         |           |  |

| Drug Name  | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <i>leflunomide PO</i>  | 1         | QL(1 EA daily); MP        |
| Soluble Tumor Necrosis Factor Receptor Agents                                      |           |                           |
| ENBREL MINI SOCT   | 2         | SP; PA                    |
| ENBREL SURECLICK SOAJ  | 2         | SP; PA                    |
| ENBREL SOLN  | 2         | SP; PA                    |
| ENBREL SOSY  | 2         | SP; PA                    |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                           |
| Analgesic Combinations   |           |                           |
| <i>butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG</i>                | 1         | QL(4 EA daily)            |
| <i>butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG</i>                | 1         | QL(4 EA daily)            |
| <i>butalbital-acetaminophen TABS PO 50 MG-325 MG</i>                               | 1         |                           |
| <i>butalbital-aspirin-caffeine CAPS PO</i>   | 1         | QL(4 EA daily)            |
| Analgesics Other   |           |                           |
| <i>acetaminophen CHEW PO</i>   | 0         |                           |
| <i>acetaminophen ELIX PO</i>   | 0         |                           |
| <i>acetaminophen LIQD PO 160 MG/5ML</i>  | 0         |                           |
| <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>             | 0         |                           |
| <i>acetaminophen SUPP PR 120 MG, 650 MG</i>  | 0         | QL(12 EA per fill retail) |
| ACETAMINOPHEN SUPP PR  | 0         | QL(12 EA per fill retail) |
| <i>acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML</i>                             | 1         |                           |
| <i>acetaminophen TABS PO 325 MG, 500 MG</i>  | 1         |                           |

| Drug Name   | Drug Tier | Requirements/Limits             | Drug Name  | Drug Tier | Requirements/Limits        |
|---|-----------|---------------------------------|--|-----------|----------------------------|
| FEVERALL JUNIOR STRENGTH SUPP PR  | 0         | QL(12 EA per fill retail)       | <i>hydrocodone bitartrate CP12 PO</i>  | 1         |                            |
| TYLENOL CHILDRENS CHEWABLES CHEW PO (Use acetaminophen)                       | 0         |                                 | HYDROMORPHONE HCL SUPP PR  | 2         | QL(12 EA per fill retail)  |
| Analgesics-Peptide Channel Blockers   |           |                                 | <i>hydromorphone hcl TABS PO</i>   | 1         | QL(8 EA daily)             |
| PRIALT  | 2         | SP; PA                          | <i>hydromorphone hcl TB24 PO</i>   | 1         | PA                         |
| Salicylates   |           |                                 | <i>meperidine hcl SOLN PO 50 MG/5ML</i>  | 1         | QL(500 ML per fill retail) |
| <i>aspirin buffered (cal carb-mag carb-mag oxide) PO</i>                      | 1         |                                 | <i>meperidine hcl TABS PO 50 MG</i>  | 1         | QL(6 EA daily)             |
| <i>aspirin CHEW PO</i>  | 0         |                                 | <i>methadone hcl TABS PO 5 MG</i>  | 1         | QL(4 EA daily); PA         |
| ASPIRIN SUPP PR 300 MG  | 0         | QL(12 EA per fill retail)       | <i>methadone hcl TABS PO 10 MG</i>   | 1         | QL(10 EA daily); PA        |
| <i>aspirin TABS PO 325 MG</i>   | 0         |                                 | <i>morphine sulfate beads PO</i>   | 1         | PA                         |
| <i>aspirin TBEC PO 81 MG, 325 MG</i>  | 0         |                                 | <i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | 1         | PA                         |
| <i>diflunisal TABS PO</i>   | 1         | MP                              | <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>                             | 1         | QL(16.67 ML daily)         |
| ECOTRIN ARTHRTIS PAIN TBEC PO (Use aspirin)                                   | 0         |                                 | <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>                             | 1         | QL(240 ML per fill retail) |
| ECOTRIN TBEC PO (Use aspirin)   | 0         |                                 | <i>morphine sulfate SUPP PR</i>  | 1         | QL(24 EA per fill retail)  |
| <i>salsalate PO</i>   | 1         |                                 | <i>morphine sulfate TABS PO</i>  | 1         | QL(6 EA daily)             |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                 | <i>morphine sulfate TBCR PO</i>  | 1         | QL(3 EA daily)             |
| Opioid Agonists   |           |                                 | OXAYDO TABS PO 5 MG  | 2         | QL(6 EA daily)             |
| <i>codeine sulfate TABS PO 30 MG</i>  | 1         | QL(2 EA daily)                  | <i>oxycodone hcl CAPS PO</i>   | 1         | QL(6 EA daily)             |
| CODEINE SULFATE TABS PO   | 2         | QL(2 EA daily)                  | <i>oxycodone hcl CONC PO 100 MG/5ML</i>  | 1         | QL(6 ML daily)             |
| CONZIP CP24 PO (Use tramadol hcl)   | NP        | PA                              | <i>oxycodone hcl SOLN PO</i>   | 1         |                            |
| <i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>                    | 1         | PA                              | <i>oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG</i>                          | 1         | QL(2 EA daily); PA         |
| <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) |  |           |                            |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>oxycodone hcl T12A PO 80 MG</i>   | 1         | PA                  |
| <i>oxycodone hcl TABS PO</i>   | 1         | QL(6 EA daily)      |
| <i>oxymorphone hcl TB12 PO 5 MG, 7.5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>  | 1         |                     |
| <i>oxymorphone hcl TB12 PO 15 MG</i>   | 1         | PA                  |
| QDOLO SOLN (Use tramadol hcl)  | NP        |                     |
| <i>tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG</i>   | 2         | PA                  |
| <i>tramadol hcl SOLN</i>   | 1         |                     |
| TRAMADOL HCL SOLN (Use tramadol hcl)   | 2         |                     |
| <i>tramadol hcl TABS PO 25 MG, 100 MG</i>  | 1         |                     |
| <i>tramadol hcl TABS PO 50 MG</i>  | 1         | QL(8 EA daily)      |
| <i>tramadol hcl TB24 PO</i>  | 1         | PA                  |
| <b>Opioid Combinations</b>   |           |                     |
| <i>acetaminophen w/ codeine SOLN PO</i>  | 1         | QL(30 ML daily)     |
| <i>acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>                               | 1         | QL(6 EA daily)      |
| <i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i>                                | 1         | QL(4 EA daily)      |
| <i>butalbital-aspirin-caffeine w/cod PO</i>  | 1         | QL(4 EA daily)      |
| <i>hydrocodone-acetaminophen SOLN PO 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)    |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG</i>                              | 1         | QL(6 EA daily)      |
| <i>hydrocodone-acetaminophen TABS PO 325 MG-5 MG</i>                               | 1         | QL(12 EA daily)     |
| <i>hydrocodone-acetaminophen TABS PO 325 MG-7.5 MG</i>                             | 1         | QL(8 EA daily)      |
| <i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i> | 1         | QL(6 EA daily)      |
| <i>tramadol-acetaminophen PO</i>   | 1         | QL(4 EA daily)      |
| <b>Opioid Partial Agonists</b>   |           |                     |
| BRIXADI (WEEKLY) SOSY  | 2         | SP; PA              |
| BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML                             | 2         | SP; PA              |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG</i>                  | 1         | QL(6 EA daily)      |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                 | 1         | QL(2 EA daily)      |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG</i>                | 1         | QL(12 EA daily)     |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG</i>                  | 1         | QL(3 EA daily)      |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>                   | 1         | QL(12 EA daily)     |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>                     | 1         | QL(3 EA daily)      |
| <i>buprenorphine hcl SUBL</i>  | 1         | PA                  |
| <i>buprenorphine PTWK</i>  | 1         | PA                  |
| BUTRANS PTWK (Use buprenorphine)   | 2         | PA                  |

| Drug Name   | Drug Tier | Requirements/Limits                        |
|---|-----------|--|
| SUBLOCADE SOSY  | 2         | 1 max fill(s) per 30 day(s) retail; SP; PA |
| SUBOXONE FILM SL 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)   | NP        | QL(3 EA daily)                             |
| SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)  | NP        | QL(2 EA daily)                             |
| SUBOXONE FILM SL 1 MG-4 MG (Use buprenorphine hcl-naloxone hcl dihydrate)   | NP        | QL(6 EA daily)                             |
| SUBOXONE FILM SL 0.5 MG-2 MG (Use buprenorphine hcl-naloxone hcl dihydrate) | NP        | QL(12 EA daily)                            |
| ZUBSOLV SUBL 2.1 MG-8.6 MG  | 2         | QL(2 EA daily)                             |
| ZUBSOLV SUBL 1.4 MG-5.7 MG  | 2         | QL(3 EA daily)                             |
| ZUBSOLV SUBL 0.36 MG-1.4 MG   | 2         | QL(12 EA daily)                            |
| ZUBSOLV SUBL 0.18 MG-0.7 MG   | 2         | QL(8 EA daily)                             |
| ZUBSOLV SUBL 0.71 MG-2.9 MG   | 2         | QL(6 EA daily)                             |
| ZUBSOLV SUBL 2.9 MG-11.4 MG   | 2         | QL(1.5 EA daily)                           |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                      |           |  |
| Androgens   |           |  |
| ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)                              | NP        |  |
| AVEED SOLN  | 2         | SP; PA                                     |
| <i>methyltestosterone TABS</i>  | 1         |  |
| TESTOPEL PLLT   | 2         | SP; PA                                     |
| <i>testosterone cypionate SOLN IM 200 MG/ML</i>                             | 1         | QL(4 ML per 30 day(s) retail)              |

| Drug Name  | Drug Tier | Requirements/Limits        |
|--|-----------|----------------------------|
| <i>testosterone GEL TD 1.62 %, 10 MG/ACT, 20.25 MG/1.25GM, 40.5 MG/2.5GM, 1.62 %</i>     | 1         | PA                         |
| <i>testosterone GEL TD 1 %, 25 MG/2.5GM, 50 MG/5GM</i>                                   | 1         |                            |
| <i>testosterone GEL TD 1 %</i>   | 2         |                            |
| <i>testosterone SOLN</i>   | 1         | PA                         |
| VOGELXO PUMP GEL TD (Use testosterone)   | NP        |                            |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                            |
| Intrarectal Steroids   |           |                            |
| <i>hydrocortisone (intrarectal) PR</i>   | 1         | QL(420 ML per fill retail) |
| Rectal Combinations  |           |                            |
| <i>phenylephrine-shark liver oil-cocoa butter PR</i>                                     | 1         | QL(48 EA per fill retail)  |
| <i>phenylephrine-shark liver oil-mineral oil-petrolatum PR</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  |           |                            |
| <i>ANUSOL-HC EX (Use hydrocortisone (rectal))</i>  | 2         | QL(30 GM per fill retail)  |
| <i>hydrocortisone (rectal) EX 1 %</i>  | 1         | RX/OTC                     |
| <i>hydrocortisone (rectal) EX 2.5 %</i>  | 1         | QL(30 GM per fill retail)  |
| <b>ANTACIDS</b>  |           |                            |
| Antacid Combinations   |           |                            |
| <i>alum &amp; mag hydrox-simethicone LIQD PO</i>   | 1         | QL(16.53 ML daily)         |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>alum &amp; mag hydrox-simethicone SUSP PO 1200 MG/30ML-1200 MG/30ML-200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-400 MG/10ML</i> | 1         | QL(16.53 ML daily)  |
| <b>Antacids - Aluminum Salts</b>  |           |   |
| ALUMINUM HYDROXIDE GEL SUSP PO  | 2         |   |
| <b>Antacids - Bicarbonate</b>   |           |   |
| <i>sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG</i>  | 1         | QL(16.53 EA daily)  |
| <b>Antacids - Calcium Salts</b>   |           |   |
| <i>calcium carbonate (antacid) CHEW PO 500 MG</i>   | 1         |   |
| <b>Antacids - Magnesium Salts</b>   |           |   |
| <i>magnesium oxide TABS PO 400 MG</i>   | 1         |   |
| <b>ANTHELMINTICS - Drugs to Treat Worm Infections</b>   |           |   |
| <b>Anthelmintics</b>  |           |   |
| BENZNIDAZOLE  | 2         | SP; PA  |
| EMVERM CHEW PO  | 2         | QL(1 EA per 14 day(s) retail)                                 |
| <i>pyrantel pamoate SUSP PO</i>   | 1         | QL(60 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>   |           |   |
| <b>Antianginals-Other</b>   |           |   |
| ASPRUZYO SPRINKLE PACK  | NP        |   |
| <i>ranolazine TB12 PO</i>   | 1         |   |
| <b>Nitrates</b>   |           |   |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>isosorbide dinitrate TABS PO 5 MG, 10 MG, 20 MG, 30 MG</i> | 1         | MP                  |
| <i>isosorbide mononitrate TABS PO</i>                         | 1         | QL(2 EA daily); MP  |
| <i>isosorbide mononitrate TB24 PO</i>                         | 1         | QL(1 EA daily); MP  |
| NITRO-BID OINT  | 2         | MP                  |
| <i>nitroglycerin CPCR PO</i>                                  | 1         | MP                  |
| <i>nitroglycerin PT24</i>                                     | 1         | MP                  |
| <i>nitroglycerin SUBL</i>                                     | 1         | MP                  |
| <b>ANTIANGIETY AGENTS - Drugs to Treat Anxiety</b>            |           |                     |
| <b>Antianxiety Agents - Misc.</b>                             |           |                     |
| <i>bupirone hcl PO</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 PO</i>                                | 1         |                     |
| <i>hydroxyzine hcl TABS PO</i>                                | 1         | MP                  |
| <i>hydroxyzine pamoate CAPS PO 25 MG, 100 MG</i>              | 1         |                     |
| <i>hydroxyzine pamoate CAPS PO 50 MG</i>                      | 1         | MP                  |
| <i>meprobamate PO</i>   | 1         |                     |
| <b>Benzodiazepines</b>  |           |                     |
| ALPRAZOLAM INTENSOL CONC                                      | 2         |                     |
| <i>alprazolam TABS PO</i>                                     | 1         | QL(4 EA daily)      |
| <i>alprazolam TB24 PO</i>                                     | 1         |                     |
| <i>alprazolam TBDP PO</i>                                     | 1         |                     |
| <i>chlordiazepoxide hcl CAPS PO</i>                           | 1         | QL(4 EA daily)      |
| <i>clorazepate dipotassium TABS PO</i>                        | 1         | QL(3 EA daily)      |
| <i>diazepam CONC</i>  | 1         |                     |
| DIAZEPAM SOAJ   | 2         |                     |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <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  | 2         |                            |
| <i>diazepam TABS PO</i>   | 1         | QL(4 EA daily)             |
| <i>lorazepam CONC PO</i>  | 1         |                            |
| <i>lorazepam TABS PO 0.5 MG, 2 MG</i>   | 1         | QL(3 EA daily)             |
| <i>lorazepam TABS PO 1 MG</i>   | 1         | QL(4 EA daily)             |
| LOREEV XR CS24  | NP        |                            |
| <i>oxazepam CAPS PO</i>   | 1         | QL(4 EA daily)             |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b>                  |           |                            |
| Antiarrhythmics Type I-A  |           |                            |
| <i>disopyramide phosphate CAPS PO</i>   | 1         | MP                         |
| NORPACE CAPS PO<br>(Use <i>disopyramide phosphate</i> )                         | 2         | MP                         |
| <i>quinidine gluconate TBCR PO</i>  | 1         | MP                         |
| <i>quinidine sulfate TABS PO</i>  | 1         | MP                         |
| Antiarrhythmics Type I-C  |           |                            |
| <i>flecainide acetate PO</i>  | 1         | MP                         |
| <i>propafenone hcl TABS PO</i>  | 1         | MP                         |
| Antiarrhythmics Type III  |           |                            |
| <i>amiodarone hcl TABS PO 200 MG</i>  | 1         | MP                         |
| <i>dofetilide PO</i>  | 1         | MP; PA                     |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |                            |
| Antiasthmatic - Monoclonal Antibodies   |           |                            |
| CINQAIR   | NP        | SP; PA                     |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| FASENRA PEN SOAJ   | 2         | SP; PA              |
| FASENRA SOSY 10 MG/0.5ML   | 2         | SP; PA              |
| NUCALA SOAJ  | 2         | SP; PA              |
| NUCALA SOLR  | 2         | SP; PA              |
| NUCALA SOSY  | 2         | SP; PA              |
| TEZSPIRE SOAJ  | NP        | SP; PA              |
| TEZSPIRE SOSY  | NP        | SP; PA              |
| XOLAIR SOAJ  | 2         | SP; PA              |
| XOLAIR SOLR  | 2         | SP; PA              |
| XOLAIR SOSY  | 2         | SP; PA              |
| Anti-Inflammatory Agents   |           |                     |
| <i>cromolyn sodium NEBU</i>  | 1         | QL(8 ML daily)      |
| Bronchodilators - Anticholinergics                                     |           |                     |
| ATROVENT HFA   | 2         | QL(0.867 GM daily)  |
| <i>ipratropium bromide SOLN 0.02 %</i>                                 | 1         | QL(15 ML daily)     |
| SPIRIVA HANDHALER CAPS<br>(Use <i>tiotropium bromide monohydrate</i> ) | 2         |                     |
| <i>tiotropium bromide monohydrate CAPS</i>                             | 1         |                     |
| Leukotriene Modulators   |           |                     |
| <i>montelukast sodium CHEW PO</i>                                      | 1         | QL(1 EA daily); MP  |
| <i>montelukast sodium PACK PO</i>                                      | 1         | QL(1 EA daily)      |
| <i>montelukast sodium TABS PO</i>                                      | 1         | QL(1 EA daily); MP  |
| <i>zafirlukast PO</i>  | 1         |                     |
| <i>zileuton TB12 PO</i>  | 1         |                     |
| Steroid Inhalants  |           |                     |
| ARMONAIR DIGIHALER   | NP        |                     |
| ASMANEX (120 METERED DOSES) AEPB                                       | 2         |                     |
| ASMANEX (14 METERED DOSES) AEPB  | 2         |                     |

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



| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| PROAIR DIGIHALER   | NP        |   |
| PROAIR HFA AERS (Use albuterol sulfate)                  | 0         | Limit 2 inhalers per month; QL(0.57 GM daily) |
| PROVENTIL HFA AERS (Use albuterol sulfate)               | 0         | Limit 2 inhalers per month; QL(0.45 GM daily) |
| SEREVENT DISKUS  | 2         | QL(2 EA daily)                                |
| STIOLTO RESPIMAT   | 2         |   |
| SYMBICORT (Use budesonide-formoterol fumarate dihydrate) | 2         | QL(11 GM per 30 day(s) retail)                |
| terbutaline sulfate TABS PO                              | 1         | MP  |
| VENTOLIN HFA AERS (Use albuterol sulfate)                | 0         | Limit 2 inhalers per month; QL(0.54 GM daily) |
| VENTOLIN HFA AERS (Use albuterol sulfate)                | 0         | Limit 2 inhalers per month; QL(1.2 GM daily)  |
| XOPENEX HFA (Use levalbuterol tartrate)                  | 2         |   |
| <b>Xanthines</b>   |           |   |
| THEO-24 CP24 PO 100 MG                                   | 2         | MP  |
| THEO-24 CP24 PO 200 MG, 300 MG, 400 MG                   | 2         |   |
| theophylline ELIX PO                                     | 1         |   |
| theophylline SOLN PO                                     | 1         | QL(475 ML per fill retail); MP                |
| theophylline TB12 PO 450 MG                              | 1         |   |
| theophylline TB12 PO 100 MG, 200 MG, 300 MG              | 1         |   |
| theophylline TB24 PO                                     | 1         | MP  |
| <b>ANTICOAGULANTS - Blood Thinners</b>                   |           |   |
| <b>Coumarin Anticoagulants</b>                           |           |   |
| warfarin sodium TABS PO                                  | 1         | MP  |

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

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

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| SABRIL PACK (Use vigabatrin)                        | 2         | SP; PA              | divalproex sodium TBEC PO                          | 1         | MP                  |
| SABRIL TABS (Use vigabatrin)                        | 2         | SP; PA              | valproate sodium SOLN PO 250 MG/5ML, 500 MG/10ML   | 1         | MP                  |
| tiagabine hcl PO 12 MG, 16 MG                       | 1         |                     | valproic acid CAPS PO                              | 1         | MP                  |
| tiagabine hcl PO 2 MG, 4 MG                         | 1         | MP                  | <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b> |           |                     |
| vigabatrin PACK                                     | 1         | SP; PA              | Alpha-2 Receptor Antagonists (Tetracyclics)        |           |                     |
| vigabatrin TABS                                     | 1         | SP; PA              | mirtazapine TABS PO                                | 1         | MP                  |
| Hydantoins  |           |                     | mirtazapine TBDP PO                                | 1         |                     |
| DILANTIN PO (Use phenytoin sodium extended)         | NP        | MP                  | Antidepressant Combinations                        |           |                     |
| DILANTIN INFATABS CHEW PO (Use phenytoin)           | 2         | MP                  | AUVELITY   | NP        |                     |
| phenytoin sodium extended PO 100 MG, 200 MG, 300 MG | 1         | MP                  | Antidepressants - Misc.                            |           |                     |
| phenytoin sodium extended PO 200 MG, 300 MG         | NP        | MP                  | bupropion hcl TABS PO                              | 1         | MP                  |
| phenytoin CHEW PO                                   | 1         | MP                  | bupropion hcl TB12 PO 100 MG                       | 1         | QL(4 EA daily); MP  |
| phenytoin SUSP PO                                   | 1         | MP                  | bupropion hcl TB12 PO 200 MG                       | 1         | QL(2 EA daily); MP  |
| Succinimides  |           |                     | bupropion hcl TB12 PO 150 MG                       | 1         | QL(3 EA daily); MP  |
| CELONTIN (Use methsuximide)                         | 2         |                     | bupropion hcl TB24 PO 150 MG                       | 1         | QL(3 EA daily); MP  |
| ethosuximide CAPS PO                                | 1         | MP                  | bupropion hcl TB24 PO 300 MG                       | 1         | QL(1 EA daily); MP  |
| ethosuximide SOLN PO                                | 1         | MP                  | bupropion hcl TB24 PO 450 MG                       | 2         |                     |
| methsuximide  | 1         |                     | FORFIVO XL TB24 PO (Use bupropion hcl)             | NP        |                     |
| Valproic Acid                                       |           |                     | GABA Receptor Modulator - Neuroactive Steroid      |           |                     |
| DEPAKOTE SPRINKLES CSDR PO (Use divalproex sodium)  | 2         | MP                  | ZULRESSO   | 2         | SP; PA              |
| divalproex sodium CSDR PO                           | 1         | MP                  | ZURZUVAE   | NP        | SP                  |
| divalproex sodium TB24 PO                           | 1         | MP                  | Monoamine Oxidase Inhibitors (MAOIs)               |           |                     |
|   |           |                     | phenelzine sulfate PO                              | 1         |                     |
|   |           |                     | tranylcypromine sulfate PO                         | 1         |                     |
|   |           |                     | Selective Serotonin Reuptake Inhibitors (SSRIs)    |           |                     |

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

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <i>nortriptyline hcl SOLN PO</i>   | 1         |   |
| <i>protriptyline hcl PO</i>  | 1         |   |
| <i>trimipramine maleate CAPS PO</i>  | 1         |   |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>   |           |   |
| <b>Alpha-Glucosidase Inhibitors</b>  |           |   |
| <i>acarbose PO</i>   | 1         |   |
| <i>miglitol PO</i>   | 1         |   |
| <b>Antidiabetic Combinations</b>   |           |   |
| <i>alogliptin-metformin hcl</i>  | 1         | QL(2 EA daily); MP                          |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-12.5 MG, 45 MG-25 MG</i> | 1         | QL(1 EA daily); MP                          |
| <i>glipizide-metformin hcl PO</i>  | 1         | MP  |
| <i>glyburide-metformin PO</i>  | 1         | MP  |
| GLYXAMBI PO  | 2         |   |
| JANUMET XR TB24 PO   | 2         |   |
| JANUMET TABS PO  | 2         |   |
| JENTADUETO TABS  | 2         | QL(2 EA daily); AL(At least 18 yrs old); MP |
| KAZANO ( <i>Use alogliptin-metformin hcl</i> )   | 2         | QL(2 EA daily); MP                          |
| KOMBIGLYZE XR PO ( <i>Use saxagliptin-metformin hcl</i> )  | 2         |   |
| OSENI ( <i>Use alogliptin-pioglitazone</i> )   | 2         | QL(1 EA daily); MP                          |
| <i>pioglitazone hcl-glimepiride</i>  | 1         |   |
| <i>pioglitazone hcl-metformin hcl TABS PO</i>  | 1         | QL(2 EA daily); MP                          |
| <i>saxagliptin-metformin hcl PO</i>  | 1         |   |
| <b>Biguanides</b>  |           |   |
| <i>metformin hcl SOLN PO</i>   | 1         |   |

| Drug Name  | Drug Tier | Requirements/Limits          |
|--|-----------|------------------------------|
| <i>metformin hcl TABS PO 500 MG, 850 MG, 1000 MG</i> | 1         | MP                           |
| <i>metformin hcl TABS PO 625 MG</i>                  | 1         |                              |
| <i>metformin hcl TB24 PO 500 MG, 1000 MG</i>         | 1         |                              |
| <i>metformin hcl TB24 PO 500 MG, 750 MG</i>          | 1         | MP                           |
| <b>Diabetic Other</b>                                |           |                              |
| BAQSIMI ONE PACK POWD                                | 2         | QL(0.069 EA daily)           |
| BAQSIMI TWO PACK POWD                                | 2         | QL(0.069 EA daily)           |
| BD GLUCOSE CHEW PO                                   | 2         | QL(1.67 EA daily); MP        |
| CVS GLUCOSE CHEW PO                                  | 2         | QL(1.67 EA daily); MP        |
| CVS SOFT GLUCOSE CHEW PO                             | 2         | QL(1.67 EA daily); MP        |
| DEX4 QUICK DISSOLVE GLUCOSE CHEW PO                  | 2         | QL(1.67 EA daily); MP        |
| <i>diazoxide</i>                                     | 1         |                              |
| GLUCAGEN HYPOKIT                                     | 2         | MP                           |
| <i>glucagon (rdna)</i>                               | 1         | QL(1 EA per fill retail); MP |
| GLUCAGON EMERGENCY ( <i>Use glucagon (rdna)</i> )    | 2         | QL(1 EA per fill retail); MP |
| GLUCO TO GO CHEW PO                                  | 2         | QL(1.67 EA daily); MP        |
| GLUCOSE CHEW PO                                      | 2         | QL(1.67 EA daily); MP        |
| GNP GLUCOSE CHEW PO                                  | 2         | QL(1.67 EA daily); MP        |
| GNP QUICK DISSOLVE GLUCOSE CHEW PO                   | 2         | QL(1.67 EA daily); MP        |
| GVOKE KIT SOLN                                       | NP        |                              |
| LEADER QUICK DISSOLVE GLUCOSE CHEW PO                | 2         | QL(1.67 EA daily); MP        |
| <i>mifepristone (hyperglycemia)</i>                  | 1         | SP; PA                       |

| Drug Name  | Drug Tier | Requirements/Limits                                    | Drug Name                              | Drug Tier | Requirements/Limits            |
|--|-----------|--|--|-----------|--------------------------------|
| PROGLYCEM ( <i>Use diazoxide</i> )               | 2         |  | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN     | 2         | PA                             |
| SM GLUCOSE CHEW PO                               | 2         | QL(1.67 EA daily); MP                                  | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML      | 2         | PA                             |
| TRUEPLUS GLUCOSE ON THE GO CHEW PO               | 2         | QL(1.67 EA daily); MP                                  | OZEMPIC (2 MG/DOSE) SOPN               | 2         | PA                             |
| TRUEPLUS GLUCOSE CHEW PO                         | 2         | QL(1.67 EA daily); MP                                  | RYBELSUS TABS PO                       | NP        |                                |
| WALGREENS GLUCOSE CHEW PO                        | 2         | QL(1.67 EA daily); MP                                  | TRULICITY                              | 2         | PA                             |
| ZEGALOGUE SOAJ                                   | 2         |  | <b>Insulin</b>                         |           |                                |
| ZEGALOGUE SOSY                                   | 2         |  | HUMALOG JUNIOR KWIKPEN SOPN            | 2         |                                |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b> |           |  | HUMALOG KWIKPEN SOPN 100 UNIT/ML       | NP        | QL(30 ML per 30 day(s) retail) |
| <i>alogliptin benzoate</i>                       | 1         | QL(1 EA daily); MP                                     | HUMALOG KWIKPEN SOPN 100 UNIT/ML       | 2         | QL(30 ML per 30 day(s) retail) |
| JANUVIA PO                                       | 2         |  | HUMALOG MIX 50/50 KWIKPEN SUPN         | 2         | QL(30 ML per 30 day(s) retail) |
| NESINA ( <i>Use alogliptin benzoate</i> )        | 2         | QL(1 EA daily); MP                                     | HUMALOG MIX 50/50 SUSP                 | 2         | QL(40 ML per 30 day(s) retail) |
| ONGLYZA PO ( <i>Use saxagliptin hcl</i> )        | 2         |  | HUMALOG MIX 75/25 KWIKPEN SUPN         | 2         | QL(30 ML per 30 day(s) retail) |
| <i>saxagliptin hcl PO</i>                        | 1         |  | HUMALOG MIX 75/25 SUSP                 | 2         | QL(40 ML per 30 day(s) retail) |
| SITAGLIPTIN                                      | NP        |  | HUMALOG TEMPO PEN SOPN                 | 2         |                                |
| TRADJENTA  | 2         | QL(1 EA daily); AL(At least 18 yrs old); MP            | HUMALOG SOLN IJ                        | 2         | QL(40 ML per 30 day(s) retail) |
| ZITUVIO  | NP        |  | HUMULIN 70/30 SUSP                     | 2         | QL(40 ML per 30 day(s) retail) |
| <b>Incretin Mimetic Agents</b>                   |           |  | HUMULIN N SUSP                         | 2         | QL(40 ML per 30 day(s) retail) |
| ADLYXIN STARTER PACK PNKT                        | NP        |  | HUMULIN R U-500 (CONCENTRATED) SOLN SC | 2         |                                |
| ADLYXIN SOPN                                     | NP        |  | HUMULIN R U-500 KWIKPEN SOPN SC        | 2         |                                |
| BYETTA 10 MCG PEN SOPN                           | 2         | QL(2 ML per 30 day(s) retail); AL(At least 18 yrs old) | HUMULIN R SOLN IJ                      | 2         | QL(40 ML per 30 day(s) retail) |
| BYETTA 5 MCG PEN SOPN                            | 2         | QL(1 ML per 30 day(s) retail); AL(At least 18 yrs old) | INSULIN ASP PROT & ASP FLEXPEN SUPN    | 2         | QL(30 ML per 30 day(s) retail) |
| <i>liraglutide</i>                               | 1         | QL(0.3 ML daily)                                       | INSULIN ASPART PROT & ASPART SUSP      | 2         | QL(40 ML per 30 day(s) retail) |
| MOUNJARO   | NP        | PA   |  |           |                                |

| Drug Name                                  | Drug Tier | Requirements/Limits            | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|---|-----------|---------------------|
| INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML | 2         | QL(30 ML per 30 day(s) retail) | Meglitinide Analogues   |           |                     |
| INSULIN GLARGINE SOLN                      | 2         |                                | <i>nateglinide PO</i>   | 1         | QL(3 EA daily); MP  |
| INSULIN GLARGINE-YFGN SOLN                 | 2         | Generic for Semglee            | <i>repaglinide PO</i>   | 1         |                     |
| INSULIN GLARGINE-YFGN SOPN                 | 2         | Generic for Semglee            | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors              |           |                     |
| INSULIN LISPRO (1 UNIT DIAL) SOPN          | 2         | QL(30 ML per 30 day(s) retail) | <i>dapagliflozin propanediol PO</i>                             | 1         |                     |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN         | 2         |                                | INVOKANA  | NP        | MP                  |
| INSULIN LISPRO PROT & LISPRO SUPN          | 2         | QL(30 ML per 30 day(s) retail) | JARDIANCE PO  | 2         | QL(1 EA daily)      |
| INSULIN LISPRO SOLN IJ                     | 2         | QL(40 ML per 30 day(s) retail) | Sulfonylureas   |           |                     |
| LANTUS SOLOSTAR SOPN                       | 2         | QL(30 ML per 30 day(s) retail) | <i>glimepiride PO 4 MG</i>                                      | 1         | QL(2 EA daily); MP  |
| LEVEMIR FLEXPEN SOPN                       | 2         |                                | <i>glimepiride PO 1 MG, 2 MG</i>                                | 1         | QL(4 EA daily); MP  |
| LEVEMIR FLEXTOUCH SOPN                     | 2         |                                | <i>glipizide TABS PO 5 MG, 10 MG</i>                            | 1         | MP                  |
| LEVEMIR SOLN                               | 2         |                                | <i>glipizide TABS PO 2.5 MG</i>                                 | 1         |                     |
| LYUMJEV TEMPO PEN SOPN                     | NP        |                                | <i>glipizide TB24 PO</i>  | 1         | MP                  |
| NOVOLOG 70/30 FLEXPEN RELION SUPN          | 2         | QL(30 ML per 30 day(s) retail) | <i>glyburide micronized PO 1.5 MG, 3 MG, 6 MG</i>               | 1         | MP                  |
| NOVOLOG MIX 70/30 FLEXPEN SUPN             | 2         | QL(30 ML per 30 day(s) retail) | <i>glyburide TABS PO</i>  | 1         | MP                  |
| NOVOLOG MIX 70/30 RELION SUSP              | 2         | QL(40 ML per 30 day(s) retail) | <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b> |           |                     |
| NOVOLOG MIX 70/30 SUSP                     | 2         | QL(40 ML per 30 day(s) retail) | Antidiarrheal/Probiotic Agents - Misc.                          |           |                     |
| REZVOGLAR KWIKPEN                          | NP        |                                | ACIDOPHILUS HIGH-POTENCY CAPS PO                                | 2         | RX/OTC              |
| SEMGLEE (YFGN) SOLN                        | NP        |                                | ACIDOPHILUS PEARLS CAPS PO                                      | 2         | RX/OTC              |
| SEMGLEE (YFGN) SOPN                        | NP        |                                | ACIDOPHILUS PROBIOTIC BLEND CAPS PO                             | 2         | RX/OTC              |
| SEMGLEE SOPN                               | NP        | QL(30 ML per 30 day(s) retail) | ACIDOPHILUS SUPER PROBIOTIC CAPS PO                             | 2         | RX/OTC              |
| Insulin Sensitizing Agents                 |           |                                | ACIDOPHILUS/GOAT MILK CAPS PO                                   | 2         | RX/OTC              |
| <i>pioglitazone hcl PO</i>                 | 1         | QL(1 EA daily); MP             | ACTIPHLOA CAPS PO   | 2         | RX/OTC              |

| Drug Name   | Drug Tier | Requirements/ Limits | Drug Name                              | Drug Tier | Requirements/ Limits |
|---|-----------|----------------------|--|-----------|----------------------|
| ADVANCED PROBIOTIC-14 CAPS PO   | 2         | RX/OTC               | CULTURELLE PROBIOTICS KIDS PACK        | 2         |                      |
| ADVANCED PROBIOTIC CAPS PO  | 2         | RX/OTC               | CULTURELLE PRO-WELL CAPS PO            | 2         | RX/OTC               |
| ALIGN EXTRA STRENGTH CAPS PO  | 2         | RX/OTC               | CVS ADULT 50+ PROBIOTIC CAPS PO        | 2         | RX/OTC               |
| ALIGN CAPS PO   | 2         | RX/OTC               | CVS ADULT PROBIOTIC CAPS PO            | 2         | RX/OTC               |
| ALOE 10000 & PROBIOTICS CAPS PO   | 2         | RX/OTC               | CVS DAILY PROBIOTIC CHILDRENS PACK     | 2         |                      |
| BACICAP CAPS PO   | 2         | RX/OTC               | CVS DAILY PROBIOTIC CAPS PO            | 2         | RX/OTC               |
| BACID CAPS PO   | 2         | RX/OTC               | CVS DIGESTIVE PROBIOTIC CAPS PO        | 2         | RX/OTC               |
| BILAC CAPS PO   | 2         | RX/OTC               | CVS EVERYDAY CARE PROBIOTIC CAPS PO    | 2         | RX/OTC               |
| BIOHM PROBIOTIC SUPPLEMENT CAPS PO  | 2         | RX/OTC               | CVS MOOD SUPPORT PROBIOTIC CAPS PO     | 2         | RX/OTC               |
| BIOHM PROBIOTIC/VITAMIN C CAPS PO   | 2         | RX/OTC               | CVS PROBIOTIC ADULT 50+ CAPS PO        | 2         | RX/OTC               |
| BIO-KULT CAPS PO  | 2         | RX/OTC               | CVS PROBIOTIC MAXIMUM STRENGTH CAPS PO | 2         | RX/OTC               |
| <i>bismuth subsalicylate CHEW PO 262 MG</i>   | 1         |                      | CVS PROBIOTIC PEARLS EX ST CAPS PO     | 2         | RX/OTC               |
| <i>bismuth subsalicylate SUSP PO 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML</i> | 1         |                      | CVS PROBIOTIC CAPS PO                  | 2         | RX/OTC               |
| CULTURELLE BLOATING & GAS DEF CAPS PO   | 2         | RX/OTC               | CVS SENIOR PROBIOTIC CAPS PO           | 2         | RX/OTC               |
| CULTURELLE IMMUNE DEFENSE CAPS PO   | 2         | RX/OTC               | DAILY DIGESTIVE PROBIOTIC CAPS PO      | 2         | RX/OTC               |
| CULTURELLE KID PROBIOTIC+FIBER PACK   | 2         |                      | DAILY PROBIOTIC CAPS PO                | 2         | RX/OTC               |
| CULTURELLE KIDS PURELY CHEW   | 2         |                      | DERMACINRX PROBISOL CAPS PO            | 2         | RX/OTC               |
| CULTURELLE KIDS PURELY PACK   | 2         |                      | DERMACINRX PROBITRAN CAPS PO           | 2         | RX/OTC               |
| CULTURELLE KIDS CHEW  | 2         |                      | DIFF-STAT CAPS PO                      | 2         | RX/OTC               |
| CULTURELLE KIDS PACK  | 2         |                      | DIGESTIVE ADV DIGESTIVE/IMMUNE CAPS PO | 2         | RX/OTC               |
| CULTURELLE METABOLISM-WEIGHT CAPS PO  | 2         | RX/OTC               |  |           |                      |



| Drug Name                              | Drug Tier | Requirements/Limits | Drug Name                              | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| DIGESTIVE ADV LACTOSE SUPPORT CAPS PO  | 2         | RX/OTC              | FORTIFY 50 BILLION PROBIOT 50+ CPDR    | 2         |                     |
| DIGESTIVE ADV MULTI-STRAIN CAPS PO     | 2         | RX/OTC              | FORTIFY DAILY PROBIOTIC EX ST CPDR     | 2         |                     |
| DIGESTIVE ADV+BOWEL SUPPORT CAPS PO    | 2         | RX/OTC              | FORTIFY DAILY PROBIOTIC CAPS PO        | 2         | RX/OTC              |
| DIGESTIVE ADV+GAS DEFENSE CAPS PO      | 2         | RX/OTC              | FORTIFY OPTIMA PROBIOTIC CPDR          | 2         |                     |
| DIGESTIVE ADV+LACTOSE SUPPORT CAPS PO  | 2         | RX/OTC              | FORTIFY OPTIMA WOMENS ADV CARE CPDR    | 2         |                     |
| DIGESTIVE ADVANTAGE CAPS PO            | 2         | RX/OTC              | FORTIFY PROBIOTIC WOMENS EX ST CPDR    | 2         |                     |
| ENVIVE CAPS PO                         | 2         | RX/OTC              | FORTIFY PROBIOTIC WOMENS CPDR          | 2         |                     |
| EQ PROBIOTIC CAPS PO                   | 2         | RX/OTC              | FT ACIDOPHILUS PROBIOTIC BLEND CAPS PO | 2         | RX/OTC              |
| EQ PROBIOTIC CPDR                      | 2         |                     | GENORAVANCE CAPS PO                    | 2         | RX/OTC              |
| EQL DAILY PROBIOTIC CAPS PO            | 2         | RX/OTC              | GNP ACIDOPHILUS HIGH POTENCY CAPS PO   | 2         | RX/OTC              |
| EQL PROBIOTIC COLON SUPPORT CAPS PO    | 2         | RX/OTC              | GNP ADVANCED PROBIOTIC CAPS PO         | 2         | RX/OTC              |
| ESTROVEN SLIMBIOTICS CAPS PO           | 2         | RX/OTC              | GNP PROBIOTIC COLON SUPPORT CAPS PO    | 2         | RX/OTC              |
| FEM-DOPHILUS WOMENS CAPS PO            | 2         | RX/OTC              | HIGH POTENCY PROBIOTIC CAPS PO         | 2         | RX/OTC              |
| FLORA VANCE CAPS PO                    | 2         | RX/OTC              | JARRO-DOPHILUS EPS PROBIOTIC CPDR      | 2         |                     |
| FLORAJEN DIGESTION CAPS PO             | 2         | RX/OTC              | JARRO-DOPHILUS EPS CPDR                | 2         |                     |
| FLORAJEN3 CAPS PO                      | 2         | RX/OTC              | JARRO-DOPHILUS HYPOALLERGENIC CAPS PO  | 2         | RX/OTC              |
| FLORAJEN4KIDS CAPS PO                  | 2         | RX/OTC              | JARRO-DOPHILUS PROBIOT+PRE+FOS CAPS PO | 2         | RX/OTC              |
| FLORASAVE CPDR                         | 2         |                     | JARRO-DOPHILUS VAGINAL PROBIOT CPDR    | 2         |                     |
| FLORASTOR ADVANCED CAPS PO             | 2         | RX/OTC              | LACTEROL CAPS PO                       | 2         | RX/OTC              |
| FLORASTOR SELECT GUT BOOST CAPS PO     | 2         | RX/OTC              |  |           |                     |
| FLORASTOR SELECT IMMUNITY BOOS CAPS PO | 2         | RX/OTC              |  |           |                     |
| FORTIFY 30 BILLION PROBIOT 50+ CPDR    | 2         |                     |  |           |                     |

| Drug Name                          | Drug Tier | Requirements/Limits | Drug Name                              | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|--|-----------|---------------------|
| MAGE CPDR                          | 2         |                     | PROBIOTIC & ACIDOPHILUS EX ST CAPS PO  | 2         | RX/OTC              |
| MEGA PROBIOTIC CAPS PO             | 2         | RX/OTC              | PROBIOTIC + OMEGA-3 CAPS PO            | 2         | RX/OTC              |
| META BIOTIC/BIO-ACTIVE 12 CAPS PO  | 2         | RX/OTC              | PROBIOTIC + TURMERIC EXTRACT CAPS PO   | 2         | RX/OTC              |
| MICROFLOR 33 CAPS PO               | 2         | RX/OTC              | PROBIOTIC 10 ULTRA STRENGTH CAPS PO    | 2         | RX/OTC              |
| MICROFLOR CAPS PO                  | 2         | RX/OTC              | PROBIOTIC ACIDOPHILUS BIOBEADS CAPS PO | 2         | RX/OTC              |
| MOMMY'S BLISS PROBIOTIC PACK       | 2         |                     | PROBIOTIC BLEND CAPS PO                | 2         | RX/OTC              |
| MVW COMPL FORM PROBIOTIC-KIDS CPDR | 2         |                     | PROBIOTIC COLON SUPPORT CAPS PO        | 2         | RX/OTC              |
| MVW COMPLETE PROBIOTIC CPDR        | 2         |                     | PROBIOTIC DAILY CAPS PO                | 2         | RX/OTC              |
| NATRUL PROBIOTIC CAPS PO           | 2         | RX/OTC              | PROBIOTIC DIGESTIVE SUP-INULIN CAPS PO | 2         | RX/OTC              |
| NEXABIOTIC CPDR                    | 2         |                     | PROBIOTIC DIGESTIVE SUPP CAPS PO       | 2         | RX/OTC              |
| PEARLS IC CAPS PO                  | 2         | RX/OTC              | PROBIOTIC MATURE ADULT CAPS PO         | 2         | RX/OTC              |
| PHILLIPS COLON HEALTH CAPS PO      | 2         | RX/OTC              | PROBIOTIC PEARLS ADVANTAGE CAPS PO     | 2         | RX/OTC              |
| PREORBOTIC CAPS PO                 | 2         | RX/OTC              | PROBIOTIC PEARLS MAX POTENCY CAPS PO   | 2         | RX/OTC              |
| PRIMADOPHILUS BIFIDUS CPDR         | 2         |                     | PROBIOTIC PEARLS WOMENS CAPS PO        | 2         | RX/OTC              |
| PRIMIDAR CAPS PO                   | 2         | RX/OTC              | PROBIOTIC PEARLS CAPS PO               | 2         | RX/OTC              |
| PROBINATE CAPS PO                  | 2         | RX/OTC              | PROBIOTIC PRODUCT CAPS PO              | 2         | RX/OTC              |
| PROBIO DEFENSE CAPS PO             | 2         | RX/OTC              | PROBIOTIC/PREBIOTIC/CRANBERRY CAPS PO  | 2         | RX/OTC              |
| PROBIOFLEXX CAPS PO                | 2         | RX/OTC              | PROBIOTIC-10 ULTIMATE CAPS PO          | 2         | RX/OTC              |
| PROBIOMAX COMPLETE DF CAPS PO      | 2         | RX/OTC              | PROBITROL CAPS PO                      | 2         | RX/OTC              |
| PROBIOMAX DAILY DF CAPS PO         | 2         | RX/OTC              | PROBIZEN CAPS PO                       | 2         | RX/OTC              |
| PROBIOMAX IG 26 DF CAPS PO         | 2         | RX/OTC              | PRO-FLORA IMMUNE CAPS PO               | 2         | RX/OTC              |
| PROBIOMAX LEAN DF CAPS PO          | 2         | RX/OTC              |  |           |                     |
| PROBIOMAX SB DF CAPS PO            | 2         | RX/OTC              |  |           |                     |
| PROBIONEXX CAPS PO                 | 2         | RX/OTC              |  |           |                     |

| Drug Name                              | Drug Tier | Requirements/Limits | Drug Name                                   | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| PROMELLA IN PREBIOTIC CAPS PO          | 2         | RX/OTC              | UP4 PROBIOTICS ULTRA CAPS PO                | 2         | RX/OTC              |
| PROMEROL CAPS PO                       | 2         | RX/OTC              | UP4 PROBIOTICS WOMENS CAPS PO               | 2         | RX/OTC              |
| QUAD-PROBIOTIC CAPS PO                 | 2         | RX/OTC              | VH ESSENTIALS OPTIBALANCE CAPS PO           | 2         | RX/OTC              |
| RA PROBIOTIC COLON CARE CAPS PO        | 2         | RX/OTC              | VISBIOME HIGH POTENCY CAPS PO               | 2         | RX/OTC              |
| RA PROBIOTIC COMPLEX CAPS PO           | 2         | RX/OTC              | VSL#3 CAPS PO                               | 2         | RX/OTC              |
| RA PROBIOTIC DIGESTIVE SUPPORT CAPS PO | 2         | RX/OTC              | WELLPRO 31 CAPS PO                          | 2         | RX/OTC              |
| RA PROBIOTIC MAX STRENGTH CAPS PO      | 2         | RX/OTC              | WOMENS 50 BILLION CAPS PO                   | 2         | RX/OTC              |
| RESTORA CAPS PO                        | 2         | RX/OTC              | XYBIOTIC CAPS PO                            | 2         | RX/OTC              |
| RISAQUAD-2 CAPS PO                     | 2         | RX/OTC              | ZELAC CAPS PO                               | 2         | RX/OTC              |
| RISAQUAD CAPS PO                       | 2         | RX/OTC              | <b>Antidiarrheal/Probiotic Combinations</b> |           |                     |
| SD PROBIOTIC-10 COMPLEX ULTRA CAPS PO  | 2         | RX/OTC              | CULTURELLE ADULT ULT BALANCE CAPS           | 2         |                     |
| SM ACIDOPHILUS CAPS PO                 | 2         | RX/OTC              | CULTURELLE DIGESTIVE DAILY PRO CAPS         | 2         |                     |
| SM ADVANCED PROBIOTIC CAPS PO          | 2         | RX/OTC              | CULTURELLE DIGESTIVE DAILY CAPS             | 2         |                     |
| SUPER PROBIOTIC DIGESTIVE CAPS PO      | 2         | RX/OTC              | CULTURELLE DIGESTIVE HEALTH CAPS            | 2         |                     |
| SUPER PROBIOTIC CAPS PO                | 2         | RX/OTC              | CULTURELLE DIGESTIVE HEALTH CHEW            | 2         |                     |
| SUPERIOR PROBIOTIC CAPS PO             | 2         | RX/OTC              | CULTURELLE HEALTH (INULIN) CAPS             | 2         |                     |
| SUREBIOTIC PROBIOTIC SUPPORT CAPS PO   | 2         | RX/OTC              | CULTURELLE ULTIMATE STRENGTH CAPS           | 2         |                     |
| TRUBIOTICS DIGEST + IMM HEALTH CAPS PO | 2         | RX/OTC              | GNP PROBIOTIC EXTRA STRENGTH CAPS           | 2         |                     |
| TRUBIOTICS CAPS PO                     | 2         | RX/OTC              | PROBIOTIC DIGESTIVE SUPPORT CAPS            | 2         |                     |
| ULTRAFLOA IMMUNE HEALTH CAPS PO        | 2         | RX/OTC              | VIACTIV DIGESTIVE HEALTH CHEW               | 2         |                     |
| UP4 PROBIOTICS ADULT CAPS PO           | 2         | RX/OTC              | <b>Antiperistaltic Agents</b>               |           |                     |
| UP4 PROBIOTICS MENS CAPS PO            | 2         | RX/OTC              | ANTI-DIARRHEAL LIQD PO                      | 2         | QL(40 ML daily)     |

| Drug Name                                 | Drug Tier | Requirements/Limits                        |
|---|-----------|--|
| <i>diphenoxylate w/ atropine LIQD PO</i>  | 1         |  |
| <i>diphenoxylate w/ atropine TABS PO</i>  | 1         |  |
| <i>loperamide hcl CAPS PO</i>             | 1         | QL(8 EA daily); RX/OTC                     |
| <i>loperamide hcl TABS PO</i>             | 1         | QL(8 EA daily)                             |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b> |           |  |
| Antidotes - Chelating Agents              |           |  |
| CHEMET PO                                 | 2         |  |
| <i>deferasirox PACK</i>                   | 1         | SP; PA                                     |
| <i>deferasirox TABS PO</i>                | 1         | SP; PA                                     |
| <i>deferasirox TBSO</i>                   | 1         | SP; PA                                     |
| <i>deferiprone TABS</i>                   | 1         | SP; PA                                     |
| FERRIPROX SOLN                            | 2         | SP; PA                                     |
| Antidotes and Specific Antagonists        |           |  |
| ANDEXXA 200 MG                            | 2         | SP; PA                                     |
| BRIDION SOLN                              | 2         | PA   |
| <i>deferoxamine mesylate</i>              | 1         | SP; PA                                     |
| SM IPECAC SYRUP PO                        | 2         |  |
| VISTOGARD                                 | 2         |  |
| Opioid Antagonists                        |           |  |
| 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 0.4 MG/ML</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        |
| <i>naloxone hcl SOSY 2 MG/2ML</i>         | 0         | QL(18 ML per 90 day(s) retail); MP         |

| Drug Name   | Drug Tier | Requirements/Limits                        |
|---|-----------|--|
| <i>naltrexone hcl PO</i>                                | 0         | MP   |
| NARCAN LIQD ( <i>Use naloxone hcl</i> )                 | 0         | QL(18 EA per 90 day(s) retail); MP; RX/OTC |
| OPVEE NA  | 0         | QL(6 EA per 30 day(s) retail); MP          |
| REXTOVY LIQD  | 2         |  |
| VIVITROL  | 0         | SP; MP                                     |
| ZIMHI SOSY  | 0         | QL(9 ML per 90 day(s) retail); MP          |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |  |
| 5-HT3 Receptor Antagonists                              |           |  |
| <i>granisetron hcl TABS PO</i>                          | 1         |  |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>                 | 1         | QL(50 ML per fill retail)                  |
| <i>ondansetron hcl TABS PO 4 MG, 8 MG</i>               | 1         | QL(2 EA daily)                             |
| <i>ondansetron TBDP PO 4 MG, 8 MG</i>                   | 1         | QL(2 EA daily)                             |
| Antiemetics - Anticholinergic                           |           |  |
| <i>meclizine hcl CHEW PO</i>                            | 1         | RX/OTC                                     |
| <i>meclizine hcl TABS PO 12.5 MG, 25 MG</i>             | 1         | RX/OTC                                     |
| Antiemetics - Miscellaneous                             |           |  |
| BONJESTA TBCR   | 2         |  |
| <i>doxylamine-pyridoxine TBEC PO</i>                    | 1         |  |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists     |           |  |
| APONVIE EMUL  | NP        |  |
| <i>aprepitant CAPS PO</i>                               | 1         |  |
| <i>aprepitant MISC PO</i>                               | 1         |  |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b>   |           |  |
| Antifungals   |           |  |

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <i>griseofulvin microsize SUSP PO</i>            | 1         |   |
| <i>griseofulvin microsize TABS PO</i>            | 1         |   |
| <i>griseofulvin ultramicrosize PO</i>            | 1         |   |
| <i>nystatin TABS PO</i>                          | 1         | QL(6 EA daily)                              |
| <i>terbinafine hcl TABS PO</i>                   | 1         | QL(1 EA daily; 90 EA per 120 day(s) retail) |
| <b>Imidazole-Related Antifungals</b>             |           |   |
| <i>fluconazole SUSP PO</i>                       | 1         | QL(70 ML per fill retail)                   |
| <i>fluconazole TABS PO 100 MG</i>                | 1         | QL(1 EA daily)                              |
| <i>fluconazole TABS PO 50 MG</i>                 | 1         | QL(7 EA per fill retail)                    |
| <i>fluconazole TABS PO 150 MG</i>                | 1         | QL(2 EA daily)                              |
| <i>fluconazole TABS PO 200 MG</i>                | 1         |   |
| <i>itraconazole CAPS PO</i>                      | 1         | QL(1 EA daily); PA                          |
| <i>itraconazole SOLN</i>                         | 1         | PA  |
| <b>ANTIHISTAMINES - Drugs to Treat Allergies</b> |           |   |
| <b>Antihistamines - Alkylamines</b>              |           |   |
| <i>chlorpheniramine maleate SYRP PO</i>          | 1         | QL(60 ML daily)                             |
| <i>chlorpheniramine maleate TABS PO</i>          | 1         | QL(120 EA per fill retail)                  |
| <i>dexchlorpheniramine maleate SOLN</i>          | 1         |   |
| <b>Antihistamines - Ethanolamines</b>            |           |   |
| <i>BENADRYL ALLERGY EXTRA STR TABS PO</i>        | 2         | QL(4 EA daily)                              |
| <i>clemastine fumarate TABS PO 1.34 MG</i>       | 1         | QL(2 EA daily)                              |
| <i>DAYHIST ALLERGY 12 HOUR RELIEF TABS PO</i>    | 2         | QL(2 EA daily)                              |
| <i>diphenhydramine hcl CAPS PO</i>               | 1         | QL(4 EA daily)                              |

| Drug Name  | Drug Tier | Requirements/Limits                                |
|--|-----------|--|
| <i>diphenhydramine hcl ELIX PO 12.5 MG/5ML</i>                         | 1         | QL(240 ML per fill retail)                         |
| <i>diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | 1         | QL(240 ML per fill retail)                         |
| <i>diphenhydramine hcl TABS PO 25 MG</i>                               | 1         | QL(4 EA daily)                                     |
| <b>Antihistamines - Non-Sedating</b>                                   |           |  |
| <i>cetirizine hcl CAPS PO</i>  | 1         |  |
| <i>cetirizine hcl CHEW PO</i>  | 1         | QL(1 EA daily)                                     |
| <i>cetirizine hcl SOLN PO</i>  | 1         | QL(240 ML per fill retail); RX/OTC                 |
| <i>cetirizine hcl SYRP PO</i>  | 1         | QL(240 ML per fill retail); RX/OTC                 |
| <i>cetirizine hcl TABS PO</i>  | 1         | QL(1 EA daily)                                     |
| <i>desloratadine TBDP PO</i>   | 1         |  |
| <i>fexofenadine hcl SUSP PO</i>  | 1         |  |
| <i>fexofenadine hcl TABS PO 180 MG</i>                                 | 1         | QL(1 EA daily)                                     |
| <i>fexofenadine hcl TABS PO 60 MG</i>                                  | 1         | QL(2 EA daily)                                     |
| <i>levocetirizine dihydrochloride SOLN PO</i>                          | 1         | RX/OTC   |
| <i>loratadine CAPS PO</i>  | 1         |  |
| <i>loratadine CHEW PO</i>  | 1         |  |
| <i>loratadine SOLN PO</i>  | 1         | QL(240 ML per fill retail)                         |
| <i>loratadine TABS PO</i>  | 1         |  |
| <i>loratadine TBDP PO 10 MG</i>  | 1         |  |
| <b>Antihistamines - Phenothiazines</b>                                 |           |  |
| <i>promethazine hcl SOLN PO 6.25 MG/5ML</i>                            | 1         | QL(240 ML per fill retail); AL(At least 2 yrs old) |
| <i>promethazine hcl SUPP PR</i>  | 1         | QL(12 EA per fill retail); AL(At least 2 yrs old)  |

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

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| 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 PO 5 MG, 10 MG, 20 MG</i>                        | 1         | QL(1 EA daily); MP  |
| <i>benazepril hcl PO 40 MG</i>                                     | 1         | QL(2 EA daily); MP  |
| <i>captopril PO</i>  | 1         | QL(3 EA daily); MP  |
| <i>enalapril maleate TABS PO</i>                                   | 1         | QL(2 EA daily); MP  |
| <i>fosinopril sodium PO</i>  | 1         | QL(1 EA daily); MP  |
| <i>lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | 1         | MP                  |
| <i>moexipril hcl PO</i>  | 1         |                     |
| <i>perindopril erbumine PO</i>                                     | 1         |                     |
| <i>quinapril hcl PO</i>  | 1         | QL(1 EA daily); MP  |
| <i>ramipril CAPS PO</i>  | 1         | QL(2 EA daily); MP  |
| <i>trandolapril PO 1 MG, 2 MG</i>                                  | 1         | QL(1 EA daily); MP  |
| <i>trandolapril PO 4 MG</i>  | 1         | QL(2 EA daily); MP  |
| <b>Agents for Pheochromocytoma</b>                                 |           |                     |
| <i>metyrosine PO</i>   | 1         | SP; PA              |
| <b>Angiotensin II Receptor Antagonists</b>                         |           |                     |
| <i>candesartan cilexetil PO</i>                                    | 1         |                     |
| <i>irbesartan PO</i>   | 1         | QL(1 EA daily); MP  |
| <i>losartan potassium PO</i>                                       | 1         | QL(1 EA daily); MP  |
| <i>olmesartan medoxomil PO</i>                                     | 1         |                     |
| <i>telmisartan PO</i>  | 1         |                     |
| <i>valsartan SOLN</i>  | 1         |                     |

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

| Drug Name  | Drug Tier | Requirements/ Limits | Drug Name  | Drug Tier | Requirements/ Limits         |
|--|-----------|----------------------|--|-----------|------------------------------|
| <i>lisinopril &amp; hydrochlorothiazide PO</i>                             | 1         | MP                   | Anti-infective Misc. - Combinations  |           |                              |
| <i>losartan potassium &amp; hydrochlorothiazide PO</i>                     | 1         | QL(1 EA daily); MP   | <i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS PO 81.6 MG</i> | 1         |                              |
| <i>metoprolol &amp; hydrochlorothiazide TABS PO</i>                        | 1         | QL(2 EA daily); MP   | <i>sulfamethoxazole-trimethoprim SUSP PO</i>                               | 1         |                              |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>              | 1         |                      | <i>sulfamethoxazole-trimethoprim TABS PO</i>                               | 1         |                              |
| <i>olmesartan medoxomil-hydrochlorothiazide PO</i>                         | 1         |                      | Carbapenems  |           |                              |
| <i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG</i>                      | 1         | QL(3 EA daily)       | <i>ertapenem sodium IJ</i>   | 1         | SP; PA                       |
| <i>quinapril-hydrochlorothiazide PO 12.5 MG-20 MG</i>                      | 1         | QL(4 EA daily)       | Glycopeptides  |           |                              |
| <i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>                        | 1         | QL(2 EA daily)       | <i>vancomycin hcl CAPS PO 250 MG</i>                                       | 1         | QL(8 EA daily)               |
| <i>telmisartan-amlodipine PO</i>   | 1         |                      | <i>vancomycin hcl CAPS PO 125 MG</i>                                       | 1         | QL(4 EA daily)               |
| <i>telmisartan-hydrochlorothiazide PO</i>                                  | 1         | QL(1 EA daily)       | <i>vancomycin hcl SOLR IV 500 MG</i>                                       | 1         | QL(0.467 EA daily)           |
| <i>trandolapril-verapamil hcl PO</i>                                       | 1         |                      | <i>vancomycin hcl SOLR IV 1 GM</i>   | 1         | QL(14 EA per fill retail)    |
| <i>valsartan-hydrochlorothiazide PO</i>                                    | 1         | QL(1 EA daily); MP   | <i>vancomycin hcl SOLR PO 25 MG/ML</i>                                     | 1         | QL(300 ML per fill retail)   |
| Antihypertensives - Misc.  |           |                      | VANCOMYCIN HCL SOLR IV 500 MG  | 2         | QL(0.467 EA daily)           |
| VECAMYL PO   | 2         | SP; PA               | VANCOMYCIN HCL SOLR IV 1 GM  | 2         | QL(14 EA per fill retail)    |
| Vasodilators   |           |                      | Leprostatics   |           |                              |
| <i>hydralazine hcl TABS PO</i>   | 1         | MP                   | <i>dapsone PO</i>  | 1         |                              |
| <i>minoxidil PO 2.5 MG, 10 MG</i>  | 1         | MP                   | Lincosamides   |           |                              |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                      | <i>clindamycin hcl PO 150 MG, 300 MG</i>                                   | 1         |                              |
| Anti-infective Agents - Misc.  |           |                      | <i>clindamycin palmitate hydrochloride PO</i>                              | 1         | QL(100 ML per fill retail)   |
| <i>metronidazole TABS PO</i>   | 1         |                      | Monobactams  |           |                              |
| <i>trimethoprim TABS PO</i>  | 1         |                      | CAYSTON  | NP        | SP; PA                       |
|  |           |                      | Oxazolidinones   |           |                              |
|  |           |                      | SIVEXTRO TABS  | 2         | QL(6 EA per fill retail); PA |



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

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>pyrazinamide PO</i>   | 1         |                     |
| <i>rifampin CAPS PO</i>  | 1         |                     |
| TRECTOR PO   | 2         |                     |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>  |           |                     |
| <b>Alkylating Agents</b>   |           |                     |
| 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 PO   | 2         |                     |
| EVOMELA IV   | 2         | SP; PA              |
| KEMOPLAT SOLN  | 2         | SP; PA              |
| LEUKERAN PO  | 2         |                     |
| <i>melfalan PO</i>   | 1         |                     |
| <i>melfalan hcl IV</i>   | 1         | SP; PA              |
| MYLERAN TABS PO  | 2         |                     |
| TEMODAR SOLR   | 2         | SP; PA              |
| <i>temozolomide CAPS PO</i>  | 1         | SP; PA              |
| VIVIMUSTA SOLN   | 2         | SP; PA              |
| YONDELIS   | 2         | SP; PA              |
| <b>Antimetabolites</b>   |           |                     |
| <i>azacitidine SUSR</i>  | 1         | SP; PA              |
| <i>capecitabine PO</i>   | 1         | SP; PA              |
| <i>cladribine 10 MG/10ML</i>   | 1         | SP; PA              |

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

| Drug Name  | Drug Tier | Requirements/Limits                                 | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---|--|-----------|---------------------|
| KYMRIAH  | 2         | SP; PA  | <i>letrozole PO</i>  | 1         | QL(1 EA daily); MP  |
| PROVENGE   | 2         | SP; PA  | LEUPROLIDE ACETATE (3 MONTH) INJ                             | 2         |                     |
| 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  | LYSODREN PO  | 2         | SP; PA              |
| TAGRISO  | 2         | SP; PA  | <i>megestrol acetate SUSP PO</i>                             | 1         |                     |
| VECTIBIX 100 MG/5ML, 400 MG/20ML                     | 2         | SP; PA  | <i>megestrol acetate TABS PO</i>                             | 1         |                     |
| VIZIMPRO   | 2         | SP; PA  | <i>tamoxifen citrate TABS PO</i>                             | 1         | MP                  |
| Antineoplastic - Hedgehog Pathway Inhibitors         |           |   | <i>toremifene citrate PO</i>                                 | 1         | PA                  |
| DAURISMO   | 2         | SP; PA  | TRELSTAR MIXJECT 3.75 MG                                     | 2         | SP; PA              |
| ERIVEDGE   | 2         | SP; PA  | TRELSTAR MIXJECT 11.25 MG, 22.5 MG                           | 2         | SP; PA              |
| ODOMZO PO  | 2         | SP; PA  | XTANDI CAPS  | 2         | SP; PA              |
| Antineoplastic - Hormonal and Related Agents         |           |   | ZOLADEX 10.8 MG  | 2         | SP; PA              |
| <i>abiraterone acetate</i>                           | 1         | SP; PA  | ZOLADEX 3.6 MG   | 2         | SP; PA              |
| <i>anastrozole PO</i>                                | 1         | MP  | Antineoplastic - Immunomodulators                            |           |                     |
| <i>bicalutamide PO</i>                               | 1         | QL(1 EA daily)                                      | POMALYST   | 2         | SP; PA              |
| CAMCEVI  | 2         | SP  | Antineoplastic Antibiotics                                   |           |                     |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG                     | 2         | SP; PA  | <i>daunorubicin hcl SOLN 50 MG/10ML</i>                      | 1         | SP; PA              |
| ELIGARD KIT SC 7.5 MG                                | 2         | SP; PA  | ELLECE SOLN  | 2         | SP; PA              |
| EMCYT PO   | 2         | SP; PA  | <i>mitoxantrone hcl 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML</i> | 1         | SP; PA              |
| ERLEADA 60 MG  | 2         | SP; PA  |  |           |                     |
| EULEXIN PO   | 2         |   |  |           |                     |
| <i>exemestane PO</i>                                 | 1         |   |  |           |                     |
| FIRMAGON 80 MG                                       | 2         | SP; PA  |  |           |                     |
| FIRMAGON (240 MG DOSE)                               | 2         | SP; PA  |  |           |                     |
| <i>flutamide PO</i>                                  | 1         |   |  |           |                     |
| <i>hydroxyprogesterone caproate (antineoplastic)</i> | 1         | QL(41.67 ML daily); AL(At least 16 yrs old); SP; PA |  |           |                     |

| Drug Name                               | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| <i>valrubicin</i>                       | 1         | SP; PA                 |
| <b>Antineoplastic Combinations</b>      |           |                        |
| HERCEPTIN HYLECTA                       | 2         | SP; PA                 |
| LONSURF                                 | 2         | SP; PA                 |
| <b>Antineoplastic Enzyme Inhibitors</b> |           |                        |
| ALECENSA                                | 2         | SP; PA                 |
| BELEODAQ                                | 2         | SP; PA                 |
| <i>bortezomib SOLR IJ</i>               | 1         | SP; PA                 |
| BORTEZOMIB SOLR IV 3.5 MG               | 2         | SP; PA                 |
| BOSULIF TABS 100 MG, 500 MG             | 2         | SP; PA                 |
| BRAFTOVI PO 75 MG                       | 2         | SP; PA                 |
| CABOMETYX TABS PO                       | 2         | SP; PA                 |
| CAPRELSA PO                             | 2         | SP; PA                 |
| COMETRIQ (100 MG DAILY DOSE) KIT        | 2         | SP; PA                 |
| COMETRIQ (140 MG DAILY DOSE) KIT        | 2         | SP; PA                 |
| COMETRIQ (60 MG DAILY DOSE) KIT         | 2         | SP; PA                 |
| COTELLIC                                | 2         | SP; PA                 |
| <i>dasatinib</i>                        | 1         | SP; PA                 |
| <i>everolimus TABS</i>                  | 1         | SP; PA                 |
| <i>everolimus TBSO</i>                  | 1         | SP; PA                 |
| IBRANCE CAPS                            | 2         | SP; PA                 |
| ICLUSIG PO 15 MG, 45 MG                 | 2         | SP; PA                 |
| <i>imatinib mesylate PO</i>             | 1         | SP; PA                 |
| IMBRUVICA CAPS 70 MG                    | 2         | QL(1 EA daily); SP; PA |
| IMBRUVICA CAPS 140 MG                   | 2         | SP; PA                 |
| IMBRUVICA TABS                          | 2         | QL(1 EA daily); SP; PA |
| JAKAFI                                  | 2         | SP; PA                 |
| KYPROLIS                                | 2         | SP; PA                 |
| <i>lapatinib ditosylate</i>             | 1         | SP; PA                 |
| LORBRENA                                | 2         | SP; PA                 |

| Drug Name                                  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| MEKINIST TABS PO                           | 2         | SP; PA              |
| MEKTOVI                                    | 2         | SP; PA              |
| NINLARO                                    | 2         | SP; PA              |
| <i>pazopanib hcl</i>                       | 1         | SP; PA              |
| <i>romidepsin SOLR</i>                     | 1         | SP; PA              |
| RUBRACA                                    | 2         | SP; PA              |
| <i>sorafenib tosylate PO</i>               | 1         | SP; PA              |
| STIVARGA                                   | 2         | SP; PA              |
| <i>sunitinib malate PO</i>                 | 1         | SP; PA              |
| TAFINLAR CAPS PO                           | 2         | SP; PA              |
| TALZENNA 0.25 MG, 1 MG                     | 2         | SP; PA              |
| TASIGNA                                    | 2         | SP; PA              |
| <i>temsirolimus</i>                        | 1         | SP; PA              |
| TIBSOVO                                    | 2         | SP; PA              |
| VITRAKVI CAPS PO                           | 2         | SP; PA              |
| VITRAKVI SOLN                              | 2         | SP; PA              |
| VOTRIENT                                   | 2         | SP; PA              |
| XALKORI CAPS                               | 2         | SP; PA              |
| XOSPATA                                    | 2         | SP; PA              |
| ZELBORAF PO                                | 2         | SP; PA              |
| ZOLINZA                                    | 2         | SP; PA              |
| ZYDELIG                                    | 2         | SP; PA              |
| ZYKADIA TABS                               | 2         | SP; PA              |
| <b>Antineoplastic Enzymes</b>              |           |                     |
| ONCASPAR                                   | 2         | SP; PA              |
| <b>Antineoplastic Radiopharmaceuticals</b> |           |                     |
| AZEDRA DOSIMETRIC                          | 2         | SP; PA              |
| AZEDRA THERAPEUTIC                         | 2         | SP; PA              |
| LUTATHERA                                  | 2         | SP; PA              |
| <b>Antineoplastics Misc.</b>               |           |                     |
| ACTIMMUNE 100 MCG/0.5ML                    | 2         | SP; PA              |
| ALFERON N                                  | 2         | SP; PA              |
| <i>arsenic trioxide 12 MG/6ML</i>          | 1         | SP; PA              |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>bexarotene PO</i>                                     | 1         | SP; PA              |
| <i>hydroxyurea PO</i>                                    | 1         | MP                  |
| MATULANE PO  | 2         | SP; PA              |
| PHOTOFRIN  | 2         | SP; PA              |
| PROLEUKIN  | 2         | SP; PA              |
| SYNRIBO  | 2         | SP; PA              |
| <i>tretinoin (chemotherapy) PO</i>                       | 1         | SP; PA              |
| Chemotherapy Adjuncts                                    |           |                     |
| KEPIVANCE 6.25 MG  | 2         | SP; PA              |
| Chemotherapy Rescue/Antidote/Protective Agents           |           |                     |
| <i>dexrazoxane hcl</i>                                   | 1         | SP; PA              |
| KHAPZORY   | 2         | SP; PA              |
| <i>leucovorin calcium TABS PO 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              |
| MESNEX TABS PO   | 2         | SP; PA              |
| VORAXAZE   | 2         | SP; PA              |
| Mitotic Inhibitors                                       |           |                     |
| ABRAXANE   | 2         | SP; PA              |
| <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 PO</i>                                 | 1         | SP; PA              |
| <i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i> | 1         | SP; PA              |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| IXEMPRA KIT  | 2         | SP; PA              |
| JEVTANA  | 2         | SP; PA              |
| PACLITAXEL PROTEIN-BOUND PART  | 2         | SP; PA              |
| <i>paclitaxel protein-bound particles</i>  | 1         | SP; PA              |
| <i>vincristine sulfate</i>   | 1         | SP; PA              |
| Oncolytic Viral Agents   |           |                     |
| IMLYGIC  | 2         | SP; PA              |
| Topoisomerase I Inhibitors   |           |                     |
| HYCANTIN CAPS PO   | 2         | SP; PA              |
| <i>irinotecan hcl</i>  | 1         | SP; PA              |
| <i>topotecan hcl SOLN</i>  | 1         | SP; PA              |
| TOPOTECAN HCL SOLN   | 2         | SP; PA              |
| <i>topotecan hcl SOLR</i>  | 1         | SP; PA              |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                     |
| Antiparkinson Adjunctive Therapy   |           |                     |
| <i>carbidopa PO</i>  | 1         |                     |
| Antiparkinson Anticholinergics   |           |                     |
| <i>benztropine mesylate TABS PO</i>  | 1         | MP                  |
| <i>trihexyphenidyl hcl SOLN</i>  | 1         | MP                  |
| <i>trihexyphenidyl hcl TABS PO</i>   | 1         | MP                  |
| Antiparkinson Dopaminergics  |           |                     |
| <i>amantadine hcl CAPS PO</i>  | 1         | MP                  |
| <i>amantadine hcl SOLN</i>   | 1         | MP                  |
| <i>amantadine hcl TABS PO</i>  | 1         | MP                  |
| APOKYN SOCT  | 2         | SP; PA              |
| <i>apomorphine hydrochloride SOCT</i>  | 1         | SP; PA              |
| <i>bromocriptine mesylate CAPS PO</i>  | 1         |                     |
| <i>bromocriptine mesylate TABS PO 2.5 MG</i>   | 1         |                     |

| Drug Name  | Drug Tier | Requirements/Limits                     | Drug Name   | Drug Tier | Requirements/Limits  |
|--|-----------|---|---|-----------|--|
| <i>carbidopa-levodopa TABS PO</i>                                      | 1         | MP                                      | <i>ziprasidone hcl PO</i>   | 1         |  |
| <i>carbidopa-levodopa TBCR PO</i>                                      | 1         | MP                                      | <i>ziprasidone mesylate</i>   | 1         |  |
| DHIVY TABS PO  | 2         | MP                                      | <b>Benzisoxazoles</b>   |           |  |
| <i>pramipexole dihydrochloride TABS PO</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 | 2         | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 |
| <i>pramipexole dihydrochloride TB24 PO</i>                             | 1         |   | INVEGA HAFYERA  | 2         | 1 package(s) per 180 day(s) retail; AL(At least 18 yrs old); SP                                |
| <i>ropinirole hydrochloride TABS PO 0.25 MG, 3 MG, 4 MG</i>            | 1         | QL(6 EA daily); MP                      | INVEGA SUSTENNA   | 2         | 1 package(s) per 30 day(s) retail; AL(At least 18 yrs old); SP                                 |
| <i>ropinirole hydrochloride TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG</i>       | 1         | QL(3 EA daily); MP                      | INVEGA TRINZA   | 2         | 1 package(s) per 84 day(s) retail; AL(At least 18 yrs old); SP                                 |
| <i>ropinirole hydrochloride TB24 PO</i>                                | 1         |   | <i>paliperidone PO</i>  | 1         |  |
| <b>Antiparkinson Monoamine Oxidase Inhibitors</b>                      |           |   | RISPERDAL CONSTA (Use <i>risperidone microspheres</i> )                   | 2         | QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP |
| <i>selegiline hcl CAPS PO</i>  | 1         | MP                                      | <i>risperidone microspheres</i>   | 1         | QL(2 EA per 28 day(s) retail); 1 max fill(s) per 14 day(s) retail; AL(At least 18 yrs old); SP |
| <i>selegiline hcl TABS PO</i>  | 1         | MP                                      | <i>risperidone SOLN PO</i>  | 1         |  |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |   | <i>risperidone TABS PO</i>  | 1         |  |
| <b>Antimanic Agents</b>  |           |   | <i>risperidone TBDP PO</i>  | 1         |  |
| <i>lithium PO</i>  | 1         |   | RYKINDO SRER  | NP        | AL(At least 18 yrs old); SP  |
| <i>lithium carbonate CAPS PO</i>                                       | 1         |   | UZEDY SUSY 100 MG/0.28ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML      | 2         | SP   |
| <i>lithium carbonate TABS PO</i>                                       | 1         |   |   |           |  |
| <i>lithium carbonate TBCR PO</i>                                       | 1         |   |   |           |  |
| LITHOBID TBCR PO (Use <i>lithium carbonate</i> )                       | 2         |   |   |           |  |
| <b>Antipsychotics - Misc.</b>  |           |   |   |           |  |
| CAPLYTA  | NP        |   |   |           |  |
| <i>lurasidone hcl PO</i>   | 1         |   |   |           |  |
| NUPLAZID CAPS  | 2         | QL(1 EA daily); PA                      |   |           |  |
| NUPLAZID TABS PO 10 MG   | 2         | QL(1 EA daily); PA                      |   |           |  |

| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| UZEDY SUSY 50 MG/0.14ML, 75 MG/0.21ML, 125 MG/0.35ML | 2         | SP                      |
| <b>Butyrophenones</b>                                |           |                         |
| <i>haloperidol decanoate</i>                         | 1         |                         |
| <i>haloperidol lactate CONC PO</i>                   | 1         |                         |
| <i>haloperidol lactate SOLN</i>                      | 1         |                         |
| <i>haloperidol TABS PO</i>                           | 1         |                         |
| <b>Dibenzapines</b>                                  |           |                         |
| <i>clozapine TABS PO</i>                             | 0         |                         |
| <i>clozapine TBDP PO</i>                             | 0         |                         |
| <i>loxapine succinate PO</i>                         | 1         |                         |
| <i>olanzapine SOLR</i>                               | 1         |                         |
| <i>olanzapine TABS PO</i>                            | 1         | AL(At least 10 yrs old) |
| <i>olanzapine TBDP PO</i>                            | 1         |                         |
| <i>quetiapine fumarate TABS PO</i>                   | 1         |                         |
| <i>quetiapine fumarate TB24 PO</i>                   | 1         |                         |
| ZYPREXA RELPREVV                                     | NP        | SP                      |
| <b>Phenothiazines</b>                                |           |                         |
| <i>chlorpromazine hcl TABS PO</i>                    | 1         |                         |
| <i>fluphenazine decanoate</i>                        | 1         |                         |
| <i>fluphenazine hcl TABS PO</i>                      | 1         |                         |
| <i>perphenazine TABS PO</i>                          | 1         |                         |
| <i>prochlorperazine PR</i>                           | 1         |                         |
| <i>prochlorperazine edisylate 10 MG/2ML</i>          | 1         |                         |
| <i>prochlorperazine maleate TABS PO</i>              | 1         |                         |
| <i>thioridazine hcl PO</i>                           | 1         |                         |
| <i>trifluoperazine hcl TABS PO</i>                   | 1         |                         |
| <b>Quinolinone Derivatives</b>                       |           |                         |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| ABILIFY ASIMTUFII PRSY   | 2         | AL(At least 18 yrs old); SP                                |
| ABILIFY MAINTENA PRSY  | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP |
| ABILIFY MAINTENA SRER  | 2         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP |
| ABILIFY MYCITE MAINTENANCE KIT   | NP        | SP   |
| ABILIFY MYCITE STARTER KIT   | NP        | SP   |
| <i>aripiprazole SOLN PO</i>  | 1         | QL(30 ML daily)  |
| <i>aripiprazole TABS PO</i>  | 1         | QL(1 EA daily)   |
| <i>aripiprazole TBDP PO</i>  | 1         | QL(2 EA daily)   |
| ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML                              | 2         | QL(1 ML per 28 day(s) retail); AL(At least 18 yrs old); SP |
| <b>Thioxanthenes</b>   |           |  |
| <i>thiothixene PO</i>  | 1         |  |
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b>                            |           |  |
| <b>Antiretrovirals</b>   |           |  |
| <i>abacavir sulfate-lamivudine PO</i>  | 0         | QL(1 EA daily)   |
| <i>abacavir sulfate SOLN PO</i>  | 0         | QL(30 ML daily)  |
| <i>abacavir sulfate TABS PO</i>  | 0         | QL(2 EA daily)   |
| APTIVUS CAPS   | 0         | QL(4 EA daily)   |
| <i>atazanavir sulfate CAPS PO</i>  | 0         | QL(2 EA daily)   |
| ATRIPLA PO (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> ) | 0         | QL(1 EA daily)   |
| BIKTARVY 120 MG-30 MG-15 MG  | 2         |  |
| BIKTARVY 200 MG-50 MG-25 MG  | 0         | QL(1 EA daily)   |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|---------------------|---|-----------|----------------------------|
| COMBIVIR PO ( <i>Use lamivudine-zidovudine</i> )                | 0         | QL(2 EA daily)      | <i>fosamprenavir calcium TABS PO</i>                            | 0         | QL(4 EA daily)             |
| COMPLERA  | 0         | QL(1 EA daily)      | GENVOYA   | 0         | QL(1 EA daily)             |
| <i>darunavir TABS</i>   | 0         | QL(2 EA daily)      | INTELENCE PO ( <i>Use etravirine</i> )                          | 0         | QL(4 EA daily)             |
| DELSTRIGO   | 0         | QL(1 EA daily)      | INTELENCE PO  | 0         | QL(4 EA daily)             |
| DESCOVY 200 MG-25 MG  | 0         | QL(1 EA daily)      | INTELENCE PO 200 MG ( <i>Use etravirine</i> )                   | 0         | QL(2 EA daily)             |
| DESCOVY 120 MG-15 MG  | 2         |                     | ISENTRESS CHEW 100 MG   | 0         | QL(6 EA daily)             |
| DOVATO  | 0         |                     | ISENTRESS CHEW 25 MG  | 0         | QL(12 EA daily)            |
| EDURANT   | 0         | QL(1 EA daily)      | ISENTRESS PACK PO   | 0         | QL(2 EA daily)             |
| <i>efavirenz CAPS PO 50 MG</i>                                  | 0         | QL(2 EA daily)      | ISENTRESS TABS PO   | 0         | QL(2 EA daily)             |
| <i>efavirenz CAPS PO 200 MG</i>                                 | 0         | QL(1 EA daily)      | KALETRA SOLN PO ( <i>Use lopinavir-ritonavir</i> )              | 0         | QL(160 ML per fill retail) |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i> | 0         | QL(1 EA daily)      | KALETRA TABS PO 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> ) | 0         | QL(6 EA daily)             |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>       | 0         | QL(1 EA daily)      | KALETRA TABS PO 25 MG-100 MG ( <i>Use lopinavir-ritonavir</i> ) | 0         | QL(4 EA daily)             |
| <i>efavirenz TABS PO</i>  | 0         | QL(1 EA daily)      | <i>lamivudine SOLN PO</i>                                       | 0         | QL(30 ML daily)            |
| <i>emtricitabine CAPS PO</i>                                    | 0         | QL(1 EA daily)      | <i>lamivudine TABS PO 150 MG</i>                                | 0         | QL(2 EA daily)             |
| <i>emtricitabine-tenofovir disoproxil fumarate PO</i>           | 0         | QL(1 EA daily)      | <i>lamivudine TABS PO 300 MG</i>                                | 0         | QL(1 EA daily)             |
| EMTRIVA CAPS PO ( <i>Use emtricitabine</i> )                    | 0         | QL(1 EA daily)      | <i>lamivudine-zidovudine PO</i>                                 | 0         | QL(2 EA daily)             |
| EMTRIVA SOLN  | 0         | QL(24 ML daily)     | LEXIVA SUSP PO  | 0         | QL(56 ML daily)            |
| EPIVIR SOLN PO ( <i>Use lamivudine</i> )                        | 0         | QL(30 ML daily)     | LEXIVA TABS PO ( <i>Use fosamprenavir calcium</i> )             | 0         | QL(4 EA daily)             |
| EPIVIR TABS PO 150 MG ( <i>Use lamivudine</i> )                 | 0         | QL(2 EA daily)      | <i>lopinavir-ritonavir SOLN PO</i>                              | 0         | QL(160 ML per fill retail) |
| EPIVIR TABS PO 300 MG ( <i>Use lamivudine</i> )                 | 0         | QL(1 EA daily)      | <i>lopinavir-ritonavir TABS PO 50 MG-200 MG</i>                 | 0         | QL(6 EA daily)             |
| EPZICOM PO ( <i>Use abacavir sulfate-lamivudine</i> )           | 0         | QL(1 EA daily)      | <i>lopinavir-ritonavir TABS PO 25 MG-100 MG</i>                 | 0         | QL(4 EA daily)             |
| <i>etravirine PO 100 MG</i>                                     | 0         | QL(4 EA daily)      | <i>maraviroc TABS PO 300 MG</i>                                 | 0         | QL(4 EA daily)             |
| <i>etravirine PO 200 MG</i>                                     | 0         | QL(2 EA daily)      |   |           |                            |
| EVOTAZ  | 0         | QL(1 EA daily)      |   |           |                            |



| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>maraviroc TABS PO 150 MG</i>                                  | 0         | QL(2 EA daily)      | SUNLENCA TBPK 300 MG   | 2         | SP                  |
| <i>nevirapine SUSP PO</i>  | 0         | QL(40 ML daily)     | SUSTIVA CAPS PO 200 MG ( <i>Use efavirenz</i> )                            | 0         | QL(1 EA daily)      |
| <i>nevirapine TABS PO</i>  | 0         | QL(2 EA daily)      | SUSTIVA CAPS PO 50 MG ( <i>Use efavirenz</i> )                             | 0         | QL(2 EA daily)      |
| <i>nevirapine TB24 PO 400 MG</i>                                 | 0         | QL(1 EA daily)      | SYMFI ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )    | 0         | QL(1 EA daily)      |
| <i>nevirapine TB24 PO 100 MG</i>                                 | 0         | QL(3 EA daily)      | SYMFI LO ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | 0         | QL(1 EA daily)      |
| NORVIR CAPS PO   | 0         | QL(12 EA daily)     | SYMTUZA  | 0         | QL(1 EA daily)      |
| NORVIR PACK  | 0         |                     | <i>tenofovir disoproxil fumarate TABS PO</i>                               | 0         | QL(1 EA daily)      |
| NORVIR SOLN  | 0         | QL(15 ML daily)     | TIVICAY PD TBSO  | 0         |                     |
| NORVIR TABS PO ( <i>Use ritonavir</i> )                          | 0         | QL(12 EA daily)     | TIVICAY TABS   | 0         |                     |
| ODEFSEY  | 0         |                     | TRIUMEQ PD TBSO  | 0         |                     |
| PIFELTRO   | 0         | QL(1 EA daily)      | TRIUMEQ TABS   | 0         |                     |
| PREZCOBIX  | 0         | QL(1 EA daily)      | TRIZIVIR PO  | 0         | QL(2 EA daily)      |
| PREZISTA SUSP  | 0         | QL(12 ML daily)     | TRUVADA PO ( <i>Use emtricitabine-tenofovir disoproxil fumarate</i> )      | 0         | QL(1 EA daily)      |
| PREZISTA TABS ( <i>Use darunavir</i> )                           | 0         | QL(2 EA daily)      | TYBOST   | 0         | QL(1 EA daily)      |
| PREZISTA TABS 150 MG   | 0         | QL(3 EA daily)      | VIRACEPT TABS PO 625 MG  | 0         | QL(4 EA daily)      |
| PREZISTA TABS 75 MG, 600 MG, 800 MG                              | 0         | QL(2 EA daily)      | VIRACEPT TABS PO 250 MG  | 0         | QL(9 EA daily)      |
| RETROVIR CAPS PO ( <i>Use zidovudine</i> )                       | 0         | QL(6 EA daily)      | VIREAD POWD  | 0         |                     |
| RETROVIR SYRP PO ( <i>Use zidovudine</i> )                       | 0         | QL(60 ML daily)     | VIREAD TABS PO   | 0         | QL(1 EA daily)      |
| REYATAZ CAPS PO 200 MG, 300 MG ( <i>Use atazanavir sulfate</i> ) | 0         | QL(2 EA daily)      | VIREAD TABS PO ( <i>Use tenofovir disoproxil fumarate</i> )                | 0         | QL(1 EA daily)      |
| REYATAZ PACK   | 0         | QL(6 EA daily)      | ZIAGEN SOLN PO ( <i>Use abacavir sulfate</i> )                             | 0         | QL(30 ML daily)     |
| <i>ritonavir TABS PO</i>   | 0         | QL(12 EA daily)     | ZIAGEN TABS PO ( <i>Use abacavir sulfate</i> )                             | 0         | QL(2 EA daily)      |
| RUKOBIA  | 0         |                     | <i>zidovudine CAPS PO</i>  | 0         | QL(6 EA daily)      |
| SELZENTRY SOLN   | 0         | QL(35 ML daily)     | <i>zidovudine SYRP PO</i>  | 0         | QL(60 ML daily)     |
| SELZENTRY TABS PO 25 MG, 75 MG                                   | NP        |                     | <i>zidovudine TABS PO</i>  | 0         | QL(2 EA daily)      |
| <i>stavudine CAPS PO</i>   | 0         | QL(2 EA daily)      |  |           |                     |
| STRIBILD   | 0         |                     |  |           |                     |

| Drug Name                                     | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| <b>Antiviral Combinations</b>                 |           |                                 |
| PAXLOVID (150/100)                            | 0         |                                 |
| PAXLOVID (300/100)                            | 0         |                                 |
| <b>CMV Agents</b>                             |           |                                 |
| PREVYMIS SOLN                                 | 2         | SP; PA                          |
| PREVYMIS TABS                                 | 2         | SP; PA                          |
| <i>valganciclovir hcl TABS PO</i>             | 1         | QL(2 EA daily)                  |
| <b>Hepatitis Agents</b>                       |           |                                 |
| 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 PO                               | 2         | SP                              |
| PEGASYS SOLN                                  | 2         | SP; PA                          |
| PEGASYS SOSY                                  | 2         | SP; PA                          |
| <i>ribavirin (hepatitis c) CAPS PO</i>        | 1         | SP; PA                          |
| <i>ribavirin (hepatitis c) TABS PO 200 MG</i> | 1         | SP; PA                          |
| SOFOVIR-SOFOSBUVIR VELPATASVIR TABS           | 2         | SP                              |
| SOVALDI PACK                                  | NP        | SP; PA                          |
| SOVALDI TABS                                  | NP        | SP; PA                          |
| VIEKIRA PAK TBP                               | NP        | SP; PA                          |
| VOSEVI  | NP        | SP; PA                          |
| ZEPATIER                                      | NP        | SP; PA                          |
| <b>Herpes Agents</b>                          |           |                                 |
| <i>acyclovir CAPS PO</i>                      | 1         | QL(50 EA per 30 day(s) retail)  |
| <i>acyclovir SUSP PO</i>                      | 1         | QL(400 ML per 30 day(s) retail) |
| <i>acyclovir TABS PO 400 MG</i>               | 1         | QL(3 EA daily)                  |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <i>acyclovir TABS PO 800 MG</i>                           | 1         | QL(50 EA per 30 day(s) retail) |
| <i>famciclovir PO</i>                                     | 1         |                                |
| <i>valacyclovir hcl PO 500 MG</i>                         | 1         | QL(2 EA daily)                 |
| <i>valacyclovir hcl PO 1 GM</i>                           | 1         | QL(42 EA per 21 day(s) retail) |
| <b>Influenza Agents</b>                                   |           |                                |
| <i>oseltamivir phosphate CAPS PO 30 MG</i>                | 1         | QL(20 EA per fill retail)      |
| <i>oseltamivir phosphate CAPS PO 45 MG, 75 MG</i>         | 1         | QL(10 EA per fill retail)      |
| <i>oseltamivir phosphate SUSP PO</i>                      | 1         | QL(120 ML per fill retail)     |
| <i>rimantadine hydrochloride TABS PO</i>                  | 1         | PA                             |
| XOFLUZA (40 MG DOSE) PO 40 MG                             | NP        |                                |
| XOFLUZA (80 MG DOSE) PO 80 MG                             | NP        |                                |
| <b>Misc. Antivirals</b>                                   |           |                                |
| LAGEVIRIO   | 0         |                                |
| TPOXX CAPS  | 2         |                                |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                                |
| <b>Alpha-Beta Blockers</b>                                |           |                                |
| <i>carvedilol PO 25 MG</i>                                | 1         | QL(4 EA daily); MP             |
| <i>carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG</i>           | 1         | QL(3 EA daily); MP             |
| <i>carvedilol phosphate PO</i>                            | 1         | QL(1 EA daily); MP             |
| <i>labetalol hcl TABS PO 200 MG</i>                       | 1         | QL(6 EA daily); MP             |
| <i>labetalol hcl TABS PO 300 MG</i>                       | 1         | QL(8 EA daily); MP             |
| <i>labetalol hcl TABS PO 100 MG</i>                       | 1         | QL(3 EA daily); MP             |
| <b>Beta Blockers Cardio-Selective</b>                     |           |                                |
| <i>acebutolol hcl CAPS PO</i>                             | 1         | MP                             |

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|--|-----------|---------------------|
| <i>atenolol TABS PO</i>  | 1         | QL(2 EA daily); MP   | <i>diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG</i> | 1         | QL(1 EA daily); MP  |
| <i>betaxolol hcl PO</i>  | 1         |                      | <i>diltiazem hcl coated beads CP24 PO 360 MG</i>                 | 1         | MP                  |
| <i>bisoprolol fumarate PO</i>  | 1         | QL(1 EA daily); MP   | <i>diltiazem hcl extended release beads PO</i>                   | 1         | QL(1 EA daily); MP  |
| <i>metoprolol succinate TB24 PO 200 MG</i>                           | 1         | QL(2 EA daily); MP   | <i>diltiazem hcl CP12 PO</i>                                     | 1         | QL(2 EA daily); MP  |
| <i>metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG</i>             | 1         | QL(4 EA daily); MP   | <i>diltiazem hcl CP24 PO 180 MG</i>                              | 1         | MP                  |
| <i>metoprolol tartrate TABS PO 100 MG</i>                            | 1         | QL(4.5 EA daily); MP | <i>diltiazem hcl CP24 PO 120 MG, 240 MG</i>                      | 1         | QL(1 EA daily); MP  |
| <i>metoprolol tartrate TABS PO 37.5 MG, 75 MG</i>                    | 1         |                      | <i>diltiazem hcl TABS PO</i>                                     | 1         | QL(3 EA daily); MP  |
| <i>metoprolol tartrate TABS PO 25 MG, 50 MG</i>                      | 1         | QL(4 EA daily); MP   | <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i> | 1         | MP                  |
| <b>Beta Blockers Non-Selective</b>                                   |           |                      | <i>felodipine PO</i>   | 1         | QL(1 EA daily); MP  |
| <i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>                           | 1         | MP                   | <i>isradipine CAPS PO</i>  | 1         |                     |
| <i>pindolol TABS PO</i>  | 1         | MP                   | <i>levamlodipine maleate</i>                                     | 1         |                     |
| <i>propranolol hcl CP24 PO</i>                                       | 1         | QL(2 EA daily); MP   | <i>nicardipine hcl CAPS PO</i>                                   | 1         | MP                  |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>                  | 1         | MP                   | <i>nifedipine CAPS PO</i>  | 1         | QL(4 EA daily); MP  |
| <i>propranolol hcl TABS PO</i>                                       | 1         | MP                   | <i>nifedipine TB24 PO 30 MG, 90 MG</i>                           | 1         | QL(1 EA daily); MP  |
| <i>sotalol hcl (afib/af) PO</i>                                      | 1         | QL(2 EA daily); MP   | <i>nifedipine TB24 PO 60 MG</i>                                  | 1         | QL(2 EA daily); MP  |
| <i>sotalol hcl TABS PO 240 MG</i>                                    | 1         | MP                   | <i>nimodipine CAPS PO</i>  | 1         |                     |
| <i>sotalol hcl TABS PO 80 MG, 120 MG, 160 MG</i>                     | 1         | QL(2 EA daily); MP   | <i>nisoldipine PO</i>  | 1         |                     |
| <i>timolol maleate TABS PO</i>                                       | 1         | MP                   | NORLIQVA SOLN  | NP        |                     |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                      | VERAPAMIL HCL ER CP24 PO 360 MG                                  | 2         | QL(1 EA daily); MP  |
| <b>Calcium Channel Blockers</b>                                      |           |                      | VERAPAMIL HCL ER CP24 PO (Use verapamil hcl)                     | 2         | QL(2 EA daily); MP  |
| <i>amlodipine besylate TABS PO</i>                                   | 1         | QL(1 EA daily); MP   | VERAPAMIL HCL ER CP24 PO 300 MG                                  | NP        | MP                  |
| CONJUPRI (Use levamlodipine maleate)                                 | 2         |                      | <i>verapamil hcl CP24 PO 360 MG</i>                              | 1         | QL(1 EA daily); MP  |
| <i>diltiazem hcl coated beads CP24 PO 240 MG</i>                     | 1         | QL(2 EA daily); MP   | <i>verapamil hcl CP24 PO 300 MG</i>                              | 1         | MP                  |

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

| Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| 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 PO</i>                                       | 1         | SP                     |
| <i>bosentan TABS</i>  | 1         | SP                     |
| LETAIRIS PO ( <i>Use ambrisentan</i> )                      | NP        | SP                     |
| TRACLEER TABS ( <i>Use bosentan</i> )                       | NP        | SP                     |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors       |           |                        |
| LIQREV SUSP   | NP        | SP                     |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>     | 1         | SP; PA                 |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i>     | 1         | SP; PA                 |
| <i>sildenafil citrate (pulmonary hypertension) TABS PO</i>  | 1         | SP; PA                 |
| <i>tadalafil (pulmonary hypertension) TABS PO</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 |
| <b>CEPHALOSPORINS - Drugs to Treat Bacterial Infections</b> |           |                        |
| Cephalosporins - 1st Generation                             |           |                        |
| <i>cefadroxil CAPS PO</i>                                   | 1         |                        |
| <i>cefadroxil SUSR PO</i>                                   | 1         |                        |
| <i>cefadroxil TABS PO</i>                                   | 1         |                        |

| Drug Name  | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|--|-----------|--|---|-----------|--|
| <i>cephalexin CAPS PO 250 MG, 500 MG</i>                   | 1         |  | <i>desogestrel-ethinyl estradiol (biphasic) PO</i>                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cephalexin SUSR PO</i>                                  | 1         |  | <i>desogestrel-ethinyl estradiol (triphasic) PO</i>                 | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <b>Cephalosporins - 2nd Generation</b>                     |           |  | <i>drospirenone-ethinyl estradiol PO</i>                            | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>CEFACLOR ER TB12 PO</i>                                 | 2         |  | <i>drospirenone-ethinyl estradiol-levomefolate calcium PO</i>       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cefaclor CAPS PO</i>                                    | 1         |  | <i>ethynodiol diacet &amp; eth estrad PO</i>                        | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cefaclor SUSR PO 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i> | 1         |  | <i>levonorgestrel &amp; eth estradiol TABS PO</i>                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cefprozil SUSR PO</i>                                   | 1         | QL(75 ML per fill retail); AL(Up to 12 yrs old)                            | <i>levonorgestrel-eth estradiol (triphasic) PO</i>                  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cefprozil TABS PO</i>                                   | 1         | QL(20 EA per fill retail)  | <i>levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>cefuroxime axetil TABS PO</i>                           | 1         | QL(20 EA per fill retail)  |   |           |  |
| <b>Cephalosporins - 3rd Generation</b>                     |           |  |   |           |  |
| <i>cefdinir CAPS PO</i>                                    | 1         | QL(20 EA per fill retail)  |   |           |  |
| <i>cefdinir SUSR PO</i>                                    | 1         | QL(60 ML per fill retail)  |   |           |  |
| <i>cefixime CAPS PO</i>                                    | 1         |  |   |           |  |
| <i>cefixime SUSR PO</i>                                    | 1         |  |   |           |  |
| <i>cefpodoxime proxetil SUSR PO</i>                        | 1         |  |   |           |  |
| <i>cefpodoxime proxetil TABS PO</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               |   |           |  |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>         |           |  |   |           |  |
| <b>Combination Contraceptives - Oral</b>                   |           |  |   |           |  |
| <i>desogestrel &amp; ethinyl estradiol PO</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>levonorgestrel-ethinyl estradiol (continuous) PO</i>                             | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone &amp; ethinyl estradiol-fe PO</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 acet &amp; eth estra TABS PO</i>          | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| NATAZIA   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone acetate-ethinyl estradiol-fe PO</i>       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe CAPS</i>   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norethindrone-eth estradiol (triphasic) PO</i>          | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe CHEW PO</i>  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV | <i>norgestimate-ethinyl estradiol PO</i>                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe TABS PO 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>norgestimate-ethinyl estradiol (triphasic) PO</i>       | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethin acet &amp; estrad-fe TABS PO 1 MG-20 MCG-75 MG</i>                      | 0         |  | <i>norgestrel &amp; ethinyl estradiol PO 30 MCG-0.3 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethindrone &amp; eth estradiol PO 35 MCG-1 MG</i>                             | 0         |  | TYBLUME CHEW   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV |
| <i>norethindrone &amp; eth estradiol PO 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 |  |           |  |
| <b>Combination Contraceptives - Transdermal</b>                                     |           |  |  |           |  |

| Drug Name                                      | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| <i>norelgestromin-ethinyl estradiol</i>        | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           | <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV |
| Combination Contraceptives - Vaginal           |           |  |  |           |  |
| <i>etonogestrel-ethinyl estradiol</i>          | 0         | PV   | <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; QL(4 ML per fill retail); PV |
| Copper Contraceptives - IUD                    |           |  |  |           |  |
| PARAGARD INTRAUTERINE COPPER                   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | Progestin Contraceptives - IUD                             |           |  |
| Emergency Contraceptives                       |           |  | KYLEENA  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| ELLA PO  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           | LILETTA (52 MG)  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| <i>levonorgestrel (emergency oc) PO 1.5 MG</i> | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           | MIRENA (52 MG)   | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| Progestin Contraceptives - Implants            |           |  | SKYLA  | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       |
| NEXPLANON                                      | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; SP; PV                       | Progestin Contraceptives - Oral                            |           |  |
| Progestin Contraceptives - Injectable          |           |  | <i>norethindrone (contraceptive) PO</i>                    | 0         | Up to 12-month supply of contraceptives and devices allowed; \$0 copay; PV                           |
| 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 |  |           |  |

| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |                                 |
| Glucocorticosteroids   |           |                                 |
| <i>budesonide TB24 PO</i>  | 1         |                                 |
| CORTISONE ACETATE TABS PO  | 2         |                                 |
| <i>deflazacort SUSP PO</i>   | 1         | SP; PA                          |
| <i>deflazacort TABS PO</i>   | 1         | SP; PA                          |
| DEXAMETHASONE INTENSOL CONC  | 2         |                                 |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>        | 1         | QL(150 ML per 30 day(s) retail) |
| 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 PO</i>   | 1         |                                 |
| <i>dexamethasone SOLN PO</i>   | 1         |                                 |
| <i>dexamethasone TABS PO 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG</i>               | 1         |                                 |
| <i>hydrocortisone TABS PO</i>  | 1         |                                 |
| <i>methylprednisolone TABS PO 4 MG, 8 MG</i>   | 1         |                                 |
| <i>methylprednisolone TBPK PO</i>  | 1         |                                 |
| <i>prednisolone sodium phosphate SOLN PO 20 MG/5ML</i>                               | 1         | QL(150 ML per fill retail)      |
| <i>prednisolone sodium phosphate SOLN PO</i>   | 1         |                                 |
| <i>prednisolone sodium phosphate SOLN PO 15 MG/5ML</i>                               | 1         | QL(240 ML per fill retail)      |
| <i>prednisolone SOLN</i>   | 1         |                                 |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| PREDNISONE INTENSOL CONC   | 2         |   |
| <i>prednisone SOLN PO</i>  | 1         |   |
| <i>prednisone TABS PO</i>  | 1         |   |
| <i>prednisone TBPK PO</i>  | 1         |   |
| ZILRETTA SRER  | 2         | SP; PA  |
| Mineralocorticoids   |           |   |
| <i>fludrocortisone acetate TABS PO</i>   | 1         |   |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b>  |           |   |
| Antitussives   |           |   |
| <i>benzonatate PO 100 MG</i>   | 1         | AL(At least 10 yrs old)   |
| <i>benzonatate PO 200 MG</i>   | 1         | QL(1 EA daily); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old) |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>  | 1         |   |
| Cough/Cold/Allergy Combinations  |           |   |
| <i>brompheniramine &amp; phenyleph ELIX PO</i>   | 1         | QL(120 ML per fill retail); 1 max fill(s) per 30 day(s) retail              |
| <i>brompheniramine &amp; pseudoeph ELIX PO</i>   | 1         | QL(120 ML per fill retail)  |
| <i>brompheniramine &amp; pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML</i>  | 1         | QL(120 ML per fill retail)  |
| <i>dextromethorphan-guaifenesin LIQD PO 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)  |



| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                                |
|--|-----------|--|---|-----------|--|
| <i>dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i> | 1         | QL(240 ML per fill retail)                                     | ABSORICA PO 10 MG, 20 MG, 40 MG (Use isotretinoin)          | NP        | QL(2 EA daily); AL(At least 12 yrs old)            |
| <i>guaifenesin-codeine SOLN PO</i>   | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail | ACNE MEDICATION 10 LOTN                                     | 2         |  |
| <i>guaifenesin-codeine SYRP PO</i>   | 1         | QL(240 ML per fill retail); 1 max fill(s) per 30 day(s) retail | ACNE MEDICATION 5 LOTN                                      | 2         |  |
| MAXI-TUSS PE LIQD PO   | 2         |  | <i>adapalene-benzoyl peroxide GEL</i>                       | 1         |  |
| <i>phenylephrine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML</i>                                      | 1         | QL(240 ML per fill retail)                                     | <i>adapalene CREA</i>                                       | 1         |  |
| <i>phenylephrine-dm SOLN PO</i>  | 1         | QL(240 ML per fill retail)                                     | <i>adapalene GEL</i>  | 1         | RX/OTC   |
| <i>promethazine &amp; phenylephrine SYRP PO</i>  | 1         | QL(240 ML per fill retail); AL(At least 2 yrs old)             | ADAPALENE SOLN  | 2         |  |
| <i>promethazine w/codeine SOLN PO</i>  | 1         | QL(240 ML per fill retail); AL(At least 6 yrs old)             | <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>                | 1         |  |
| <i>promethazine w/codeine SYRP PO</i>  | 1         | QL(240 ML per fill retail); AL(At least 6 yrs old)             | <i>benzoyl peroxide LIQD 5 %, 10 %</i>                      | 1         |  |
| <i>pseudoephedrine-ibuprofen TABS PO</i>   | 1         |  | <i>clindamycin phosphate (topical) GEL</i>                  | 1         | QL(75 GM per fill retail)                          |
| Expectorants   |           |  | <i>clindamycin phosphate (topical) LOTN</i>                 | 1         | QL(60 ML per fill retail)                          |
| <i>potassium iodide (expectorant) SOLN PO</i>  | 1         |  | <i>clindamycin phosphate (topical) SOLN</i>                 | 1         |  |
| Misc. Respiratory Inhalants  |           |  | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | 1         |  |
| <i>sodium chloride (inhalant) AERS</i>   | 1         | QL(240 ML per fill retail)                                     | <i>clindamycin phosphate-benzoyl peroxide GEL</i>           | 1         |  |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 7 %</i>  | 1         |  | <i>clindamycin phosphate-tretinoin</i>                      | 1         |  |
| Mucolytics   |           |  | DIFFERIN LOTN   | 2         |  |
| <i>acetylcysteine SOLN</i>   | 1         |  | <i>erythromycin (acne aid) GEL</i>                          | 1         | QL(60 GM per fill retail)                          |
| <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>                                  |           |  | <i>erythromycin (acne aid) SOLN</i>                         | 1         |  |
| Acne Products  |           |  | <i>isotretinoin PO 10 MG, 20 MG, 40 MG</i>                  | 1         | QL(2 EA daily); AL(At least 12 yrs old)            |
|  |           |  | RETIN-A CREA (Use tretinoin)                                | 2         | 1 package(s) per fill retail; AL(Up to 35 yrs old) |

| Drug Name                                    | Drug Tier | Requirements/Limits                                |
|--|-----------|--|
| RETIN-A GEL (Use tretinoin)                  | 2         | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| sulfacetamide sodium (acne)                  | 1         | QL(120 ML per fill retail)                         |
| sulfacetamide sodium w/ sulfur LOTN 10 %-5 % | 1         | QL(60 GM per fill retail)                          |
| sulfacetamide sodium w/ sulfur SUSP 10 %-5 % | 1         | QL(30 GM per fill retail)                          |
| tretinoin microsphere                        | 1         | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| tretinoin CREA 0.025 %, 0.05 %, 0.1 %        | 1         | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| tretinoin CREA 0.025 %                       | 1         | QL(20 GM per fill retail); AL(Up to 35 yrs old)    |
| tretinoin GEL 0.01 %, 0.025 %, 0.05 %        | 1         | 1 package(s) per fill retail; AL(Up to 35 yrs old) |
| <b>Antibiotics - Topical</b>                 |           |  |
| bacitracin (topical) OINT                    | 1         | QL(453.9 EA per fill retail)                       |
| bacitracin zinc OINT                         | 1         | QL(453.6 GM per fill retail)                       |
| CENTANY OINT                                 | NP        | QL(30 GM per fill retail)                          |
| gentamicin sulfate (topical) CREA            | 1         | QL(30 GM per fill retail)                          |
| gentamicin sulfate (topical) OINT            | 1         | QL(30 GM per fill retail)                          |
| mupirocin calcium (topical)                  | 1         |  |
| mupirocin OINT                               | 1         | QL(30 GM per fill retail)                          |
| neomycin-bacitracin-polymyxin OINT           | 1         | QL(56 GM per fill retail)                          |
| neomycin-polymyxin w/ pramoxine              | 1         | QL(28.3 GM per fill retail)                        |
| <b>Antifungals - Topical</b>                 |           |  |

| Drug Name                                 | Drug Tier | Requirements/Limits               |
|---|-----------|-----------------------------------|
| ciclopirox SOLN                           | 1         | PA                                |
| clotrimazole (topical) CREA               | 1         | QL(60 GM per fill retail); RX/OTC |
| clotrimazole (topical) SOLN               | 1         | QL(60 ML per fill retail); RX/OTC |
| clotrimazole w/ betamethasone CREA        | 1         | QL(45 GM per fill retail)         |
| clotrimazole w/ betamethasone LOTN        | 1         | QL(30 ML per fill retail)         |
| econazole nitrate CREA                    | 1         | QL(85 GM per fill retail)         |
| ketoconazole (topical) CREA               | 1         | QL(60 GM per fill retail)         |
| ketoconazole (topical) SHAM 2 %           | 1         | QL(120 ML per fill retail)        |
| luliconazole                              | 2         | PA                                |
| LUZU (Use luliconazole)                   | NP        | PA                                |
| miconazole nitrate (topical) CREA         | 1         | QL(92 GM per fill retail)         |
| NIZORAL SHAM                              | 2         | QL(200 ML per fill retail)        |
| nystatin (topical) CREA                   | 1         | QL(30 GM per fill retail)         |
| nystatin (topical) OINT                   | 1         | QL(30 GM per fill retail)         |
| nystatin (topical) POWD EX                | 1         | QL(60 GM per fill retail)         |
| nystatin-triamcinolone CREA               | 1         | QL(60 GM per fill retail)         |
| nystatin-triamcinolone OINT               | 1         | QL(60 GM per fill retail)         |
| oxiconazole nitrate CREA                  | 1         | PA                                |
| terbinafine hcl (topical) CREA            | 1         | QL(42 GM per fill retail)         |
| tolnaftate CREA                           | 1         | QL(30 ML per fill retail)         |
| <b>Antihistamines-Topical</b>             |           |                                   |
| ITCH RELIEF CREA                          | 2         |                                   |
| <b>Anti-inflammatory Agents - Topical</b> |           |                                   |
| diclofenac sodium (topical) GEL EX        | 1         | QL(6.68 GM daily); RX/OTC         |

| Drug Name  | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|
| Antineoplastic or Premalignant Lesion Agents - Topical |           |                           |
| <i>bexarotene (topical)</i>                            | 1         | SP; PA                    |
| CARAC CREA   | 2         | QL(30 GM per fill retail) |
| <i>fluorouracil (topical) CREA 5 %</i>                 | 1         | QL(40 GM per fill retail) |
| <i>fluorouracil (topical) CREA 0.5 %</i>               | 1         | QL(30 GM per fill retail) |
| <i>fluorouracil (topical) SOLN</i>                     | 1         | QL(10 ML per fill retail) |
| LEVULAN KERASTICK SOLR                                 | 2         | SP; PA                    |
| Antipruritics - Topical                                |           |                           |
| <i>camphor &amp; menthol LOTN</i>                      | 1         | QL(59 ML per fill retail) |
| Antipsoriatics   |           |                           |
| BIMZELX SOAJ   | NP        | SP; PA                    |
| BIMZELX SOSY   | NP        | SP; PA                    |
| <i>calcipotriene CREA</i>                              | 1         | QL(60 GM per fill retail) |
| <i>calcipotriene FOAM</i>                              | 1         |                           |
| CALCIPOTRIENE FOAM                                     | 1         |                           |
| <i>calcipotriene OINT</i>                              | 1         |                           |
| <i>calcipotriene SOLN</i>                              | 1         | QL(60 ML per fill retail) |
| COSENTYX (300 MG DOSE) SOSY                            | NP        | SP; PA                    |
| COSENTYX SENSOREADY (300 MG) SOAJ                      | NP        | SP; PA                    |
| COSENTYX SENSOREADY PEN SOAJ                           | NP        | SP; PA                    |
| COSENTYX UNOREADY SOAJ                                 | NP        | SP; PA                    |
| COSENTYX SOLN  | NP        | SP; PA                    |
| COSENTYX SOSY  | NP        | SP; PA                    |
| SKYRIZI PEN SOAJ                                       | NP        | SP; PA                    |
| SKYRIZI SOSY   | NP        | SP; PA                    |

| Drug Name                              | Drug Tier | Requirements/Limits                             |
|--|-----------|---|
| SORILUX FOAM                           | NP        |   |
| SOTYKTU                                | NP        | SP; PA  |
| SPEVIGO SOLN                           | NP        | SP; PA  |
| SPEVIGO SOSY                           | NP        | SP; PA  |
| <i>tazarotene CREA 0.1 %</i>           | 1         | QL(60 GM per fill retail); AL(Up to 21 yrs old) |
| VTAMA                                  | NP        |   |
| ZORYVE 0.3 %                           | NP        |   |
| 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 (Use penciclovir)              | 2         |   |
| <i>penciclovir</i>                     | 1         |   |
| ZOVIRAX CREA (Use acyclovir topical)   | 2         | QL(1 GM daily)                                  |
| ZOVIRAX OINT (Use acyclovir topical)   | 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>                 | 1         |   |
| <i>amcinonide LOTN</i>                 | 1         |   |

| Drug Name  | Drug Tier | Requirements/ Limits              | Drug Name  | Drug Tier | Requirements/ Limits         |
|--|-----------|-----------------------------------|--|-----------|------------------------------|
| <i>amcinonide OINT</i>                                 | 1         |                                   | <i>clobetasol propionate GEL 0.05 %</i>                          | 1         | QL(60 GM per fill retail)    |
| <i>betamethasone dipropionate (topical) CREA</i>       | 1         | 1 package(s) per 30 day(s) retail | <i>clobetasol propionate LIQD</i>                                | 1         |                              |
| <i>betamethasone dipropionate (topical) LOTN</i>       | 1         |                                   | <i>clobetasol propionate LOTN</i>                                | 1         |                              |
| <i>betamethasone dipropionate (topical) OINT</i>       | 1         |                                   | <i>clobetasol propionate OINT 0.05 %</i>                         | 1         | QL(60 GM per fill retail)    |
| <i>betamethasone dipropionate augmented CREA</i>       | 1         | QL(50 GM per fill retail)         | <i>clobetasol propionate SHAM</i>                                | 1         |                              |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | 1         |                                   | <i>clobetasol propionate SOLN 0.05 %</i>                         | 1         | QL(50 ML per fill retail)    |
| <i>betamethasone dipropionate augmented LOTN</i>       | 1         |                                   | <i>clocortolone pivalate CLODERM (Use clocortolone pivalate)</i> | NP        |                              |
| <i>betamethasone dipropionate augmented OINT</i>       | 1         |                                   | <i>CORDRAN OINT</i>  | 2         |                              |
| <i>betamethasone valerate CREA</i>                     | 1         | QL(45 GM per fill retail)         | <i>desonide CREA</i>   | 1         | 1 package(s) per fill retail |
| <i>betamethasone valerate FOAM</i>                     | 1         |                                   | <i>desonide LOTN</i>   | 1         |                              |
| <i>betamethasone valerate LOTN</i>                     | 1         | QL(60 ML per fill retail)         | <i>desonide OINT</i>   | 1         | 1 package(s) per fill retail |
| <i>betamethasone valerate OINT</i>                     | 1         | QL(45 GM per fill retail)         | <i>desoximetasone CREA 0.05 %</i>                                | 1         | QL(60 GM per fill retail)    |
| <i>calcipotriene-betamethasone dipropionate OINT</i>   | 1         |                                   | <i>desoximetasone CREA 0.25 %</i>                                | 1         |                              |
| <i>calcipotriene-betamethasone dipropionate SUSP</i>   | 1         |                                   | <i>desoximetasone GEL</i>  | 1         |                              |
| <i>clobetasol propionate emollient base 0.05 %</i>     | 1         | QL(60 GM per fill retail)         | <i>desoximetasone LIQD</i>                                       | 1         |                              |
| <i>clobetasol propionate emulsion</i>                  | 1         |                                   | <i>desoximetasone OINT</i>                                       | 1         |                              |
| <i>clobetasol propionate CREA 0.05 %</i>               | 1         | QL(60 GM per fill retail)         | <i>diflorasone diacetate CREA</i>                                | 1         | QL(60 GM per fill retail)    |
| <i>clobetasol propionate FOAM</i>                      | 1         |                                   | <i>diflorasone diacetate OINT</i>                                | 1         | QL(60 GM per fill retail)    |
|  |           |                                   | <i>EPIFOAM FOAM</i>  | 2         |                              |
|  |           |                                   | <i>fluocinolone acetonide CREA</i>                               | 1         |                              |
|  |           |                                   | <i>fluocinolone acetonide OIL</i>                                | 1         |                              |
|  |           |                                   | <i>fluocinolone acetonide OINT</i>                               | 1         |                              |
|  |           |                                   | <i>fluocinolone acetonide SOLN</i>                               | 1         |                              |

| Drug Name                                  | Drug Tier | Requirements/<br>Limits                       | Drug Name  | Drug Tier | Requirements/<br>Limits    |
|--|-----------|---|--|-----------|----------------------------|
| <i>fluocinonide emulsified base</i>        | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone (topical) OINT 0.5 %</i>                   | 1         |                            |
| <i>fluocinonide CREA 0.1 %</i>             | 1         |   | <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 GEL</i>                    | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone acetate (topical) CREA 1 %</i>             | 1         |                            |
| <i>fluocinonide OINT</i>                   | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone acetate (topical) OINT</i>                 | 1         |                            |
| <i>fluocinonide SOLN</i>                   | 1         | QL(60 ML per fill retail)                     | HYDROCORTISONE ACETATE CREA                                  | 2         |                            |
| <i>flurandrenolide CREA</i>                | 1         |   | <i>hydrocortisone butyrate hydrophilic lipo base</i>         | 1         |                            |
| <i>flurandrenolide LOTN</i>                | 1         |   | <i>hydrocortisone butyrate CREA</i>                          | 1         |                            |
| <i>flurandrenolide OINT</i>                | 1         |   | <i>hydrocortisone butyrate LOTN</i>                          | 1         |                            |
| <i>fluticasone propionate CREA 0.05 %</i>  | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone butyrate OINT</i>                          | 1         |                            |
| <i>fluticasone propionate LOTN</i>         | 1         |   | <i>hydrocortisone butyrate SOLN</i>                          | 1         | QL(60 ML per fill retail)  |
| <i>fluticasone propionate OINT</i>         | 1         | QL(60 GM per fill retail)                     | <i>hydrocortisone valerate CREA</i>                          | 1         |                            |
| <i>halcinonide CREA</i>                    | 1         |   | <i>hydrocortisone valerate OINT</i>                          | 1         |                            |
| <i>halobetasol propionate CREA</i>         | 1         |   | HYDROXATE GEL  | NP        |                            |
| <i>halobetasol propionate FOAM</i>         | 2         |   | HYDROXYM GEL   | NP        |                            |
| <i>halobetasol propionate FOAM</i>         | 1         |   | IMPEKLO LOTN   | NP        |                            |
| <i>halobetasol propionate OINT</i>         | 1         |   | LOCOID LIPOCREAM   | NP        |                            |
| <i>hydrocortisone (topical) CREA 1 %</i>   | 1         | QL(85.2 EA per fill retail); RX/OTC           | <i>mometasone furoate CREA</i>                               | 1         | QL(50 GM per fill retail)  |
| <i>hydrocortisone (topical) CREA 0.5 %</i> | 1         | QL(30 GM per fill retail)                     | <i>mometasone furoate OINT</i>                               | 1         | QL(45 GM per fill retail)  |
| <i>hydrocortisone (topical) CREA 2.5 %</i> | 1         | QL(453.6 GM per fill retail)                  | <i>mometasone furoate SOLN</i>                               | 1         | QL(60 ML per fill retail)  |
| <i>hydrocortisone (topical) LOTN 1 %</i>   | 1         | QL(99 GM per fill retail)                     | <i>prednicarbate OINT</i>                                    | 1         | QL(60 GM per fill retail)  |
| <i>hydrocortisone (topical) LOTN 2.5 %</i> | 1         | QL(59 ML per fill retail)                     | TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) | 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                  |
|--|-----------|--------------------------------------|
| <i>triamcinolone acetonide (topical) AERS</i>                | 1         |                                      |
| <i>triamcinolone acetonide (topical) CREA 0.5 %</i>          | 1         | QL(15 GM per fill retail)            |
| <i>triamcinolone acetonide (topical) CREA 0.1 %</i>          | 1         | QL(85.2 GM per fill retail)          |
| <i>triamcinolone acetonide (topical) CREA 0.025 %</i>        | 1         | QL(160 GM per fill retail)           |
| <i>triamcinolone acetonide (topical) LOTN</i>                | 1         | QL(60 ML per fill retail)            |
| <i>triamcinolone acetonide (topical) OINT 0.5 %</i>          | 1         | QL(15 GM per fill retail)            |
| <i>triamcinolone acetonide (topical) OINT 0.05 %</i>         | 1         |                                      |
| <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.1 %</i> | 1         | QL(80 GM per fill retail)            |
| <i>triamcinolone acetonide-dimethicone-silicone</i>          | 1         |                                      |
| <b>Eczema Agents</b>   |           |                                      |
| ADBRY SOSY   | 2         | SP; PA                               |
| CIBINQO  | NP        | SP; PA                               |
| DUPIXENT SOAJ  | 2         | PA                                   |
| DUPIXENT SOSY 100 MG/0.67ML, 300 MG/2ML                      | 2         | SP; PA                               |
| OPZELURA   | NP        | PA                                   |
| <b>Emollient/Keratolytic Agents</b>                          |           |                                      |
| <i>urea CREA 40 %</i>  | 1         | QL(85.05 GM per fill retail); RX/OTC |
| <i>urea LOTN 40 %</i>  | 1         | QL(325 GM per fill retail)           |
| <b>Emollients</b>  |           |                                      |
| <i>lactic acid (ammonium lactate) CREA</i>                   | 1         | QL(385 GM per fill retail); RX/OTC   |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i>              | 1         | QL(57 GM per fill retail); RX/OTC    |
| <b>Hair Growth Agents</b>                                    |           |                                      |
| LITFULO  | NP        | SP; PA                               |

| Drug Name   | Drug Tier | Requirements/Limits                        |
|---|-----------|--|
| <b>Immunomodulating Agents - Topical</b>                  |           |  |
| <i>imiquimod 5 %</i>                                      | 1         | QL(48 EA per 180 day(s) retail)            |
| <b>Immunosuppressive Agents - Topical</b>                 |           |  |
| <i>ELIDEL (Use pimecrolimus)</i>                          | 2         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| <i>pimecrolimus</i>                                       | 1         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| PROTOPIC OINT 0.1 %<br><i>(Use tacrolimus (topical))</i>  | 2         | PA   |
| PROTOPIC OINT 0.03 %<br><i>(Use tacrolimus (topical))</i> | 2         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| <i>tacrolimus (topical) OINT 0.1 %</i>                    | 1         | PA   |
| <i>tacrolimus (topical) OINT 0.03 %</i>                   | 1         | QL(1 GM daily); AL(At least 2 yrs old); PA |
| <b>Keratolytic/Antimitotic/Vesicant Agents</b>            |           |  |
| <i>podofilox SOLN</i>                                     | 1         | QL(4 ML per fill retail)                   |
| <i>salicylic acid GEL 6 %</i>                             | 1         | QL(40 GM per fill retail)                  |
| <b>Local Anesthetics - Topical</b>                        |           |  |
| <i>capsaicin CREA 0.025 %, 0.075 %</i>                    | 1         | QL(60 GM per fill retail)                  |
| <i>capsaicin CREA 0.1 %</i>                               | 1         | QL(56.6 GM per fill retail)                |
| CAPZASIN-P CREA   | 2         | QL(42.5 GM per fill retail)                |
| CASTIVA WARMING LOTN                                      | 2         | QL(113 GM per fill retail)                 |
| <i>dibucaine</i>  | 1         | QL(56.7 GM per fill retail)                |
| <i>lidocaine hcl CREA 4 %</i>                             | 1         | QL(63 GM per fill retail)                  |
| <i>lidocaine hcl CREA 3 %</i>                             | 1         | QL(85 GM per fill retail)                  |

| Drug Name                                 | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| <i>lidocaine hcl GEL 2 %</i>              | 1         | QL(85 ML per fill retail); RX/OTC  | <i>permethrin LIQD EX</i>  | 1         |  |
| <i>lidocaine hcl PRSY</i>                 | 1         | QL(85 ML per fill retail)  | <i>pyrethrins-piperonyl butoxide LIQD 3 %-2.4 %-0.3 %-1.2 %</i>              | 1         |  |
| <i>lidocaine CREA 4 %</i>                 | 1         | QL(76.5 GM per fill retail)  | <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | 1         |  |
| LIDOCAINE CREA                            | 2         | QL(85 GM per fill retail)  | <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>                         | 1         |  |
| <i>lidocaine-prilocaine CREA</i>          | 1         | QL(5800 GM per fill retail)  | SCHOOLTIME SHAMPOO SHAM  | 2         |  |
| Misc. Topical                             |           |  | SKLICE (Use ivermectin (pediculicide))                                       | NP        |  |
| CVS LANOLIN CREA                          | 2         |  | <i>spinosad</i>  | 1         | QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old) |
| <i>lanolin (topical) CREA</i>             | 1         |  | Tar Products   |           |  |
| LANOLOR CREA                              | 2         |  | <i>coal tar extract SHAM 0.5 %</i>   | 1         |  |
| <i>zinc oxide (topical) OINT 20 %</i>     | 1         | QL(60 GM per fill retail)  | Wound Care Products  |           |  |
| Rosacea Agents                            |           |  | APLIGRAF DISK  | 2         | PA   |
| <i>metronidazole (topical) CREA</i>       | 1         | QL(45 GM per fill retail)  | <b>DIAGNOSTIC PRODUCTS</b>   |           |  |
| <i>metronidazole (topical) GEL 0.75 %</i> | 1         | QL(45 GM per fill retail)  | Diagnostic Drugs   |           |  |
| <i>metronidazole (topical) LOTN</i>       | 1         |  | <i>cosyntropin SOLR</i>  | 1         | SP; PA   |
| Scabicides & Pediculicides                |           |  | THYROGEN 0.9 MG  | 2         | SP; PA   |
| <i>ivermectin (pediculicide)</i>          | NP        |  | Diagnostic Tests   |           |  |
| LICEMD GEL                                | 2         |  | ACCULA SARS-COV-2  | 0         |  |
| <i>lindane SHAM</i>                       | 1         |  | ADVIN COVID-19 ANTIGEN TEST KIT  | 0         |  |
| <i>malathion</i>                          | 1         | QL(59 ML per fill retail); 2 max fill(s) per 30 day(s) retail                          | BD VERITOR SYSTEM SARS-COV-2   | 0         |  |
| NATROBA (Use <i>spinosad</i> )            | 2         | QL(120 ML per fill retail); 2 max fill(s) per 30 day(s) retail; AL(At least 2 yrs old) | BINAXNOW COVID-19 AG CARD  | 0         |  |
| NIX LICE KILLING SPRAY LIQD XX            | 2         |  | BINAXNOW COVID-19 AG HOME TEST KIT   | 0         |  |
| <i>permethrin AERO</i>                    | 1         |  |  |           |  |
| <i>permethrin CREA</i>                    | 1         | QL(60 GM per fill retail)  |  |           |  |

| Drug Name                          | Drug Tier | Requirements/Limits | Drug Name                          | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|---------------------|------------------------------------|-----------|--|
| CARESTART COVID-19 HOME TEST KIT   | 0         |                     | INDICAID COVID-19 RAPID TEST KIT   | 0         |  |
| CHEMSTRIP K STRP                   | 2         |                     | INTELISWAB COVID-19 RAPID TEST KIT | 0         |  |
| CLEARDETECT COVID-19 AG HOME KIT   | 0         |                     | KETONE TEST STRP                   | 2         |  |
| CLINITEST RAPID COVID-19 TEST KIT  | 0         |                     | KETOSTIX STRP                      | 2         |  |
| COBAS LIAT SARS-COV-2 ASSAY        | 0         |                     | LUCIRA CHECK IT COVID-19 TEST KIT  | 0         | RX/OTC   |
| COBAS LIAT SARS-COV-2 CONTROL      | 0         | RX/OTC              | LUCIRA COVID-19 ALL-IN-ONE KIT     | 0         | RX/OTC   |
| COVID-19 AT HOME ANTIGEN TEST KIT  | 0         |                     | LYRA DIRECT SARS-COV-2 ASSAY       | 0         |  |
| COVID-19 AT-HOME TEST KIT          | 0         |                     | LYRA SARS-COV-2 ASSAY              | 0         |  |
| COVID-19 OTC ANTIGEN 1-PACK KIT    | 0         |                     | OHC COVID-19 ANTIGEN SELF TEST KIT | 0         |  |
| COVID-19 OTC ANTIGEN 2-PACK KIT    | 0         |                     | ON/GO COVID-19 ANTIGEN TEST KIT    | 0         |  |
| CVS COVID-19 AT HOME TEST KIT KIT  | 0         |                     | ON/GO ONE COVID-19 HOME TEST KIT   | 0         |  |
| DIATRUST COVID-19 HOME TEST KIT    | 0         |                     | ONETOUCH ULTRA BLUE TEST STRP      | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC |
| ELLUME COVID-19 HOME TEST KIT      | 0         |                     | ONETOUCH ULTRA 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         |                     |                                    |           |  |
| FLOWFLEX COVID-19 AG HOME TEST KIT | 0         |                     |                                    |           |  |
| GENABIO COVID-19 RAPID TEST KIT    | 0         |                     |                                    |           |  |
| GOTOKNOW COVID-19 ANTIGEN RAPI KIT | 0         |                     |                                    |           |  |
| ID NOW COVID-19                    | 0         |                     |                                    |           |  |
| ID NOW COVID-19 2.0 CONTROL        | 0         | RX/OTC              |                                    |           |  |
| ID NOW COVID-19 2.0 TEST           | 0         |                     |                                    |           |  |
| ID NOW COVID-19 CONTROL            | 0         | RX/OTC              |                                    |           |  |
| IHEALTH COVID-19 RAPID TEST KIT    | 0         |                     |                                    |           |  |



| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|--|--|-----------|---------------------|
| ONETOUCH ULTRA STRP                | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | SPEEDY SWAB COVID-19 ANTIGEN KIT   | 0         |                     |
| ONETOUCH VERIO STRP                | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | XPERT XPRESS SARS-COV-2  | 0         |                     |
| ONETOUCH VERIO STRP                | 2         | INSULIN USERS LIMITED TO 200 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS; RX/OTC | <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b>   |           |                     |
| PILOT COVID-19 AT-HOME TEST KIT    | 0         |  | Digestive Enzymes  |           |                     |
| QUICKVUE AT-HOME COVID-19 TEST KIT | 0         |  | CREON CPEP PO  | 2         |                     |
| QUICKVUE SARS ANTIGEN TEST         | 0         |  | SUCRAID PO   | 2         | SP; PA              |
| RAPID RESPONSE COVID-19            | 0         |  | ZENPEP CPEP PO 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         |                     |
| RELION KETONE TEST STRP            | 2         |  | <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>   |           |                     |
| SOFIA SARS ANTIGEN FIA             | 0         |  | Carbonic Anhydrase Inhibitors  |           |                     |
| SOFIA2 SARS ANTIGEN FIA            | 0         |  | <i>acetazolamide CP12 PO</i>   | 1         | MP                  |
|                                    |           |  | <i>acetazolamide TABS PO</i>   | 1         | MP                  |
|                                    |           |  | <i>methazolamide TABS PO</i>   | 1         | MP                  |
|                                    |           |  | Diuretic Combinations  |           |                     |
|                                    |           |  | <i>amiloride &amp; hydrochlorothiazide PO</i>  | 1         | QL(1 EA daily)      |
|                                    |           |  | <i>spironolactone &amp; hydrochlorothiazide PO</i>   | 1         | MP                  |
|                                    |           |  | <i>triamterene &amp; hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>   | 1         | QL(1 EA daily); MP  |
|                                    |           |  | <i>triamterene &amp; hydrochlorothiazide TABS PO</i>   | 1         | QL(1 EA daily); MP  |
|                                    |           |  | Loop Diuretics   |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>bumetanide TABS PO</i>                                  | 1         | MP                            |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                | 1         | MP                            |
| <i>furosemide TABS PO</i>                                  | 1         | MP                            |
| SOAANZ TABS PO 20 MG                                       | 2         | MP                            |
| <i>torseamide TABS PO 5 MG, 10 MG, 100 MG</i>              | 1         | QL(1 EA daily); MP            |
| <i>torseamide TABS PO 20 MG</i>                            | 1         | MP                            |
| Potassium Sparing Diuretics                                |           |                               |
| <i>amiloride hcl TABS PO</i>                               | 1         | QL(4 EA daily)                |
| <i>spironolactone TABS PO</i>                              | 1         | MP                            |
| Thiazides and Thiazide-Like Diuretics                      |           |                               |
| <i>chlorthalidone PO 25 MG, 50 MG</i>                      | 1         | MP                            |
| <i>hydrochlorothiazide CAPS PO</i>                         | 1         | MP                            |
| <i>hydrochlorothiazide TABS PO 25 MG, 50 MG</i>            | 1         | MP                            |
| <i>indapamide TABS PO 1.25 MG, 2.5 MG</i>                  | 1         | MP                            |
| <i>metolazone PO</i>                                       | 1         | MP                            |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>              |           |                               |
| <b>- Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                               |
| Bone Density Regulators                                    |           |                               |
| <i>alendronate sodium SOLN PO</i>                          | 1         | QL(10.8 ML daily); MP         |
| <i>alendronate sodium TABS PO 35 MG, 70 MG</i>             | 1         | QL(0.15 EA daily); MP         |
| <i>alendronate sodium TABS PO 5 MG, 10 MG</i>              | 1         | QL(1 EA daily); MP            |
| <i>calcitonin (salmon) NA</i>                              | 1         | QL(4 ML per 30 day(s) retail) |
| <i>calcitonin (salmon) IJ</i>                              | 1         | QL(2 ML per 30 day(s) retail) |
| EVENITY  | 2         | SP; PA                        |

| Drug Name   | Drug Tier | Requirements/Limits                          |
|---|-----------|--|
| <i>ibandronate sodium SOLN</i>                          | 1         | SP; PA                                       |
| <i>ibandronate sodium TABS PO</i>                       | 1         | PA   |
| NATPARA   | 2         | SP; PA                                       |
| <i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i> | 1         | SP; PA                                       |
| PAMIDRONATE DISODIUM SOLN                               | 2         | SP; PA                                       |
| PROLIA SOSY   | 2         | SP; PA                                       |
| <i>risedronate sodium TABS PO 150 MG</i>                | 1         |  |
| <i>risedronate sodium TABS PO 35 MG</i>                 | 1         | 4 per 28 days; QL(4 EA per 28 day(s) retail) |
| <i>risedronate sodium TABS PO 5 MG, 30 MG</i>           | 1         | QL(1 EA daily)                               |
| <i>risedronate sodium TBEC PO</i>                       | 1         |  |
| <i>teriparatide SOPN</i>                                | 1         | SP; PA                                       |
| XGEVA SOLN  | 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 4 MG/100ML</i>                  | 1         | SP; PA                                       |
| ZOLEDRONIC ACID SOLN                                    | 2         | SP; PA                                       |
| Corticotropin   |           |  |
| ACTHAR GEL  | 2         | SP; PA                                       |
| CORTROPHIN GEL  | 2         | SP; PA                                       |
| Fertility Regulators                                    |           |  |
| CHORIONIC GONADOTROPIN IM                               | 2         | PA   |
| NOVAREL IM  | 2         | PA   |
| PREGNYL IM  | 2         | PA   |
| GnRH/LHRH Antagonists                                   |           |  |
| ORILISSA  | 2         | SP; PA                                       |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits      |
|---|-----------|---------------------|--|-----------|--------------------------|
| Growth Hormone Receptor Antagonists                   |           |                     | <i>calcitriol CAPS PO</i>                                    | 1         |                          |
| SOMAVERT  | 2         | SP; PA              | CARBAGLU ( <i>Use carglumic acid</i> )                       | 2         | SP; PA                   |
| Growth Hormones                                       |           |                     | <i>carglumic acid</i>  | 1         | SP; PA                   |
| GENOTROPIN MINIQUICK PRSY                             | 2         | SP; PA              | <i>cinacalcet hcl PO</i>                                     | 1         | SP; PA                   |
| GENOTROPIN CART SC                                    | 2         | SP; PA              | CRYSVITA   | 2         | SP; PA                   |
| NGENLA  | NP        | SP; PA              | ELAPRASE   | 2         | SP; PA                   |
| NORDITROPIN FLEXPRO SOPN                              | 2         | SP; PA              | FABRAZYME  | 2         | SP; PA                   |
| OMNITROPE SOCT  | NP        | SP; PA              | GALAFOLD   | 2         | QL(0.5 EA daily); 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 PO</i>           | 1         | QL(3 EA daily)           |
| <i>raloxifene hcl PO</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 PO</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 PO</i>                                     | 1         | SP; PA              | <i>paricalcitol SOLN</i>                                     | 1         | SP; PA                   |
| BUPHENYL POWD PO ( <i>Use sodium phenylbutyrate</i> ) | 2         | SP; PA              | PARSABIV   | 2         | SP; PA                   |
| BUPHENYL TABS PO ( <i>Use sodium phenylbutyrate</i> ) | 2         | SP; PA              | PHEBURANE PLLT   | 2         | PA                       |
|   |           |                     | RAVICTI PO   | 2         | SP; PA                   |
|   |           |                     | REVCOVI  | 2         | SP; PA                   |

| Drug Name   | Drug Tier | Requirements/Limits      |
|---|-----------|--------------------------|
| <i>sapropterin dihydrochloride</i> PACK               | 1         | SP; PA                   |
| <i>sapropterin dihydrochloride</i> TABS               | 1         | SP; PA                   |
| <i>sodium phenylbutyrate</i> POWD PO                  | 1         | SP; PA                   |
| <i>sodium phenylbutyrate</i> TABS PO                  | 1         | SP; PA                   |
| STRENSIQ  | 2         | SP; PA                   |
| VIMIZIM   | 2         | SP; PA                   |
| XPHOZAH   | NP        | SP                       |
| <b>Posterior Pituitary Hormones</b>                   |           |                          |
| <i>desmopressin acetate</i> spray                     | 1         | QL(5 ML per fill retail) |
| <i>desmopressin acetate</i> spray refrigerated 0.01 % | 1         | QL(5 ML per fill retail) |
| <i>desmopressin acetate</i> SOLN IJ                   | 1         | SP; PA                   |
| DESMOPRESSIN ACETATE SOLN NA                          | 2         | SP; PA                   |
| <i>desmopressin acetate</i> TABS PO                   | 1         | QL(6 EA daily)           |
| <b>Somatostatic Agents</b>                            |           |                          |
| <i>lanreotide acetate</i>                             | 1         | SP; PA                   |
| LANREOTIDE ACETATE                                    | 2         | SP; PA                   |
| <i>octreotide acetate</i> KIT                         | 1         | SP; PA                   |
| <i>octreotide acetate</i> SOLN                        | 1         | SP; PA                   |
| <i>octreotide acetate</i> SOSY                        | 1         | SP; PA                   |
| SANDOSTATIN LAR DEPOT KIT 10 MG                       | 2         | SP; PA                   |
| SIGNIFOR  | 2         | SP; PA                   |
| SIGNIFOR LAR  | 2         | SP; PA                   |
| SOMATULINE DEPOT                                      | 2         | SP; PA                   |
| <b>Vasopressin Receptor Antagonists</b>               |           |                          |
| JYNARQUE TABS   | 2         | SP; PA                   |
| JYNARQUE TBPK   | 2         | SP; PA                   |
| <i>tolvaptan</i> TABS                                 | 1         | SP; PA                   |
| <b>ESTROGENS - Hormone Replacement/Modifying</b>      |           |                          |

| Drug Name   | Drug Tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| <b>Drugs</b>  |           |                                       |
| <b>Estrogen Combinations</b>                                  |           |                                       |
| COMBIPATCH PTTW   | 2         | QL(8 EA per 28 day(s) retail)         |
| <i>estradiol &amp; norethindrone acetate</i> TABS PO          | 1         |                                       |
| MYFEMBREE   | 2         |                                       |
| <i>norethindrone acetate-ethinyl estradiol</i> PO             | 0         |                                       |
| ORIAHNN   | 2         | PA                                    |
| PREMPHASE PO  | 2         | QL(1 EA daily)                        |
| PREMPRO PO  | 2         | QL(1 EA daily)                        |
| <b>Estrogens</b>  |           |                                       |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR          | 2         | QL(0.29 EA daily); MP                 |
| <i>estradiol</i> PTTW   | 1         | QL(0.29 EA daily); MP                 |
| <i>estradiol</i> PTWK   | 1         | QL(0.143 EA daily); MP                |
| <i>estradiol</i> TABS PO                                      | 1         | MP                                    |
| PREMARIN TABS PO  | 2         | QL(1 EA daily)                        |
| <b>FLUOROQUINOLONES - Drugs to Treat Bacterial Infections</b> |           |                                       |
| <b>Fluoroquinolones</b>                                       |           |                                       |
| <i>ciprofloxacin hcl</i> TABS PO 100 MG                       | 1         | QL(6 EA per fill retail)              |
| <i>ciprofloxacin hcl</i> TABS PO 250 MG, 500 MG, 750 MG       | 1         |                                       |
| <i>ciprofloxacin</i> SUSR PO                                  | 1         |                                       |
| CIPRO SUSR PO   | 2         |                                       |
| <i>levofloxacin</i> SOLN PO                                   | 1         |                                       |
| <i>levofloxacin</i> TABS PO                                   | 1         | QL(1 EA daily; 14 EA per fill retail) |
| <i>moxifloxacin hcl</i> TABS PO                               | 1         |                                       |
| <i>ofloxacin</i> PO 300 MG, 400 MG                            | 1         | QL(56 EA per fill retail)             |
| <b>GASTROINTESTINAL AGENTS - MISC. -</b>                      |           |                                       |

| Drug Name  | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|
| <b>Miscellaneous Gastrointestinal Drugs</b>            |           |                           |
| <b>Antiflatulents</b>                                  |           |                           |
| <i>simethicone CHEW PO 80 MG</i>                       | 1         |                           |
| <i>simethicone LIQD PO</i>                             | 1         | QL(30 ML per fill retail) |
| <i>simethicone SUSP PO</i>                             | 1         | QL(45 ML per fill retail) |
| <b>Bile Acid Synthesis Disorder Agents</b>             |           |                           |
| CHOLBAM  | 2         | QL(5 EA daily); SP; PA    |
| <b>Farnesoid X Receptor (FXR) Agonists</b>             |           |                           |
| OCALIVA  | 2         | SP; PA                    |
| <b>Gallstone Solubilizing Agents</b>                   |           |                           |
| CHENODAL PO  | 2         | SP; PA                    |
| <i>ursodiol CAPS PO</i>                                | 1         | QL(3 EA daily); MP        |
| <i>ursodiol TABS PO 250 MG</i>                         | 1         | QL(7 EA daily); MP        |
| <b>Gastrointestinal Stimulants</b>                     |           |                           |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | 1         |                           |
| <i>metoclopramide hcl TABS PO 5 MG</i>                 | 1         | MP                        |
| <i>metoclopramide hcl TABS PO 10 MG</i>                | 1         |                           |
| <b>Inflammatory Bowel Agents</b>                       |           |                           |
| ASACOL HD TBEC PO (Use mesalamine)                     | NP        | QL(3 EA daily)            |
| <i>balsalazide disodium CAPS PO</i>                    | 1         | QL(9 EA daily)            |
| CANASA SUPP PR (Use mesalamine)                        | 2         |                           |
| ENTYVIO PEN SOAJ                                       | NP        | PA                        |
| LIALDA TBEC PO (Use mesalamine)                        | 2         |                           |
| <i>mesalamine w/ cleanser PR</i>                       | 1         |                           |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>mesalamine ENEM PR</i>                         | 1         | QL(60 ML daily)     |
| <i>mesalamine SUPP PR</i>                         | 1         |                     |
| <i>mesalamine TBEC PO 1.2 GM</i>                  | 1         |                     |
| <i>mesalamine TBEC PO 800 MG</i>                  | 1         | QL(3 EA daily)      |
| OMVOH SOAJ  | NP        | SP; PA              |
| OMVOH SOLN  | NP        | SP; PA              |
| OMVOH SOSY  | NP        | SP; PA              |
| SKYRIZI SOCT                                      | NP        | SP; PA              |
| SKYRIZI SOLN                                      | NP        | SP; PA              |
| <i>sulfasalazine TABS PO</i>                      | 1         | MP                  |
| <i>sulfasalazine TBEC PO</i>                      | 1         | MP                  |
| VELSIPITY   | NP        | SP; PA              |
| <b>Intestinal Acidifiers</b>                      |           |                     |
| <i>lactulose (encephalopathy) PO</i>              | 1         |                     |
| <b>Irritable Bowel Syndrome (IBS) Agents</b>      |           |                     |
| <i>alosetron hcl PO</i>                           | 1         | PA                  |
| IBSRELA   | NP        | PA                  |
| LINZESS   | 2         | PA                  |
| <b>Peripheral Opioid Receptor Antagonists</b>     |           |                     |
| MOVANTIK PO                                       | 2         | PA                  |
| <b>Phosphate Binder Agents</b>                    |           |                     |
| <i>calcium acetate (phosphate binder) CAPS PO</i> | 1         | MP                  |
| <i>calcium acetate (phosphate binder) TABS PO</i> | 1         | RX/OTC              |
| <i>lanthanum carbonate CHEW PO</i>                | 1         |                     |
| RENAGEL PO (Use sevelamer hcl)                    | 2         |                     |
| REVELA TABS PO (Use sevelamer carbonate)          | NP        |                     |
| <i>sevelamer carbonate PACK</i>                   | 1         |                     |

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>sevelamer carbonate TABS PO</i>  | 1         |                            |
| <i>sevelamer hcl PO</i>   | 1         |                            |
| Short Bowel Syndrome (SBS) Agents   |           |                            |
| GATTEX  | 2         | SP; PA                     |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                            |
| Alkalinizers  |           |                            |
| <i>potassium citrate (alkalinizer) TBCR PO</i>  | 1         |                            |
| <i>potassium citrate-citric acid PACK PO</i>  | 1         |                            |
| <i>sodium citrate &amp; citric acid PO</i>  | 1         | QL(16.67 ML daily); RX/OTC |
| Cystinosis Agents   |           |                            |
| CYSTAGON CAPS PO  | 2         | SP; PA                     |
| PROCYSBI CPDR PO  | 2         | SP; PA                     |
| PROCYSBI PACK   | 2         | SP; PA                     |
| Genitourinary Irrigants   |           |                            |
| <i>sodium chloride (gu irrigant) 0.9 %</i>  | 1         |                            |
| Interstitial Cystitis Agents  |           |                            |
| ELMIRON CAPS PO   | 2         | QL(3 EA daily)             |
| Prostatic Hypertrophy Agents  |           |                            |
| <i>alfuzosin hcl PO</i>   | 1         |                            |
| <i>dutasteride PO</i>   | 1         |                            |
| <i>dutasteride-tamsulosin hcl PO</i>  | 1         |                            |
| ENTADFI   | NP        |                            |
| <i>finasteride PO</i>   | 1         | QL(1 EA daily); MP         |
| RAPAFLO PO 4 MG (Use <i>silodosin</i> )   | NP        |                            |
| <i>silodosin PO</i>   | 1         |                            |
| <i>tamsulosin hcl PO</i>  | 1         | QL(2 EA daily); MP         |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| Urinary Analgesics   |           |  |
| <i>phenazopyridine hcl TABS PO 100 MG, 200 MG</i>                      | 1         |  |
| Urinary Stone Agents   |           |  |
| <i>tiopronin TABS</i>  | 1         | SP; PA   |
| Vesicoureteral Reflux (VUR) Agents                                     |           |  |
| DEFLUX   | 2         | SP; PA   |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                               |           |  |
| Gout Agent Combinations  |           |  |
| <i>colchicine w/ probenecid PO</i>                                     | 1         | MP   |
| Gout Agents  |           |  |
| <i>allopurinol PO 100 MG, 300 MG</i>                                   | 1         | MP   |
| <i>colchicine TABS PO</i>  | 1         | 1 fill per 30 days; QL(6 EA per fill retail); 1 max fill(s) per 30 day(s) retail |
| KRYSTEXXA  | 2         | SP; PA   |
| Uricosurics  |           |  |
| <i>probenecid PO</i>   | 1         | MP   |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b>   |           |  |
| Antihemophilic Products  |           |  |
| ADVATE   | 2         | SP; PA   |
| ADYNOVATE  | 2         | SP; PA   |
| AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT | 2         | SP; PA   |
| ALPHANATE SOLR   | 2         | SP; PA   |
| ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                            | 2         | SP; PA   |
| ALPROLIX   | 2         | SP; PA   |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name                                 | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | 2         | SP; PA              | SEVENFACT                                 | 2         | SP; PA              |
| BENEFIX KIT   | 2         | SP; PA              | TRETTEN                                   | 2         | SP; PA              |
| COAGADEX  | 2         | SP; PA              | VONVENDI                                  | 2         | SP; PA              |
| CORIFACT  | 2         | SP; PA              | WILATE KIT                                | 2         | SP; PA              |
| ELOCTATE  | 2         | SP; PA              | XYNTHA                                    | 2         | SP; PA              |
| ESPEROCT  | 2         | SP; PA              | XYNTHA SOLOFUSE                           | 2         | SP; PA              |
| FEIBA   | 2         | SP; PA              | Bradykinin B2 Receptor Antagonists        |           |                     |
| FIBRYGA   | 2         | SP; PA              | <i>icatibant acetate SOSY</i>             | 1         | SP; PA              |
| HEMGENIX  | 2         | SP; PA              | Complement Inhibitors                     |           |                     |
| HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML                   | 2         | SP; PA              | BERINERT KIT                              | 2         | SP; PA              |
| HEMOPIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT                   | 2         | SP; PA              | CINRYZE SOLR IV                           | 2         | SP; PA              |
| HUMATE-P SOLR   | 2         | SP; PA              | RUCONEST                                  | 2         | SP; PA              |
| IDELVION  | 2         | SP; PA              | SOLIRIS                                   | 2         | SP; PA              |
| IXINITY SOLR  | 2         | SP; PA              | Hemataologic - Tyrosine Kinase Inhibitors |           |                     |
| JIVI  | 2         | SP; PA              | TAVALISSE                                 | 2         | SP; PA              |
| KCENTRA   | 2         | SP; PA              | Hematorheologic Agents                    |           |                     |
| KOATE-DVI SOLR 500 UNIT, 1000 UNIT  | 2         | SP; PA              | <i>pentoxifylline PO</i>                  | 1         | MP                  |
| KOATE SOLR  | 2         | SP; PA              | Human Protein C                           |           |                     |
| KOGENATE FS KIT   | 2         | SP; PA              | CEPROTIN                                  | 2         | SP; PA              |
| KOVALTRY  | 2         | SP; PA              | Plasma Kallikrein Inhibitors              |           |                     |
| NOVOEIGHT   | 2         | SP; PA              | KALBITOR                                  | 2         | SP; PA              |
| NOVOSEVEN RT  | 2         | SP; PA              | TAKHZYRO SOLN                             | 2         | SP; PA              |
| NUWIQ KIT   | 2         | SP; PA              | Plasma Proteins                           |           |                     |
| NUWIQ SOLR  | 2         | SP; PA              | THROMBATE III                             | 2         | SP; PA              |
| OBIZUR  | 2         | SP; PA              | Platelet Aggregation Inhibitors           |           |                     |
| PROFILNINE  | 2         | SP; PA              | <i>aspirin-dipyridamole PO</i>            | 1         |                     |
| REBINYN   | 2         | SP; PA              | BRILINTA PO                               | 2         | QL(2 EA daily)      |
| RECOMBINATE SOLR  | 2         | SP; PA              | <i>cilostazol PO</i>                      | 1         | QL(2 EA daily); MP  |
| RIASTAP   | 2         | SP; PA              | <i>clopidogrel bisulfate PO 300 MG</i>    | 1         |                     |
| RIXUBIS SOLR  | 2         | SP; PA              | <i>clopidogrel bisulfate PO 75 MG</i>     | 1         | QL(1 EA daily); MP  |
| ROCTAVIAN   | 2         | SP; PA              | <i>dipyridamole PO</i>                    | 1         | MP                  |
|   |           |                     | <i>prasugrel hcl PO</i>                   | 1         | QL(1 EA daily)      |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| YOSPRALA PO 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 PO 1 MG</i>  | 1         | MP; RX/OTC          |
| <i>folic acid TABS PO 400 MCG, 800 MCG</i>                                    | 1         | QL(1 EA daily)      |
| Hematopoietic Gene Therapy  |           |                     |
| ZYNTEGLO  | 2         | SP; PA              |
| Hematopoietic Growth Factors  |           |                     |
| DOPTELET  | 2         | SP; PA              |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | NP        | SP; PA              |
| FULPHILA  | NP        | SP; PA              |
| FYLNETRA  | NP        | SP                  |
| GRANIX SOLN   | NP        | SP; PA              |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| GRANIX SOSY  | NP        | SP; PA              |
| LEUKINE SOLR IJ  | NP        | SP; PA              |
| MIRCERA  | NP        | SP; PA              |
| MULPLETA   | 2         | SP; PA              |
| NEULASTA ONPRO PSKT  | NP        | SP; PA              |
| 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   | 2         | SP; PA              |
| PROCRIT  | NP        | SP; PA              |
| PROCRIT  | NP        | SP; PA              |
| PROMACTA PACK 12.5 MG                                      | 2         | SP; PA              |
| PROMACTA TABS PO   | 2         | SP; PA              |
| RELEUKO SOLN   | NP        | SP                  |
| RELEUKO SOSY   | NP        | SP                  |
| 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 PO</i> | 1         | QL(1 EA daily)      |
| HEMATINIC PLUS VIT/MINERALS TABS PO                        | 2         | QL(1 EA daily)      |
| Iron   |           |                     |
| FERRETT'S TABS PO  | 2         | QL(2 EA daily)      |



| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <i>ferrous fumarate TABS PO</i>                                   | 1         | QL(2 EA daily)   |
| <i>ferrous gluconate TABS PO</i>                                  | 1         |  |
| FERROUS GLUCONATE TABS PO 324 MG                                  | 2         |  |
| <i>ferrous sulfate dried TBCR PO</i>                              | 1         |  |
| <i>ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML</i>           | 1         | QL(16 ML daily)  |
| <i>ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML</i>                 | 1         | QL(3.4 ML daily)   |
| <i>ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG</i>              | 1         | MP   |
| <i>ferrous sulfate TBEC PO</i>                                    | 1         | MP   |
| <i>ferrous sulfate TBEC PO 324 MG</i>                             | 1         |  |
| IRON CHEWS PEDIATRIC CHEW PO                                      | 2         |  |
| IRON TABS PO 28 MG  | 2         |  |
| <i>polysaccharide iron complex CAPS PO</i>                        | 1         | QL(1 EA daily)   |
| Stem Cell Mobilizers  |           |  |
| <i>plerixafor</i>   | 1         | SP; PA   |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |           |  |
| Hemostatics - Systemic  |           |  |
| <i>aminocaproic acid SOLN PO 0.25 GM/ML</i>                       | 1         | SP; PA   |
| <i>aminocaproic acid TABS PO 1000 MG</i>                          | 1         | SP; PA   |
| <i>aminocaproic acid TABS PO 500 MG</i>                           | 1         | QL(24 EA per fill retail); SP; PA  |
| <i>tranexamic acid TABS PO</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) |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER</b>                         |           |  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>AGENTS</b>   |           |                     |
| Antihistamine Hypnotics   |           |                     |
| <i>diphenhydramine hcl (sleep) CAPS PO</i>                                      | 1         |                     |
| <i>diphenhydramine hcl (sleep) LIQD PO</i>                                      | 1         |                     |
| <i>diphenhydramine hcl (sleep) TABS PO 50 MG</i>                                | 1         |                     |
| <i>diphenhydramine hcl (sleep) TABS PO 25 MG</i>                                | 1         | QL(4 EA daily)      |
| <i>diphenhydramine hcl (sleep) TBDP</i>   | 1         |                     |
| <i>diphenhydramine-acetaminophen (sleep) TABS PO 500 MG-25 MG, 500 MG-38 MG</i> | 1         |                     |
| <i>doxylamine succinate (sleep) PO</i>  | 1         |                     |
| <i>ibuprofen-diphenhydramine citrate PO</i>                                     | 1         |                     |
| <i>ibuprofen-diphenhydramine hcl PO</i>   | 1         |                     |
| <i>naproxen sodium-diphenhydramine hcl</i>                                      | 1         |                     |
| Barbiturate Hypnotics   |           |                     |
| <i>phenobarbital ELIX PO</i>  | 1         |                     |
| <i>phenobarbital TABS PO</i>  | 1         |                     |
| Hypnotics - Tricyclic Agents  |           |                     |
| <i>doxepin hcl (sleep) PO</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 PO</i>   | 1         |                     |
| <i>eszopiclone PO</i>   | 1         |                     |
| <i>flurazepam hcl PO</i>  | 1         | QL(1 EA daily)      |
| IGALMI FILM   | NP        |                     |

| Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|
| <i>midazolam hcl SOLN IJ</i>   | 1         |   |
| <i>temazepam PO 15 MG, 30 MG</i>   | 1         | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>temazepam PO 7.5 MG, 22.5 MG</i>                                      | 1         |   |
| <i>triazolam PO</i>  | 1         | QL(1 EA daily)                          |
| <i>zaleplon PO</i>   | 1         | QL(1 EA daily)                          |
| ZOLPIDEM TARTRATE CAPS   | 2         |   |
| <i>zolpidem tartrate SUBL</i>  | 1         |   |
| <i>zolpidem tartrate TABS PO</i>   | 1         | QL(1 EA daily)                          |
| <i>zolpidem tartrate TBCR PO</i>   | 1         |   |
| <b>Orexin Receptor Antagonists</b>                                       |           |   |
| QUVIVIQ  | NP        |   |
| <b>Selective Melatonin Receptor Agonists</b>                             |           |   |
| <i>ramelteon PO</i>  | 1         |   |
| <i>tasimelteon CAPS</i>  | 1         | SP; PA                                  |
| <b>LAXATIVES - Bowel Treatment Drugs</b>                                 |           |   |
| <b>Bulk Laxatives</b>  |           |   |
| <i>calcium polycarbophil TABS PO</i>                                     | 1         | QL(10 EA daily)                         |
| NATURAL FIBER LAXATIVE POWD PO   | 2         |   |
| <i>psyllium CAPS PO 0.52 GM</i>  | 1         |   |
| <i>psyllium POWD PO 28.3 %, 30 %, 33 %, 43 %, 48.57 %, 58.6 %, 100 %</i> | 1         |   |
| <b>Laxative Combinations</b>   |           |   |
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR PO</i>          | 1         | QL(4000 ML per fill retail)             |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>       | 1         | QL(4000 ML per fill retail)             |
| <i>sennosides-docusate sodium TABS PO</i>                                | 1         | QL(4 EA daily)                          |

| Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| <b>Laxatives - Miscellaneous</b>  |           |                           |
| <i>glycerin (laxative) SUPP PR 2 GM</i>   | 1         |                           |
| <i>lactulose SOLN PO</i>  | 1         |                           |
| <i>polyethylene glycol 3350 PACK PO</i>   | 1         | QL(34 EA daily)           |
| <i>polyethylene glycol 3350 POWD PO</i>   | 1         | QL(34 GM daily)           |
| SORBITOL PO 70 %  | 2         |                           |
| <b>Saline Laxatives</b>   |           |                           |
| <i>magnesium citrate PO 1.745 GM/30ML</i>   | 1         |                           |
| <i>magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i> | 1         | QL(33 ML daily)           |
| <i>sodium phosphates ENEM PR</i>  | 1         |                           |
| <b>Stimulant Laxatives</b>  |           |                           |
| <i>bisacodyl SUPP PR</i>  | 1         | QL(12 EA per fill retail) |
| <i>bisacodyl TBEC PO</i>  | 1         | QL(1 EA daily)            |
| <i>sennosides TABS PO 8.6 MG</i>  | 1         |                           |
| <b>Surfactant Laxatives</b>   |           |                           |
| <i>docusate sodium CAPS PO 100 MG, 250 MG</i>                                     | 1         | QL(3 EA daily)            |
| <i>docusate sodium CAPS PO 50 MG</i>  | 1         |                           |
| <i>docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML</i>                             | 1         |                           |
| DOCUSATE SODIUM SYRP PO   | 2         |                           |
| <i>docusate sodium TABS PO</i>  | 1         |                           |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b>                           |           |                           |
| Azithromycin  |           |                           |

| Drug Name   | Drug Tier | Requirements/ Limits          | Drug Name                      | Drug Tier | Requirements/ Limits                     |
|---|-----------|-------------------------------|--------------------------------|-----------|--|
| <i>azithromycin SUSR PO 200 MG/5ML</i>                    | 0         | QL(30 ML per fill retail)     | 1ST TIER UNILET COMFORTOUCH    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>azithromycin SUSR PO 100 MG/5ML</i>                    | 0         | QL(15 ML per fill retail)     | ACCUTREND PLUS                 | 2         |  |
| <i>azithromycin TABS PO 600 MG</i>                        | 0         | QL(8 EA per 28 day(s) retail) | ADVANCED MOBILE LANCET         | 2         | 200 per month; QL(6.67 EA daily); RX/OTC |
| <i>azithromycin TABS PO 250 MG</i>                        | 0         | QL(6 EA per fill retail)      | AGAMATRIX ULTRA-THIN LANCETS   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>azithromycin TABS PO 500 MG</i>                        | 0         | QL(4 EA daily)                | AIMSCO TWIST LANCETS 32G       | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| Clarithromycin  |           |                               | AIMSCO TWIST LANCETS 33G       | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>clarithromycin SUSR PO</i>                             | 1         | QL(200 ML per fill retail)    | AURORA LANCET SUPER THIN 30G   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>clarithromycin TABS PO</i>                             | 1         | QL(28 EA per fill retail)     | AURORA LANCET THIN 23G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>clarithromycin TB24 PO</i>                             | 1         | QL(14 EA per fill retail)     | BD LANCET ULTRAFINE 30G        | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| Erythromycins   |           |                               | CAREONE LANCET SUPER THIN 30G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate) | 2         |                               | CAREONE LANCET THIN 23G        | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)      | 2         |                               | CARESENS LANCETS               | 2         | QL(6.67 EA daily); RX/OTC                |
| <i>erythromycin base CPEP PO</i>                          | 1         |                               | CARESENS LANCETS 30G           | 2         | QL(6.67 EA daily); RX/OTC                |
| <i>erythromycin base TABS PO</i>                          | 1         |                               | CARETOUCH TWIST LANCETS 28G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>erythromycin ethylsuccinate SUSR PO</i>                | 1         |                               | CARETOUCH TWIST LANCETS 30G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <i>erythromycin ethylsuccinate TABS PO</i>                | 1         |                               | CARETOUCH TWIST MC LANCETS 30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                       |           |                               | CLEANLET LANCETS 28G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| Bandages-Dressings-Tape                                   |           |                               |                                |           |  |
| ALCOHOL PREP PADS-MISC                                    | 2         | OTC                           |                                |           |  |
| Contraceptives  |           |                               |                                |           |  |
| CONDOMS-MISC  | 2         | QL(36 ea per fill retail)     |                                |           |  |
| Diabetic Supplies   |           |                               |                                |           |  |

| Drug Name                      | Drug Tier | Requirements/Limits                      | Drug Name                      | Drug Tier | Requirements/Limits                    |
|--------------------------------|-----------|--|--------------------------------|-----------|--|
| COMFORT ASSURED LANCETS 28G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 26G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| COMFORT LANCETS                | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 28G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS 21G                | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 28G/TWIST   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS MICRO THIN 33G     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 30G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ORIGINAL           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 30G/TWIST   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS THIN 26G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 32G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ULTRA THIN 30G     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 32G/TWIST   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS LANCETS ULTRA-THIN 30G     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EASY TOUCH LANCETS 33G/TWIST   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| CVS ULTRA THIN LANCETS         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EQL COLOR LANCETS 21G          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DIATHRIVE LANCET ULTRA THIN 30 | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | EQL COLOR LANCETS MICRO 33G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DIATHRIVE LANCET ULTRA THIN 30 | 2         | QL(6.67 EA daily); RX/OTC                | EQL SUPER THIN LANCETS 30G     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DIATHRIVE LANCETS              | 2         | QL(6.67 EA daily); RX/OTC                | EQL THIN LANCETS 26G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DROPLET LANCETS ULTRA THIN 30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | E-Z JECT LANCET MICRO-THIN 33G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DRUG MART LANCETS THIN 26G     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | E-Z JECT LANCET SUPER THIN 30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 28G   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | E-Z JECT LANCETS               | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 30G   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   | E-Z JECT LANCETS 21G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| DRUG MART UNILET LANCETS 33G   | 2         | 200 per month; QL(6.67 EA daily); RX/OTC |                                |           |  |

| Drug Name                      | Drug Tier | Requirements/Limits  | Drug Name                      | Drug Tier | Requirements/Limits                      |
|--------------------------------|-----------|--|--------------------------------|-----------|--|
| E-Z JECT LANCETS THIN 26G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GAUZE SPONGES                  | 2         | RX/OTC                                   |
| EZ-LETS LANCETS 26G            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GENTLE-LET GP LANCETS          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| EZ-LETS LANCETS 28G            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GENTLE-LET LANCETS             | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| EZ-LETS LANCETS 30G            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GNP LANCETS 21G                | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| FORA LANCETS                   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GNP LANCETS THIN 26G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| FREDS PHARMACY UNILET LANC 28G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GNP STERILE LANCETS 28G        | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| FREDS PHARMACY UNILET LANC 30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                     | GNP STERILE LANCETS 30G        | 2         | 200 / month; 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 33G        | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| FREESTYLE LIBRE 14 DAY SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | GOJJI STERILE LANCETS          | 2         | QL(6.67 EA daily); RX/OTC                |
| FREESTYLE LIBRE 2 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | GOODSENSE COLOR LANCETS 33G    | 2         | QL(6.67 EA daily); RX/OTC                |
| FREESTYLE LIBRE 2 READER       | 2         | QL(1 EA per 365 day(s) retail); PA                         | GOODSENSE LANCETS 26G UNIV     | 2         | 200 per month; QL(6.67 EA daily); RX/OTC |
| FREESTYLE LIBRE 2 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          | GOODSENSE LANCETS 30G UNIV     | 2         | QL(6.67 EA daily); RX/OTC                |
| FREESTYLE LIBRE 3 PLUS SENSOR  | 2         | QL(2 EA per 28 day(s) retail); PA                          | GOODSENSE LANCETS 33G UNIV     | 2         | 200 per month; 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 | GOODSENSE LANCETS 33G UNIV     | 2         | QL(6.67 EA daily); RX/OTC                |
| FREESTYLE LIBRE 3 SENSOR       | 2         | QL(2 EA per 28 day(s) retail); PA                          | HEALTHY ACCENTS UNILET LANCETS | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
| FREESTYLE LIBRE READER         | 2         | QL(1 EA per 365 day(s) retail); PA                         | H-E-B INCONTROL LANCETS 28G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
|                                |           |  | H-E-B INCONTROL LANCETS 30G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |
|                                |           |  | H-E-B INCONTROL LANCETS 33G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC   |

| Drug Name                        | Drug Tier | Requirements/<br>Limits                        | Drug Name                        | Drug Tier | Requirements/<br>Limits                      |
|----------------------------------|-----------|--|----------------------------------|-----------|--|
| HY-VEE LANCETS                   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | LANCETS ULTRA THIN               | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| HY-VEE THIN LANCETS              | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | LIVE BETTER LANCET<br>SUPER THIN | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KINNEY LANCETS                   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | LIVE BETTER LANCET<br>ULTRA THIN | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KINNEY THIN LANCETS              | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | LONGS LANCETS<br>STANDARD        | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER HEALTHPRO<br>LANCET 26G   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | LONGS LANCETS THIN               | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS                   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER LANCETS                   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS 21G               | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER LANCETS THIN              | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS<br>MICRO THIN 33G | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER LANCETS<br>UNIVERSAL 21G  | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS<br>SUPER THIN     | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER LANCETS<br>UNIVERSAL 30G  | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS THIN              | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER LANCETS<br>UNIVERSAL 33G  | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS THIN<br>26G       | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MEIJER SUPER THIN<br>LANCETS     | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| KROGER LANCETS<br>ULTRATHIN 30G  | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MONOLET LANCETS                  | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| LANCETS                          | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | MONOLET OPD<br>LANCETS           | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| LANCETS 30G                      | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | NOVA SUREFLEX<br>LANCETS         | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| LANCETS SUPER THIN<br>28G        | 2         | 200 per month;<br>QL(6.67 EA<br>daily); RX/OTC | ONETOUCH CLUB<br>LANCETS FINE PT | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |
| LANCETS THIN                     | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC   | ONETOUCH DELICA<br>LANCETS 30G   | 2         | 200 / month;<br>QL(6.67 EA<br>daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/ Limits  | Drug Name                      | Drug Tier | Requirements/ Limits                   |
|--------------------------------|-----------|---|--------------------------------|-----------|--|
| ONETOUCH DELICA LANCETS 33G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | PREFERRED PLUS LANCETS COLORED | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | PREFERRED PLUS LANCETS THIN    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH DELICA PLUS LANCET33G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | PRODIGY TWIST TOP LANCETS 28G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH FINEPOINT LANCETS     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | PSS SELECT GP LANCETS          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRA 2 KIT           | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | PSS SELECT SAFETY LANCETS      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRA MINI KIT        | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | PX LANCETS MICROTHIN 33G       | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH ULTRASOFT LANCETS     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | PX LANCETS ULTRA THIN          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO FLEX SYSTEM KIT | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | QC LANCETS SUPER THIN 30G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO REFLECT KIT     | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | QC LANCETS ULTRA THIN          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO KIT             | 2         | Limit 1 every 2 years; QL(1 EA per 730 day(s) retail); RX/OTC | QC UNILET LANCETS 28G          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| ONETOUCH VERIO LIQD            | 2         |   | QC UNILET LANCETS MICRO THIN   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| PC LANCETS SUPER THIN 30G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | RA E-ZJECT LANCETS 28G         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| PERFECT LANCETS 30G            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | RA E-ZJECT LANCETS THIN 26G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| PHARMACY COUNTER LANCETS       | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | RA E-ZJECT LANCETS THIN 28G    | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| PRECISION THINS GP LANCETS     | 2         | 200 / month; QL(6.67 EA daily); RX/OTC                        | RA E-ZJECT LANCETS ULTRA THIN  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
|                                |           |   | REALITY LANCETS                | 2         | 200 / month; 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         | 200 / month; QL(6.67 EA daily); RX/OTC | SMART SENSE THIN LANCETS 26G   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS THIN 26G        | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | STERILANCE TL                  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RELION LANCETS ULTRA-THIN 30G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | SUPER THIN LANCETS             | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | SURELITE LANCETS               | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN LANCETS 30G  | 2         | QL(6.67 EA daily); RX/OTC              | TECHLITE AST LANCETS           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RELION ULTRA THIN PLUS LANCETS | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS               | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| REXALL LANCETS ULTRA THIN 30G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TECHLITE LANCETS 30G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| RIGHTEST GL300 LANCETS         | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TGT LANCET MICRO THIN 33G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SB LANCETS THIN                | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TGT LANCET THIN 26G            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SB LANCETS ULTRA THIN          | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TGT LANCET ULTRA THIN 30G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SHOPKO UNILET LANCETS 28G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | THINLETS GP LANCETS            | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SHOPKO UNILET LANCETS 30G      | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 28G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SM LANCETS 33G                 | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TODAYS HEALTH THIN LANCETS 30G | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SMART SENSE COLOR LANCETS 33G  | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 26G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SMART SENSE STANDARD LANCETS   | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 28G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |
| SMART SENSE SUPER THIN LANCETS | 2         | 200 / month; QL(6.67 EA daily); RX/OTC | TRUEPLUS LANCETS 30G           | 2         | 200 / month; QL(6.67 EA daily); RX/OTC |



| Drug Name                      | Drug Tier | Requirements/<br>Limits                   | Drug Name                      | Drug Tier | Requirements/<br>Limits                   |
|--------------------------------|-----------|---|--------------------------------|-----------|---|
| TRUEPLUS LANCETS 33G           | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCET STANDARD 21G | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| ULILET CLASSIC LANCETS         | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCETS SUPER THIN  | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET COMFORTOUCH LANCET      | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VALUE PLUS LANCETS THIN 26G    | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE                | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VALUMARK LANCET SUPER THIN 30G | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET EXCELITE II             | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VALUMARK LANCET ULTRA THIN 28G | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET G.P. LANCET             | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VIDA MIA UNILET LANCETS 28G    | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET G.P. SUPERLITE LANCET   | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | VIDA MIA UNILET LANCETS 30G    | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET GP 28 ULTRA THIN        | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | WALGREENS LANCETS MICRO THIN   | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET LANCET                  | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | WALGREENS LANCETS SUPER THIN   | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET MICRO-THIN 33G          | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | WALGREENS THIN LANCETS         | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC |
| UNILET SUPERLITE LANCET        | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | <b>Misc. Devices</b>           |           |   |
| UNILET SUPER-THIN 30G          | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | ALCOHOL PREP                   | 2         | RX/OTC                                    |
| UNILET ULTRA-THIN 28G          | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | ALCOHOL PREP PADS              | 2         | RX/OTC                                    |
| UNIVERSAL 1 LANCETS THIN 26G   | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | ALCOHOL SWABS                  | 2         | RX/OTC                                    |
| UNIVERSAL 1 LANCETS THIN 33G   | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | BD SWAB SINGLE USE REGULAR     | 2         | RX/OTC                                    |
| UNIVERSAL 1 LANCETS ULTRA THIN | 2         | 200 / month;<br>QL(6.67 EA daily); RX/OTC | CURITY ALCOHOL PREPS           | 2         | RX/OTC                                    |
|                                |           |   | CVS ALCOHOL PREP PADS          | 2         | RX/OTC                                    |
|                                |           |   | CVS PREP                       | 2         | RX/OTC                                    |
|                                |           |   | DROPSAFE ALCOHOL PREP          | 2         | RX/OTC                                    |
|                                |           |   | EASY TOUCH ALCOHOL PREP MEDIUM | 2         | RX/OTC                                    |

| Drug Name                          | Drug Tier | Requirements/Limits        | Drug Name                           | Drug Tier | Requirements/Limits                    |
|------------------------------------|-----------|----------------------------|-------------------------------------|-----------|--|
| FIFTY50 ALCOHOL PREP               | 2         | RX/OTC                     | INSULIN SYRINGES                    | 2         | QL (5 ea daily);<br>RX/OTC             |
| GNP ALCOHOL SWABS                  | 2         | RX/OTC                     | <b>Respiratory Therapy Supplies</b> |           |  |
| HM STERILE ALCOHOL PREP            | 2         | RX/OTC                     | ACE AEROSOL CLOUD ENHANCER MISC     | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| MEIJER ALCOHOL SWABS               | 2         | RX/OTC                     | ACTIVITY POUCH MISC                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT ALCOHOL                | 2         | RX/OTC                     | ADULT AEROSOL MASK MISC             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| QC ALCOHOL SWABS                   | 2         | RX/OTC                     | ADULT MASK LARGE MISC               | 2         | QL(1 EA per 360 day(s) retail); RX/OTC |
| RA ALCOHOL SWABS                   | 2         | RX/OTC                     | AEROCHAMBER HOLDING CHAMBER DEVI    | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| REALITY SWABS                      | 2         | RX/OTC                     | AEROCHAMBER MINI CHAMBER DEVI       | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| RELION ALCOHOL SWABS               | 2         | RX/OTC                     | AEROCHAMBER MV MISC                 | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| SB ALCOHOL PREP                    | 2         | RX/OTC                     | AEROCHAMBER PLS FLOVU MTHPIECE DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| SM ALCOHOL PREP                    | 2         | RX/OTC                     | AEROCHAMBER PLUS FLO-VU INTERM DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| WEBCOL ALCOHOL PREP LARGE          | 2         | RX/OTC                     | AEROCHAMBER PLUS FLO-VU LARGE DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| WEBCOL ALCOHOL PREP MEDIUM         | 2         | RX/OTC                     | AEROCHAMBER PLUS FLO-VU LARGE MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| <b>Parenteral Therapy Supplies</b> |           |                            | AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD AUTOSHIELD                      | 2         | QL(5 EA daily)             | AEROCHAMBER PLUS FLO-VU MEDIUM MISC | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD AUTOSHIELD                      | 2         | QL(5 EA daily)             | AEROCHAMBER PLUS FLO-VU SMALL DEVI  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD AUTOSHIELD DUO                  | 2         | QL(5 EA daily);<br>RX/OTC  | AEROCHAMBER PLUS FLO-VU SMALL MISC  | 2         | QL(2 EA per 365 day(s) retail); RX/OTC |
| BD PEN NEEDLE MICRO U/F            | 2         | QL(5 EA daily)             |                                     |           |  |
| BD PEN NEEDLE MINI U/F             | 2         | QL(5 EA daily);<br>RX/OTC  |                                     |           |  |
| BD PEN NEEDLE NANO 2ND GEN         | 2         | QL(5 EA daily);<br>RX/OTC  |                                     |           |  |
| BD PEN NEEDLE NANO U/F             | 2         | QL(5 EA daily);<br>RX/OTC  |                                     |           |  |
| BD PEN NEEDLE NANO U/F             | 2         | QL(5 EA daily);<br>RX/OTC  |                                     |           |  |
| BD PEN NEEDLE ORIGINAL U/F         | 2         | QL(5 EA daily)             |                                     |           |  |
| BD PEN NEEDLE SHORT U/F            | 2         | QL(5 EA daily);<br>RX/OTC  |                                     |           |  |
| BD PEN NEEDLES                     | 2         | QL (5 ea daily);<br>RX/OTC |                                     |           |  |

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

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

| Drug Name                          | Drug Tier | Requirements/Limits                    | Drug Name                           | Drug Tier | Requirements/Limits                    |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| PARI BABY CONVERSION KIT 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 |
| 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 |

| Drug Name  | Drug Tier | Requirements/Limits                    | Drug Name   | Drug Tier | Requirements/Limits                                      |
|--|-----------|--|---|-----------|--|
| SILICONE MASK/PEDIATRIC MISC                                 | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | QULIPTA   | 2         | PA   |
| SOOTHENE NBL 100 ADULT MASK MISC                             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | UBRELVY PO  | 2         | PA   |
| SOOTHENE NBL 100 CHILD MASK MISC                             | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | ZAVZPRET  | NP        | PA   |
| SOOTHENE NBL 100 MED CUP MISC                                | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <b>Migraine Combinations</b>                      |           |  |
| SOOTHENE NBL 100 MESH CAP MISC                               | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>ergotamine w/ caffeine TABS PO</i>             | 1         |  |
| THRESHOLD IMT MISC   | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>sumatriptan-naproxen sodium PO</i>             | 1         |  |
| TUBING/WING TIP MISC   | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <b>Migraine Products</b>                          |           |  |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI                            | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i> | 1         |  |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI                          | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | <b>Serotonin Agonists</b>                         |           |  |
| VORTEX VALVED HOLDING CHAMBER DEVI                           | 2         | QL(2 EA per 365 day(s) retail); RX/OTC | <i>almotriptan malate PO</i>                      | 1         |  |
| WINDMILL TRAINER MISC  | 2         | QL(1 EA per 360 day(s) retail); RX/OTC | <i>eletriptan hydrobromide PO</i>                 | 1         | QL(0.2 EA daily)   |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |  | <i>frovatriptan succinate PO</i>                  | 1         |  |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |  | <i>naratriptan hcl PO</i>                         | 1         | QL(0.3 EA daily); AL(At least 18 yrs old)                |
| AJOVY SOAJ   | 2         | SP; PA                                 | <i>rizatriptan benzoate TABS PO</i>               | 1         | QL(12 EA per 30 day(s) retail); AL(At least 6 yrs old)   |
| AJOVY SOSY   | 2         | SP; PA                                 | <i>rizatriptan benzoate TBDP PO</i>               | 1         |  |
| EMGALITY (300 MG DOSE) SOSY                                  | NP        | SP; PA                                 | <i>sumatriptan</i>                                | 1         | QL(6 EA per 30 day(s) retail)                            |
| EMGALITY SOAJ  | 2         | SP; PA                                 | <i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>      | 1         | QL(0.67 ML daily)  |
| EMGALITY SOSY  | 2         | SP; PA                                 | <i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>      | 1         |  |
| NURTEC   | 2         | PA                                     | <i>sumatriptan succinate SOCT 4 MG/0.5ML</i>      | 1         |  |
|  |           |  | <i>sumatriptan succinate SOCT 6 MG/0.5ML</i>      | 1         | QL(0.67 ML daily)  |
|  |           |  | <i>sumatriptan succinate SOLN 6 MG/0.5ML</i>      | 1         | QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old) |

| Drug Name  | Drug Tier | Requirements/Limits           |
|--|-----------|-------------------------------|
| <i>sumatriptan succinate TABS PO</i>   | 1         | QL(9 EA per 30 day(s) retail) |
| <i>zolmitriptan SOLN 2.5 MG</i>  | 2         |                               |
| <i>zolmitriptan TABS PO</i>  | 1         | QL(6 EA per 30 day(s) retail) |
| <i>zolmitriptan TBDP PO</i>  | 1         | QL(6 EA per 30 day(s) retail) |
| ZOMIG SOLN 2.5 MG<br>(Use <i>zolmitriptan</i> )  | NP        |                               |
| <b>MINERALS &amp; ELECTROLYTES</b>   |           |                               |
| Calcium  |           |                               |
| <i>calcium carbonate-cholecalciferol TABS PO 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 PO</i>   | 1         |                               |
| Fluoride   |           |                               |
| <i>sodium fluoride CHEW PO</i>   | 1         |                               |
| <i>sodium fluoride SOLN PO 0.5 MG/ML, 0.5 MG/ML</i>  | 1         | RX/OTC                        |
| <i>sodium fluoride SOLN PO 0.125 MG/DROP</i>   | 1         |                               |
| SOLUVITA SOLN PO   | 2         | RX/OTC                        |
| Magnesium  |           |                               |
| <i>magnesium oxide (mg supplement) TABS PO</i>   | 1         |                               |
| Phosphate  |           |                               |
| <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic PO</i>                                     | 1         | QL(8 EA daily)                |
| Potassium  |           |                               |
| <i>potassium bicarbonate TBEF PO</i>   | 1         |                               |
| <i>potassium chloride microencapsulated crystals er PO</i>   | 1         | MP                            |
| <i>potassium chloride CPCR PO 10 MEQ</i>   | 1         | MP                            |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>potassium chloride CPCR PO 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 PO 8 MEQ, 10 MEQ</i>          | 1         | MP                  |
| Zinc   |           |                     |
| <i>zinc sulfate CAPS PO</i>                              | 1         |                     |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>                 |           |                     |
| Chelating Agents   |           |                     |
| <i>penicillamine TABS PO</i>                             | 1         |                     |
| <i>trientine hcl PO 250 MG</i>                           | 1         | SP; PA              |
| Enzymes  |           |                     |
| XIAFLEX  | 2         | SP; PA              |
| Fecal Incontinence Bulking Agents                        |           |                     |
| SOLESTA  | 2         | SP; PA              |
| Immunomodulators   |           |                     |
| <i>lenalidomide PO</i>                                   | 1         | SP; PA              |
| REVLIMID PO  | 2         | SP; PA              |
| THALOMID PO  | 2         | SP; PA              |
| Immunosuppressive Agents                                 |           |                     |
| ASTAGRAF XL CP24   | 2         | PA                  |
| ATGAM  | 2         | PA                  |
| <i>azathioprine TABS PO 50 MG</i>                        | 1         | MP                  |
| <i>azathioprine TABS PO 75 MG, 100 MG</i>                | 1         |                     |
| <i>cyclosporine modified (for microemulsion) CAPS PO</i> | 1         | PA                  |
| <i>cyclosporine modified (for microemulsion) SOLN PO</i> | 1         | PA                  |
| <i>cyclosporine CAPS PO</i>                              | 1         | PA                  |
| <i>cyclosporine SOLN IV 50 MG/ML</i>                     | 1         | PA                  |

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

| Drug Name                                     | Drug Tier | Requirements/Limits                   |
|---|-----------|---------------------------------------|
| <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                |           |                                       |
| <i>triamcinolone acetonide (mouth)</i>        | 1         | QL(5 GM per fill retail)              |
| Throat Products - Misc.                       |           |                                       |
| AQUORAL SOLN                                  | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| BIOTENE DRY MOUTH MOISTURIZING SOLN           | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| CAPHOSOL SOLN                                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| CVS DRY MOUTH SOLN                            | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| EQL DRY MOUTH ORAL RINSE SOLN                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |
| MOI-STIR SOLN                                 | 2         | QL(900 ML per fill retail);<br>RX/OTC |



| Drug Name   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| 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) PO 5 MG</i>             | 1         | QL(6 EA daily)                     |
| RA DRY MOUTH SOLN                                 | 2         | QL(900 ML per fill retail); RX/OTC |
| <b>MULTIVITAMINS</b>                              |           |                                    |
| B-Complex Vitamins                                |           |                                    |
| <i>b-complex vitamins CAPS PO</i>                 | 1         | QL(1 EA daily)                     |
| <i>b-complex vitamins TABS PO</i>                 | 1         | QL(1 EA daily)                     |
| B-Complex w/ C                                    |           |                                    |
| <i>b complex w/ c CAPS PO</i>                     | 1         | QL(1 EA daily)                     |
| B-Complex w/ Folic Acid                           |           |                                    |
| <i>b-complex w/ c &amp; folic acid CAPS PO</i>    | 1         | QL(1 EA daily); RX/OTC             |
| <i>b-complex w/ c &amp; folic acid TABS PO</i>    | 1         | QL(1 EA daily); RX/OTC             |
| Multiple Vitamins w/ Iron                         |           |                                    |
| <i>multiple vitamins w/ iron TABS PO</i>          | 1         | QL(1 EA daily)                     |
| TAB-A-VITE/IRON/BETA CAROTENE TABS PO             | 2         | QL(1 EA daily)                     |
| Multiple Vitamins w/ Minerals                     |           |                                    |
| MULTIPLE VITAMINS W/ MINERALS TABS-ASSORTED BRAND | 2         | RX/OTC                             |

| Drug Name   | Drug Tier | Requirements/Limits                                     |
|---|-----------|---|
| 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/FI & FE                          |           |   |
| <i>ped multivitamins w/fl &amp; iron SOLN PO</i>      | 1         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |
| Ped Multiple Vitamins w/ Minerals                     |           |   |
| AQUADEKS SOLN PO                                      | 2         | RX/OTC  |
| MVW COMPLETE FORMULATION SOLN PO                      | 2         | RX/OTC  |
| <i>pediatric multiple vitamin w/ minerals SOLN PO</i> | 1         | RX/OTC  |
| Ped MV w/ Fluoride                                    |           |   |
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED BRAND      | 2         | QL(1 ea daily); AL(Up to 13 yrs old)                    |
| PEDIATRIC MULTIVITAMINS W/FL CHEW-ASSORTED GENERIC    | 1         | QL(1 ea daily); AL(Up to 13 yrs old)                    |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED BRAND      | 2         | QL(50ml per fill retail); AL(Up to 13 yrs old)          |
| PEDIATRIC MULTIVITAMINS W/FL SOLN-ASSORTED GENERIC    | 1         | QL(50ml per fill retail); AL(Up to 13 yrs old)          |
| <i>pediatric vitamins acd w/ fluoride SOLN PO</i>     | 1         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC |

| Drug Name   | Drug Tier | Requirements/Limits                                     | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| SOLUVITA ACD WITH FLUORIDE SOLN PO                            | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC | Articular Cartilage Repair Therapy   |           |                     |
| VITAMINS ACD-FLUORIDE SOLN PO                                 | 2         | QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC | MACI   | 2         | SP; PA              |
| Ped MV w/ Iron  |           |   | Central Muscle Relaxants   |           |                     |
| BPROTECTED PEDIA POLY-VITE/FE SOLN PO                         | 2         | QL(60 ML per fill retail)                               | <i>baclofen SOLN PO 5 MG/5ML</i>   | 1         |                     |
| MULTIVITAMIN DROPS/IRON SOLN PO                               | 2         |   | <i>baclofen SOLN IT 10 MG/20ML, 40 MG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</i> | 1         | SP; PA              |
| MULTIVITAMIN INFANT & TODDLER SOLN PO                         | 2         |   | <i>baclofen SOLN PO 10 MG/5ML</i>  | 2         |                     |
| PC PEDIATRIC POLY-VITA/FE DROP SOLN PO                        | 2         | QL(60 ML per fill retail)                               | <i>baclofen SUSP</i>   | 1         |                     |
| POLY-VITA/IRON SOLN PO  | 2         | QL(60 ML per fill retail)                               | <i>baclofen TABS PO 5 MG</i>   | 1         | PA                  |
| POLY-VITE/IRON SOLN PO  | 2         |   | <i>baclofen TABS PO 15 MG</i>  | 1         |                     |
| Pediatric Multiple Vitamins                                   |           |   | <i>baclofen TABS PO 10 MG, 20 MG</i>   | 1         | MP                  |
| BPROTECTED PEDIA POLY-VITE SOLN PO                            | 2         |   | <i>carisoprodol TABS PO 350 MG</i>   | 1         | MP; PA              |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO                        | 2         |   | <i>carisoprodol TABS PO 250 MG</i>   | 1         | PA                  |
| POLY-VI-SOL SOLN PO   | 2         |   | <i>chlorzoxazone TABS PO 500 MG</i>  | 1         | MP                  |
| POLY-VITA SOLN PO   | 2         |   | <i>chlorzoxazone TABS PO 250 MG, 375 MG, 750 MG</i>                            | 1         |                     |
| POLY-VITE PEDIATRIC SOLN PO                                   | 2         |   | <i>cyclobenzaprine hcl CP24 PO</i>   | 1         |                     |
| Prenatal Vitamins   |           |   | <i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>                                 | 1         | QL(3 EA daily)      |
| PRENATAL VITAMINS-ASSORTED BRAND                              | 2         | QL(30 ea per 30 days retail); RX/OTC                    | <i>cyclobenzaprine hcl TABS PO 7.5 MG</i>                                      | NP        | QL(4 EA daily)      |
| PRENATAL VITAMINS-ASSORTED GENERIC                            | 1         | QL(30 ea per 30 days retail); RX/OTC                    | <i>cyclobenzaprine hcl TABS PO 7.5 MG</i>                                      | 1         | QL(4 EA daily)      |
| Vitamins w/ Lipotropics                                       |           |   | GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML                                | 2         | SP; PA              |
| <i>vitamins w/ lipotropics CAPS PO</i>                        | 1         | QL(1 EA daily)  | LIORESAL SOLN IT   | 2         | SP; PA              |
| <b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b> |           |   | LYVISPAH PACK  | NP        |                     |
|   |           |   | <i>metaxalone PO</i>   | 1         |                     |
|   |           |   | <i>methocarbamol TABS PO 750 MG</i>  | 1         |                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>methocarbamol TABS PO 500 MG</i>                             | 1         | MP                  |
| <i>orphenadrine citrate TB12 PO</i>                             | 1         |                     |
| OZOBAX DS SOLN PO<br>(Use baclofen)                             | NP        |                     |
| OZOBAX SOLN PO (Use baclofen)                                   | 2         |                     |
| <i>tizanidine hcl CAPS PO</i>                                   | 1         |                     |
| <i>tizanidine hcl TABS PO</i>                                   | 1         |                     |
| Direct Muscle Relaxants   |           |                     |
| <i>dantrolene sodium CAPS PO</i>                                | 1         |                     |
| Muscle Relaxant Combinations                                    |           |                     |
| <i>orphenadrine w/ aspirin &amp; caff PO</i>                    | 1         |                     |
| <i>orphenadrine w/ aspirin &amp; caff PO 385 MG-30 MG-25 MG</i> | NP        |                     |
| Viscosupplements  |           |                     |
| EUFLEXXA SOSY   | 2         | SP; PA              |
| GEL-ONE   | 2         | SP; PA              |
| GELSYN-3 SOSY   | 2         | SP; PA              |
| GENVISC 850 SOSY  | 2         | SP; PA              |
| HYALGAN SOLN  | 2         | SP; PA              |
| HYALGAN SOSY  | 2         | SP; PA              |
| HYMOVIS   | 2         | SP; PA              |
| MONOVISC  | 2         | SP; PA              |
| ORTHOVISC   | 2         | SP; PA              |
| SUPARTZ FX SOSY   | 2         | SP; PA              |
| SYNOJOYNT SOSY  | 2         | SP; PA              |
| SYNVISC ONE SOSY  | 2         | SP; PA              |
| SYNVISC SOSY  | 2         | SP; PA              |
| TRILURON SOSY   | 2         | SP; PA              |
| TRIVISC SOSY  | 2         | SP; PA              |
| VISCO-3 SOSY  | 2         | SP; PA              |

**NASAL AGENTS - SYSTEMIC AND TOPICAL -  
Drugs to treat the Nose or Sinus**

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

| Drug Name   | Drug Tier | Requirements/Limits        |
|---|-----------|----------------------------|
| <i>pseudoephedrine hcl TB12 PO</i>                            | 1         | QL(2 EA daily)             |
| SUDAFED CHILDRENS LIQD PO                                     | 2         |                            |
| SUDAFED PE CHILDRENS SOLN PO                                  | 2         | QL(120 ML per fill retail) |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b> |           |                            |
| <b>ALS Agents</b>   |           |                            |
| <i>riluzole TABS PO</i>                                       | 1         | PA                         |
| TEGLUTIK SUSP   | 2         | SP; PA                     |
| TIGLUTIK SUSP   | 2         | SP; PA                     |
| <b>Muscular Dystrophy Agents</b>                              |           |                            |
| AMONDYS 45  | 2         | SP; PA                     |
| ELEVIDYS 10.0-10.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 10.5-11.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 11.5-12.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 12.5-13.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 13.5-14.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 14.5-15.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 15.5-16.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 16.5-17.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 17.5-18.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 18.5-19.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 19.5-20.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 20.5-21.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 21.5-22.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 22.5-23.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 23.5-24.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 24.5-25.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 25.5-26.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 26.5-27.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 27.5-28.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 28.5-29.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 29.5-30.4 KG   | 2         | SP; PA                     |
| ELEVIDYS 30.5-31.4 KG   | 2         | SP; PA                     |

| Drug Name             | Drug Tier | Requirements/Limits |
|-----------------------|-----------|---------------------|
| ELEVIDYS 31.5-32.4 KG | 2         | SP; PA              |
| ELEVIDYS 32.5-33.4 KG | 2         | SP; PA              |
| ELEVIDYS 33.5-34.4 KG | 2         | SP; PA              |
| ELEVIDYS 34.5-35.4 KG | 2         | SP; PA              |
| ELEVIDYS 35.5-36.4 KG | 2         | SP; PA              |
| ELEVIDYS 36.5-37.4 KG | 2         | SP; PA              |
| ELEVIDYS 37.5-38.4 KG | 2         | SP; PA              |
| ELEVIDYS 38.5-39.4 KG | 2         | SP; PA              |
| ELEVIDYS 39.5-40.4 KG | 2         | SP; PA              |
| ELEVIDYS 40.5-41.4 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              |
| ELEVIDYS 53.5-54.4 KG | 2         | SP; PA              |
| ELEVIDYS 54.5-55.4 KG | 2         | SP; PA              |
| ELEVIDYS 55.5-56.4 KG | 2         | SP; PA              |
| ELEVIDYS 56.5-57.4 KG | 2         | SP; PA              |
| ELEVIDYS 57.5-58.4 KG | 2         | SP; PA              |
| ELEVIDYS 58.5-59.4 KG | 2         | SP; PA              |
| ELEVIDYS 59.5-60.4 KG | 2         | SP; PA              |
| ELEVIDYS 60.5-61.4 KG | 2         | SP; PA              |
| ELEVIDYS 61.5-62.4 KG | 2         | SP; PA              |
| ELEVIDYS 62.5-63.4 KG | 2         | SP; PA              |
| ELEVIDYS 63.5-64.4 KG | 2         | SP; PA              |
| ELEVIDYS 64.5-65.4 KG | 2         | SP; PA              |
| ELEVIDYS 65.5-66.4 KG | 2         | SP; PA              |
| ELEVIDYS 66.5-67.4 KG | 2         | SP; PA              |
| ELEVIDYS 67.5-68.4 KG | 2         | SP; PA              |

| Drug Name   | Drug Tier | Requirements/<br>Limits | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|-------------------------|---|-----------|---------------------------|
| ELEVIDYS 68.5-69.4 KG                             | 2         | SP; PA                  | ZOLGENSMA 16.1-16.5 KG                            | 2         | SP; PA                    |
| ELEVIDYS 69.5 KG PLUS                             | 2         | SP; PA                  | ZOLGENSMA 16.6-17.0 KG                            | 2         | SP; PA                    |
| EXONDYS 51  | 2         | SP; PA                  | ZOLGENSMA 17.1-17.5 KG                            | 2         | SP; PA                    |
| VILTEPSO  | 2         | SP; PA                  | ZOLGENSMA 17.6-18.0 KG                            | 2         | SP; PA                    |
| VYONDYS 53  | 2         | SP; PA                  | ZOLGENSMA 18.1-18.5 KG                            | 2         | SP; PA                    |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b> |           |                         | ZOLGENSMA 18.6-19.0 KG                            | 2         | SP; PA                    |
| BOTOX IJ  | 2         | SP; PA                  | ZOLGENSMA 19.1-19.5 KG                            | 2         | SP; PA                    |
| DYSPOORT  | 2         | SP; PA                  | ZOLGENSMA 19.6-20.0 KG                            | 2         | SP; PA                    |
| MYOBLOC   | 2         | SP; PA                  | ZOLGENSMA 2.6-3.0 KG                              | 2         | SP; PA                    |
| XEOMIN  | 2         | SP; PA                  | ZOLGENSMA 20.1-20.5 KG                            | 2         | SP; PA                    |
| <b>Spinal Muscular Atrophy Agents (SMA)</b>       |           |                         | ZOLGENSMA 3.1-3.5 KG                              | 2         | SP; PA                    |
| EVRYSDI   | 2         | SP                      | ZOLGENSMA 3.6-4.0 KG                              | 2         | SP; PA                    |
| SPINRAZA  | 2         | SP; PA                  | ZOLGENSMA 4.1-4.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 20.6-21.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 4.6-5.0 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 10.1-10.5 KG                            | 2         | SP; PA                  | ZOLGENSMA 5.1-5.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 10.6-11.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 5.6-6.0 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 11.1-11.5 KG                            | 2         | SP; PA                  | ZOLGENSMA 6.1-6.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 11.6-12.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 6.6-7.0 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 12.1-12.5 KG                            | 2         | SP; PA                  | ZOLGENSMA 7.1-7.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 12.6-13.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 7.6-8.0 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 13.1-13.5 KG                            | 2         | SP; PA                  | ZOLGENSMA 8.1-8.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 13.6-14.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 8.6-9.0 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 14.1-14.5 KG                            | 2         | SP; PA                  | ZOLGENSMA 9.1-9.5 KG                              | 2         | SP; PA                    |
| ZOLGENSMA 14.6-15.0 KG                            | 2         | SP; PA                  | ZOLGENSMA 9.6-10.0 KG                             | 2         | SP; PA                    |
| ZOLGENSMA 15.1-15.5 KG                            | 2         | SP; PA                  | <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b> |           |                           |
| ZOLGENSMA 15.6-16.0 KG                            | 2         | SP; PA                  | <b>Artificial Tears and Lubricants</b>            |           |                           |
|   |           |                         | <i>polyvinyl alcohol 1.4 %</i>                    | 1         | QL(15 ML per fill retail) |
|   |           |                         | <i>white petrolatum-mineral oil</i>               | 1         | QL(5 GM per fill retail)  |

| Drug Name  | Drug Tier | Requirements/Limits                |
|--|-----------|------------------------------------|
| <b>Beta-blockers - Ophthalmic</b>                              |           |                                    |
| <i>betaxolol hcl (ophth) SOLN</i>                              | 1         | QL(5 ML per fill retail)           |
| <i>brimonidine tartrate-timolol maleate</i>                    | 1         |                                    |
| <i>carteolol hcl (ophth)</i>                                   | 1         | 1 max fill(s) per 30 day(s) retail |
| COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )   | 2         |                                    |
| DORZOLAMIDE HCL-TIMOLOL MAL                                    | 2         | QL(10 ML per fill retail)          |
| <i>dorzolamide hcl-timolol maleate</i>                         | 1         |                                    |
| <i>dorzolamide hcl-timolol maleate</i>                         | 1         | QL(10 ML per fill retail)          |
| <i>levobunolol hcl 0.5 %</i>                                   | 1         |                                    |
| <i>timolol maleate (ophth) SOLG 0.25 %</i>                     | 1         |                                    |
| <i>timolol maleate (ophth) SOLN</i>                            | 1         | QL(5 ML per fill retail)           |
| <i>timolol maleate (ophth) SOLN 0.5 %</i>                      | 1         |                                    |
| TIMOLOL-BRIMONIDINE-DORZOLAMID 0.5 %-0.15 %-2 %                | 2         |                                    |
| TIMOPTIC-XE SOLG 0.25 % ( <i>Use timolol maleate (ophth)</i> ) | NP        |                                    |
| <b>Cycloplegic Mydriatics</b>                                  |           |                                    |
| <i>atropine sulfate (ophthalmic) OINT</i>                      | 1         | QL(4 GM per fill retail)           |
| <i>atropine sulfate (ophthalmic) SOLN</i>                      | 1         | QL(5 ML per fill retail)           |
| ATROPINE SULFATE SOLN 1 %                                      | 2         | QL(5 EA per fill retail)           |
| CYCLOGYL 0.5 %   | 2         | QL(15 ML per fill retail)          |
| <i>cyclopentolate hcl 0.5 %</i>                                | 1         | QL(15 ML per fill retail)          |
| <i>cyclopentolate hcl 1 %</i>                                  | 1         | QL(5 ML per fill retail)           |

| Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|
| ISOPTO ATROPINE SOLN  | 2         | QL(5 ML per fill retail)  |
| <i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>             | 1         | QL(5 ML per fill retail)  |
| <i>tropicamide SOLN 0.5 %</i>                               | 1         | QL(15 ML per fill retail) |
| <i>tropicamide SOLN 1 %</i>                                 | 1         | QL(3 ML per fill retail)  |
| <b>Miotics</b>  |           |                           |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                   | 1         |                           |
| <b>Ophthalmic - Angiogenesis Inhibitors</b>                 |           |                           |
| BEVACIZUMAB IZ 2.75 MG/0.11ML                               | 2         | PA                        |
| BEVACIZUMAB IZ 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML | 2         | SP; PA                    |
| EYLEA SOLN  | 2         | SP; PA                    |
| LUCENTIS SOLN 0.3 MG/0.05ML                                 | 2         | SP; PA                    |
| LUCENTIS SOSY   | 2         | SP; PA                    |
| <b>Ophthalmic Adrenergic Agents</b>                         |           |                           |
| ALPHAGAN P ( <i>Use brimonidine tartrate</i> )              | 2         |                           |
| <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>                   | 1         |                           |
| SIMBRINZA   | 2         |                           |
| <b>Ophthalmic Anti-infectives</b>                           |           |                           |
| <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>                                 | 1         |                           |

| Drug Name   | Drug Tier | Requirements/ Limits               |
|---|-----------|------------------------------------|
| <i>gentamicin sulfate (ophth) OINT</i>            | 1         | QL(4 GM per fill retail)           |
| <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)           |
| <b>Ophthalmic Decongestants</b>                   |           |                                    |
| <i>naphazoline w/ pheniramine 0.3 %-0.025 %</i>   | 1         | 1 max fill(s) per 30 day(s) retail |
| <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)          |
| <b>Ophthalmic Immunomodulators</b>                |           |                                    |
| CEQUA SOLN  | NP        |                                    |
| <i>cyclosporine (ophth) EMUL</i>                  | 1         |                                    |
| RESTASIS MULTIDOSE EMUL                           | 2         |                                    |
| RESTASIS EMUL ( <i>Use cyclosporine (ophth)</i> ) | 2         |                                    |
| VEVYE SOLN  | NP        |                                    |
| <b>Ophthalmic Integrin Antagonists</b>            |           |                                    |
| XIIDRA  | 2         | PA                                 |

| Drug Name                                     | Drug Tier | Requirements/ Limits      |
|---|-----------|---------------------------|
| <b>Ophthalmic Kinase Inhibitors</b>           |           |                           |
| ROCKLATAN                                     | 2         | PA                        |
| <b>Ophthalmic Local Anesthetics</b>           |           |                           |
| <i>tetracaine hcl (ophth)</i>                 | 1         |                           |
| <b>Ophthalmic Nerve Growth Factors</b>        |           |                           |
| OXERVATE                                      | 2         | SP; PA                    |
| <b>Ophthalmic Photodynamic Therapy Agents</b> |           |                           |
| VISUDYNE                                      | 2         | SP; PA                    |
| <b>Ophthalmic Steroids</b>                    |           |                           |
| BLEPHAMIDE S.O.P. OINT                        | 2         | QL(4 GM per fill retail)  |
| <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)  |
| FML OINT                                      | 2         | QL(4 GM per fill retail)  |
| ILUVIEN                                       | 2         | SP; PA                    |
| <i>neomycin-polymy-dexameth OINT</i>          | 1         | QL(4 GM per fill retail)  |
| <i>neomycin-polymy-dexameth SUSP</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)  |

| Drug Name                                   | Drug Tier | Requirements/Limits                |
|---|-----------|------------------------------------|
| TOBRADEX OINT                               | 2         | QL(4 GM per fill retail)           |
| <i>tobramycin-dexamethasone SUSP</i>        | 1         | QL(5 ML per fill retail)           |
| YUTIQ                                       | 2         | SP                                 |
| Ophthalmics - Misc.                         |           |                                    |
| <i>azelastine hcl (ophth)</i>               | 1         | QL(6 ML per fill retail)           |
| <i>bromfenac sodium (ophth)</i>             | 1         |                                    |
| <i>cromolyn sodium (ophth)</i>              | 1         | QL(10 ML per fill retail)          |
| CYSTARAN                                    | 2         | SP; PA                             |
| <i>diclofenac sodium (ophth)</i>            | 1         | QL(5 ML per fill retail)           |
| <i>dorzolamide hcl</i>                      | 1         | QL(10 ML per fill retail)          |
| DORZOLAMIDE HCL                             | 2         | QL(10 ML per fill retail)          |
| <i>epinastine hcl (ophth)</i>               | 1         |                                    |
| <i>flurbiprofen sodium</i>                  | 1         | QL(3 ML per fill retail)           |
| ILEVRO                                      | NP        |                                    |
| <i>ketorolac tromethamine (ophth) 0.5 %</i> | 1         | QL(5 ML per fill retail)           |
| <i>ketorolac tromethamine (ophth) 0.4 %</i> | 1         | 1 max fill(s) per 30 day(s) retail |
| <i>ketotifen fumarate (ophth) 0.035 %</i>   | 1         | QL(5 ML per fill retail)           |
| MIEBO                                       | NP        |                                    |
| <i>olopatadine hcl</i>                      | 1         | RX/OTC                             |
| Prostaglandins - Ophthalmic                 |           |                                    |
| <i>bimatoprost SOLN</i>                     | 1         |                                    |
| IYUZEH SOLN                                 | NP        |                                    |
| TRAVATAN Z SOLN ( <i>Use travoprost</i> )   | 2         |                                    |
| <i>travoprost SOLN</i>                      | 1         |                                    |
| <b>OTIC AGENTS - Drugs to Treat the Ear</b> |           |                                    |
| Otic Agents - Miscellaneous                 |           |                                    |
| <i>acetic acid (otic)</i>                   | 1         | QL(15 ML per fill retail)          |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>carbamide peroxide (otic) 6.5 %</i>   | 1         | QL(0.5 ML daily)   |
| Otic Anti-infectives   |           |  |
| CETRAXAL ( <i>Use ciprofloxacin hcl (otic)</i> )   | 2         |  |
| <i>ciprofloxacin hcl (otic)</i>  | 1         |  |
| <i>ofloxacin (otic)</i>  | 1         | QL(5 ML per fill retail)                                       |
| Otic Combinations  |           |  |
| CIPRODEX ( <i>Use ciprofloxacin-dexamethasone</i> )  | 2         | QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciprofloxacin-dexamethasone</i>   | 1         | QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>   | 1         | QL(10 ML per fill retail)                                      |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>   | 1         | QL(10 ML per fill retail)                                      |
| <i>pramoxine-hc-chloroxylonol</i>  | 1         | QL(15 ML per fill retail)                                      |
| Otic Steroids  |           |  |
| <i>fluocinolone acetonide (otic)</i>   | 1         | QL(20 ML per fill retail)                                      |
| <i>hydrocortisone w/acetic acid</i>  | 1         | QL(10 ML per fill retail)                                      |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                               |           |  |
| Oxytocics  |           |  |
| <i>methylergonovine maleate TABS PO</i>  | 1         |  |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System</b> |           |  |
| Immune Serums  |           |  |
| BIVIGAM SOLN 5 GM/50ML   | 2         | PA   |



| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits         |
|---|-----------|---------------------|--|-----------|-----------------------------|
| BIVIGAM SOLN 10 GM/100ML                                | 2         | SP; PA              | RHOGAM ULTRA-FILTERED PLUS SOSY IM   | 2         | SP; PA                      |
| CUVITRU SOLN  | 2         | SP; PA              | RHOPHYLAC SOSY IJ  | 2         | SP; PA                      |
| CYTOGAM SOLN  | 2         | SP; PA              | WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML | 2         | SP; PA                      |
| FLEBOGAMMA DIF SOLN                                     | 2         | SP; PA              | <b>Monoclonal Antibodies</b>   |           |                             |
| FLEBOGAMMA DIF SOLN 5 GM/50ML                           | 2         | PA                  | BEYFORTUS  | 0         | AL(At least 19 yrs old); SP |
| GAMASTAN  | 2         | SP; PA              | SYNAGIS SOLN   | 2         | SP; PA                      |
| GAMMAGARD   | 2         | SP; PA              | ZINPLAVA   | 2         | SP; PA                      |
| GAMMAGARD S/D LESS IGA SOLR                             | 2         | SP; PA              | <b>Passive Immunizing Agents - Combinations</b>                                    |           |                             |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | 2         | SP; PA              | HYQVIA   | 2         | SP; PA                      |
| GAMMAPLEX SOLN 5 GM/50ML                                | 2         | PA                  | <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>                           |           |                             |
| GAMMAPLEX SOLN  | 2         | SP; PA              | <b>Aminopenicillins</b>  |           |                             |
| GAMUNEX-C   | 2         | SP; PA              | <i>amoxicillin CAPS PO</i>   | 1         |                             |
| HEPAGAM B SOLN IJ                                       | 2         | SP; PA              | <i>amoxicillin CHEW PO 125 MG, 250 MG</i>  | 1         |                             |
| HIZENTRA SOLN   | 2         | SP; PA              | <i>amoxicillin SUSR PO</i>   | 1         |                             |
| HIZENTRA SOSY 10 GM/50ML                                | 2         | SP; PA              | <i>amoxicillin TABS PO 875 MG</i>  | 1         |                             |
| HYPERHEP B SOLN IM                                      | 2         | SP; PA              | <i>ampicillin CAPS PO 500 MG</i>   | 1         |                             |
| HYPERHEP B SOSY   | 2         | SP; PA              | <b>Natural Penicillins</b>   |           |                             |
| HYPERRHO S/D SOSY IM 250 UNIT                           | 2         | SP; PA              | <i>penicillin v potassium SOLR PO</i>  | 1         |                             |
| HYPERRHO S/D SOSY IM 1500 UNIT                          | 2         | SP; PA              | <i>penicillin v potassium TABS PO</i>  | 1         |                             |
| MICRHOGAM ULTRA-FILTERED PLUS SOSY IM                   | 2         | SP; PA              | <b>Penicillin Combinations</b>   |           |                             |
| NABI-HB SOLN IM   | 2         | SP; PA              | <i>amoxicillin &amp; pot clavulanate CHEW PO</i>                                   | 1         | QL(20 EA per fill retail)   |
| OCTAGAM SOLN 5 GM/50ML                                  | 2         | PA                  | <i>amoxicillin &amp; pot clavulanate SUSR PO</i>                                   | 1         |                             |
| OCTAGAM SOLN  | 2         | SP; PA              | <i>amoxicillin &amp; pot clavulanate TABS PO 125 MG-250 MG</i>                     | 1         | QL(30 EA per fill retail)   |
| PANZYGA   | 2         | SP; PA              |  |           |                             |
| PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML     | 2         | SP; PA              |  |           |                             |
| PRIVIGEN SOLN 5 GM/50ML                                 | 2         | PA                  |  |           |                             |

| Drug Name   | Drug Tier | Requirements/Limits                                 |
|---|-----------|---|
| <i>amoxicillin &amp; pot clavulanate TABS PO 125 MG-500 MG, 125 MG-875 MG</i> | 1         | QL(20 EA per fill retail)                           |
| <i>amoxicillin &amp; pot clavulanate TB12 PO</i>                              | 1         | QL(1.34 EA daily)                                   |
| Penicillinase-Resistant Penicillins   |           |   |
| <i>dicloxacillin sodium PO</i>  | 1         |   |
| <b>PHARMACEUTICAL ADJUVANTS</b>   |           |   |
| Internal Vehicle Ingredients/Agents   |           |   |
| SIMPLYTHICK PO  | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| SIMPLYTHICK EASY MIX PO   | 2         | QL(1816 GM per fill retail); AL(At least 2 yrs old) |
| Liquid Vehicles   |           |   |
| <i>glycine diluent</i>  | 1         | SP; PA  |
| STERILE DILUENT FLOLAN PH 12  | 2         | SP; PA  |
| Semi Solid Vehicles   |           |   |
| <i>lanolin XX</i>   | 1         |   |
| LANOLIN XX  | 2         |   |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                       |           |   |
| Progestins  |           |   |
| <i>hydroxyprogesterone caproate OIL</i>                                       | 1         | SP; PA  |
| MAKENA SOAJ   | NP        | SP; PA  |
| <i>medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG</i>                     | 1         | MP  |
| <i>norethindrone acetate TABS PO</i>  | 1         | MP  |
| <i>progesterone CAPS PO 100 MG</i>  | 1         | QL(1 EA daily)                                      |

| Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|--------------------------------|
| <i>progesterone CAPS PO 200 MG</i>  | 1         | QL(20 EA per 30 day(s) retail) |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |                                |
| Agents for Chemical Dependency  |           |                                |
| <i>acamprosate calcium PO</i>   | 1         |                                |
| <i>disulfiram PO 250 MG</i>   | 1         |                                |
| Anti-Cataplectic Agents   |           |                                |
| SODIUM OXYBATE SOLN PO  | 2         | SP; PA                         |
| XYREM SOLN PO   | 2         | SP; PA                         |
| Antidementia Agents   |           |                                |
| ADLARITY PTWK   | NP        |                                |
| <i>donepezil hydrochloride TABS PO 23 MG</i>  | 1         |                                |
| <i>donepezil hydrochloride TABS PO 5 MG, 10 MG</i>  | 1         | QL(1 EA daily); MP             |
| <i>donepezil hydrochloride TBDP PO</i>  | 1         |                                |
| EXELON 13.3 MG/24HR (Use rivastigmine)  | 2         |                                |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)  | 2         | QL(1 EA daily)                 |
| <i>galantamine hydrobromide CP24 PO</i>   | 1         | QL(1 EA daily)                 |
| <i>galantamine hydrobromide SOLN PO</i>   | 1         | QL(6 ML daily)                 |
| <i>galantamine hydrobromide TABS PO</i>   | 1         | QL(2 EA daily)                 |
| <i>memantine hcl CP24 PO</i>  | 1         |                                |
| <i>memantine hcl SOLN PO 2 MG/ML</i>  | 1         | QL(10 ML daily)                |
| <i>memantine hcl TABS PO</i>  | 1         | QL(2 EA daily); MP             |
| <i>memantine hcl TABS PO</i>  | 2         | QL(1 EA per 28 day(s) retail)  |

| Drug Name  | Drug Tier | Requirements/Limits                 |
|--|-----------|-------------------------------------|
| NAMENDA TITRATION PAK TABS PO (Use memantine hcl)              | NP        | QL(1 EA per 28 day(s) retail)       |
| <i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>                   | 1         | QL(1 EA daily)                      |
| <i>rivastigmine 13.3 MG/24HR</i>                               | 1         |                                     |
| <i>rivastigmine tartrate CAPS PO</i>                           | 1         | QL(2 EA daily)                      |
| <b>Cerebral Adrenoleukodystrophy (CALD) Agents</b>             |           |                                     |
| SKYSONA  | 2         | SP; PA                              |
| <b>Combination Psychotherapeutics</b>                          |           |                                     |
| LYBALVI  | NP        |                                     |
| <i>perphenazine-amitriptyline PO</i>                           | 1         | QL(4 EA daily)                      |
| <b>Fibromyalgia Agents</b>                                     |           |                                     |
| SAVELLA TITRATION PACK MISC                                    | 2         | QL(55 EA per 365 day(s) retail); PA |
| SAVELLA TABS PO  | 2         | QL(2 EA daily); PA                  |
| <b>Movement Disorder Drug Therapy</b>                          |           |                                     |
| AUSTEDO XR PATIENT TITRATION TEPK                              | 2         | SP; PA                              |
| AUSTEDO XR TB24 6 MG, 12 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG | 2         | SP; PA                              |
| AUSTEDO TABS   | 2         | SP; PA                              |
| INGREZZA CAPS  | 2         | SP; PA                              |
| <i>tetrabenazine PO</i>  | 1         | SP; PA                              |
| <b>Multiple Sclerosis Agents</b>                               |           |                                     |
| AVONEX PEN AJKT  | 2         | SP; PA                              |
| AVONEX PREFILLED PSKT  | 2         | SP; PA                              |
| BAFIERTAM  | NP        | SP                                  |
| BRIUMVI  | NP        | SP                                  |
| COPAXONE SOSY (Use <i>glatiramer acetate</i> )                 | 2         | SP; PA                              |

| Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|
| <i>dalfampridine</i>   | 1         | SP; PA                                  |
| <i>dimethyl fumarate CDPK</i>                                      | 1         | SP; PA                                  |
| <i>dimethyl fumarate CPDR</i>                                      | 1         | SP; PA                                  |
| <i> fingolimod hcl PO</i>  | 1         | SP; PA                                  |
| GILENYA PO   | NP        | SP; PA                                  |
| GILENYA PO (Use <i> fingolimod hcl</i> )                           | NP        | SP; PA                                  |
| <i>glatiramer acetate SOSY</i>                                     | 1         | SP; PA                                  |
| KESIMPTA   | 2         | SP; PA                                  |
| MAYZENT STARTER PACK TBPK 0.25 MG                                  | NP        | SP                                      |
| MAYZENT TABS PO  | NP        | SP                                      |
| PLEGRIDY SOSY IM   | NP        | SP                                      |
| PONVORY STARTER PACK TBPK  | NP        | SP                                      |
| PONVORY TABS   | NP        | SP                                      |
| TASCENSO ODT   | NP        | SP                                      |
| ZEPOSIA STARTER KIT CPPK   | NP        | SP                                      |
| <b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>               |           |   |
| <i>fluoxetine hcl (pmdd) TABS PO 10 MG</i>                         | 1         | AL(At least 7 yrs old)                  |
| <i>fluoxetine hcl (pmdd) TABS PO 20 MG</i>                         | 1         | QL(4 EA daily); AL(At least 7 yrs old)  |
| <b>Psychotherapeutic and Neurological Agents - Misc.</b>           |           |   |
| <i>ergoloid mesylates TABS PO</i>                                  | 1         |   |
| <b>Smoking Deterrents</b>  |           |   |
| APO-VARENICLINE TABS PO  | 0         | QL(2 EA daily); AL(At least 13 yrs old) |
| <i>bupropion hcl (smoking deterrent) PO</i>                        | 0         | AL(At least 13 yrs old)                 |
| CHANTIX STARTING MONTH PAK TBPK (Use <i>varenicline tartrate</i> ) | 0         | AL(At least 13 yrs old)                 |
| <i>nicotine polacrilex GUM</i>                                     | 0         | AL(At least 13 yrs old)                 |

| Drug Name  | Drug Tier | Requirements/Limits                     |
|--|-----------|---|
| <i>nicotine polacrilex LOZG</i>                                    | 0         | AL(At least 13 yrs old)                 |
| NICOTINE KIT   | 0         | AL(At least 13 yrs old)                 |
| <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>          | 0         | AL(At least 13 yrs old)                 |
| NICOTROL NS SOLN   | NP        | AL(At least 13 yrs old); PA             |
| NICOTROL INHA  | NP        | AL(At least 13 yrs old); PA             |
| <i>varenicline tartrate TABS PO</i>                                | 0         | QL(2 EA daily); AL(At least 13 yrs old) |
| <i>varenicline tartrate TBPK</i>                                   | 0         | AL(At least 13 yrs old)                 |
| <b>Transthyretin Amyloidosis Agents</b>                            |           |   |
| ONPATTRO   | 2         | SP; PA                                  |
| TEGSEDI  | 2         | SP; PA                                  |
| <b>Vasomotor Symptom Agents</b>                                    |           |   |
| <i>paroxetine mesylate (vasomotor) PO</i>                          | 1         |   |
| <b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b> |           |   |
| <b>Alpha-Proteinase Inhibitor (Human)</b>                          |           |   |
| ARALAST NP SOLR 500 MG, 1000 MG                                    | 2         | SP; PA                                  |
| GLASSIA SOLN   | 2         | SP; PA                                  |
| PROLASTIN-C SOLR   | 2         | SP; PA                                  |
| ZEMAIRA SOLR 1000 MG   | 2         | SP; PA                                  |
| <b>Cystic Fibrosis Agents</b>                                      |           |   |
| KALYDECO PACK 50 MG, 75 MG   | 2         | SP; PA                                  |
| KALYDECO TABS  | 2         | SP; PA                                  |
| ORKAMBI PACK   | 2         | SP; PA                                  |
| ORKAMBI TABS   | 2         | SP; PA                                  |
| PULMOZYME  | 2         | SP; PA                                  |
| SYMDEKO  | 2         | SP; PA                                  |
| TRIKAFTA TBPK 100 MG-50 MG   | 2         | QL(3 EA daily); SP; PA                  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Pulmonary Fibrosis Agents</b>  |           |                     |
| OFEV  | 2         | SP; PA              |
| <i>pirfenidone CAPS</i>   | 1         | SP; PA              |
| <i>pirfenidone TABS PO 534 MG</i>   | 1         | SP                  |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b>  |           |                     |
| <b>Tetracyclines</b>  |           |                     |
| <i>doxycycline (monohydrate) CAPS PO 50 MG, 100 MG</i>  | 1         |                     |
| <i>doxycycline (monohydrate) TABS PO 50 MG, 100 MG</i>  | 1         |                     |
| <i>doxycycline hyclate CAPS PO</i>  | 1         |                     |
| <i>doxycycline hyclate TABS PO 100 MG</i>   | 1         |                     |
| <i>minocycline hcl CAPS PO</i>  | 1         |                     |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>  |           |                     |
| <b>Antithyroid Agents</b>   |           |                     |
| <i>methimazole TABS PO</i>  | 1         | MP                  |
| <i>propylthiouracil PO</i>  | 1         | MP                  |
| <b>Thyroid Hormones</b>   |           |                     |
| ADTHYZA TABS PO 15 MG, 30 MG, 60 MG, 65 MG, 90 MG, 120 MG, 130 MG   | 2         | MP                  |
| ARMOUR THYROID TABS PO  | 2         | MP                  |
| <i>levothyroxine sodium CAPS PO 13 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG</i> | 1         |                     |
| <i>levothyroxine sodium TABS PO</i>   | 1         | MP                  |

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

| Drug Name   | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| TETANUS-DIPHThERIA TOXOIDS TD SUSP  | 0         | AL (At least 19 yrs old)    |
| VAXELIS SUSP  | 0         | AL (At least 19 yrs old)    |
| VAXELIS SUSY  | 0         | AL (At least 19 yrs old)    |
| <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                             |
| Antispasmodics  |           |                             |
| <i>dicyclomine hcl CAPS PO</i>  | 1         |                             |
| <i>dicyclomine hcl SOLN PO</i>  | 1         | QL (40 ML daily)            |
| <i>dicyclomine hcl TABS PO</i>  | 1         |                             |
| <i>glycopyrrolate TABS PO 1 MG, 2 MG</i>                                    | 1         | QL (4 EA daily)             |
| <i>hyoscyamine sulfate ELIX PO</i>  | 1         |                             |
| <i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>                              | 1         |                             |
| <i>hyoscyamine sulfate SUBL 0.125 MG</i>                                    | 1         |                             |
| <i>hyoscyamine sulfate TABS PO 0.125 MG</i>                                 | 1         |                             |
| <i>hyoscyamine sulfate TB12 PO 0.375 MG</i>                                 | 1         |                             |
| <i>hyoscyamine sulfate TBDP PO 0.125 MG</i>                                 | 1         |                             |
| H-2 Antagonists   |           |                             |
| <i>cimetidine TABS PO 300 MG, 400 MG</i>                                    | 1         |                             |
| <i>cimetidine TABS PO 800 MG</i>  | 1         | QL (500 EA per fill retail) |
| <i>cimetidine TABS PO 200 MG</i>  | 1         | MP; RX/OTC                  |
| <i>famotidine TABS PO 20 MG, 40 MG</i>                                      | 1         | MP; RX/OTC                  |
| <i>famotidine TABS PO 10 MG</i>   | 1         |                             |
| Misc. Anti-Ulcer  |           |                             |
| <i>sucralfate SUSP PO</i>   | 1         | QL (420 ML per fill retail) |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>sucralfate TABS PO</i>  | 1         | QL(4 EA daily); MP  |
| Proton Pump Inhibitors   |           |                     |
| <i>esomeprazole magnesium CPDR PO</i>                                | 1         | RX/OTC              |
| <i>esomeprazole magnesium PACK</i>                                   | 1         |                     |
| <i>lansoprazole CPDR PO</i>  | 1         | RX/OTC              |
| <i>lansoprazole TBDD</i>   | 1         | PA; RX/OTC          |
| NEXIUM 24HR CLEAR MINIS CPDR PO (Use <i>esomeprazole magnesium</i> ) | NP        | RX/OTC              |
| NEXIUM 24HR CPDR PO (Use <i>esomeprazole magnesium</i> )             | NP        | RX/OTC              |
| NEXIUM CPDR PO 20 MG (Use <i>esomeprazole magnesium</i> )            | NP        | RX/OTC              |
| NEXIUM PACK  | 2         |                     |
| NEXIUM PACK (Use <i>esomeprazole magnesium</i> )                     | 2         |                     |
| <i>omeprazole CPDR PO</i>  | 1         | QL(2 EA daily)      |
| <i>omeprazole TBEC PO</i>  | 1         | QL(1 EA daily)      |
| <i>pantoprazole sodium PACK</i>                                      | 1         |                     |
| <i>pantoprazole sodium TBEC PO 20 MG</i>                             | 1         | QL(1 EA daily)      |
| <i>pantoprazole sodium TBEC PO 40 MG</i>                             | 1         | QL(2 EA daily)      |
| PROTONIX PACK (Use <i>pantoprazole sodium</i> )                      | 2         |                     |
| <i>rabeprazole sodium TBEC PO</i>                                    | 1         |                     |
| Ulcer Drugs - Prostaglandins   |           |                     |
| <i>misoprostol PO</i>  | 1         |                     |
| Ulcer Therapy Combinations   |           |                     |
| KONVOMEF SUSR  | NP        |                     |
| <i>omeprazole-sodium bicarbonate CAPS PO</i>                         | 1         | RX/OTC              |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>omeprazole-sodium bicarbonate PACK PO</i>                                | 1         |                     |
| <b>URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms</b> |           |                     |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)                   |           |                     |
| <i>darifenacin hydrobromide PO</i>  | 1         |                     |
| <i>fesoterodine fumarate</i>  | 1         |                     |
| <i>oxybutynin chloride SOLN</i>   | 1         |                     |
| <i>oxybutynin chloride TABS PO 2.5 MG</i>                                   | 1         |                     |
| <i>oxybutynin chloride TABS PO 5 MG</i>                                     | 1         | QL(3 EA daily); MP  |
| <i>oxybutynin chloride TB24 PO</i>  | 1         | QL(2 EA daily); MP  |
| <i>solifenacin succinate TABS PO</i>  | 1         |                     |
| <i>tolterodine tartrate CP24 PO</i>   | 1         | QL(1 EA daily)      |
| <i>tolterodine tartrate TABS PO</i>   | 1         | QL(2 EA daily)      |
| TOVIAZ (Use <i>fesoterodine fumarate</i> )                                  | NP        |                     |
| <i>tropium chloride CP24 PO</i>   | 1         |                     |
| <i>tropium chloride TABS PO</i>   | 1         | QL(2 EA daily)      |
| VESICARE LS SUSP  | NP        |                     |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists                         |           |                     |
| GEMTESA   | NP        |                     |
| <i>mirabegron TB24 PO</i>   | 1         |                     |
| MYRBETRIQ TB24 PO (Use <i>mirabegron</i> )                                  | 2         |                     |
| Urinary Antispasmodics - Cholinergic Agonists                               |           |                     |
| <i>bethanechol chloride PO</i>  | 1         | MP                  |
| Urinary Antispasmodics - Direct Muscle Relaxants                            |           |                     |

| Drug Name                 | Drug Tier | Requirements/Limits     | Drug Name                        | Drug Tier | Requirements/Limits  |
|---------------------------|-----------|-------------------------|----------------------------------|-----------|--|
| <i>flavoxate hcl PO</i>   | 1         |                         | ABRYSVO                          | 0         | QL(1 EA per fill retail); AL(At least 60 yrs old)            |
| <b>VACCINES</b>           |           |                         | ACAM2000                         | 0         | AL(At least 19 yrs old)                                      |
| <b>Bacterial Vaccines</b> |           |                         | AFLURIA PRESERVATIVE FREE SUSY   | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| ACTHIB SOLR IM            | 0         | 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) |
| BCG VACCINE               | 0         | 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) |
| BEXSERO                   | 0         | AL(At least 19 yrs old) | AFLURIA SUSP                     | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| BIOTHRAX                  | 0         | AL(At least 19 yrs old) | AREXVY                           | 0         | QL(1 EA per fill retail); AL(At least 19 yrs old)            |
| HIBERIX SOLR IJ           | 0         | AL(At least 19 yrs old) | COMIRNATY SUSP                   | 0         |  |
| MENACTRA                  | 0         | AL(At least 19 yrs old) | COMIRNATY SUSY                   | 0         |  |
| MENQUADFI                 | 0         | AL(At least 19 yrs old) | DENGVAXIA                        | 0         | AL(At least 19 yrs old)                                      |
| MENVEO SOLN               | 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) |
| MENVEO SOLR               | 0         | 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) |
| PEDVAX HIB SUSP           | 0         | AL(At least 19 yrs old) | FLUAD                            | 0         | 1 max fill(s) per 180 day(s) retail; 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) |                                  |           |  |
| PREVNAR 20                | 0         | AL(At least 19 yrs old) |                                  |           |  |
| TRUMENBA                  | 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 PO                | 0         | AL(At least 19 yrs old) |                                  |           |  |
| <b>Viral Vaccines</b>     |           |                         |                                  |           |  |

| Drug Name                   | Drug Tier | Requirements/Limits  | Drug Name                      | Drug Tier | Requirements/Limits  |
|-----------------------------|-----------|--|--------------------------------|-----------|--|
| FLUAD QUADRIVALENT          | 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) |
| FLUARIX QUADRIVALENT 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) |
| FLUARIX SUSY                | 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) |
| FLUBLOK 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) |
| FLUBLOK SOSY                | 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) |
| FLUCELVAX QUADRIVALENT SUSP | 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) |
| FLUCELVAX QUADRIVALENT SUSY | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE QUADRIVALENT SUSY      | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) |
| FLUCELVAX SUSP              | 0         | 1 max fill(s) per 180 day(s) retail; AL(At least 19 yrs old) | FLUZONE 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) | FLUZONE 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) |                                |           |  |



| Drug Name                           | Drug Tier | Requirements/ Limits  | Drug Name                           | Drug Tier | Requirements/ Limits   |
|-------------------------------------|-----------|---|-------------------------------------|-----------|--|
| GARDASIL 9 SUSP                     | 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         |  |
| GARDASIL 9 SUSY                     | 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 SUSY       | 0         |  |
| HAVRIX                              | 0         | AL(At least 19 yrs old)   | PFIZER COVID-19 BIVAL 6MO-4YR       | 0         |  |
| HEPLISAV-B SOSY                     | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old)                    | PFIZER COVID-19 VAC BIVAL 5-11      | 0         |  |
| IMOVAX RABIES SUSR                  | 0         | AL(At least 19 yrs old)   | PFIZER COVID-19 VAC BIVALENT        | 0         |  |
| IPOL                                | 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         |  |
| JANSSEN COVID-19 VACCINE            | 0         |   | PFIZER-BIONTECH COVID-19 VACC SUSP  | 0         |  |
| JYNNEOS                             | 0         | AL(At least 19 yrs old)   | PREHEVBRIO                          | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| M-M-R II SOLR                       | 0         | AL(At least 19 yrs old)   | PRIORIX SUSR                        | 0         | AL(At least 19 yrs old)                                      |
| MODERNA COVID-19 BIVAL 6M-5Y        | 0         |   | PROQUAD SUSR                        | 0         | AL(At least 19 yrs old)                                      |
| MODERNA COVID-19 BIVALENT           | 0         |   | RABAVERT                            | 0         | AL(At least 19 yrs old)                                      |
| MODERNA COVID-19 VAC (BOOSTER) SUSP | 0         |   | RECOMBIVAX HB SUSP                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| MODERNA COVID-19 VAC 6M-11Y SUSP    | 0         |   | RECOMBIVAX HB SUSY                  | 0         | 3 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) |
| MODERNA COVID-19 VAC 6M-11Y SUSY    | 0         |   | ROTARIX SUSP                        | 0         | AL(At least 19 yrs old)                                      |
| MODERNA COVID-19 VACC 6M-5Y SUSP    | 0         |   | ROTARIX SUSR PO                     | 0         | AL(At least 19 yrs old)                                      |
| MODERNA COVID-19 VACCINE SUSP       | 0         |   | ROTATEQ SOLN PO                     | 0         | AL(At least 19 yrs old)                                      |

| Drug Name   | Drug Tier | Requirements/ Limits   | Drug Name                                     | Drug Tier | Requirements/ Limits           |
|---|-----------|--|---|-----------|--------------------------------|
| SPIKEVAX COVID-19 VACCINE SUSP  | 0         |  | <i>miconazole nitrate vaginal CREA 4 %</i>    | 1         | QL(15 GM daily)                |
| SPIKEVAX SUSP   | 0         |  | <i>miconazole nitrate vaginal CREA 2 %</i>    | 1         | QL(45 GM per fill retail)      |
| SPIKEVAX SUSY   | 0         |  | <i>miconazole nitrate vaginal KIT</i>         | 1         | QL(24 EA per fill retail)      |
| STAMARIL SUSR   | 0         | AL(At least 19 yrs old)                                      | <i>miconazole nitrate vaginal SUPP 100 MG</i> | 1         | QL(7 EA per fill retail)       |
| TICOVAC   | 0         | AL(At least 19 yrs old)                                      | <i>miconazole nitrate vaginal SUPP 200 MG</i> | 1         | QL(3 EA per fill retail)       |
| TWINRIX SUSY  | 0         | AL(At least 19 yrs old)                                      | NUVESSA                                       | 2         |                                |
| VAQTA   | 0         | AL(At least 19 yrs old)                                      | <i>terconazole vaginal CREA 0.4 %</i>         | 1         | QL(45 GM per fill retail)      |
| VARIVAX SUSR  | 0         | 2 max fill(s) per 999 day(s) retail; AL(At least 19 yrs old) | <i>terconazole vaginal CREA 0.8 %</i>         | 1         | QL(20 GM per fill retail)      |
| YF-VAX INJ  | 0         | AL(At least 19 yrs old)                                      | <i>terconazole vaginal SUPP</i>               | 1         | QL(3 EA per fill retail)       |
| <b>VAGINAL AND RELATED PRODUCTS</b>                                   |           |  |   |           |                                |
| Spermicides   |           |  |   |           |                                |
| ENCARE SUPP 100 MG  | 2         | QL(12 EA per fill retail)                                    | VANDAZOLE                                     | NP        | QL(70 GM per fill retail)      |
| OPTIONS GYNOL II CONTRACEPTIVE GEL                                    | 2         | QL(86 GM per fill retail)                                    | XACIATO GEL                                   | NP        |                                |
| SHUR-SEAL CONTRACEPTIVE GEL   | 2         | QL(24 EA per fill retail)                                    | Vaginal Anti-inflammatory Agents              |           |                                |
| VCF VAGINAL CONTRACEPTIVE FILM  | 2         | QL(9 EA per fill retail)                                     | <i>hydrocortisone vaginal</i>                 | 1         | QL(85.2 GM per fill retail)    |
| VCF VAGINAL CONTRACEPTIVE GEL   | 2         |  | Vaginal Estrogens                             |           |                                |
| Vaginal Anti-infectives   |           |  |   |           |                                |
| <i>clindamycin phosphate vaginal CREA</i>                             | 1         | QL(40 GM per fill retail)                                    | <i>estradiol vaginal CREA</i>                 | 1         | QL(43 GM per 30 day(s) retail) |
| CLINDESSE   | 2         |  | <i>estradiol vaginal TABS</i>                 | 1         |                                |
| <i>clotrimazole vaginal CREA 1 %</i>                                  | 1         | QL(45 GM per fill retail)                                    | PREMARIN                                      | 2         | QL(43 GM per 30 day(s) retail) |
| <i>clotrimazole vaginal CREA 2 %</i>                                  | 1         | QL(21 GM per fill retail)                                    | Vaginal Progestins                            |           |                                |
| GYNAZOLE-1  | 2         |  | CRINONE GEL                                   | 2         | AL(At least 15 yrs old)        |
| <i>metronidazole vaginal</i>  | 1         | QL(70 GM per fill retail)                                    | FIRST-PROGESTERONE VGS SUPP                   | 2         | AL(At least 15 yrs old)        |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b> |           |  |   |           |                                |
| Anaphylaxis Therapy Agents  |           |  |   |           |                                |

| Drug Name   | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|
| AUVI-Q SOAJ 0.3 MG/0.3ML  | NP        | QL(6 EA per 180 day(s) retail)                         |
| <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>  | 2         | QL(6 EA per 180 day(s) retail; 6 EA per 180 days mail) |
| <i>epinephrine (anaphylaxis) SOAJ</i>   | 1         | QL(6 EA per 180 day(s) retail)                         |
| <i>epinephrine (anaphylaxis) SOAJ</i>   | 1         | QL(6 EA per 180 day(s) retail)                         |
| EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )   | 2         | QL(6 EA per 180 day(s) retail)                         |
| EPIPEN JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i> )  | 2         | QL(6 EA per 180 day(s) retail)                         |
| Neurogenic Orthostatic Hypotension (NOH) - Agents   |           |  |
| <i>droxidopa</i>  | 1         | SP; PA   |
| Vasopressors  |           |  |
| <i>midodrine hcl PO</i>   | 1         |  |
| <b>VITAMINS</b>   |           |  |
| Oil Soluble Vitamins  |           |  |
| <i>cholecalciferol CAPS PO 1.25 MG, 50000 UNIT</i>  | 1         | QL(0.267 EA daily)                                     |
| <i>cholecalciferol CAPS PO 125 MCG, 5000 UNIT</i>   | 1         | QL(2 EA daily)   |
| <i>cholecalciferol CAPS PO 1000 UNIT, 2000 UNIT, 25 MCG, 50 MCG, 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i> | 1         |  |
| <i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>                                     | 1         |  |
| <i>ergocalciferol CAPS PO</i>   | 1         |  |
| KEY-E CHEW PO   | 2         | QL(2 EA daily)   |
| <i>phytonadione TABS PO 5 MG</i>  | 1         |  |

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

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| ACCUTREND PLUS .....  | 62 |   |    | ADALIMUMAB-FKJP (2 PEN) AJKT .<br>3          |    |
| ACE AEROSOL CLOUD<br>ENHANCER MISC .....                                | 69 |   |    | ADALIMUMAB-FKJP (2 SYRINGE)<br>PSKT .....    | 3  |
| acebutolol hcl CAPS PO .....  | 37 |   |    |  |    |
| acetaminophen CHEW PO .....   | 5  |   |    |  |    |
| acetaminophen ELIX PO .....   | 5  |   |    |  |    |

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| ADALIMUMAB-RYVK (2 PEN) AJKT .<br>3  | ADYNOVATE .....57                              | AEROCHAMBER Z-STAT<br>PLUS/MEDIUM MISC .....70                                       |
| adapalene CREA ..... 44  | AEROCHAMBER HOLDING<br>CHAMBER DEVI .....69    | AEROCHAMBER Z-STAT<br>PLUS/SMALL MISC .....70  |
| adapalene GEL ..... 44   | AEROCHAMBER MINI CHAMBER<br>DEVI .....69       | AEROTRACH PLUS MISC .....70  |
| ADAPALENE SOLN ..... 44  | AEROCHAMBER MV MISC .....69                    | AEROVENT PLUS DEVI .....70   |
| adapalene-benzoyl peroxide GEL .44   | AEROCHAMBER PLS FLOVU<br>MTHPIECE DEVI .....69 | AFLURIA PRESERVATIVE FREE<br>SUSY .....90  |
| ADBRY SOSY ..... 49  | AEROCHAMBER PLUS FLO-VU<br>INTERM DEVI .....69 | AFLURIA QUADRIVALENT SUSP 90<br>AFLURIA QUADRIVALENT SUSY<br>0.5 ML .....90          |
| ADCETRIS .....29   | AEROCHAMBER PLUS FLO-VU<br>LARGE DEVI .....69  | AFLURIA SUSP .....90   |
| ADDERALL TABS PO (Use<br>amphetamine-dextroamphetamine) .1                       | AEROCHAMBER PLUS FLO-VU<br>LARGE MISC .....69  | AFSTYLA 250 UNIT, 500 UNIT, 1000<br>UNIT, 1500 UNIT, 2000 UNIT, 2500<br>UNIT .....57 |
| ADDERALL XR CP24 PO (Use<br>amphetamine-dextroamphetamine) .1                    | AEROCHAMBER PLUS FLO-VU<br>MEDIUM DEVI .....69 | AGAMATRIX ULTRA-THIN<br>LANCETS .....62  |
| ADLARITY PTWK .....85  | AEROCHAMBER PLUS FLO-VU<br>MEDIUM MISC .....69 | AIMSCO TWIST LANCETS 32G .62   |
| ADLYXIN SOPN ..... 17  | AEROCHAMBER PLUS FLO-VU<br>MISC .....70        | AIMSCO TWIST LANCETS 33G .62   |
| ADLYXIN STARTER PACK PNKT 17   | AEROCHAMBER PLUS FLO-VU<br>SMALL DEVI .....69  | AIRDUO DIGIHALER ..... 11  |
| ADTHYZA TABS PO 15 MG, 30 MG,<br>60 MG, 65 MG, 90 MG, 120 MG, 130<br>MG ..... 87 | AEROCHAMBER PLUS FLO-VU<br>SMALL MISC .....69  | AIRDUO RESPICLICK 113/14 AEPB<br>(Use fluticasone-salmeterol) .....11                |
| ADULT AEROSOL MASK MISC ..69   | AEROCHAMBER PLUS FLO-VU<br>W/MASK MISC .....70 | AIRDUO RESPICLICK 232/14 AEPB<br>(Use fluticasone-salmeterol) .....11                |
| ADULT MASK LARGE MISC .....69  | AEROCHAMBER PLUS FLOW VU<br>MISC .....70       | AIRDUO RESPICLICK 55/14 AEPB<br>(Use fluticasone-salmeterol) .....11                 |
| ADVAIR DISKUS AEPB (Use<br>fluticasone-salmeterol) .....11                       | AEROCHAMBER W/FLOWSIGNAL<br>MISC .....70       | AIRS PEDIATRIC AEROSOL MASK<br>MISC .....70  |
| ADVAIR HFA AERO (Use<br>fluticasone-salmeterol) .....11                          | AEROCHAMBER Z-STAT PLUS<br>CHAMBR MISC .....70 | AIRSUPRA ..... 11  |
| ADVANCED MOBILE LANCET ...62   | AEROCHAMBER Z-STAT PLUS<br>MISC .....70        | AJOVY SOAJ .....73   |
| ADVANCED PROBIOTIC CAPS PO .<br>19   | AEROCHAMBER Z-STAT PLUS<br>MISC .....70        | AJOVY SOSY .....73   |
| ADVANCED PROBIOTIC-14 CAPS<br>PO .....19   | AEROCHAMBER Z-STAT<br>PLUS/LARGE MISC .....70  | albuterol sulfate AERS .....11   |
| ADVATE .....57   |  | albuterol sulfate NEBU 0.083 % ...11   |
| ADVIL TABS PO (Use ibuprofen) ...4   |  | albuterol sulfate NEBU 0.63  |
| ADVIN COVID-19 ANTIGEN TEST<br>KIT .....50                                       |  |  |

|                                      |    |                                  |                                    |    |
|--------------------------------------|----|----------------------------------|------------------------------------|----|
| MG/3ML, 1.25 MG/3ML .....            | 11 | 30 MG-12.5 MG, 30 MG-25 MG, 45   | amcinonide OINT .....              | 47 |
| albuterol sulfate NEBU .....         | 11 | MG-12.5 MG, 45 MG-25 MG .....    | amiloride & hydrochlorothiazide PO |    |
| ALBUTEROL SULFATE NEBU ....          | 11 | ALORA PTTW 0.025 MG/24HR,        | 52                                 |    |
| albuterol sulfate SYRP PO .....      | 11 | 0.075 MG/24HR, 0.1 MG/24HR ...   | amiloride hcl TABS PO .....        | 53 |
| albuterol sulfate TABS PO .....      | 11 | alose tron hcl PO .....          | aminocaproic acid SOLN PO 0.25     |    |
| alclometasone dipropionate CREA      | 46 | ALPHAGAN P (Use brimonidine      | GM/ML .....                        | 60 |
| alclometasone dipropionate OINT      | 46 | tartrate) .....                  | aminocaproic acid TABS PO 1000     |    |
| ALCOHOL PREP .....                   | 68 | ALPHANATE SOLR .....             | MG .....                           | 60 |
| ALCOHOL PREP PADS .....              | 68 | ALPHANINE SD 500 UNIT, 1000      | aminocaproic acid TABS PO 500 MG   |    |
| ALCOHOL PREP PADS-MISC ...           | 62 | UNIT, 1500 UNIT .....            | .....                              | 60 |
| ALCOHOL SWABS .....                  | 68 | ALPRAZOLAM INTENSOL CONC .       | amiodarone hcl TABS PO 200 MG 10   |    |
| ALDURAZYME .....                     | 54 | alprazolam TABS PO .....         | amitriptyline hcl TABS PO .....    | 15 |
| ALECENSA .....                       | 31 | alprazolam TB24 PO .....         | AMJEVITA SOAJ .....                | 3  |
| alendronate sodium SOLN PO ....      | 53 | alprazolam TBDP PO .....         | AMJEVITA SOSY .....                | 3  |
| alendronate sodium TABS PO 35        |    | ALPROLIX .....                   | AMJEVITA-PED 10KG TO <15KG         |    |
| MG, 70 MG .....                      | 53 | ALTUVIIIIO 250 UNIT, 500 UNIT,   | SOSY .....                         | 3  |
| alendronate sodium TABS PO 5 MG,     |    | 1000 UNIT, 2000 UNIT, 3000 UNIT, | AMJEVITA-PED 15KG TO <30KG         |    |
| 10 MG .....                          | 53 | 4000 UNIT .....                  | SOSY .....                         | 3  |
| ALFERON N .....                      | 31 | alum & mag hydrox-simethicone    | amlodipine besylate TABS PO ....   | 38 |
| alfuzosin hcl PO .....               | 57 | LIQD PO .....                    | amlodipine besylate-atorvastatin   |    |
| ALIGN CAPS PO .....                  | 19 | alum & mag hydrox-simethicone    | calcium PO .....                   | 39 |
| ALIGN EXTRA STRENGTH CAPS            |    | SUSP PO 1200 MG/30ML-120         | amlodipine besylate-benazepril hcl |    |
| PO .....                             | 19 | MG/30ML-1200 MG/30ML, 200        | PO .....                           | 26 |
| ALL FLOW 1000 PFT FILTER MISC .      |    | MG/5ML-20 MG/5ML-200 MG/5ML,     | amlodipine besylate-olmesartan     |    |
| 70                                   |    | 400 MG/10ML-40 MG/10ML-400       | medoxomil PO .....                 | 26 |
| allopurinol PO 100 MG, 300 MG ...    | 57 | MG/10ML .....                    | amlodipine besylate-valsartan PO . | 26 |
| almotriptan malate PO .....          | 73 | ALUMINUM HYDROXIDE GEL           | amlodipine-valsartan-              |    |
| ALOE 10000 & PROBIOTICS CAPS         |    | SUSP PO .....                    | hydrochlorothiazide PO .....       | 26 |
| PO .....                             | 19 | amantadine hcl CAPS PO .....     | AMONDYS 45 .....                   | 79 |
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| alogliptin-metformin hcl .....       | 16 | amantadine hcl TABS PO .....     | amoxicillin & pot clavulanate CHEW |    |
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| amoxicillin & pot clavulanate TABS<br>PO 125 MG-500 MG, 125 MG-875<br>MG ..... 85           | aprepitant CAPS PO ..... 23                                   | aspirin TABS PO 325 MG ..... 6   |
| amoxicillin & pot clavulanate TB12<br>PO .....85  | aprepitant MISC PO ..... 23                                   | aspirin TBEC PO 81 MG, 325 MG .. 6   |
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| amoxicillin TABS PO 875 MG ..... 84   | ARALAST NP SOLR 500 MG, 1000<br>MG ..... 87                   | atazanavir sulfate CAPS PO ..... 34  |
| amphetamine sulfate TABS PO ..... 1   | ARESTIN ..... 75  | atenolol & chlorthalidone PO ..... 26  |
| amphetamine-dextroamphetamine<br>CP24 PO 12.5 MG, 25 MG, 37.5 MG,<br>50 MG ..... 1          | AREXVY ..... 90   | atenolol TABS PO ..... 38  |
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| ANDEXXA 200 MG ..... 23   | ARMONAIR DIGIHALER ..... 10                                   | ATRIPLA PO (Use efavirenz-<br>emtricitabine-tenofovir disoproxil<br>fumarate) ..... 34 |
| ANDROGEL GEL TD 25 MG/2.5GM<br>(Use testosterone) ..... 8                                   | ARMOUR THYROID TABS PO ... 87                                 | atropine sulfate (ophthalmic) OINT 81  |
| ANTI-DIARRHEAL LIQD PO ..... 22   | arsenic trioxide 12 MG/6ML ..... 31                           | atropine sulfate (ophthalmic) SOLN<br>81   |
| ANUSOL-HC EX (Use<br>hydrocortisone (rectal)) ..... 8                                       | ARZERRA ..... 29  | ATROPINE SULFATE SOLN 1 % .81  |
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| AVONEX PREFILLED PSKT .....           | 86 | baclofen TABS PO 10 MG, 20 MG       | 77 | BENADRYL ALLERGY EXTRA STR           |    |
| azacitidine SUSR .....                | 28 | baclofen TABS PO 15 MG .....        | 77 | TABS PO .....                        | 24 |
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| AZEDRA THERAPEUTIC .....              | 31 | BAQSIMI TWO PACK POWD .....         | 16 | MG .....                             | 26 |
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| azelastine hcl .....                  | 78 | b-complex vitamins CAPS PO .....    | 76 | bendamustine hcl SOLR .....          | 28 |
| azelastine hcl-fluticasone propionate |    | b-complex vitamins TABS PO .....    | 76 | BENDEKA SOLN .....                   | 28 |
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| azithromycin TABS PO 500 MG ...       | 62 | BD GLUCOSE CHEW PO .....            | 16 | % .....                              | 44 |
| azithromycin TABS PO 600 MG ...       | 62 | BD LANCET ULTRAFINE 30G ...         | 62 | benzoyl peroxide LIQD 5 %, 10 %      | 44 |
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| BACID CAPS PO .....                   | 19 | BD PEN NEEDLE NANO U/F .....        | 69 | CREA .....                           | 47 |
| bacitracin (topical) OINT .....       | 45 | BD PEN NEEDLE ORIGINAL U/F          | 69 | betamethasone dipropionate (topical) |    |
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| MCG/20ML .....                        | 77 |                                     |    | augmented CREA .....                 | 47 |



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| betamethasone valerate FOAM ... 47                                   | BIO-KULT CAPS PO ..... 19  | BRAFTOVI PO 75 MG ..... 31  |
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| betaxolol hcl PO ..... 38  | bisacodyl SUPP PR ..... 61   | BREATHE EASE LARGE DEVI ... 70                                    |
| bethanechol chloride PO ..... 89                                     | bisacodyl TBEC PO ..... 61   | BREATHE EASE MEDIUM DEVI . 70                                     |
| BETHKIS NEBU (Use tobramycin) . 2                                    | bismuth subsalicylate CHEW PO 262<br>MG ..... 19   | BREATHE EASE NEB MASK/CHILD<br>MISC ..... 70                      |
| BEVACIZUMAB IZ 2.5 MG/0.1ML,<br>3.25 MG/0.13ML, 3.75 MG/0.15ML<br>81 | bismuth subsalicylate SUSP PO 262<br>MG/15ML, 525 MG/15ML, 525<br>MG/30ML, 527 MG/30ML, 1050<br>MG/30ML ..... 19 | BREATHE EASE NEB<br>MASK/INFANT MISC ..... 70                     |
| BEVACIZUMAB IZ 2.75 MG/0.11ML .<br>81                                | bisoprolol & hydrochlorothiazide PO .<br>26  | BREATHE EASE SMALL DEVI ... 70                                    |
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| brompheniramine & phenyleph ELIX PO . . . . .                        | 43 | bupropion hcl TB12 PO 150 MG . . .14   |    | calcitonin (salmon) NA . . . . .  | 53 |
| brompheniramine & pseudoeph ELIX PO . . . . .                        | 43 | bupropion hcl TB12 PO 200 MG . . .14   |    | calcitriol CAPS PO . . . . .  | 54 |
| brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML . . . . .     | 43 | bupropion hcl TB24 PO 150 MG . . .14   |    | calcium acetate (phosphate binder) CAPS PO . . . . .  | 56 |
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| budesonide TB24 PO . . . . .   | 43 | buspirone hcl PO . . . . .   | 9  | calcium carbonate (antacid) CHEW PO 500 MG . . . . .  | 9  |
| budesonide-formoterol fumarate dihydrate . . . . .                   | 11 | butalbital-acetaminophen TABS PO 50 MG-325 MG . . . . .                            | 5  | calcium carbonate-cholecalciferol TABS PO 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG . . . . . | 74 |
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| BUPHENYL POWD PO (Use sodium phenylbutyrate) . . . . .               | 54 | butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG . . . . .             | 5  | calcium polycarbophil TABS PO . . .61   |    |
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| buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG . . . .7  |    | butalbital-aspirin-caffeine w/cod PO 7   |    | candesartan cilexetil PO . . . . .  | 26 |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 2 MG-8 MG . . . .7  |    | BUTRANS PTWK (Use buprenorphine) . . . . .   | 7  | candesartan cilexetil- hydrochlorothiazide PO . . . . .   | 26 |
| buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG . . . .7 |    | BYETTA 10 MCG PEN SOPN . . . . .   | 17 | capecitabine PO . . . . .   | 28 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG . . . .7   |    | BYETTA 5 MCG PEN SOPN . . . . .  | 17 | CAPHOSOL SOLN . . . . .   | 75 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG . . . .7   |    | CABOMETYX TABS PO . . . . .  | 31 | CAPLYTA . . . . .   | 33 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | caffeine citrate SOLN PO . . . . .   | 1  | CAPRELSA PO . . . . .   | 31 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | calcipotriene CREA . . . . .   | 46 | capsaicin CREA 0.025 %, 0.075 % . . . . .   | 49 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | calcipotriene FOAM . . . . .   | 46 | capsaicin CREA 0.1 % . . . . .  | 49 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | CALCIPOTRIENE FOAM . . . . .   | 46 | captopril & hydrochlorothiazide PO . . . . .  | 26 |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | calcipotriene OINT . . . . .   | 46 |   |    |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  | calcipotriene SOLN . . . . .   | 46 |   |    |
| buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG . . . . .    | 7  |  |    |   |    |
| buprenorphine PTWK . . . . .   | 7  |  |    |   |    |

|                                     |    |                                     |    |                                     |    |
|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|
| captopril PO .....                  | 26 | carisoprodol TABS PO 250 MG ...     | 77 | cephalexin CAPS PO 250 MG, 500      | 40 |
| CAPZASIN-P CREA .....               | 49 | carisoprodol TABS PO 350 MG ...     | 77 | MG .....                            |    |
| CARAC CREA .....                    | 46 | carteolol hcl (ophth) .....         | 81 | cephalexin SUSR PO .....            | 40 |
| CARBAGLU (Use carglumic acid) 54    |    | carvedilol phosphate PO .....       | 37 | CEPROTIN .....                      | 58 |
| carbamazepine CHEW PO 100 MG        | 13 | carvedilol PO 25 MG .....           | 37 | CEQUA SOLN .....                    | 82 |
| 13                                  |    | carvedilol PO 3.125 MG, 6.25 MG,    |    | CERDELGA .....                      | 59 |
| carbamazepine CP12 PO .....         | 13 | 12.5 MG .....                       | 37 | CEREZYME 400 UNIT .....             | 59 |
| carbamazepine SUSP PO .....         | 13 | CASGEVY .....                       | 59 | cetirizine hcl CAPS PO .....        | 24 |
| carbamazepine TABS PO .....         | 13 | CASTIVA WARMING LOTN .....          | 49 | cetirizine hcl CHEW PO .....        | 24 |
| carbamazepine TB12 PO .....         | 13 | CAYSTON .....                       | 27 | cetirizine hcl SOLN PO .....        | 24 |
| carbamide peroxide (otic) 6.5 % ... | 83 | cefaclor CAPS PO .....              | 40 | cetirizine hcl SYRP PO .....        | 24 |
| CARBATROL CP12 PO (Use              |    | CEFACLOR ER TB12 PO .....           | 40 | cetirizine hcl TABS PO .....        | 24 |
| carbamazepine) .....                | 13 | cefaclor SUSR PO 125 MG/5ML, 250    |    | CETRAXAL (Use ciprofloxacin hcl     |    |
| carbidopa PO .....                  | 32 | MG/5ML, 375 MG/5ML .....            | 40 | (otic)) .....                       | 83 |
| carbidopa-levodopa TABS PO ....     | 33 | cefadroxil CAPS PO .....            | 39 | CHANTIX STARTING MONTH PAK          |    |
| carbidopa-levodopa TBCR PO ....     | 33 | cefadroxil SUSR PO .....            | 39 | TBPK (Use varenicline tartrate) ... | 86 |
| carboplatin SOLN 50 MG/5ML, 150     |    | cefadroxil TABS PO .....            | 39 | CHEMET PO .....                     | 23 |
| MG/15ML, 450 MG/45ML, 600           |    | cefdinir CAPS PO .....              | 40 | CHEMSTRIP K STRP .....              | 51 |
| MG/60ML .....                       | 28 | cefdinir SUSR PO .....              | 40 | CHENODAL PO .....                   | 56 |
| CAREONE LANCET SUPER THIN           |    | cefixime CAPS PO .....              | 40 | CHILDRENS ADVIL SUSP PO 100         |    |
| 30G .....                           | 62 | cefixime SUSR PO .....              | 40 | MG/5ML (Use ibuprofen) .....        | 4  |
| CAREONE LANCET THIN 23G ...         | 62 | cefpodoxime proxetil SUSR PO ...    | 40 | CHILDRENS MOTRIN SUSP PO 100        |    |
| CARESENS LANCETS .....              | 62 | cefpodoxime proxetil TABS PO ...    | 40 | MG/5ML (Use ibuprofen) .....        | 4  |
| CARESENS LANCETS 30G .....          | 62 | cefprozil SUSR PO .....             | 40 | chlordiazepoxide hcl CAPS PO ....   | 9  |
| CARESTART COVID-19 HOME             |    | cefprozil TABS PO .....             | 40 | chlorhexidine gluconate (mouth-     |    |
| TEST KIT .....                      | 51 | ceftriaxone sodium IJ 1 GM, 250 MG, |    | throat) .....                       | 75 |
| CARETOUCH TWIST LANCETS             |    | 500 MG .....                        | 40 | chloroquine phosphate TABS PO 250   |    |
| 28G .....                           | 62 | cefuroxime axetil TABS PO .....     | 40 | MG .....                            | 28 |
| CARETOUCH TWIST LANCETS             |    | celecoxib PO .....                  | 4  | chloroquine phosphate TABS PO 500   |    |
| 30G .....                           | 62 | CELONTIN (Use methsuximide) ..      | 14 | MG .....                            | 28 |
| CARETOUCH TWIST MC LANCETS          |    | CENTANY OINT .....                  | 45 | chlorpheniramine maleate SYRP PO    |    |
| 30G .....                           | 62 |                                     |    | 24                                  |    |
| carglumic acid .....                | 54 |                                     |    | chlorpheniramine maleate TABS PO .  |    |

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|---|-----------------------|--|---|---|
| 24  | CINRYZE SOLR IV ..... | 58   | clindamycin palmitate hydrochloride<br>PO ..... | 27  |
| chlorpromazine hcl TABS PO .....  | 34                    | CIPRO SUSR PO .....  | 55  | clindamycin phosphate (topical) GEL<br>44                     |
| chlorthalidone PO 25 MG, 50 MG .  | 53                    | CIPRODEX (Use ciprofloxacin-<br>dexamethasone) .....           | 83  | clindamycin phosphate (topical)<br>LOTN .....                 |
| chlorzoxazone TABS PO 250 MG,<br>375 MG, 750 MG .....   | 77                    | ciprofloxacin hcl (ophth) SOLN ....                            | 81  | 44  |
| chlorzoxazone TABS PO 500 MG .  | 77                    | ciprofloxacin hcl (otic) .....                                 | 83  | clindamycin phosphate (topical)<br>SOLN .....                 |
| CHOLBAM .....   | 56                    | ciprofloxacin hcl TABS PO 100 MG<br>55                         | 55  | 44  |
| cholecalciferol CAPS PO 1.25 MG,<br>50000 UNIT .....  | 94                    | ciprofloxacin hcl TABS PO 250 MG,<br>500 MG, 750 MG .....      | 55  | clindamycin phosphate vaginal CREA<br>.....                   |
| cholecalciferol CAPS PO 1000 UNIT,<br>2000 UNIT, 25 MCG, 50 MCG, 25<br>MCG, 50 MCG, 1000 UNIT, 2000<br>UNIT ..... | 94                    | ciprofloxacin SUSR PO .....                                    | 55  | 93  |
| cholecalciferol CAPS PO 125 MCG,<br>5000 UNIT .....   | 94                    | ciprofloxacin-dexamethasone ....                               | 83  | clindamycin phosphate-benzoyl<br>peroxide (refrigerate) ..... |
| cholecalciferol LIQD PO 400<br>UT/0.028ML, 10 MCG/ML, 400<br>UNIT/ML .....  | 94                    | cisplatin SOLN 50 MG/50ML, 100<br>MG/100ML, 200 MG/200ML ..... | 28  | 44  |
| cholestyramine light PACK PO ....   | 25                    | CISPLATIN SOLR .....   | 28  | clindamycin phosphate-benzoyl<br>peroxide GEL .....           |
| cholestyramine light POWD PO ...  | 25                    | CITALOPRAM HYDROBROMIDE<br>CAPS .....                          | 15  | 44  |
| cholestyramine PACK PO .....  | 25                    | citalopram hydrobromide SOLN PO<br>15                          | 15  | CLINDESSE .....   |
| cholestyramine POWD PO .....  | 25                    | citalopram hydrobromide TABS PO<br>15                          | 15  | CLINITEST RAPID COVID-19 TEST<br>KIT .....                    |
| CHORIONIC GONADOTROPIN IM<br>53   | 53                    | cladribine 10 MG/10ML .....                                    | 28  | 51  |
| CIBINQO .....   | 49                    | clarithromycin SUSR PO .....                                   | 62  | 13  |
| ciclopirox SOLN .....   | 45                    | clarithromycin TABS PO .....                                   | 62  | 13  |
| cilostazol PO .....   | 58                    | clarithromycin TB24 PO .....                                   | 62  | clobetasol propionate CREA 0.05 % .<br>47                     |
| cimetidine TABS PO 200 MG .....   | 88                    | CLEANLET LANCETS 28G .....                                     | 62  | 47  |
| cimetidine TABS PO 300 MG, 400<br>MG .....  | 88                    | CLEARDETECT COVID-19 AG<br>HOME KIT .....                      | 51  | 47  |
| cimetidine TABS PO 800 MG .....   | 88                    | clemastine fumarate TABS PO 1.34<br>MG .....                   | 24  | 47  |
| cinacalcet hcl PO .....   | 54                    | CLEVER CHOICE HOLDING<br>CHAMBER DEVI .....                    | 70  | 47  |
| CINQAIR .....   | 10                    | clindamycin hcl PO 150 MG, 300 MG<br>.....                     | 27  | 47  |

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|--|----|--|----|---|----|
| clocortolone pivalate .....                  | 47 | colchicine TABS PO .....                                     | 57 | maleate) .....                                  | 38 |
| CLODERM (Use clocortolone<br>pivalate) ..... | 47 | colchicine w/ probenecid PO .....                            | 57 | CONZIP CP24 PO (Use tramadol<br>hcl) .....      | 6  |
| clomipramine hcl PO .....                    | 15 | colestipol hcl GRAN PO .....                                 | 25 | COPAXONE SOSY (Use glatiramer<br>acetate) ..... | 86 |
| clonazepam TABS PO .....                     | 13 | colestipol hcl TABS PO .....                                 | 25 | CORDRAN OINT .....                              | 47 |
| clonazepam TBDP PO .....                     | 13 | COMBIGAN (Use brimonidine<br>tartrate-timolol maleate) ..... | 81 | CORIFACT .....                                  | 58 |
| clonidine hcl (adhd) TB12 PO .....           | 1  | COMBIPATCH PTTW .....  | 55 | CORTISONE ACETATE TABS PO<br>43                 |    |
| clonidine hcl TABS PO .....                  | 26 | COMBIVENT RESPIMAT AERS ..                                   | 11 | CORTROPHIN GEL .....                            | 53 |
| clopidogrel bisulfate PO 300 MG ..           | 58 | COMBIVIR PO (Use lamivudine-<br>zidovudine) .....            | 35 | COSENTYX (300 MG DOSE) SOSY .                   | 46 |
| clopidogrel bisulfate PO 75 MG ...           | 58 | COMETRIQ (100 MG DAILY DOSE)<br>KIT .....                    | 31 | COSENTYX SENSOREADY (300<br>MG) SOAJ .....      | 46 |
| clorazepate dipotassium TABS PO .            | 9  | COMETRIQ (140 MG DAILY DOSE)<br>KIT .....                    | 31 | COSENTYX SENSOREADY PEN<br>SOAJ .....           | 46 |
| clotrimazole (topical) CREA .....            | 45 | COMETRIQ (60 MG DAILY DOSE)<br>KIT .....                     | 31 | COSENTYX SOLN .....                             | 46 |
| clotrimazole (topical) SOLN .....            | 45 | COMFORT ASSURED LANCETS<br>28G .....                         | 63 | COSENTYX SOSY .....                             | 46 |
| clotrimazole vaginal CREA 1 % ...            | 93 | COMFORT LANCETS .....  | 63 | COSENTYX UNOREADY SOAJ ..                       | 46 |
| clotrimazole vaginal CREA 2 % ...            | 93 | COMIRNATY SUSP .....   | 90 | cosyntropin SOLR .....                          | 50 |
| clotrimazole w/ betamethasone<br>CREA .....  | 45 | COMIRNATY SUSY .....   | 90 | COTELLIC .....                                  | 31 |
| clotrimazole w/ betamethasone<br>LOTN .....  | 45 | COMPACT SPACE CHAMBER DEVI<br>.....                          | 70 | COVID-19 AT HOME ANTIGEN<br>TEST KIT .....      | 51 |
| clozapine TABS PO .....                      | 34 | COMPACT SPACE CHAMBER/LG<br>MASK DEVI .....                  | 70 | COVID-19 AT-HOME TEST KIT ...                   | 51 |
| clozapine TBDP PO .....                      | 34 | COMPACT SPACE CHAMBER/MED<br>MASK DEVI .....                 | 70 | COVID-19 OTC ANTIGEN 1-PACK<br>KIT .....        | 51 |
| CO MONITOR REPLACEMENT<br>PIECES MISC .....  | 70 | COMPACT SPACE CHAMBER/SM<br>MASK DEVI .....                  | 70 | COVID-19 OTC ANTIGEN 2-PACK<br>KIT .....        | 51 |
| COAGADEX .....                               | 58 | COMPLERA .....   | 35 | CREON CPEP PO .....                             | 52 |
| coal tar extract SHAM 0.5 % .....            | 50 | CONCERTA TBCR PO (Use<br>methylphenidate hcl) .....          | 2  | CRINONE GEL .....                               | 93 |
| COARTEM .....                                | 28 | CONDOMS-MISC .....   | 62 | cromolyn sodium (nasal) 5.2<br>MG/ACT .....     | 78 |
| COBAS LIAT SARS-COV-2 ASSAY .<br>51          |    | CONJUPRI (Use levamlodipine                                  |    | cromolyn sodium (ophth) .....                   | 83 |
| COBAS LIAT SARS-COV-2<br>CONTROL .....       | 51 |  |    |   |    |
| codeine sulfate TABS PO 30 MG ...            | 6  |  |    |   |    |
| CODEINE SULFATE TABS PO .....                | 6  |  |    |   |    |

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| cromolyn sodium NEBU .....                     | 10 | CUVITRU SOLN .....                           | 84 | CVS PROBIOTIC MAXIMUM<br>STRENGTH CAPS PO .....            | 19 |
| CRYSVITA .....                                 | 54 | CVS ADULT 50+ PROBIOTIC CAPS<br>PO .....     | 19 | CVS PROBIOTIC PEARLS EX ST<br>CAPS PO .....                | 19 |
| CULTURELLE ADULT ULT<br>BALANCE CAPS .....     | 22 | CVS ADULT PROBIOTIC CAPS PO .<br>19          |    | CVS SENIOR PROBIOTIC CAPS PO<br>.....                      | 19 |
| CULTURELLE BLOATING & GAS<br>DEF CAPS PO ..... | 19 | CVS ALCOHOL PREP PADS .....                  | 68 | CVS SOFT GLUCOSE CHEW PO                                   | 16 |
| CULTURELLE DIGESTIVE DAILY<br>CAPS .....       | 22 | CVS COVID-19 AT HOME TEST KIT<br>KIT .....   | 51 | CVS ULTRA THIN LANCETS .....                               | 63 |
| CULTURELLE DIGESTIVE DAILY<br>PRO CAPS .....   | 22 | CVS DAILY PROBIOTIC CAPS PO<br>19            |    | cyanocobalamin SOLN IJ 1000<br>MCG/ML .....                | 59 |
| CULTURELLE DIGESTIVE HEALTH<br>CAPS .....      | 22 | CVS DAILY PROBIOTIC<br>CHILDRENS PACK .....  | 19 | cyclobenzaprine hcl CP24 PO .....                          | 77 |
| CULTURELLE DIGESTIVE HEALTH<br>CHEW .....      | 22 | CVS DIGESTIVE PROBIOTIC CAPS<br>PO .....     | 19 | cyclobenzaprine hcl TABS PO 5 MG,<br>10 MG .....           | 77 |
| CULTURELLE HEALTH (INULIN)<br>CAPS .....       | 22 | CVS DRY MOUTH SOLN .....                     | 75 | cyclobenzaprine hcl TABS PO 7.5<br>MG .....                | 77 |
| CULTURELLE IMMUNE DEFENSE<br>CAPS PO .....     | 19 | CVS EVERYDAY CARE PROBIOTIC<br>CAPS PO ..... | 19 | CYCLOGYL 0.5 % .....                                       | 81 |
| CULTURELLE KID<br>PROBIOTIC+FIBER PACK .....   | 19 | CVS GLUCOSE CHEW PO .....                    | 16 | cyclopentolate hcl 0.5 % .....                             | 81 |
| CULTURELLE KIDS CHEW .....                     | 19 | CVS LANCETS 21G .....                        | 63 | cyclopentolate hcl 1 % .....                               | 81 |
| CULTURELLE KIDS PACK .....                     | 19 | CVS LANCETS MICRO THIN 33G<br>63             |    | cyclophosphamide CAPS 50 MG ..                             | 28 |
| CULTURELLE KIDS PURELY<br>CHEW .....           | 19 | CVS LANCETS ORIGINAL .....                   | 63 | CYCLOPHOSPHAMIDE TABS PO<br>28                             |    |
| CULTURELLE KIDS PURELY PACK<br>19              |    | CVS LANCETS THIN 26G .....                   | 63 | cyclosporine (ophth) EMUL .....                            | 82 |
| CULTURELLE METABOLISM-<br>WEIGHT CAPS PO ..... | 19 | CVS LANCETS ULTRA THIN 30G<br>63             |    | cyclosporine CAPS PO .....                                 | 74 |
| CULTURELLE PROBIOTICS KIDS<br>PACK .....       | 19 | CVS LANCETS ULTRA-THIN 30G<br>63             |    | cyclosporine modified (for<br>microemulsion) CAPS PO ..... | 74 |
| CULTURELLE PRO-WELL CAPS<br>PO .....           | 19 | CVS LANOLIN CREA .....                       | 50 | cyclosporine modified (for<br>microemulsion) SOLN PO ..... | 74 |
| CULTURELLE ULTIMATE<br>STRENGTH CAPS .....     | 22 | CVS MOOD SUPPORT PROBIOTIC<br>CAPS PO .....  | 19 | cyclosporine SOLN IV 50 MG/ML .                            | 74 |
| CURITY ALCOHOL PREPS .....                     | 68 | CVS PREP .....                               | 68 | CYLTEZO (2 PEN) AJKT .....                                 | 3  |
|  |    | CVS PROBIOTIC ADULT 50+ CAPS<br>PO .....     | 19 | CYLTEZO (2 SYRINGE) PSKT 40<br>MG/0.4ML .....              | 3  |
|  |    | CVS PROBIOTIC CAPS PO .....                  | 19 | CYLTEZO (2 SYRINGE) PSKT .....                             | 3  |
|  |    |  |    | CYLTEZO-CD/UC/HS STARTER<br>AJKT .....                     | 3  |

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| CYLTEZO-PSORIASIS/UV STARTER AJKT .....                  | 3  | DAYHIST ALLERGY 12 HOUR RELIEF TABS PO .....             | 24 | refrigerated 0.01 % .....  | 55  |
| CYMBALTA CPEP PO 20 MG, 30 MG (Use duloxetine hcl) ..... | 15 | decitabine .....   | 29 | desmopressin acetate TABS PO ..  | 55  |
| CYMBALTA CPEP PO 60 MG (Use duloxetine hcl) .....        | 15 | deferasirox PACK .....                                   | 23 | desogestrel & ethinyl estradiol PO   | .40 |
| cyproheptadine hcl SYRP PO .....                         | 25 | deferasirox TABS PO .....                                | 23 | desogestrel-ethinyl estradiol (biphasic) PO .....                            | 40  |
| cyproheptadine hcl TABS PO .....                         | 25 | deferasirox TBSO .....                                   | 23 | desogestrel-ethinyl estradiol (triphasic) PO .....                           | 40  |
| CYRAMZA .....  | 29 | deferiprone TABS .....                                   | 23 | desonide CREA .....  | 47  |
| CYSTAGON CAPS PO .....                                   | 57 | deferoxamine mesylate .....                              | 23 | desonide LOTN .....  | 47  |
| CYSTARAN .....   | 83 | DEFITELIO .....  | 59 | desonide OINT .....  | 47  |
| cytarabine SOLN .....                                    | 29 | deflazacort SUSP PO .....                                | 43 | desoximetasone CREA 0.05 % .....   | 47  |
| CYTOGAM SOLN .....                                       | 84 | deflazacort TABS PO .....                                | 43 | desoximetasone CREA 0.25 % .....   | 47  |
| dabigatran etexilate mesylate CAPS PO .....              | 12 | DEFLUX .....   | 57 | desoximetasone GEL .....   | 47  |
| DAILY DIGESTIVE PROBIOTIC CAPS PO .....                  | 19 | DELSTRIGO .....  | 35 | desoximetasone LIQD .....  | 47  |
| DAILY PROBIOTIC CAPS PO .....                            | 19 | DENAVIR (Use penciclovir) .....                          | 46 | desoximetasone OINT .....  | 47  |
| dalfampridine .....                                      | 86 | DENGAXIA .....   | 90 | DESVENLAFAXINE ER PO .....   | 15  |
| dantrolene sodium CAPS PO .....                          | 78 | DEPAKOTE SPRINKLES CSDR PO (Use divalproex sodium) ..... | 14 | desvenlafaxine succinate PO 100 MG .....                                     | 15  |
| dapagliflozin propanediol PO .....                       | 18 | DEPO-SUBQ PROVERA 104 SUSY SC .....                      | 42 | desvenlafaxine succinate PO 25 MG, 50 MG .....                               | 15  |
| dapsone PO .....   | 27 | DERMACINRX PROBISOL CAPS PO .....                        | 19 | DEX4 QUICK DISSOLVE GLUCOSE CHEW PO .....                                    | 16  |
| DAPTACEL .....   | 88 | DERMACINRX PROBITRAN CAPS PO .....                       | 19 | dexamethasone ELIX PO .....  | 43  |
| DARAPRIM PO (Use pyrimethamine) .....                    | 28 | DESCOVY 120 MG-15 MG .....                               | 35 | DEXAMETHASONE INTENSOL CONC .....  | 43  |
| darifenacin hydrobromide PO .....                        | 89 | DESCOVY 200 MG-25 MG .....                               | 35 | dexamethasone sodium phosphate (ophth) .....                                 | 82  |
| darunavir TABS .....                                     | 35 | desipramine hcl TABS PO .....                            | 15 | dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML ..... | 43  |
| DARZALEX .....   | 29 | desloratadine TBDP PO .....                              | 24 | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..                            | 43  |
| dasatinib .....  | 31 | desmopressin acetate SOLN IJ ...                         | 55 | dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....                         | 43  |
| daunorubicin hcl SOLN 50 MG/10ML 30                      |    | DESMOPRESSIN ACETATE SOLN NA .....                       | 55 |  |     |
| DAURISMO .....   | 30 | desmopressin acetate spray .....                         | 55 |  |     |
|  |    | desmopressin acetate spray                               |    |  |     |

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| dexamethasone SOLN PO ..... 43   | DIATRUST COVID-19 HOME TEST<br>KIT .....51       | CAPS PO ..... 20  |
| dexamethasone TABS PO 0.5 MG,<br>0.75 MG, 1 MG, 1.5 MG, 4 MG, 6 MG<br>.....43  | diazepam CONC ..... 9                            | DIGESTIVE ADV+BOWEL<br>SUPPORT CAPS PO .....20                        |
| dexchlorpheniramine maleate SOLN .<br>24   | DIAZEPAM SOAJ ..... 9                            | DIGESTIVE ADV+GAS DEFENSE<br>CAPS PO ..... 20                         |
| dexmedetomidine hcl in sodium<br>chloride SOLN ..... 60  | diazepam SOLN IJ 5 MG/ML, 10<br>MG/2ML ..... 10  | DIGESTIVE ADV+LACTOSE<br>SUPPORT CAPS PO .....20                      |
| dexmedetomidine hcl SOLN 200<br>MCG/2ML ..... 60   | DIAZEPAM SOLN IJ 5 MG/ML .... 10                 | DIGESTIVE ADVANTAGE CAPS PO<br>.....20                                |
| dexmethylphenidate hcl CP24 PO ..2   | diazepam SOLN PO 5 MG/5ML ... 10                 | digoxin SOLN PO 0.05 MG/ML ....39                                     |
| dexmethylphenidate hcl TABS PO ..2   | diazepam TABS PO .....10                         | digoxin TABS PO 125 MCG, 250<br>MCG ..... 39                          |
| dexrazoxane hcl .....32  | diazoxide ..... 16                               | dihydroergotamine mesylate SOLN<br>NA 4 MG/ML ..... 73                |
| DEXTENZA INST .....82  | dibucaine ..... 49                               | DILANTIN INFATABS CHEW PO<br>(Use phenytoin) ..... 14                 |
| dextroamphetamine sulfate CP24 PO<br>10 MG, 15 MG .....1   | diclofenac potassium TABS PO 50<br>MG ..... 4    | DILANTIN PO (Use phenytoin<br>sodium extended) .....14                |
| dextroamphetamine sulfate CP24 PO<br>5 MG .....1   | diclofenac sodium (ophth) .....83                | diltiazem hcl coated beads CP24 PO<br>120 MG, 180 MG, 300 MG ..... 38 |
| dextroamphetamine sulfate SOLN<br>PO .....1  | diclofenac sodium (topical) GEL EX<br>45         | diltiazem hcl coated beads CP24 PO<br>240 MG .....38                  |
| dextroamphetamine sulfate TABS PO<br>15 MG, 20 MG, 30 MG .....1  | diclofenac sodium TB24 PO ..... 4                | diltiazem hcl coated beads CP24 PO<br>360 MG ..... 38                 |
| dextroamphetamine sulfate TABS PO<br>5 MG, 10 MG .....1  | diclofenac sodium TBEC PO ..... 4                | diltiazem hcl CP12 PO .....38   |
| dextromethorphan-guaifenesin LIQD<br>PO 100 MG/5ML-10 MG/5ML, 150<br>MG/7.5ML-15 MG/7.5ML, 200<br>MG/10ML-20 MG/10ML .....43 | dicloxacillin sodium PO ..... 85                 | diltiazem hcl CP24 PO 120 MG, 240<br>MG ..... 38                      |
| dextromethorphan-guaifenesin SYRP<br>PO 100 MG/5ML-10 MG/5ML, 200<br>MG/10ML-20 MG/10ML ..... 44                             | dicyclomine hcl CAPS PO ..... 88                 | diltiazem hcl CP24 PO 180 MG ... 38                                   |
| DHIVY TABS PO .....33  | dicyclomine hcl SOLN PO ..... 88                 | diltiazem hcl extended release beads<br>PO .....38                    |
| DIATHRIVE LANCET ULTRA THIN<br>30 .....63  | dicyclomine hcl TABS PO .....88                  | diltiazem hcl TABS PO ..... 38  |
| DIATHRIVE LANCETS .....63  | DIFFERIN LOTN .....44                            | diltiazem hcl TB24 180 MG, 240 MG,<br>300 MG, 360 MG, 420 MG ..... 38 |
|  | DIFF-STAT CAPS PO ..... 19                       | dimethyl fumarate CDPK ..... 86                                       |
|  | diflorasone diacetate CREA ..... 47              | dimethyl fumarate CPDR ..... 86                                       |
|  | diflorasone diacetate OINT ..... 47              |   |
|  | diffunisal TABS PO .....6                        |   |
|  | DIGESTIVE ADV                                    |   |
|  | DIGESTIVE/IMMUNE CAPS PO .. 19                   |   |
|  | DIGESTIVE ADV LACTOSE<br>SUPPORT CAPS PO .....20 |   |
|  | DIGESTIVE ADV MULTI-STRAIN                       |   |



|  |   |   |
|--|---|---|
| diphenhydramine hcl (sleep) CAPS<br>PO .....60   | DOCETAXEL CONC 160 MG/8ML<br>32                                   | doxycycline (monohydrate) CAPS PO<br>50 MG, 100 MG .....87          |
| diphenhydramine hcl (sleep) LIQD<br>PO .....60   | DOCETAXEL SOLN 20 MG/2ML, 80<br>MG/8ML, 160 MG/16ML ..... 32      | doxycycline (monohydrate) TABS PO<br>50 MG, 100 MG .....87          |
| diphenhydramine hcl (sleep) TABS<br>PO 25 MG .....60                                   | docetaxel SOLN .....32  | doxycycline hyclate CAPS PO ....87                                  |
| diphenhydramine hcl (sleep) TABS<br>PO 50 MG .....60                                   | DOCIVYX SOLN .....32  | doxycycline hyclate TABS PO 100<br>MG ..... 87                      |
| diphenhydramine hcl (sleep) TBDP<br>60   | docusate sodium CAPS PO 100 MG,<br>250 MG .....61                 | doxylamine succinate (sleep) PO .60                                 |
| diphenhydramine hcl CAPS PO ...24  | docusate sodium CAPS PO 50 MG<br>61                               | doxylamine-pyridoxine TBEC PO .23                                   |
| diphenhydramine hcl ELIX PO 12.5<br>MG/5ML .....24                                     | docusate sodium LIQD PO 50<br>MG/5ML, 100 MG/10ML .....61         | droperidol SOLN 2.5 MG/ML .....9                                    |
| diphenhydramine hcl LIQD PO 12.5<br>MG/5ML, 25 MG/10ML, 50 MG/20ML<br>.....24          | DOCUSATE SODIUM SYRP PO .61                                       | DROPLET LANCETS ULTRA THIN<br>30G .....63                           |
| diphenhydramine hcl TABS PO 25<br>MG .....24   | docusate sodium TABS PO .....61                                   | DROPSAFE ALCOHOL PREP ...68   |
| diphenhydramine-acetaminophen<br>(sleep) TABS PO 500 MG-25 MG,<br>500 MG-38 MG .....60 | dofetilide PO ..... 10  | drospirenone-ethinyl estradiol PO .40                               |
| diphenoxylate w/ atropine LIQD PO<br>23  | donepezil hydrochloride TABS PO 23<br>MG ..... 85                 | drospirenone-ethinyl estradiol-<br>levomefolate calcium PO ..... 40 |
| diphenoxylate w/ atropine TABS PO .<br>23  | donepezil hydrochloride TABS PO 5<br>MG, 10 MG .....85            | DROXIA CAPS .....59   |
| DIPHThERIA-TETANUS TOXOIDS<br>DT SUSP .....88  | donepezil hydrochloride TBDP PO 85                                | droxidopa .....94   |
| dipyridamole PO .....58  | DOPTELET .....59  | DRUG MART LANCETS THIN 26G .<br>63                                  |
| disopyramide phosphate CAPS PO<br>10   | dorzolamide hcl .....83   | DRUG MART UNILET LANCETS<br>28G .....63                             |
| disulfiram PO 250 MG ..... 85  | DORZOLAMIDE HCL .....83   | DRUG MART UNILET LANCETS<br>30G .....63                             |
| divalproex sodium CSDR PO .....14  | DORZOLAMIDE HCL-TIMOLOL MAL<br>.....81                            | DRUG MART UNILET LANCETS<br>33G .....63                             |
| divalproex sodium TB24 PO .....14  | dorzolamide hcl-timolol maleate ..81                              | DULERA 100 MCG/ACT-5<br>MCG/ACT, 200 MCG/ACT-5<br>MCG/ACT ..... 11  |
| divalproex sodium TBEC PO ..... 14   | DOVATO .....35  | DULERA 50 MCG/ACT-5 MCG/ACT .<br>11                                 |
| docetaxel CONC 160 MG/8ML ....32   | doxazosin mesylate PO .....26                                     | duloxetine hcl CPEP PO 20 MG, 30<br>MG, 40 MG .....15               |
|  | doxepin hcl (sleep) PO .....60                                    | duloxetine hcl CPEP PO 60 MG ...15                                  |
|  | doxepin hcl CAPS PO 10 MG, 25<br>MG, 50 MG, 75 MG, 100 MG .....15 |   |
|  | doxepin hcl CAPS PO 150 MG ....15                                 |   |
|  | doxepin hcl CONC PO .....15                                       |   |

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|--|----|---|----|-----------------------------|----|
| DUPIXENT SOAJ .....  | 49 | efavirenz CAPS PO 200 MG .....                                    | 35 | ELEVIDYS 29.5-30.4 KG ..... | 79 |
| DUPIXENT SOSY 100 MG/0.67ML,<br>300 MG/2ML .....                   | 49 | efavirenz CAPS PO 50 MG .....                                     | 35 | ELEVIDYS 30.5-31.4 KG ..... | 79 |
| dutasteride PO .....   | 57 | efavirenz TABS PO .....   | 35 | ELEVIDYS 31.5-32.4 KG ..... | 79 |
| dutasteride-tamsulosin hcl PO .....                                | 57 | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate PO ..... | 35 | ELEVIDYS 32.5-33.4 KG ..... | 79 |
| DYANAVEL XR TBCR .....   | 1  | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate .....    | 35 | ELEVIDYS 33.5-34.4 KG ..... | 79 |
| DYSPOURT .....   | 80 | ELAPRASE .....  | 54 | ELEVIDYS 34.5-35.4 KG ..... | 79 |
| E.E.S. GRANULES SUSR PO (Use<br>erythromycin ethylsuccinate) ..... | 62 | ELELYSO .....   | 59 | ELEVIDYS 35.5-36.4 KG ..... | 79 |
| EASIVENT MASK LARGE MISC ..  | 70 | ELEPSIA XR TB24 PO .....  | 13 | ELEVIDYS 36.5-37.4 KG ..... | 79 |
| EASIVENT MASK MEDIUM MISC  | 70 | eletriptan hydrobromide PO .....                                  | 73 | ELEVIDYS 37.5-38.4 KG ..... | 79 |
| EASIVENT MASK SMALL MISC ..  | 70 | ELEVIDYS 10.0-10.4 KG .....                                       | 79 | ELEVIDYS 38.5-39.4 KG ..... | 79 |
| EASIVENT MISC .....  | 70 | ELEVIDYS 10.5-11.4 KG .....                                       | 79 | ELEVIDYS 39.5-40.4 KG ..... | 79 |
| EASY TOUCH ALCOHOL PREP<br>MEDIUM .....                            | 68 | ELEVIDYS 11.5-12.4 KG .....                                       | 79 | ELEVIDYS 40.5-41.4 KG ..... | 79 |
| EASY TOUCH LANCETS 26G ...   | 63 | ELEVIDYS 12.5-13.4 KG .....                                       | 79 | ELEVIDYS 41.5-42.4 KG ..... | 79 |
| EASY TOUCH LANCETS 28G ...   | 63 | ELEVIDYS 13.5-14.4 KG .....                                       | 79 | ELEVIDYS 42.5-43.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>28G/TWIST .....                              | 63 | ELEVIDYS 14.5-15.4 KG .....                                       | 79 | ELEVIDYS 43.5-44.4 KG ..... | 79 |
| EASY TOUCH LANCETS 30G ...   | 63 | ELEVIDYS 15.5-16.4 KG .....                                       | 79 | ELEVIDYS 44.5-45.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>30G/TWIST .....                              | 63 | ELEVIDYS 16.5-17.4 KG .....                                       | 79 | ELEVIDYS 45.5-46.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>30G/TWIST .....                              | 63 | ELEVIDYS 17.5-18.4 KG .....                                       | 79 | ELEVIDYS 46.5-47.4 KG ..... | 79 |
| EASY TOUCH LANCETS 32G ...   | 63 | ELEVIDYS 18.5-19.4 KG .....                                       | 79 | ELEVIDYS 47.5-48.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>32G/TWIST .....                              | 63 | ELEVIDYS 19.5-20.4 KG .....                                       | 79 | ELEVIDYS 48.5-49.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>32G/TWIST .....                              | 63 | ELEVIDYS 20.5-21.4 KG .....                                       | 79 | ELEVIDYS 49.5-50.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 21.5-22.4 KG .....                                       | 79 | ELEVIDYS 50.5-51.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 22.5-23.4 KG .....                                       | 79 | ELEVIDYS 51.5-52.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 23.5-24.4 KG .....                                       | 79 | ELEVIDYS 52.5-53.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 24.5-25.4 KG .....                                       | 79 | ELEVIDYS 53.5-54.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 25.5-26.4 KG .....                                       | 79 | ELEVIDYS 54.5-55.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 26.5-27.4 KG .....                                       | 79 | ELEVIDYS 55.5-56.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 27.5-28.4 KG .....                                       | 79 | ELEVIDYS 56.5-57.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 | ELEVIDYS 28.5-29.4 KG .....                                       | 79 | ELEVIDYS 57.5-58.4 KG ..... | 79 |
| EASY TOUCH LANCETS<br>33G/TWIST .....                              | 63 |   |    | ELEVIDYS 58.5-59.4 KG ..... | 79 |
| EBASE CONTROLLER KIT MISC  | 71 |   |    |                             |    |
| econazole nitrate CREA .....                                       | 45 |   |    |                             |    |
| ECOTRIN ARTHRTIS PAIN TBEC<br>PO (Use aspirin) .....               | 6  |   |    |                             |    |
| ECOTRIN TBEC PO (Use aspirin) ..                                   | 6  |   |    |                             |    |
| EDURANT .....  | 35 |   |    |                             |    |

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|--|----|--|----|---|----|
| ELEVIDYS 59.5-60.4 KG .....            | 79 | emtricitabine-tenofovir disoproxil fumarate PO .....   | 35 | epinastine hcl (ophth) .....  | 83 |
| ELEVIDYS 60.5-61.4 KG .....            | 79 | EMTRIVA CAPS PO (Use emtricitabine) .....              | 35 | epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML .....                                 | 94 |
| ELEVIDYS 61.5-62.4 KG .....            | 79 | EMTRIVA SOLN .....                                     | 35 | epinephrine (anaphylaxis) SOAJ ..   | 94 |
| ELEVIDYS 62.5-63.4 KG .....            | 79 | EMVERM CHEW PO .....                                   | 9  | epinephrine hcl (nasal) .....   | 78 |
| ELEVIDYS 63.5-64.4 KG .....            | 79 | enalapril maleate & hydrochlorothiazide PO .....       | 26 | EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....                             | 94 |
| ELEVIDYS 64.5-65.4 KG .....            | 79 | enalapril maleate TABS PO .....                        | 26 | EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....                          | 94 |
| ELEVIDYS 65.5-66.4 KG .....            | 79 | ENBREL MINI SOCT .....                                 | 5  | EPIVIR SOLN PO (Use lamivudine) 35  |    |
| ELEVIDYS 66.5-67.4 KG .....            | 79 | ENBREL SOLN .....                                      | 5  | EPIVIR TABS PO 150 MG (Use lamivudine) .....  | 35 |
| ELEVIDYS 67.5-68.4 KG .....            | 79 | ENBREL SOSY .....                                      | 5  | EPIVIR TABS PO 300 MG (Use lamivudine) .....  | 35 |
| ELEVIDYS 68.5-69.4 KG .....            | 80 | ENBREL SURECLICK SOAJ .....                            | 5  | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML ..... | 59 |
| ELEVIDYS 69.5 KG PLUS .....            | 80 | ENCARE SUPP 100 MG .....                               | 93 | epoprostenol sodium .....   | 39 |
| ELIDEL (Use pimecrolimus) .....        | 49 | ENGERIX-B SUSP 20 MCG/ML ..                            | 90 | EPRONTIA SOLN .....   | 13 |
| ELIGARD KIT SC 7.5 MG .....            | 30 | ENGERIX-B SUSY .....                                   | 90 | EPZICOM PO (Use abacavir sulfate-lamivudine) .....                                  | 35 |
| ELIGARD SC 22.5 MG, 30 MG, 45 MG ..... | 30 | enoxaparin sodium SOLN IJ 300 MG/3ML .....             | 12 | EQ PROBIOTIC CAPS PO .....  | 20 |
| ELIQUIS DVT/PE STARTER PACK TBPK ..... | 12 | enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....      | 12 | EQ PROBIOTIC CPDR .....   | 20 |
| ELIQUIS TABS .....                     | 12 | enoxaparin sodium SOSY 30 MG/0.3ML .....               | 12 | EQ SPACE CHAMBER ANTI-STATIC DEVI .....   | 71 |
| ELLA PO .....                          | 42 | enoxaparin sodium SOSY 40 MG/0.4ML, 60 MG/0.6ML .....  | 12 | EQ SPACE CHAMBER ANTI-STATIC L DEVI .....   | 71 |
| ELLEENCE SOLN .....                    | 30 | enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML ..... | 12 | EQ SPACE CHAMBER ANTI-STATIC M DEVI .....   | 71 |
| ELLUME COVID-19 HOME TEST KIT .....    | 51 | ENTADFI .....  | 57 | EQ SPACE CHAMBER ANTI-STATIC S DEVI .....   | 71 |
| ELMIRON CAPS PO .....                  | 57 | ENTRESTO TABS PO .....                                 | 39 | EQL COLOR LANCETS 21G .....   | 63 |
| ELOCTATE .....                         | 58 | ENTYVIO PEN SOAJ .....                                 | 56 | EQL COLOR LANCETS MICRO 33G .....   | 63 |
| EMCYT PO .....                         | 30 | ENVIVE CAPS PO .....                                   | 20 |   |    |
| EMGALITY (300 MG DOSE) SOSY 73         |    | EPCLUSA PACK .....                                     | 37 |   |    |
| EMGALITY SOAJ .....                    | 73 | EPCLUSA TABS .....                                     | 37 |   |    |
| EMGALITY SOSY .....                    | 73 | EPIFOAM FOAM .....                                     | 47 |   |    |
| EMPLICITI .....                        | 29 |  |    |   |    |
| emtricitabine CAPS PO .....            | 35 |  |    |   |    |

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|--|---|---|
| EQL DAILY PROBIOTIC CAPS PO<br>20  | escitalopram oxalate SOLN PO ... 15                           | EULEXIN PO ..... 30   |
| EQL DRY MOUTH ORAL RINSE<br>SOLN ..... 75  | escitalopram oxalate TABS PO .... 15                          | EVENTITY ..... 53   |
| EQL PROBIOTIC COLON<br>SUPPORT CAPS PO ..... 20  | esomeprazole magnesium CPDR PO<br>..... 89                    | everolimus (immunosuppressant) .75  |
| EQL SUPER THIN LANCETS 30G<br>63   | esomeprazole magnesium PACK . 89                              | everolimus TABS ..... 31  |
| EQL THIN LANCETS 26G ..... 63  | ESPEROCT ..... 58   | everolimus TBSO ..... 31  |
| ERBITUX ..... 30   | estazolam PO ..... 60   | EVOMELA IV ..... 28   |
| ergocalciferol CAPS PO ..... 94  | estradiol & norethindrone acetate<br>TABS PO ..... 55         | EVOTAZ ..... 35   |
| ergoloid mesylates TABS PO ..... 86  | estradiol PTTW ..... 55                                       | EVRYSDI ..... 80  |
| ergotamine w/ caffeine TABS PO .73   | estradiol PTWK ..... 55                                       | EXELON 13.3 MG/24HR (Use<br>rivastigmine) ..... 85                            |
| eribulin mesylate ..... 32   | estradiol TABS PO ..... 55                                    | EXELON 4.6 MG/24HR, 9.5<br>MG/24HR (Use rivastigmine) ..... 85                |
| ERIVEDGE ..... 30  | estradiol vaginal CREA ..... 93                               | exemestane PO ..... 30  |
| ERLEADA 60 MG ..... 30   | estradiol vaginal TABS ..... 93                               | EXFORGE HCT PO (Use<br>amlodipine-valsartan-<br>hydrochlorothiazide) ..... 26 |
| erlotinib hcl ..... 30   | ESTROVEN SLIMBIOTICS CAPS<br>PO ..... 20                      | EXONDYS 51 ..... 80   |
| ertapenem sodium IJ ..... 27   | eszopiclone PO ..... 60                                       | EYLEA SOLN ..... 81   |
| ERYPED 200 SUSR PO (Use<br>erythromycin ethylsuccinate) ..... 62                         | ethambutol hcl TABS PO ..... 28                               | EYSUVIS SUSP ..... 82   |
| erythromycin (acne aid) GEL ..... 44   | ethosuximide CAPS PO ..... 14                                 | E-Z JECT LANCET MICRO-THIN<br>33G ..... 63                                    |
| erythromycin (acne aid) SOLN .... 44   | ethosuximide SOLN PO ..... 14                                 | E-Z JECT LANCET SUPER THIN<br>30G ..... 63                                    |
| erythromycin (ophth) ..... 81  | ethynodiol diacet & eth estrad PO .40                         | E-Z JECT LANCETS ..... 63   |
| ERYTHROMYCIN ..... 81  | etodolac CAPS PO ..... 4                                      | E-Z JECT LANCETS 21G ..... 63   |
| erythromycin base CPEP PO ..... 62   | etodolac TABS PO ..... 4                                      | E-Z JECT LANCETS THIN 26G .. 64   |
| erythromycin base TABS PO ..... 62   | etodolac TB24 PO ..... 4                                      | ezetimibe PO ..... 25   |
| erythromycin ethylsuccinate SUSR<br>PO ..... 62  | etonogestrel-ethinyl estradiol ..... 42                       | ezetimibe-simvastatin PO ..... 25   |
| erythromycin ethylsuccinate TABS<br>PO ..... 62  | etoposide CAPS PO ..... 32                                    | EZ-LETS LANCETS 26G ..... 64  |
| ERZOFRI 39 MG/0.25ML, 78<br>MG/0.5ML, 117 MG/0.75ML, 156<br>MG/ML, 234 MG/1.5ML ..... 33 | etoposide SOLN 1 GM/50ML, 100<br>MG/5ML, 500 MG/25ML ..... 32 | EZ-LETS LANCETS 28G ..... 64  |
|  | etravirine PO 100 MG ..... 35                                 | EZ-LETS LANCETS 30G ..... 64  |
|  | etravirine PO 200 MG ..... 35                                 | FABRAZYME ..... 54  |
|  | EUFLEXXA SOSY ..... 78  |   |

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|--|----|---|----|--|----|
| famciclovir PO .....   | 37 | ferrous fumarate-fa-b complex-c-zn-<br>mg-mn-cu TABS PO ..... | 59 | flavoxate hcl PO .....   | 90 |
| famotidine TABS PO 10 MG .....   | 88 | FERROUS GLUCONATE TABS PO<br>324 MG .....                     | 60 | FLEBOGAMMA DIF SOLN 5<br>GM/50ML .....                                 | 84 |
| famotidine TABS PO 20 MG, 40 MG .<br>88  |    | ferrous gluconate TABS PO .....                               | 60 | FLEBOGAMMA DIF SOLN .....  | 84 |
| FASENRA PEN SOAJ .....   | 10 | ferrous sulfate dried TBCR PO ....                            | 60 | flecainide acetate PO .....  | 10 |
| FASENRA SOSY 10 MG/0.5ML ...   | 10 | ferrous sulfate SOLN PO 15 MG/ML,<br>15 MG/ML .....           | 60 | FLEXICHAMBER DEVI .....  | 71 |
| FASTEP COVID-19 ANTIGEN TEST<br>KIT .....  | 51 | ferrous sulfate SOLN PO 220<br>MG/5ML, 300 MG/6.8ML .....     | 60 | FLORA VANCE CAPS PO .....  | 20 |
| FEIBA .....  | 58 | ferrous sulfate TABS PO 325 MG, 65<br>MG, 325 MG .....        | 60 | FLORAJEN DIGESTION CAPS PO<br>20                                       |    |
| felbamate SUSP .....   | 13 | ferrous sulfate TBEC PO 324 MG .                              | 60 | FLORAJEN3 CAPS PO .....  | 20 |
| felbamate TABS PO .....  | 13 | ferrous sulfate TBEC PO .....                                 | 60 | FLORAJEN4KIDS CAPS PO .....  | 20 |
| felodipine PO .....  | 38 | fesoterodine fumarate .....                                   | 89 | FLORASAVE CPDR .....   | 20 |
| FEM-DOPHILUS WOMENS CAPS<br>PO .....   | 20 | FEVERALL JUNIOR STRENGTH<br>SUPP PR .....                     | 6  | FLORASTOR ADVANCED CAPS PO<br>.....                                    | 20 |
| fenofibrate CAPS PO .....  | 25 | fexofenadine hcl SUSP PO .....                                | 24 | FLORASTOR SELECT GUT BOOST<br>CAPS PO .....                            | 20 |
| fenofibrate micronized PO 134 MG,<br>200 MG .....                                | 25 | fexofenadine hcl TABS PO 180 MG<br>24                         |    | FLORASTOR SELECT IMMUNITY<br>BOOS CAPS PO .....                        | 20 |
| fenofibrate micronized PO 30 MG, 43<br>MG, 90 MG, 130 MG .....                   | 25 | fexofenadine hcl TABS PO 60 MG                                | 24 | FLOVENT DISKUS AEPB (Use<br>fluticasone propionate (inhalation))<br>11 |    |
| fenofibrate micronized PO 67 MG .  | 25 | FIBRICOR PO (Use fenofibric acid)<br>25                       |    | FLOVENT DISKUS AEPB .....  | 11 |
| fenofibrate TABS PO 40 MG, 120<br>MG .....                                       | 25 | FIBRYGA .....   | 58 | FLOWFLEX COVID-19 AG HOME<br>TEST KIT .....                            | 51 |
| fenofibrate TABS PO 54 MG .....  | 25 | FIFTY50 ALCOHOL PREP .....                                    | 69 | FLUAD .....  | 90 |
| fenofibric acid PO .....   | 25 | FILTER AIR PP MISC .....                                      | 71 | FLUAD QUADRIVALENT .....   | 91 |
| FENSOLVI (6 MONTH) SC .....  | 54 | finasteride PO .....  | 57 | FLUARIX QUADRIVALENT SUSY  | 91 |
| fentanyl PT72 12 MCG/HR, 25<br>MCG/HR, 50 MCG/HR, 75 MCG/HR,<br>100 MCG/HR ..... | 6  | finingolimod hcl PO .....                                     | 86 | FLUARIX SUSY .....   | 91 |
| fentanyl PT72 37.5 MCG/HR, 62.5<br>MCG/HR, 87.5 MCG/HR .....                     | 6  | FIRDAPSE .....  | 28 | FLUBLOK QUADRIVALENT .....   | 91 |
| FERRETT'S TABS PO .....  | 59 | FIRMAGON (240 MG DOSE) ....                                   | 30 | FLUBLOK SOSY .....   | 91 |
| FERRIPROX SOLN .....   | 23 | FIRMAGON 80 MG .....  | 30 | FLUCELVAX QUADRIVALENT<br>SUSP .....                                   | 91 |
| ferrous fumarate TABS PO .....   | 60 | FIRST-PROGESTERONE VGS<br>SUPP .....                          | 93 | FLUCELVAX QUADRIVALENT   |    |

|                                     |    |                                       |    |                                   |    |
|-------------------------------------|----|---------------------------------------|----|-----------------------------------|----|
| SUSY .....                          | 91 | fluorouracil (topical) CREA 0.5 % ..  | 46 | fluticasone propionate hfa 44     |    |
| FLUCELVAX SUSP .....                | 91 | fluorouracil (topical) CREA 5 % ...   | 46 | MCG/ACT .....                     | 11 |
| FLUCELVAX SUSY .....                | 91 | fluorouracil (topical) SOLN .....     | 46 | fluticasone propionate LOTN ..... | 48 |
| fluconazole SUSR PO .....           | 24 | fluoxetine hcl (pmd) TABS PO 10       |    | fluticasone propionate OINT ..... | 48 |
| fluconazole TABS PO 100 MG ....     | 24 | MG .....                              | 86 | fluticasone-salmeterol AEPB 100   |    |
| fluconazole TABS PO 150 MG ....     | 24 | fluoxetine hcl (pmd) TABS PO 20       |    | MCG/ACT-50 MCG/ACT, 250           |    |
| fluconazole TABS PO 200 MG ....     | 24 | MG .....                              | 86 | MCG/ACT-50 MCG/ACT, 500           |    |
| fluconazole TABS PO 50 MG .....     | 24 | fluoxetine hcl CAPS PO .....          | 15 | MCG/ACT-50 MCG/ACT .....          | 11 |
| fludarabine phosphate SOLN .....    | 29 | fluoxetine hcl CPDR PO .....          | 15 | fluticasone-salmeterol AERO ..... | 11 |
| FLUDARABINE PHOSPHATE SOLN          |    | fluoxetine hcl SOLN PO .....          | 15 | fluvastatin sodium CAPS PO .....  | 25 |
| .....                               | 29 | FLUOXETINE HCL TABS PO (Use           |    | fluvastatin sodium TB24 PO .....  | 25 |
| fludarabine phosphate SOLR .....    | 29 | fluoxetine hcl) .....                 | 15 | fluvoxamine maleate CP24 PO ....  | 15 |
| fludrocortisone acetate TABS PO .   | 43 | fluoxetine hcl TABS PO 10 MG ....     | 15 | fluvoxamine maleate TABS PO ....  | 15 |
| FLULAVAL QUADRIVALENT SUSY .        |    | fluoxetine hcl TABS PO 20 MG ....     | 15 | FLUZONE HIGH-DOSE                 |    |
| 91                                  |    | fluoxetine hcl TABS PO 60 MG ....     | 15 | QUADRIVALENT .....                | 91 |
| FLULAVAL SUSY .....                 | 91 | fluphenazine decanoate .....          | 34 | FLUZONE HIGH-DOSE SUSY ....       | 91 |
| FLUMIST .....                       | 91 | fluphenazine hcl TABS PO .....        | 34 | FLUZONE QUADRIVALENT SUSP         |    |
| FLUMIST QUADRIVALENT .....          | 91 | flurandrenolide CREA .....            | 48 | 91                                |    |
| flunisolide (nasal) .....           | 78 | flurandrenolide LOTN .....            | 48 | FLUZONE QUADRIVALENT SUSY         |    |
| fluocinolone acetonide (otic) ..... | 83 | flurandrenolide OINT .....            | 48 | 91                                |    |
| fluocinolone acetonide CREA .....   | 47 | flurazepam hcl PO .....               | 60 | FLUZONE SUSP .....                | 91 |
| fluocinolone acetonide OIL .....    | 47 | flurbiprofen sodium .....             | 83 | FLUZONE SUSY .....                | 91 |
| fluocinolone acetonide OINT .....   | 47 | flurbiprofen TABS PO .....            | 4  | FLYP HYPERSONIQ CARTRIDGE         |    |
| fluocinolone acetonide SOLN .....   | 47 | flutamide PO .....                    | 30 | MISC .....                        | 71 |
| fluocinonide CREA 0.05 % .....      | 48 | fluticasone propionate (inhalation)   |    | FML OINT .....                    | 82 |
| fluocinonide CREA 0.1 % .....       | 48 | AEPB .....                            | 11 | FOCALIN XR CP24 PO (Use           |    |
| fluocinonide emulsified base .....  | 48 | fluticasone propionate (nasal) SUSP . |    | dexmethylphenidate hcl) .....     | 2  |
| fluocinonide GEL .....              | 48 | 78                                    |    | folic acid TABS PO 1 MG .....     | 59 |
| fluocinonide OINT .....             | 48 | fluticasone propionate CREA 0.05 %    |    | folic acid TABS PO 400 MCG, 800   |    |
| fluocinonide SOLN .....             | 48 | 48                                    |    | MCG .....                         | 59 |
| fluorometholone (ophth) SUSP ....   | 82 | fluticasone propionate hfa 110        |    | FOLOTYN .....                     | 29 |
|                                     |    | MCG/ACT, 220 MCG/ACT .....            | 11 | fondaparinux sodium .....         | 12 |
|                                     |    |                                       |    | FORA LANCETS .....                | 64 |

|   |    |   |   |   |    |
|---|----|---|---|---|----|
| FORFIVO XL TB24 PO (Use<br>bupropion hcl) .....     | 14 | FREESTYLE LIBRE 2 SENSOR ..64                           | galantamine hydrobromide TABS PO<br>..... | 85  |    |
| FORTIFY 30 BILLION PROBIOT 50+<br>CPDR .....        | 20 | FREESTYLE LIBRE 3 PLUS<br>SENSOR .....                  | GAMASTAN .....                            | 84  |    |
| FORTIFY 50 BILLION PROBIOT 50+<br>CPDR .....        | 20 | FREESTYLE LIBRE 3 READER ..64                           | GAMIFANT 10 MG/2ML, 50<br>MG/10ML .....   | 75  |    |
| FORTIFY DAILY PROBIOTIC CAPS<br>PO .....            | 20 | FREESTYLE LIBRE 3 SENSOR ..64                           | GAMMAGARD .....                           | 84  |    |
| FORTIFY DAILY PROBIOTIC EX ST<br>CPDR .....         | 20 | FREESTYLE LIBRE READER ...64                            | GAMMAGARD S/D LESS IGA SOLR<br>.....      | 84  |    |
| FORTIFY OPTIMA PROBIOTIC<br>CPDR .....              | 20 | frovatriptan succinate PO .....                         | 73  | GAMMAKED 1 GM/10ML, 5<br>GM/50ML, 10 GM/100ML, 20<br>GM/200ML ..... | 84 |
| FORTIFY OPTIMA WOMENS ADV<br>CARE CPDR .....        | 20 | FT ACIDOPHILUS PROBIOTIC<br>BLEND CAPS PO .....         | 20  | GAMMAPLEX SOLN 5 GM/50ML ..84                                       |    |
| FORTIFY PROBIOTIC WOMENS<br>CPDR .....              | 20 | FT SALINE NASAL SPRAY SOLN                              | 78  | GAMMAPLEX SOLN .....  | 84 |
| FORTIFY PROBIOTIC WOMENS EX<br>ST CPDR .....        | 20 | FULL KIT NEBULIZER SET MISC                             | 71  | GAMUNEX-C .....   | 84 |
| fosamprenavir calcium TABS PO ..35                  |    | FULPHILA .....  | 59  | GARDASIL 9 SUSP .....   | 92 |
| fosinopril sodium &<br>hydrochlorothiazide PO ..... | 26 | furosemide SOLN PO 8 MG/ML, 10<br>MG/ML .....           | 53  | GARDASIL 9 SUSY .....   | 92 |
| fosinopril sodium PO .....                          | 26 | furosemide TABS PO .....                                | 53  | gatifloxacin (ophth) .....  | 81 |
| FRAGMIN SOLN 10000 UNIT/4ML<br>12                   |    | FYLNETRA .....  | 59  | GATTEX .....  | 57 |
| FREDS PHARMACY UNILET LANC<br>28G .....             | 64 | gabapentin CAPS PO 100 MG ....                          | 13  | GAUZE SPONGES .....   | 64 |
| FREDS PHARMACY UNILET LANC<br>30G .....             | 64 | gabapentin CAPS PO 300 MG, 400<br>MG .....              | 13  | GAZYVA .....  | 29 |
| FREESTYLE LIBRE 14 DAY<br>READER .....              | 64 | gabapentin SOLN PO .....                                | 13  | gefitinib .....   | 30 |
| FREESTYLE LIBRE 14 DAY<br>SENSOR .....              | 64 | gabapentin TABS PO 600 MG, 800<br>MG .....              | 13  | GEL-ONE .....   | 78 |
| FREESTYLE LIBRE 2 PLUS<br>SENSOR .....              | 64 | GABITRIL PO 12 MG, 16 MG (Use<br>tiagabine hcl) .....   | 13  | GELSYN-3 SOSY .....   | 78 |
| FREESTYLE LIBRE 2 READER ..64                       |    | GABITRIL PO 2 MG, 4 MG (Use<br>tiagabine hcl) .....     | 13  | gemfibrozil TABS PO .....   | 25 |
|   |    | GABLOFEN SOLN IT 10000<br>MCG/20ML, 40000 MCG/20ML .... | 77  | GEMTESA .....   | 89 |
|   |    | GALAFOLD .....  | 54  | GENABIO COVID-19 RAPID TEST<br>KIT .....                            | 51 |
|   |    | galantamine hydrobromide CP24 PO<br>85                  |   | GENORAVANCE CAPS PO .....   | 20 |
|   |    | galantamine hydrobromide SOLN PO<br>.....               | 85  | GENOTROPIN CART SC .....  | 54 |
|   |    |   |   | GENOTROPIN MINIQUICK PRSY   | 54 |
|   |    |   |   | gentamicin sulfate (ophth) OINT ...                                 | 82 |
|   |    |   |   | gentamicin sulfate (ophth) SOLN ..                                  | 82 |

|  |  |   |    |
|--|--|---|----|
| gentamicin sulfate (topical) CREA .45              | glycopyrrolate TABS PO 1 MG, 2 MG .....    | griseofulvin microsize SUSP PO ..         | 24 |
| gentamicin sulfate (topical) OINT ..45             | .....88                                    | griseofulvin microsize TABS PO ...        | 24 |
| GENTLE-LET GP LANCETS .....64                      | GLYXAMBI PO .....16                        | griseofulvin ultramicrosize PO .....      | 24 |
| GENTLE-LET LANCETS .....64                         | GNP ACIDOPHILUS HIGH POTENCY CAPS PO ..... | guaifenesin-codeine SOLN PO ....          | 44 |
| GENVISC 850 SOSY .....78                           | .....20                                    | guaifenesin-codeine SYRP PO ....          | 44 |
| GENVOYA .....35                                    | GNP ADVANCED PROBIOTIC CAPS PO .....       | guanfacine hcl (adhd) PO .....            | 1  |
| GILENYA PO (Use fingolimod hcl) 86                 | .....20                                    | guanfacine hcl PO .....                   | 26 |
| GILENYA PO .....86                                 | GNP ALCOHOL SWABS .....69                  | GVOKE KIT SOLN .....                      | 16 |
| GILOTRIF .....30                                   | GNP GLUCOSE CHEW PO .....16                | GYNAZOLE-1 .....                          | 93 |
| ginger (zingiber officinalis) CAPS PO 250 MG ..... | GNP LANCETS 21G .....64                    | HADLIMA PUSH TOUCH SOAJ ....              | 4  |
| .....2   | GNP LANCETS THIN 26G .....64               | HADLIMA SOSY .....                        | 4  |
| GLASSIA SOLN .....87                               | GNP PROBIOTIC COLON SUPPORT CAPS PO .....  | halcinonide CREA .....                    | 48 |
| glatiramer acetate SOSY .....86                    | .....20                                    | halobetasol propionate CREA .....         | 48 |
| glimepiride PO 1 MG, 2 MG .....18                  | GNP PROBIOTIC EXTRA STRENGTH CAPS .....    | halobetasol propionate FOAM .....         | 48 |
| .....18  | .....22                                    | halobetasol propionate OINT .....         | 48 |
| glimepiride PO 4 MG .....18                        | GNP QUICK DISSOLVE GLUCOSE CHEW PO .....   | haloperidol decanoate .....               | 34 |
| .....18  | .....16                                    | haloperidol lactate CONC PO .....         | 34 |
| glipizide TABS PO 2.5 MG .....18                   | GNP STERILE LANCETS 28G ...                | haloperidol lactate SOLN .....            | 34 |
| .....18  | .....64                                    | haloperidol TABS PO .....                 | 34 |
| glipizide TABS PO 5 MG, 10 MG ..                   | GNP STERILE LANCETS 30G ...                | HARVONI PACK .....                        | 37 |
| .....18  | .....64                                    | HARVONI TABS .....                        | 37 |
| glipizide TB24 PO .....18                          | GNP STERILE LANCETS 33G ...                | HAVRIX .....                              | 92 |
| .....16  | .....64                                    | HEALTHY ACCENTS UNILET LANCETS .....      | 64 |
| GLUCAGEN HYPOKIT .....16                           | GOJJI STERILE LANCETS .....64              | H-E-B INCONTROL LANCETS 28G .             | 64 |
| glucagon (rdna) .....16                            | GOODSENSE COLOR LANCETS 33G .....          | .....64                                   |    |
| GLUCAGON EMERGENCY (Use glucagon (rdna)) .....     | .....64                                    | H-E-B INCONTROL LANCETS 30G .             | 64 |
| .....16  | GOODSENSE LANCETS 26G UNIV .....           | .....64                                   |    |
| GLUCO TO GO CHEW PO .....16                        | .....64                                    | H-E-B INCONTROL LANCETS 33G .             | 64 |
| GLUCOSE CHEW PO .....16                            | GOODSENSE LANCETS 30G UNIV .....           | .....64                                   |    |
| glyburide micronized PO 1.5 MG, 3 MG, 6 MG .....   | .....64                                    | HEMATINIC PLUS VIT/MINERALS TABS PO ..... | 59 |
| .....18  | GOODSENSE LANCETS 33G UNIV .....           |   |    |
| glyburide TABS PO .....18                          | .....64                                    |   |    |
| glyburide-metformin PO .....                       | GOTOKNOW COVID-19 ANTIGEN RAPI KIT .....   |   |    |
| .....16  | .....51                                    |   |    |
| glycerin (laxative) SUPP PR 2 GM 61                | granisetron hcl TABS PO .....              |   |    |
| glycine diluent .....85                            | .....23                                    |   |    |
|  | GRANIX SOLN .....                          |   |    |
|  | .....59                                    |   |    |
|  | GRANIX SOSY .....                          |   |    |
|  | .....59                                    |   |    |



|   |    |   |    |  |    |
|---|----|---|----|--|----|
| HEMGENIX .....  | 58 | HUMALOG TEMPO PEN SOPN ..                         | 17 | hydrocodone bitartrate CP12 PO ...   | 6  |
| HEMLIBRA 30 MG/ML, 60<br>MG/0.4ML, 105 MG/0.7ML, 150<br>MG/ML .....   | 58 | HUMATE-P SOLR .....                               | 58 | hydrocodone bitartrate-homatropine<br>methylbromide SOLN PO .....  | 43 |
| HEMOFIL M SOLR 250 UNIT, 500<br>UNIT, 1000 UNIT, 1700 UNIT .....  | 58 | HUMIRA (2 PEN) AJKT 40<br>MG/0.8ML .....          | 4  | hydrocodone-acetaminophen SOLN<br>PO 108 MG/5ML-2.5 MG/5ML, 217<br>MG/10ML-5 MG/10ML, 325<br>MG/15ML-7.5 MG/15ML ..... | 7  |
| HEPAGAM B SOLN IJ .....   | 84 | HUMIRA (2 PEN) AJKT .....                         | 4  | hydrocodone-acetaminophen TABS<br>PO 325 MG-10 MG .....  | 7  |
| heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML ..... | 12 | HUMIRA (2 SYRINGE) PSKT .....                     | 4  | hydrocodone-acetaminophen TABS<br>PO 325 MG-5 MG .....   | 7  |
| HEPLISAV-B SOSY .....   | 92 | HUMIRA-CD/UC/HS STARTER<br>AJKT 40 MG/0.8ML ..... | 4  | hydrocodone-acetaminophen TABS<br>PO 325 MG-5 MG .....   | 7  |
| HERCEPTIN HYLECTA .....   | 31 | HUMIRA-CD/UC/HS STARTER<br>AJKT 80 MG/0.8ML ..... | 4  | hydrocodone-acetaminophen TABS<br>PO 325 MG-7.5 MG .....   | 7  |
| HIBERIX SOLR IJ .....   | 90 | HUMIRA-PED<40KG CROHNS<br>STARTER PSKT .....      | 4  | hydrocodone-acetaminophen TABS<br>PO 325 MG-7.5 MG .....   | 7  |
| HIGH POTENCY PROBIOTIC CAPS<br>PO .....   | 20 | HUMIRA-PED>/=40KG CROHNS<br>START PSKT .....      | 4  | hydrocortisone (intrarectal) PR .....  | 8  |
| HIZENTRA SOLN .....   | 84 | HUMIRA-PED>/=40KG UC<br>STARTER AJKT .....        | 4  | hydrocortisone (rectal) EX 1 % .....   | 8  |
| HIZENTRA SOSY 10 GM/50ML ...  | 84 | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT .....        | 4  | hydrocortisone (rectal) EX 2.5 % ...   | 8  |
| HM STERILE ALCOHOL PREP ..  | 69 | HUMIRA-PS/UV/ADOL HS<br>STARTER AJKT .....        | 4  | hydrocortisone (topical) CREA 0.5 %<br>48  |    |
| HUDSON RCI AEROSOL MASK<br>ADULT MISC .....   | 71 | HUMIRA-PSORIASIS/UEVEIT<br>STARTER AJKT .....     | 4  | hydrocortisone (topical) CREA 1 %<br>48  |    |
| HULIO (2 PEN) AJKT .....  | 4  | HUMULIN 70/30 SUSP .....                          | 17 | hydrocortisone (topical) CREA 2.5 %<br>48  |    |
| HULIO (2 SYRINGE) PSKT .....  | 4  | HUMULIN N SUSP .....                              | 17 | hydrocortisone (topical) LOTN 1 %<br>48  |    |
| HUMALOG JUNIOR KWIKPEN<br>SOPN .....  | 17 | HUMULIN R SOLN IJ .....                           | 17 | hydrocortisone (topical) LOTN 2.5 % .<br>48  |    |
| HUMALOG KWIKPEN SOPN 100<br>UNIT/ML .....   | 17 | HUMULIN R U-500<br>(CONCENTRATED) SOLN SC ....    | 17 | hydrocortisone (topical) LOTN 2.5 % .<br>48  |    |
| HUMALOG MIX 50/50 KWIKPEN<br>SUPN .....   | 17 | HUMULIN R U-500 KWIKPEN SOPN<br>SC .....          | 17 | hydrocortisone (topical) OINT 0.5 % .<br>48  |    |
| HUMALOG MIX 50/50 SUSP .....  | 17 | HYALGAN SOLN .....                                | 78 | hydrocortisone (topical) OINT 1 % .48  |    |
| HUMALOG MIX 75/25 KWIKPEN<br>SUPN .....   | 17 | HYALGAN SOSY .....                                | 78 | hydrocortisone (topical) OINT 2.5 % .<br>48  |    |
| HUMALOG MIX 75/25 SUSP .....  | 17 | HYCANTIN CAPS PO .....                            | 32 | hydrocortisone (topical) OINT 2.5 % .<br>48  |    |
| HUMALOG SOLN IJ .....   | 17 | hydralazine hcl TABS PO .....                     | 27 | hydrocortisone (topical) SOLN 1 %<br>48  |    |
|   |    | hydrochlorothiazide CAPS PO ....                  | 53 | hydrocortisone acetate (topical)<br>CREA 1 % .....   | 48 |
|   |    | hydrochlorothiazide TABS PO 25<br>MG, 50 MG ..... | 53 |  |    |

|                                       |    |          |                                   |          |
|---------------------------------------|----|----------|-----------------------------------|----------|
| hydrocortisone acetate (topical) OINT | MG | .....9   | ibandronate sodium SOLN           | ..... 53 |
| .....48                               |    |          | ibandronate sodium TABS PO        | ..... 53 |
| HYDROCORTISONE ACETATE                |    |          | IBRANCE CAPS                      | ..... 31 |
| CREA                                  |    | .....48  | IBSRELA                           | ..... 56 |
| hydrocortisone butyrate CREA          |    | ..... 48 | ibuprofen CHEW PO                 | ..... 4  |
| hydrocortisone butyrate hydrophilic   |    |          | ibuprofen SUSP PO                 | ..... 4  |
| lipo base                             |    | .....48  | ibuprofen TABS PO 200 MG, 400     |          |
| hydrocortisone butyrate LOTN          |    | ..... 48 | MG, 600 MG, 800 MG                | ..... 5  |
| hydrocortisone butyrate OINT          |    | ..... 48 | ibuprofen-diphenhydramine citrate |          |
| hydrocortisone butyrate SOLN          |    | ..... 48 | PO                                | .....60  |
| hydrocortisone TABS PO                |    | .....43  | ibuprofen-diphenhydramine hcl PO  |          |
| hydrocortisone vaginal                |    | ..... 93 | 60                                |          |
| hydrocortisone valerate CREA          |    | ..... 48 | icatibant acetate SOSY            | ..... 58 |
| hydrocortisone valerate OINT          |    | ..... 48 | ICLUSIG PO 15 MG, 45 MG           | ..... 31 |
| hydrocortisone w/acetic acid          |    | .....83  | ID NOW COVID-19                   | ..... 51 |
| HYDROMORPHONE HCL SUPP PR             |    | ..... 6  | ID NOW COVID-19 2.0 CONTROL       |          |
| ..... 6                               |    |          | 51                                |          |
| hydromorphone hcl TABS PO             |    | ..... 6  | ID NOW COVID-19 2.0 TEST          | ..... 51 |
| hydromorphone hcl TB24 PO             |    | ..... 6  | ID NOW COVID-19 CONTROL           | ..... 51 |
| HYDROXATE GEL                         |    | ..... 48 | IDACIO (2 PEN) AJKT               | ..... 4  |
| HYDROXYM GEL                          |    | ..... 48 | IDACIO (2 SYRINGE) PSKT           | ..... 4  |
| hydroxyprogesterone caproate          |    |          | IDACIO-CROHNS/UC STARTER          |          |
| (antineoplastic)                      |    | ..... 30 | AJKT                              | ..... 4  |
| hydroxyprogesterone caproate OIL      |    | 85       | IDACIO-PSORIASIS STARTER          |          |
|                                       |    |          | AJKT                              | ..... 4  |
| hydroxyurea PO                        |    | .....32  | IDELVION                          | ..... 58 |
| hydroxyzine hcl SOLN 25 MG/ML, 50     |    |          | IGALMI FILM                       | .....60  |
| MG/ML                                 |    | ..... 9  | IHEALTH COVID-19 RAPID TEST       |          |
| hydroxyzine hcl SYRP PO               |    | ..... 9  | KIT                               | ..... 51 |
| hydroxyzine hcl TABS PO               |    | ..... 9  | ILEVRO                            | .....83  |
| hydroxyzine pamoate CAPS PO 25        |    |          | ILUVIEN                           | ..... 82 |
| MG, 100 MG                            |    | .....9   | imatinib mesylate PO              | ..... 31 |
| hydroxyzine pamoate CAPS PO 50        |    |          |                                   |          |

|                                 |    |                                    |    |                                    |
|---------------------------------|----|------------------------------------|----|------------------------------------|
| IMBRUVICA CAPS 140 MG           | 31 | INSPIREASE MISC                    | 71 | 78                                 |
| IMBRUVICA CAPS 70 MG            | 31 | INSPIREASE RESERVOIR BAGS          | 71 | ipratropium bromide (nasal) 0.06 % |
| IMBRUVICA TABS                  | 31 | INSULIN ASP PROT & ASP             |    | 78                                 |
| IMCIVREE                        | 1  | FLEXPEN SUPN                       | 17 | ipratropium bromide SOLN 0.02 %    |
| imipramine hcl TABS PO          | 15 | INSULIN ASPART PROT & ASPART       |    | 10                                 |
| imipramine pamoate PO           | 15 | SUSP                               | 17 | ipratropium-albuterol SOLN         |
| imiquimod 5 %                   | 49 | INSULIN GLARGINE SOLN              | 18 | 11                                 |
| IMLYGIC                         | 32 | INSULIN GLARGINE SOLOSTAR          |    | irbesartan PO                      |
| IMOVAX RABIES SUSR              | 92 | SOPN 100 UNIT/ML                   | 18 | 26                                 |
| IMPEKLO LOTN                    | 48 | INSULIN GLARGINE-YFGN SOLN         | 18 | irbesartan-hydrochlorothiazide PO  |
| INCRELEX                        | 54 | 18                                 |    | 26                                 |
| indapamide TABS PO 1.25 MG, 2.5 |    | INSULIN GLARGINE-YFGN SOPN         | 18 | irinotecan hcl                     |
| MG                              | 53 | 18                                 |    | 32                                 |
| INDICAID COVID-19 RAPID TEST    |    | INSULIN LISPRO (1 UNIT DIAL)       |    | IRON CHEWS PEDIATRIC CHEW          |
| KIT                             | 51 | SOPN                               | 18 | PO                                 |
| indomethacin CAPS PO 25 MG, 50  |    | INSULIN LISPRO JUNIOR              |    | 60                                 |
| MG                              | 5  | KWIKPEN SOPN                       | 18 | IRON TABS PO 28 MG                 |
| indomethacin CPCR PO            | 5  | INSULIN LISPRO PROT & LISPRO       |    | 60                                 |
| INFANRIX                        | 88 | SUPN                               | 18 | ISENTRESS CHEW 100 MG              |
| INFANTS ADVIL SUSP PO (Use      |    | INSULIN LISPRO SOLN IJ             | 18 | 35                                 |
| ibuprofen)                      | 5  | INSULIN SYRINGES                   | 69 | ISENTRESS CHEW 25 MG               |
| INGREZZA CAPS                   | 86 | INTELENCE PO (Use etravirine)      | 35 | 35                                 |
| INLYTA                          | 29 | INTELENCE PO 200 MG (Use           |    | ISENTRESS PACK PO                  |
| INNOSPIRE REPLACEMENT           |    | etravirine)                        | 35 | 35                                 |
| FILTER MISC                     | 71 | INTELENCE PO                       | 35 | ISENTRESS TABS PO                  |
| INPEFA                          | 39 | INTELISWAB COVID-19 RAPID          |    | 35                                 |
| INSPIRACHAMBER/LARGE DEVI       | 71 | TEST KIT                           | 51 | isoniazid SYRP PO                  |
| INSPIRACHAMBER/MEDIUM DEVI      | 71 | INVEGA HAFYERA                     | 33 | 28                                 |
| 71                              |    | INVEGA SUSTENNA                    | 33 | isoniazid TABS PO                  |
| INSPIRACHAMBER/MOUTHPIECE       |    | INVEGA TRINZA                      | 33 | 28                                 |
| DEVI                            | 71 | INVOKANA                           | 18 | ISOPTO ATROPINE SOLN               |
| INSPIRACHAMBER/SMALL DEVI       | 71 | IPOL                               | 92 | 81                                 |
|                                 |    | ipratropium bromide (nasal) 0.03 % |    | isosorbide dinitrate TABS PO 5 MG, |
|                                 |    |                                    |    | 10 MG, 20 MG, 30 MG                |
|                                 |    |                                    |    | 9                                  |
|                                 |    |                                    |    | isosorbide mononitrate TABS PO     |
|                                 |    |                                    |    | 9                                  |
|                                 |    |                                    |    | isosorbide mononitrate TB24 PO     |
|                                 |    |                                    |    | 9                                  |
|                                 |    |                                    |    | isotretinoin PO 10 MG, 20 MG, 40   |
|                                 |    |                                    |    | MG                                 |
|                                 |    |                                    |    | 44                                 |
|                                 |    |                                    |    | isradipine CAPS PO                 |
|                                 |    |                                    |    | 38                                 |
|                                 |    |                                    |    | ITCH RELIEF CREA                   |
|                                 |    |                                    |    | 45                                 |
|                                 |    |                                    |    | itraconazole CAPS PO               |
|                                 |    |                                    |    | 24                                 |
|                                 |    |                                    |    | itraconazole SOLN                  |
|                                 |    |                                    |    | 24                                 |
|                                 |    |                                    |    | ivermectin (pediculicide)          |
|                                 |    |                                    |    | 50                                 |
|                                 |    |                                    |    | IXCHIQ                             |
|                                 |    |                                    |    | 92                                 |
|                                 |    |                                    |    | IXEMPRA KIT                        |
|                                 |    |                                    |    | 32                                 |

|   |    |   |     |   |    |
|---|----|---|-----|---|----|
| IXIARO .....  | 92 | KALETRA TABS PO 50 MG-200 MG<br>(Use lopinavir-ritonavir) ..... | 35  | tobramycin) .....   | 2  |
| IXINITY SOLR .....  | 58 | KALYDECO PACK 50 MG, 75 MG                                      | 87  | KLOXXADO LIQD .....                                       | 23 |
| IYUZEH SOLN .....   | 83 | KALYDECO TABS .....   | 87  | KOATE SOLR .....  | 58 |
| JAKAFI .....  | 31 | KANJINTI 420 MG .....   | 29  | KOATE-DVI SOLR 500 UNIT, 1000<br>UNIT .....               | 58 |
| JANSSEN COVID-19 VACCINE ..                                     | 92 | KANUMA .....  | 54  | KOGENATE FS KIT .....                                     | 58 |
| JANUMET TABS PO .....   | 16 | KAZANO (Use alogliptin-metformin<br>hcl) .....                  | 16  | KOMBIGLYZE XR PO (Use<br>saxagliptin-metformin hcl) ..... | 16 |
| JANUMET XR TB24 PO .....  | 16 | KCENTRA .....   | 58  | KONVOMEF SUSR .....                                       | 89 |
| JANUVIA PO .....  | 17 | KEMOPLAT SOLN .....   | 28  | KOVALTRY .....  | 58 |
| JARDIANCE PO .....  | 18 | KEPIVANCE 6.25 MG .....   | 32  | KRINTAFEL .....   | 28 |
| JARRO-DOPHILUS EPS CPDR ..                                      | 20 | KESIMPTA .....  | 86  | KROGER HEALTHPRO LANCET<br>26G .....                      | 65 |
| JARRO-DOPHILUS EPS<br>PROBIOTIC CPDR .....                      | 20 | ketoconazole (topical) CREA .....                               | 45  | KROGER LANCETS .....                                      | 65 |
| JARRO-DOPHILUS<br>HYPOALLERGENIC CAPS PO ...                    | 20 | ketoconazole (topical) SHAM 2 %                                 | .45 | KROGER LANCETS 21G .....                                  | 65 |
| JARRO-DOPHILUS<br>PROBIOT+PRE+FOS CAPS PO ..                    | 20 | KETONE TEST STRP .....  | 51  | KROGER LANCETS MICRO THIN<br>33G .....                    | 65 |
| JARRO-DOPHILUS VAGINAL<br>PROBIOT CPDR .....                    | 20 | ketoprofen CAPS PO 50 MG .....                                  | 5   | KROGER LANCETS SUPER THIN<br>65                           |    |
| JENTADUETO TABS .....   | 16 | ketoprofen CP24 PO .....  | 5   | KROGER LANCETS THIN .....                                 | 65 |
| JEVTANA .....   | 32 | ketorolac tromethamine (ophth) 0.4<br>% .....                   | 83  | KROGER LANCETS THIN 26G ..                                | 65 |
| JIVI .....  | 58 | ketorolac tromethamine (ophth) 0.5<br>% .....                   | 83  | KROGER LANCETS THIN 30G .....                             | 65 |
| JUXTAPID PO 5 MG, 10 MG, 20 MG,<br>30 MG .....                  | 25 | ketorolac tromethamine TABS PO ..                               | 5   | KRYSTEXXA .....   | 57 |
| JYNARQUE TABS .....   | 55 | KETOSTIX STRP .....   | 51  | KYLEENA .....   | 42 |
| JYNARQUE TBPB .....   | 55 | ketotifen fumarate (ophth) 0.035 %<br>83                        |     | KYMRIAH .....   | 30 |
| JYNNEOS .....   | 92 | KEY-E CHEW PO .....   | 94  | KYPROLIS .....  | 31 |
| KADCYLA .....   | 29 | KEYTRUDA .....  | 29  | labetalol hcl TABS PO 100 MG ...                          | 37 |
| KALBITOR .....  | 58 | KHAPZORY .....  | 32  | labetalol hcl TABS PO 200 MG ...                          | 37 |
| KALETRA SOLN PO (Use lopinavir-<br>ritonavir) .....             | 35 | KINNEY LANCETS .....  | 65  | labetalol hcl TABS PO 300 MG ...                          | 37 |
| KALETRA TABS PO 25 MG-100 MG<br>(Use lopinavir-ritonavir) ..... | 35 | KINNEY THIN LANCETS .....                                       | 65  | LACTEROL CAPS PO .....                                    | 20 |
|   |    | KINRIX SUSY .....   | 88  | lactic acid (ammonium lactate) CREA                       |    |
|   |    | KITABIS PAK NEBU (Use   |     |   |    |

|   |    |   |    |   |    |
|---|----|---|----|---|----|
| .....   | 49 | LANTUS SOLOSTAR SOPN .....                      | 18 | LEVEMIR FLEXTOUCH SOPN .....  | 18 |
| lactic acid (ammonium lactate) LOTN<br>12 % .....       | 49 | lapatinib ditosylate .....                      | 31 | LEVEMIR SOLN .....  | 18 |
| lactulose (encephalopathy) PO .....                     | 56 | LEADER QUICK DISSOLVE<br>GLUCOSE CHEW PO .....  | 16 | levetiracetam SOLN PO 100 MG/ML,<br>500 MG/5ML .....  | 13 |
| lactulose SOLN PO .....                                 | 61 | LEDIPASVIR-SOFOSBUVIR TABS<br>37                |    | levetiracetam TABS PO .....   | 13 |
| LAGEVRIO .....  | 37 | leflunomide PO .....                            | 5  | levetiracetam TB24 PO .....   | 13 |
| lamivudine SOLN PO .....                                | 35 | lenalidomide PO .....                           | 74 | levobunolol hcl 0.5 % .....   | 81 |
| lamivudine TABS PO 150 MG .....                         | 35 | LENVIMA (10 MG DAILY DOSE) .....                | 29 | levocarnitine (metabolic modifiers)<br>SOLN PO 1 GM/10ML .....  | 54 |
| lamivudine TABS PO 300 MG .....                         | 35 | LENVIMA (12 MG DAILY DOSE) .....                | 29 | levocarnitine (metabolic modifiers)<br>TABS PO .....  | 54 |
| lamivudine-zidovudine PO .....                          | 35 | LENVIMA (14 MG DAILY DOSE) .....                | 29 | levocetirizine dihydrochloride SOLN<br>PO .....   | 24 |
| lamotrigine CHEW PO .....                               | 13 | LENVIMA (18 MG DAILY DOSE) .....                | 29 | levofloxacin (ophth) 0.5 % .....  | 82 |
| lamotrigine KIT PO 25 MG .....                          | 13 | LENVIMA (20 MG DAILY DOSE) .....                | 29 | levofloxacin SOLN PO .....  | 55 |
| lamotrigine TABS PO .....                               | 13 | LENVIMA (24 MG DAILY DOSE) .....                | 29 | levofloxacin TABS PO .....  | 55 |
| lamotrigine TB24 PO .....                               | 13 | LENVIMA (4 MG DAILY DOSE) .....                 | 29 | levoleucovorin calcium SOLN .....   | 32 |
| lamotrigine TBDP PO .....                               | 13 | LENVIMA (8 MG DAILY DOSE) .....                 | 29 | levoleucovorin calcium SOLR .....   | 32 |
| LANCETS .....   | 65 | LETAIRIS PO (Use ambrisentan) .....             | 39 | levonorgestrel & eth estradiol TABS<br>PO .....   | 40 |
| LANCETS 30G .....                                       | 65 | letrozole PO .....                              | 30 | levonorgestrel (emergency oc) PO<br>1.5 MG .....  | 42 |
| LANCETS SUPER THIN 28G .....                            | 65 | leucovorin calcium TABS PO 5 MG,<br>25 MG ..... | 32 | levonorgestrel-eth estradiol<br>(triphasic) PO .....  | 40 |
| LANCETS THIN .....                                      | 65 | LEUKERAN PO .....                               | 28 | levonorgestrel-ethinyl estradiol (91-<br>day) PO 0.03 MG-0.15 MG .....  | 40 |
| LANCETS ULTRA THIN .....                                | 65 | LEUKINE SOLR IJ .....                           | 59 | levonorgestrel-ethinyl estradiol<br>(continuous) PO .....   | 41 |
| lanolin (topical) CREA .....                            | 50 | LEUPROLIDE ACETATE (3 MONTH)<br>INJ .....       | 30 | levothyroxine sodium CAPS PO 13<br>MCG, 25 MCG, 50 MCG, 75 MCG,<br>88 MCG, 100 MCG, 112 MCG, 125<br>MCG, 137 MCG, 150 MCG ..... | 87 |
| lanolin XX .....  | 85 | leuprolide acetate KIT IJ 1 MG/0.2ML<br>.....   | 30 | levothyroxine sodium TABS PO ...  | 87 |
| LANOLIN XX .....  | 85 | LEUPROLIDE ACETATE-<br>BUPIVACAINE .....        | 30 | LEVULAN KERASTICK SOLR .....  | 46 |
| LANOLOR CREA .....                                      | 50 | levbuterol hcl .....                            | 11 |   |    |
| LANOXIN TABS PO 125 MCG, 250<br>MCG (Use digoxin) ..... | 39 | levbuterol tartrate .....                       | 11 |   |    |
| lanreotide acetate .....                                | 55 | levamlodipine maleate .....                     | 38 |   |    |
| LANREOTIDE ACETATE .....                                | 55 | LEVEMIR FLEXPEN SOPN .....                      | 18 |   |    |
| lansoprazole CPDR PO .....                              | 89 |   |    |   |    |
| lansoprazole TBDD .....                                 | 89 |   |    |   |    |
| lanthanum carbonate CHEW PO .....                       | 56 |   |    |   |    |

|                                     |    |                                    |    |                                 |    |
|-------------------------------------|----|------------------------------------|----|---------------------------------|----|
| LEXIVA SUSP PO .....                | 35 | LITETOUCH MASK MEDIUM MISC .       | 71 | loratadine TABS PO .....        | 24 |
| LEXIVA TABS PO (Use                 |    | LITETOUCH MASK SMALL MISC          | 71 | loratadine TBDP PO 10 MG .....  | 24 |
| fosamprenavir calcium) .....        | 35 | LITFULO .....                      | 49 | lorazepam CONC PO .....         | 10 |
| LIALDA TBEC PO (Use mesalamine)     |    | lithium carbonate CAPS PO .....    | 33 | lorazepam TABS PO 0.5 MG, 2 MG  |    |
| .....                               | 56 | lithium carbonate TABS PO .....    | 33 | 10                              |    |
| LIBTAYO .....                       | 29 | lithium carbonate TBCR PO .....    | 33 | lorazepam TABS PO 1 MG .....    | 10 |
| LICEMD GEL .....                    | 50 | lithium PO .....                   | 33 | LORBRENA .....                  | 31 |
| lidocaine CREA 4 % .....            | 50 | LITHOBID TBCR PO (Use lithium      |    | LOREEV XR CS24 .....            | 10 |
| LIDOCAINE CREA .....                | 50 | carbonate) .....                   | 33 | losartan potassium &            |    |
| lidocaine hcl (mouth-throat) 2 %    | 75 | LITTLE REMEDIES SALINE SOLN        |    | hydrochlorothiazide PO .....    | 27 |
| lidocaine hcl CREA 3 % .....        | 49 | 78                                 |    | losartan potassium PO .....     | 26 |
| lidocaine hcl CREA 4 % .....        | 49 | LIVE BETTER LANCET SUPER           |    | lovastatin TABS PO 10 MG, 20 MG |    |
| lidocaine hcl GEL 2 % .....         | 50 | THIN .....                         | 65 | 25                              |    |
| lidocaine hcl PRSY .....            | 50 | LIVE BETTER LANCET ULTRA           |    | lovastatin TABS PO 40 MG .....  | 25 |
| lidocaine-prilocaine CREA .....     | 50 | THIN .....                         | 65 | loxapine succinate PO .....     | 34 |
| LILETTA (52 MG) .....               | 42 | LO LOESTRIN FE TABS .....          | 41 | LUCENTIS SOLN 0.3 MG/0.05ML     | 81 |
| lindane SHAM .....                  | 50 | LOCOID LIPOCREAM .....             | 48 | LUCENTIS SOSY .....             | 81 |
| LINZESS .....                       | 56 | LOKELMA .....                      | 75 | LUCIRA CHECK IT COVID-19 TEST   |    |
| LIORESAL SOLN IT .....              | 77 | LONGS LANCETS STANDARD ..          | 65 | KIT .....                       | 51 |
| liothyronine sodium TABS PO .....   | 88 | LONGS LANCETS THIN .....           | 65 | LUCIRA COVID-19 ALL-IN-ONE KIT  |    |
| LIPOFEN CAPS PO (Use                |    | LONSURF .....                      | 31 | 51                              |    |
| fenofibrate) .....                  | 25 | loperamide hcl CAPS PO .....       | 23 | luliconazole .....              | 45 |
| LIQREV SUSP .....                   | 39 | loperamide hcl TABS PO .....       | 23 | LUMIZYME .....                  | 54 |
| liraglutide .....                   | 17 | lopinavir-ritonavir SOLN PO .....  | 35 | LUMOXITI .....                  | 29 |
| lisdexamphetamine dimesylate CAPS   |    | lopinavir-ritonavir TABS PO 25 MG- |    | LUPRON DEPOT (1-MONTH) KIT IM   |    |
| PO .....                            | 1  | 100 MG .....                       | 35 | .....                           | 30 |
| lisdexamphetamine dimesylate CHEW . |    | lopinavir-ritonavir TABS PO 50 MG- |    | LUPRON DEPOT (3-MONTH) KIT IM   |    |
| 1                                   |    | 200 MG .....                       | 35 | .....                           | 30 |
| lisinopril & hydrochlorothiazide PO | 27 | loratadine CAPS PO .....           | 24 | LUPRON DEPOT (4-MONTH) IM       | 30 |
| lisinopril TABS PO 2.5 MG, 5 MG, 10 |    | loratadine CHEW PO .....           | 24 | LUPRON DEPOT (6-MONTH) IM       | 30 |
| MG, 20 MG, 30 MG, 40 MG .....       | 26 | loratadine SOLN PO .....           | 24 | LUPRON DEPOT-PED (1-MONTH) .    |    |
| LITETOUCH MASK LARGE MISC           | 71 |                                    |    | 54                              |    |
|                                     |    |                                    |    | LUPRON DEPOT-PED (3-MONTH) .    |    |

|  |  |    |                             |  |
|--|--|----|-----------------------------|--|
| 54   | MAXI-TUSS PE LIQD PO .....                                   | 44 | memantine hcl CP24 PO ..... | 85   |
| LUPRON DEPOT-PED (6-MONTH)<br>IM .....   | MAYZENT STARTER PACK TBPK<br>0.25 MG .....                   | 54 | 86                          | memantine hcl SOLN PO 2 MG/ML<br>85                    |
| lurasidone hcl PO .....  | MAYZENT TABS PO .....  | 33 | 86                          | memantine hcl TABS PO .....                            |
| LUTATHERA .....  | meclizine hcl CHEW PO .....                                  | 31 | 23                          | MENACTRA .....   |
| LUZU (Use luliconazole) .....  | meclizine hcl TABS PO 12.5 MG, 25<br>MG .....                | 45 | 23                          | MENQUADFI .....  |
| LYBALVI .....  | medroxyprogesterone acetate<br>(contraceptive) SUSP IM ..... | 86 | 42                          | MENVEO SOLN .....                                      |
| LYFGENIA .....   | medroxyprogesterone acetate<br>(contraceptive) SUSY IM ..... | 59 | 42                          | MENVEO SOLR .....                                      |
| LYRA DIRECT SARS-COV-2 ASSAY<br>.....  | medroxyprogesterone acetate PO 2.5<br>MG, 5 MG, 10 MG .....  | 51 | 85                          | meperidine hcl SOLN PO 50<br>MG/5ML .....              |
| LYRA SARS-COV-2 ASSAY .....  | mefloquine hcl PO .....                                      | 51 | 28                          | meperidine hcl TABS PO 50 MG ...                       |
| LYSODREN PO .....  | MEGA PROBIOTIC CAPS PO ....                                  | 30 | 21                          | meprobamate PO .....                                   |
| LYUMJEV TEMPO PEN SOPN ...   | megestrol acetate SUSP PO .....                              | 18 | 30                          | mercaptopurine TABS PO .....                           |
| LYVISPAH PACK .....  | megestrol acetate TABS PO .....                              | 77 | 30                          | mesalamine ENEM PR .....                               |
| MACI .....   | MEIJER ALCOHOL SWABS .....                                   | 77 | 69                          | mesalamine SUPP PR .....                               |
| MAGE CPDR .....  | MEIJER LANCETS .....   | 21 | 65                          | mesalamine TBEC PO 1.2 GM ....                         |
| magnesium citrate PO 1.745<br>GM/30ML .....  | MEIJER LANCETS THIN .....                                    | 61 | 65                          | mesalamine TBEC PO 800 MG ...                          |
| magnesium hydroxide SUSP PO<br>7.75 %, 400 MG/5ML, 1200<br>MG/15ML, 2400 MG/30ML ..... | MEIJER LANCETS UNIVERSAL 21G<br>.....                        | 61 | 65                          | mesalamine w/ cleanser PR .....                        |
| magnesium oxide (mg supplement)<br>TABS PO .....                                       | MEIJER LANCETS UNIVERSAL 30G<br>.....                        | 74 | 65                          | mesna SOLN .....                                       |
| magnesium oxide TABS PO 400 MG<br>9  | MEIJER LANCETS UNIVERSAL 33G<br>.....                        | 9  | 65                          | MESNEX TABS PO .....                                   |
| MAKENA SOAJ .....  | MEIJER SUPER THIN LANCETS                                    | 85 | 65                          | META BIOTIC/BIO-ACTIVE 12<br>CAPS PO .....             |
| malathion .....  | MEKINIST TABS PO .....                                       | 50 | 31                          | 21   |
| maraviroc TABS PO 150 MG .....   | MEKTOVI .....  | 36 | 31                          | metaxalone PO .....                                    |
| maraviroc TABS PO 300 MG .....   | melatonin TABS PO 3 MG, 5 MG ...                             | 35 | 2                           | 77   |
| MATULANE PO .....  | meloxicam TABS PO .....                                      | 32 | 5                           | metformin hcl SOLN PO .....                            |
| MAVYRET PACK .....   | melphalan hcl IV .....                                       | 37 | 28                          | 16   |
| MAVYRET TABS PO .....  | melphalan PO .....   | 37 | 28                          | 16   |
|  |  |    |                             | metformin hcl TABS PO 500 MG, 850<br>MG, 1000 MG ..... |
|  |  |    |                             | metformin hcl TABS PO 625 MG ..                        |
|  |  |    |                             | metformin hcl TB24 PO 500 MG,<br>1000 MG .....         |
|  |  |    |                             | 16   |
|  |  |    |                             | metformin hcl TB24 PO 500 MG, 750<br>MG .....          |
|  |  |    |                             | 16   |
|  |  |    |                             | methadone hcl TABS PO 10 MG ...                        |
|  |  |    |                             | 6  |

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|--|--|---|
| methadone hcl TABS PO 5 MG .....6  | methylphenidate hcl TB24 PO ..... 2                              | metronidazole vaginal .....93                     |
| methamphetamine hcl PO .....1  | methylphenidate hcl TBCR PO 10<br>MG, 20 MG .....2               | metyrosine PO .....26                             |
| methazolamide TABS PO .....52  | methylphenidate hcl TBCR PO 18<br>MG, 27 MG, 36 MG, 54 MG .....2 | miconazole nitrate (topical) CREA .45             |
| methenamine mandelate .....28  | methylphenidate hcl TBCR PO 45<br>MG, 63 MG .....2               | miconazole nitrate vaginal CREA 2 %<br>.....93    |
| methenamine-hyosc-methylene blue-<br>sod phos-phenyl sal TABS PO 81.6<br>MG .....27    | methylprednisolone TABS PO 4 MG,<br>8 MG .....43                 | miconazole nitrate vaginal CREA 4 %<br>.....93    |
| methimazole TABS PO .....87  | methylprednisolone TBPK PO .....43                               | miconazole nitrate vaginal KIT .....93            |
| methocarbamol TABS PO 500 MG<br>78   | methyltestosterone TABS .....8                                   | miconazole nitrate vaginal SUPP 100<br>MG .....93 |
| methocarbamol TABS PO 750 MG<br>77   | metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....56       | miconazole nitrate vaginal SUPP 200<br>MG .....93 |
| methotrexate sodium SOLN 1<br>GM/40ML, 50 MG/2ML, 250<br>MG/10ML, 1000 MG/40ML .....29 | metoclopramide hcl TABS PO 10 MG<br>.....56                      | MICRHOGAM ULTRA-FILTERED<br>PLUS SOSY IM .....84  |
| METHOTREXATE SODIUM SOLN<br>50 MG/2ML .....29  | metoclopramide hcl TABS PO 5 MG .<br>56                          | MICROCHAMBER DEVI .....71                         |
| methotrexate sodium TABS PO 2.5<br>MG .....29  | metolazone PO .....53  | MICROCHAMBER MISC .....71                         |
| methsuximide .....14   | metoprolol & hydrochlorothiazide<br>TABS PO .....27              | MICROFLOR 33 CAPS PO .....21                      |
| methyldopa TABS PO .....26   | metoprolol succinate TB24 PO 200<br>MG .....38                   | MICROFLOR CAPS PO .....21                         |
| methylergonovine maleate TABS PO<br>83   | metoprolol succinate TB24 PO 25<br>MG, 50 MG, 100 MG .....38     | MICROSPACER MISC .....71                          |
| METHYLIN SOLN PO (Use<br>methylphenidate hcl) .....2                                   | metoprolol tartrate TABS PO 100 MG<br>.....38                    | midazolam hcl SOLN IJ .....61                     |
| methylphenidate hcl CHEW PO .....2   | metoprolol tartrate TABS PO 25 MG,<br>50 MG .....38              | midodrine hcl PO .....94                          |
| methylphenidate hcl CP24 PO 10<br>MG, 20 MG, 30 MG, 40 MG .....2                       | metoprolol tartrate TABS PO 37.5<br>MG, 75 MG .....38            | MIEBO .....83                                     |
| methylphenidate hcl CP24 PO 60 MG<br>.....2  | metronidazole (topical) CREA .....50                             | mifepristone (hyperglycemia) .....16              |
| methylphenidate hcl CP24 PO .....2   | metronidazole (topical) GEL 0.75 %<br>50                         | miglitol PO .....16                               |
| methylphenidate hcl CPCR PO .....2   | metronidazole (topical) LOTN .....50                             | miglustat .....59                                 |
| methylphenidate hcl SOLN PO .....2   | metronidazole TABS PO .....27                                    | MINIELITE FILTER<br>REPLACEMENTS MISC .....71     |
| methylphenidate hcl TABS PO .....2   |  | minocycline hcl CAPS PO .....87                   |



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|--|----|---|----|---|----|
| mirtazapine TABS PO                                      | 14 | montelukast sodium PACK PO  | 10 | MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>GENERIC | 76 |
| mirtazapine TBDP PO                                      | 14 | montelukast sodium TABS PO  | 10 | MULTIVITAMIN DROPS/IRON SOLN<br>PO                        | 77 |
| misoprostol PO   | 89 | morphine sulfate beads PO   | 6  | MULTIVITAMIN INFANT &<br>TODDLER SOLN PO                  | 77 |
| mitoxantrone hcl 20 MG/10ML, 25<br>MG/12.5ML, 30 MG/15ML | 30 | morphine sulfate CP24 PO 10 MG,<br>20 MG, 30 MG, 50 MG, 60 MG, 80<br>MG, 100 MG | 6  | mupirocin calcium (topical)                               | 45 |
| M-M-R II SOLR  | 92 | morphine sulfate SOLN PO 10<br>MG/5ML, 20 MG/5ML                                | 6  | mupirocin OINT  | 45 |
| MODERNA COVID-19 BIVAL 6M-5Y<br>.....                    | 92 | morphine sulfate SOLN PO 20<br>MG/ML, 100 MG/5ML                                | 6  | MVASI   | 29 |
| MODERNA COVID-19 BIVALENT<br>92                          |    | morphine sulfate SUPP PR  | 6  | MVW COMPL FORM PROBIOTIC-<br>KIDS CPDR                    | 21 |
| MODERNA COVID-19 VAC<br>(BOOSTER) SUSP                   | 92 | morphine sulfate TABS PO  | 6  | MVW COMPLETE FORMULATION<br>SOLN PO                       | 76 |
| MODERNA COVID-19 VAC 6M-11Y<br>SUSP                      | 92 | morphine sulfate TBCR PO  | 6  | MVW COMPLETE PROBIOTIC<br>CPDR                            | 21 |
| MODERNA COVID-19 VAC 6M-11Y<br>SUSY                      | 92 | MOTPOLY XR CP24   | 13 | MYALEPT   | 54 |
| MODERNA COVID-19 VACC 6M-5Y<br>SUSP                      | 92 | MOTRIN CHILDRENS CHEW PO<br>(Use ibuprofen)                                     | 5  | mycophenolate mofetil CAPS PO                             | 75 |
| MODERNA COVID-19 VACCINE<br>SUSP                         | 92 | MOTRIN INFANTS DROPS SUSP<br>PO (Use ibuprofen)                                 | 5  | mycophenolate mofetil hcl                                 | 75 |
| moexipril hcl PO   | 26 | MOUNJARO  | 17 | mycophenolate mofetil SUSR                                | 75 |
| MOI-STIR SOLN  | 75 | MOUTH KOTE REMINT SOLN  | 76 | mycophenolate mofetil TABS PO                             | 75 |
| mometasone furoate (nasal) SUSP<br>78                    |    | MOUTH KOTE SOLN   | 76 | mycophenolate sodium PO                                   | 75 |
| mometasone furoate CREA                                  | 48 | MOVANTIK PO   | 56 | MYFEMBREE   | 55 |
| mometasone furoate OINT                                  | 48 | moxifloxacin hcl (ophth) SOLN OP  | 82 | MYLERAN TABS PO   | 28 |
| mometasone furoate SOLN                                  | 48 | moxifloxacin hcl TABS PO  | 55 | MYOBLOC   | 80 |
| MOMMY'S BLISS PROBIOTIC PACK<br>.....                    | 21 | MULPLETA  | 59 | MYRBETRIQ TB24 PO (Use<br>mirabegron)                     | 89 |
| MONOLET LANCETS  | 65 | MULTIPLE VITAMINS TABS-<br>ASSORTED BRAND                                       | 76 | NABI-HB SOLN IM   | 84 |
| MONOLET OPD LANCETS                                      | 65 | MULTIPLE VITAMINS TABS-<br>ASSORTED GENERIC                                     | 76 | nabumetone PO   | 5  |
| MONOVISC   | 78 | multiple vitamins w/ iron TABS PO   | 76 | nadolol TABS PO 20 MG, 40 MG, 80<br>MG                    | 38 |
| montelukast sodium CHEW PO                               | 10 | MULTIPLE VITAMINS W/<br>MINERALS TABS-ASSORTED<br>BRAND                         | 76 | NAGLAZYME   | 54 |
|  |    |   |    | naloxone hcl LIQD   | 23 |

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|--|----|---|----|---|----|
| naloxone hcl SOCT .....                                    | 23 | MISC .....  | 71 | NEXIUM CPDR PO 20 MG (Use<br>esomeprazole magnesium) .....  | 89 |
| naloxone hcl SOLN 0.4 MG/ML ...                            | 23 | nefazodone hcl PO .....   | 15 | NEXIUM PACK (Use esomeprazole<br>magnesium) .....           | 89 |
| naloxone hcl SOLN 4 MG/10ML ...                            | 23 | neomycin sulfate TABS PO .....                                    | 2  | NEXIUM PACK .....   | 89 |
| naloxone hcl SOSY 2 MG/2ML ....                            | 23 | neomycin-bacitracin zn-polymyxin                                  | 82 | NEXPLANON .....   | 42 |
| naltrexone hcl PO .....                                    | 23 | neomycin-bacitracin-polymyxin OINT                                | 45 | NGENLA .....  | 54 |
| NAMENDA TITRATION PAK TABS<br>PO (Use memantine hcl) ..... | 86 | neomycin-polymy-dexameth OINT                                     | 82 | niacin (antihyperlipidemic) TBCR PO                         | 25 |
| naphazoline w/ pheniramine 0.3 %-<br>0.025 % .....         | 82 | neomycin-polymy-dexameth SUSP                                     | 82 | niacin CPCR PO 250 MG, 500 MG                               | 94 |
| naphazoline w/ pheniramine 0.315<br>%-0.027 % .....        | 82 | neomycin-polymyxin w/ pramoxine                                   | 45 | NIACIN ER CPCR PO .....                                     | 94 |
| naproxen sodium TABS PO 220 MG .<br>5                      |    | neomycin-polymyxin-gramicidin ..                                  | 82 | NIACIN ER TBCR PO .....                                     | 94 |
| naproxen sodium TABS PO 275 MG,<br>550 MG .....            | 5  | neomycin-polymyxin-hc (ophth) ..                                  | 82 | niacin TABS PO 500 MG .....                                 | 94 |
| naproxen sodium-diphenhydramine<br>hcl .....               | 60 | neomycin-polymyxin-hc (otic) SOLN .                               | 83 | niacin TBCR PO .....  | 94 |
| naproxen SUSP PO .....                                     | 5  | neomycin-polymyxin-hc (otic) SUSP .                               | 83 | nicardipine hcl CAPS PO .....                               | 38 |
| naproxen TABS PO .....                                     | 5  | NESINA (Use alogliptin benzoate)                                  | 17 | NICOTINE KIT .....  | 87 |
| naproxen TBEC PO .....                                     | 5  | NEULASTA ONPRO PSKT .....   | 59 | nicotine polacrilex GUM .....                               | 86 |
| naproxen-esomeprazole magnesium<br>PO .....                | 5  | NEULASTA SOSY .....   | 59 | nicotine polacrilex LOZG .....                              | 87 |
| naratriptan hcl PO .....                                   | 73 | NEUPOGEN SOLN .....   | 59 | nicotine PT24 TD 7 MG/24HR, 14<br>MG/24HR, 21 MG/24HR ..... | 87 |
| NARCAN LIQD (Use naloxone hcl)                             | 23 | NEUPOGEN SOSY .....   | 59 | NICOTROL INHA .....   | 87 |
| NATAZIA .....  | 41 | nevirapine SUSP PO .....  | 36 | NICOTROL NS SOLN .....                                      | 87 |
| nateglinide PO .....                                       | 18 | nevirapine TABS PO .....  | 36 | nifedipine CAPS PO .....                                    | 38 |
| NATPARA .....  | 53 | nevirapine TB24 PO 100 MG .....                                   | 36 | nifedipine TB24 PO 30 MG, 90 MG                             | 38 |
| NATROBA (Use spinosad) .....                               | 50 | nevirapine TB24 PO 400 MG .....                                   | 36 | nifedipine TB24 PO 60 MG .....                              | 38 |
| NATRUL PROBIOTIC CAPS PO ..                                | 21 | NEXABIOTIC CPDR .....   | 21 | nimodipine CAPS PO .....                                    | 38 |
| NATURAL FIBER LAXATIVE POWD<br>PO .....                    | 61 | NEXIUM 24HR CLEAR MINIS CPDR<br>PO (Use esomeprazole magnesium) . | 89 | NINLARO .....   | 31 |
| NEBULIZER AIR TUBE/PLUGS                                   |    | NEXIUM 24HR CPDR PO (Use<br>esomeprazole magnesium) .....         | 89 | nisoldipine PO .....  | 38 |
|  |    |   |    | nitisinone CAPS PO .....                                    | 54 |
|  |    |   |    | NITRO-BID OINT .....  | 9  |

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| nitrofurantoin macrocrystal PO 50<br>MG, 100 MG .....                                | 28 | norethindrone acetate-ethinyl<br>estradiol PO .....      | 55 | NOVOLOG MIX 70/30 SUSP .....      | 18 |
| nitrofurantoin monohyd macro PO .28  |    | norethindrone acetate-ethinyl<br>estradiol-fe PO .....   | 41 | NOVOSEVEN RT .....                | 58 |
| nitrofurantoin PO .....  | 28 | norethindrone-eth estradiol (triphasic)<br>PO .....      | 41 | NP THYROID TABS PO .....          | 88 |
| nitroglycerin CPCR PO .....  | 9  | norgestimate-ethinyl estradiol<br>(triphasic) PO .....   | 41 | NPLATE 250 MCG, 500 MCG .....     | 59 |
| nitroglycerin PT24 .....   | 9  | norgestimate-ethinyl estradiol<br>PO .....               | 41 | NUCALA SOAJ .....                 | 10 |
| nitroglycerin SUBL .....   | 9  | norgestrel & ethinyl estradiol PO 30<br>MCG-0.3 MG ..... | 41 | NUCALA SOLR .....                 | 10 |
| NIVA THYROID TABS PO .....   | 88 | NORLIQVA SOLN .....                                      | 38 | NUCALA SOSY .....                 | 10 |
| NIVESTYM SOLN .....  | 59 | NORPACE CAPS PO (Use<br>disopyramide phosphate) .....    | 10 | NULOJIX .....                     | 75 |
| NIVESTYM SOSY .....  | 59 | nortriptyline hcl CAPS PO .....                          | 15 | NUMOISYN LIQD .....               | 76 |
| NIX LICE KILLING SPRAY LIQD XX .<br>50   |    | nortriptyline hcl SOLN PO .....                          | 16 | NUPLAZID CAPS .....               | 33 |
| NIZORAL SHAM .....   | 45 | NORVIR CAPS PO .....                                     | 36 | NUPLAZID TABS PO 10 MG .....      | 33 |
| NORDITROPIN FLEXPPO SOPN .54   |    | NORVIR PACK .....  | 36 | NURTEC .....                      | 73 |
| norelgestromin-ethinyl estradiol ...   | 42 | NORVIR SOLN .....  | 36 | NUVESSA .....                     | 93 |
| norethin acet & estrad-fe CAPS ...   | 41 | NORVIR TABS PO (Use ritonavir) .36                       |    | NUWIQ KIT .....                   | 58 |
| norethin acet & estrad-fe CHEW PO .<br>41  |    | NOSE CLIP MISC .....                                     | 71 | NUWIQ SOLR .....                  | 58 |
| norethin acet & estrad-fe TABS PO 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG ..... | 41 | NOVA SUREFLEX LANCETS ....                               | 65 | nystatin (mouth-throat) .....     | 75 |
| norethin acet & estrad-fe TABS PO 1<br>MG-20 MCG-75 MG .....                         | 41 | NOVAREL IM .....   | 53 | nystatin (topical) CREA .....     | 45 |
| norethindrone & eth estradiol PO 35<br>MCG-0.4 MG, 35 MCG-0.5 MG ...                 | 41 | NOVAVAX COVID-19 VACCINE<br>SUSP .....                   | 92 | nystatin (topical) OINT .....     | 45 |
| norethindrone & eth estradiol PO 35<br>MCG-1 MG .....                                | 41 | NOVAVAX COVID-19 VACCINE<br>SUSY .....                   | 92 | nystatin (topical) POWD EX .....  | 45 |
| norethindrone & ethinyl estradiol-fe<br>PO .....                                     | 41 | NOVOEIGHT .....  | 58 | nystatin TABS PO .....            | 24 |
| norethindrone (contraceptive) PO .42   |    | NOVOLOG 70/30 FLEXPEN RELION<br>SUPN .....               | 18 | nystatin-triamcinolone CREA ..... | 45 |
| norethindrone acet & eth estra TABS<br>PO .....                                      | 41 | NOVOLOG MIX 70/30 FLEXPEN<br>SUPN .....                  | 18 | nystatin-triamcinolone OINT ..... | 45 |
| norethindrone acetate TABS PO ..   | 85 | NOVOLOG MIX 70/30 RELION<br>SUSP .....                   | 18 | NYVEPRIA .....                    | 59 |

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| ODEFSEY .....  | 36 | PACK PO .....                               | 89 | ONETOUCH ULTRASOFT<br>LANCETS .....                 | 66 |
| ODOMZO PO .....  | 30 | OMNITROPE SOCT .....                        | 54 | ONETOUCH VERIO FLEX SYSTEM<br>KIT .....             | 66 |
| OFEV .....   | 87 | OMVOH SOAJ .....                            | 56 | ONETOUCH VERIO KIT .....                            | 66 |
| ofloxacin (ophth) .....  | 82 | OMVOH SOLN .....                            | 56 | ONETOUCH VERIO LIQD .....                           | 66 |
| ofloxacin (otic) .....   | 83 | OMVOH SOSY .....                            | 56 | ONETOUCH VERIO REFLECT KIT<br>66                    |    |
| ofloxacin PO 300 MG, 400 MG ....                                 | 55 | ON/GO COVID-19 ANTIGEN TEST<br>KIT .....    | 51 | ONETOUCH VERIO STRP .....                           | 52 |
| OHC COVID-19 ANTIGEN SELF<br>TEST KIT .....                      | 51 | ON/GO ONE COVID-19 HOME<br>TEST KIT .....   | 51 | ONGLYZA PO (Use saxagliptin hcl)<br>17              |    |
| olanzapine SOLR .....  | 34 | ONCASPAR .....                              | 31 | ONPATTRO .....                                      | 87 |
| olanzapine TABS PO .....   | 34 | ondansetron hcl SOLN PO 4<br>MG/5ML .....   | 23 | OPDIVO 40 MG/4ML, 100 MG/10ML,<br>240 MG/24ML ..... | 29 |
| olanzapine TBDP PO .....   | 34 | ondansetron hcl TABS PO 4 MG, 8<br>MG ..... | 23 | OPTICHAMBER DIAMOND DEVI .71                        |    |
| olmesartan medoxomil PO .....                                    | 26 | ondansetron TBDP PO 4 MG, 8 MG .<br>23      |    | OPTICHAMBER DIAMOND MISC .71                        |    |
| olmesartan medoxomil-amlodipine-<br>hydrochlorothiazide PO ..... | 27 | ONETOUCH CLUB LANCETS FINE<br>PT .....      | 65 | OPTICHAMBER DIAMOND-LG<br>MASK DEVI .....           | 71 |
| olmesartan medoxomil-<br>hydrochlorothiazide PO .....            | 27 | ONETOUCH DELICA LANCETS 30G<br>.....        | 65 | OPTICHAMBER DIAMOND-MD<br>MASK MISC .....           | 71 |
| olopatadine hcl (nasal) .....                                    | 78 | ONETOUCH DELICA LANCETS 33G<br>.....        | 66 | OPTICHAMBER DIAMOND-SM<br>MASK MISC .....           | 71 |
| olopatadine hcl .....  | 83 | ONETOUCH DELICA PLUS<br>LANCET30G .....     | 66 | OPTIONS GYNOL II<br>CONTRACEPTIVE GEL .....         | 93 |
| OLPRUVA (2 GM DOSE) THPK ..                                      | 54 | ONETOUCH DELICA PLUS<br>LANCET33G .....     | 66 | OPVEE NA .....                                      | 23 |
| OLPRUVA (3 GM DOSE) THPK ..                                      | 54 | ONETOUCH FINEPOINT LANCETS<br>.....         | 66 | OPZELURA .....                                      | 49 |
| OLPRUVA (4 GM DOSE) THPK ..                                      | 54 | ONETOUCH ULTRA 2 KIT .....                  | 66 | ORAL RELIEF SPRAY SOLN .....                        | 76 |
| OLPRUVA (5 GM DOSE) THPK ..                                      | 54 | ONETOUCH ULTRA BLUE TEST<br>STRP .....      | 51 | ORALAIR SUBL .....                                  | 2  |
| OLPRUVA (6 GM DOSE) THPK ..                                      | 54 | ONETOUCH ULTRA MINI KIT ....                | 66 | ORENITRAM MONTH 1 TEPK ....                         | 39 |
| OLPRUVA (6.67 GM DOSE) THPK<br>54                                |    | ONETOUCH ULTRA STRP .....                   | 52 | ORENITRAM MONTH 2 TEPK ....                         | 39 |
| OLUMIANT .....   | 3  | ONETOUCH ULTRA TEST STRP .51                |    | ORENITRAM MONTH 3 TEPK ....                         | 39 |
| omega-3-acid ethyl esters PO .....                               | 25 |   |    | ORFADIN SUSP .....                                  | 54 |
| omeprazole CPDR PO .....   | 89 |   |    | ORIAHNN .....                                       | 55 |
| omeprazole TBEC PO .....   | 89 |   |    |   |    |
| omeprazole-sodium bicarbonate<br>CAPS PO .....                   | 89 |   |    |   |    |
| omeprazole-sodium bicarbonate                                    |    |   |    |   |    |

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|---|----|---|----|---|----|
| ORILISSA .....  | 53 | oxycodone hcl CONC PO 100<br>MG/5ML .....   | 6  | pantoprazole sodium TBEC PO 20<br>MG .....      | 89 |
| ORKAMBI PACK .....  | 87 | oxycodone hcl SOLN PO .....   | 6  | pantoprazole sodium TBEC PO 40<br>MG .....      | 89 |
| ORKAMBI TABS .....  | 87 | oxycodone hcl T12A PO 10 MG, 20<br>MG, 40 MG, 80 MG .....                               | 6  | PANZYGA .....                                   | 84 |
| orphenadrine citrate TB12 PO .....  | 78 | oxycodone hcl T12A PO 80 MG ....  | 7  | PARAGARD INTRAUTERINE<br>COPPER .....           | 42 |
| orphenadrine w/ aspirin & caff PO<br>385 MG-30 MG-25 MG .....   | 78 | oxycodone hcl TABS PO .....   | 7  | PARI ALTERA NEBULIZER<br>HANDSET MISC .....     | 71 |
| orphenadrine w/ aspirin & caff PO .   | 78 | oxycodone w/ acetaminophen TABS<br>PO 325 MG-10 MG, 325 MG-5 MG,<br>325 MG-7.5 MG ..... | 7  | PARI BABY CONVERSION KIT<br>MISC .....          | 72 |
| ORTHOVISC .....   | 78 | oxymorphone hcl TB12 PO 15 MG .   | 7  | PARI ERAPID NEBULIZER<br>HANDSET MISC .....     | 72 |
| oseltamivir phosphate CAPS PO 30<br>MG .....  | 37 | oxymorphone hcl TB12 PO 5 MG, 7.5<br>MG, 10 MG, 20 MG, 30 MG, 40 MG 7                   |    | PARI EXPIRATORY FILTER SET<br>DEVI .....        | 72 |
| oseltamivir phosphate CAPS PO 45<br>MG, 75 MG .....   | 37 | oyster shell PO .....   | 74 | PARI MASK SET MISC .....                        | 72 |
| oseltamivir phosphate SUSR PO ..  | 37 | OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....   | 17 | PARI SOFT PLASTIC ADULT MASK<br>MISC .....      | 72 |
| OSENI (Use alogliptin-pioglitazone) .<br>16   |    | OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....  | 17 | PARI SOFT PLASTIC PED MASK<br>MISC .....        | 72 |
| OTREXUP SOAJ 10 MG/0.4ML, 12.5<br>MG/0.4ML, 15 MG/0.4ML, 17.5<br>MG/0.4ML, 20 MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML ..... | 3  | OZEMPIC (2 MG/DOSE) SOPN ...  | 17 | PARI VORTEX ADULT MASK ....                     | 72 |
| oxaprozin TABS PO .....   | 5  | OZOBAX DS SOLN PO (Use<br>baclofen) .....   | 78 | paricalcitol SOLN .....                         | 54 |
| OXAYDO TABS PO 5 MG .....   | 6  | OZOBAX SOLN PO (Use baclofen)<br>78   |    | paroxetine hcl TABS PO .....                    | 15 |
| oxazepam CAPS PO .....  | 10 | OZURDEX IMPL .....  | 82 | paroxetine hcl TB24 PO .....                    | 15 |
| oxcarbazepine SUSP PO .....   | 13 | PACLITAXEL PROTEIN-BOUND<br>PART .....  | 32 | paroxetine mesylate (vasomotor) PO<br>87        |    |
| oxcarbazepine TABS PO .....   | 13 | paclitaxel protein-bound particles .  | 32 | PARSABIV .....                                  | 54 |
| OXERVATE .....  | 82 | paliperidone PO .....   | 33 | PAXLOVID (150/100) .....                        | 37 |
| oxiconazole nitrate CREA .....  | 45 | PALYNZIQ .....  | 54 | PAXLOVID (300/100) .....                        | 37 |
| oxybutynin chloride SOLN .....  | 89 | pamidronate disodium SOLN 30<br>MG/10ML, 90 MG/10ML .....                               | 53 | pazopanib hcl .....                             | 31 |
| oxybutynin chloride TABS PO 2.5<br>MG .....   | 89 | PAMIDRONATE DISODIUM SOLN<br>53   |    | PC LANCETS SUPER THIN 30G .                     | 66 |
| oxybutynin chloride TABS PO 5 MG .<br>89  |    | pantoprazole sodium PACK .....  | 89 | PC PEDIATRIC POLY-VITA/FE<br>DROP SOLN PO ..... | 77 |
| oxybutynin chloride TB24 PO .....   | 89 |   |    | PC PEDIATRIC POLY-VITAMIN                       |    |

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|--|-----|---|----|--|-----|
| DROP SOLN PO .....   | 77  | pentoxifylline PO .....                             | 58 | phenobarbital TABS PO .....                                      | 60  |
| PEARLS IC CAPS PO .....  | 21  | PERFECT LANCETS 30G .....                           | 66 | phenylephrine hcl (mydriatic) SOLN<br>2.5 % .....                | 81  |
| ped multivitamins w/fl & iron SOLN<br>PO .....                       | 76  | perindopril erbumine PO .....                       | 26 | phenylephrine hcl (oral) TABS PO                                 | .78 |
| PEDIARIX SUSY .....  | 88  | PERJETA .....                                       | 29 | phenylephrine-dm LIQD PO 2.5<br>MG/5ML-5 MG/5ML .....            | 44  |
| PEDIATRIC MOUTHPIECE MISC  | .72 | permethrin AERO .....                               | 50 | phenylephrine-dm SOLN PO .....                                   | 44  |
| pediatric multiple vitamin w/ minerals<br>SOLN PO .....              | 76  | permethrin CREA .....                               | 50 | phenylephrine-shark liver oil-cocoa<br>butter PR .....           | 8   |
| PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED BRAND .....            | 76  | permethrin LIQD EX .....                            | 50 | phenylephrine-shark liver oil-mineral<br>oil-petrolatum PR ..... | 8   |
| PEDIATRIC MULTIVITAMINS W/FL<br>CHEW-ASSORTED GENERIC .....          | 76  | perphenazine TABS PO .....                          | 34 | phenytoin CHEW PO .....  | 14  |
| PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED BRAND .....            | 76  | perphenazine-amitriptyline PO .....                 | 86 | phenytoin sodium extended PO 100<br>MG, 200 MG, 300 MG .....     | 14  |
| PEDIATRIC MULTIVITAMINS W/FL<br>SOLN-ASSORTED GENERIC .....          | 76  | PFIZER COVID-19 BIVAL 6MO-4YR<br>.....              | 92 | phenytoin sodium extended PO 200<br>MG, 300 MG .....             | 14  |
| pediatric vitamins acd w/ fluoride<br>SOLN PO .....                  | 76  | PFIZER COVID-19 VAC BIVAL 5-11<br>.....             | 92 | phenytoin SUSP PO .....  | 14  |
| PEDVAX HIB SUSP .....  | 90  | PFIZER COVID-19 VAC-TRIS 5-11Y<br>SUSP .....        | 92 | PHILLIPS COLON HEALTH CAPS<br>PO .....                           | 21  |
| peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR PO .....    | 61  | PFIZER COVID-19 VAC-TRIS 6M-4Y<br>SUSP .....        | 92 | PHOTOFRIN .....  | 32  |
| peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride PO ..... | 61  | PFIZER-BIONT COVID-19 VAC-<br>TRIS SUSP .....       | 92 | phytonadione TABS PO 5 MG .....                                  | 94  |
| PEGASYS SOLN .....   | 37  | PFIZER-BIONTECH COVID-19<br>VACC SUSP .....         | 92 | PIFELTRO .....   | 36  |
| PEGASYS SOSY .....   | 37  | PFLEX MISC .....                                    | 72 | PILLOW MASK/ADULT MISC .....                                     | 72  |
| pemetrexed disodium SOLR 100 MG,<br>500 MG .....                     | 29  | PHARMACIST CHOICE MASK<br>WIPES MISC .....          | 72 | PILLOW MASK/CHILD MISC .....                                     | 72  |
| PENBRAYA .....   | 90  | PHARMACY COUNTER LANCETS .<br>66                    |    | PILLOW MASK/PEDIATRIC MISC                                       | 72  |
| penciclovir .....  | 46  | PHEBURANE PLLT .....                                | 54 | pilocarpine hcl (oral) PO 5 MG .....                             | 76  |
| penicillamine TABS PO .....  | 74  | phenazopyridine hcl TABS PO 100<br>MG, 200 MG ..... | 57 | pilocarpine hcl SOLN 1 %, 2 %, 4 % .<br>81                       |     |
| penicillin v potassium SOLR PO ...                                   | 84  | phenelzine sulfate PO .....                         | 14 | PILOT COVID-19 AT-HOME TEST<br>KIT .....                         | 52  |
| penicillin v potassium TABS PO ...                                   | 84  | phenobarbital ELIX PO .....                         | 60 | pimecrolimus .....   | 49  |
| PENTACEL .....   | 88  |   |    | pindolol TABS PO .....   | 38  |
|  |     |   |    | pioglitazone hcl PO .....  | 18  |

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| pioglitazone hcl-glimepiride .....              | 16 | PORTRAZZA .....  | 30 | prasugrel hcl PO .....                                   | 58 |
| pioglitazone hcl-metformin hcl TABS<br>PO ..... | 16 | pot phosphate monobasic w/ sod<br>phosphate dibasic & monobasic PO<br>74 |    | pravastatin sodium PO .....                              | 25 |
| pirfenidone CAPS .....                          | 87 | potassium bicarbonate TBEF PO ..74                                       |    | prazosin hcl CAPS PO .....                               | 26 |
| pirfenidone TABS PO 534 MG .....                | 87 | potassium chloride CPCR PO 10<br>MEQ .....                               | 74 | PRECISION THINS GP LANCETS<br>66                         |    |
| piroxicam CAPS PO .....                         | 5  | potassium chloride CPCR PO 8 MEQ<br>.....                                | 74 | PRED MILD .....  | 82 |
| PLEGRIDY SOSY IM .....                          | 86 | potassium chloride<br>microencapsulated crystals er PO .74               |    | prednicarbate OINT .....                                 | 48 |
| plerixafor .....                                | 60 | potassium chloride PACK PO 20<br>MEQ .....                               | 74 | prednisolone acetate (ophth) .....                       | 82 |
| PNEUMOVAX 23 SOLN .....                         | 90 | potassium chloride SOLN PO 10 %,<br>20 %, 10 % .....                     | 74 | PREDNISOLONE ACETATE P-F .82                             |    |
| PNEUMOVAX 23 SOSY .....                         | 90 | potassium chloride TBCR PO 8<br>MEQ, 10 MEQ .....                        | 74 | PREDNISOLONE SODIUM<br>PHOSPHATE .....                   | 82 |
| POCKET CHAMBER DEVI .....                       | 72 | potassium citrate (alkalinizer) TBCR<br>PO .....                         | 57 | prednisolone sodium phosphate<br>SOLN PO 15 MG/5ML ..... | 43 |
| POCKET SPACER DEVI .....                        | 72 | potassium citrate-citric acid PACK<br>PO .....                           | 57 | prednisolone sodium phosphate<br>SOLN PO 20 MG/5ML ..... | 43 |
| podofilox SOLN .....                            | 49 | potassium iodide (expectorant) SOLN<br>PO .....                          | 44 | prednisolone SOLN .....                                  | 43 |
| POLIVY 140 MG .....                             | 29 | POTELIGEO .....  | 29 | PREDNISONE INTENSOL CONC                                 | 43 |
| polyethylene glycol 3350 PACK PO<br>61          |    | PRADAXA CAPS PO (Use<br>dabigatran etexilate mesylate) .....             | 12 | prednisone SOLN PO .....                                 | 43 |
| polyethylene glycol 3350 POWD PO .<br>61        |    | PRADAXA PACK .....   | 12 | prednisone TABS PO .....                                 | 43 |
| polymyxin b-trimethoprim .....                  | 82 | pralatrexate .....   | 29 | prednisone TBPK PO .....                                 | 43 |
| polysaccharide iron complex CAPS<br>PO .....    | 60 | PRALUENT SOAJ .....  | 25 | PREFERRED PLUS LANCETS<br>COLORED .....                  | 66 |
| polyvinyl alcohol 1.4 % .....                   | 80 | pramipexole dihydrochloride TABS<br>PO .....                             | 33 | PREFERRED PLUS LANCETS THIN<br>.....                     | 66 |
| POLY-VI-SOL SOLN PO .....                       | 77 | pramipexole dihydrochloride TB24<br>PO .....                             | 33 | pregabalin CAPS PO .....                                 | 13 |
| POLY-VITA SOLN PO .....                         | 77 | pramoxine hcl (rectal) FOAM EX ...                                       | 8  | pregabalin SOLN .....                                    | 13 |
| POLY-VITA/IRON SOLN PO .....                    | 77 | pramoxine-hc-chloroxylenol .....   | 83 | PREGNYL IM .....   | 53 |
| POLY-VITE PEDIATRIC SOLN PO<br>77               |    |  |    | PREHEVBRIO .....   | 92 |
| POLY-VITE/IRON SOLN PO .....                    | 77 |  |    | PREMARIN .....   | 93 |
| POMALYST .....                                  | 30 |  |    | PREMARIN TABS PO .....                                   | 55 |
| PONVORY STARTER PACK TBPK<br>86                 |    |  |    |  |    |
| PONVORY TABS .....                              | 86 |  |    |  |    |

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| PREMPHASE PO .....   | 55 | PRO COMFORT SPACER INFANT<br>DEVI .....          | 72 | CAPS PO .....                                   | 21 |
| PREMPRO PO .....   | 55 | PROAIR DIGIHALER .....                           | 12 | PROBIOTIC DIGESTIVE SUPPORT<br>CAPS .....       | 22 |
| PRENATAL VITAMINS-ASSORTED<br>BRAND .....                    | 77 | PROAIR HFA AERS (Use albuterol<br>sulfate) ..... | 12 | PROBIOTIC MATURE ADULT CAPS<br>PO .....         | 21 |
| PRENATAL VITAMINS-ASSORTED<br>GENERIC .....                  | 77 | probenecid PO .....                              | 57 | PROBIOTIC PEARLS ADVANTAGE<br>CAPS PO .....     | 21 |
| PREORBOTIC CAPS PO .....                                     | 21 | PROBINATE CAPS PO .....                          | 21 | PROBIOTIC PEARLS CAPS PO ..                     | 21 |
| PREVNAR 13 .....   | 90 | PROBIO DEFENSE CAPS PO ..                        | 21 | PROBIOTIC PEARLS MAX<br>POTENCY CAPS PO .....   | 21 |
| PREVNAR 20 .....   | 90 | PROBIOFLEXX CAPS PO .....                        | 21 | PROBIOTIC PEARLS WOMENS<br>CAPS PO .....        | 21 |
| PREVYMIS SOLN .....  | 37 | PROBIOMAX COMPLETE DF CAPS<br>PO .....           | 21 | PROBIOTIC PRODUCT CAPS PO<br>21                 |    |
| PREVYMIS TABS .....  | 37 | PROBIOMAX DAILY DF CAPS PO<br>21                 |    | PROBIOTIC/PREBIOTIC/CRANBER<br>RY CAPS PO ..... | 21 |
| PREZCOBIX .....  | 36 | PROBIOMAX IG 26 DF CAPS PO                       | 21 | PROBIOTIC-10 ULTIMATE CAPS<br>PO .....          | 21 |
| PREZISTA SUSP .....  | 36 | PROBIOMAX LEAN DF CAPS PO                        | 21 | PROBITROL CAPS PO .....                         | 21 |
| PREZISTA TABS (Use darunavir)                                | 36 | PROBIOMAX SB DF CAPS PO ..                       | 21 | PROBIZEN CAPS PO .....                          | 21 |
| PREZISTA TABS 150 MG .....                                   | 36 | PROBIOMAX LEAN DF CAPS PO                        | 21 | PROCARE SPACER/ADULT MASK<br>DEVI .....         | 72 |
| PREZISTA TABS 75 MG, 600 MG,<br>800 MG .....                 | 36 | PROBIOMAX SB DF CAPS PO ..                       | 21 | PROCARE SPACER/CHILD MASK<br>DEVI .....         | 72 |
| PRIALT .....   | 6  | PROBIONEXX CAPS PO .....                         | 21 | PROCHAMBER VHC DEVI .....                       | 72 |
| PRIMADOPHILUS BIFIDUS CPDR<br>21                             |    | PROBIOTIC & ACIDOPHILUS EX ST<br>CAPS PO .....   | 21 | prochlorperazine edisylate 10<br>MG/2ML .....   | 34 |
| PRIMIDAR CAPS PO .....                                       | 21 | PROBIOTIC + OMEGA-3 CAPS PO .<br>21              |    | prochlorperazine maleate TABS PO .<br>34        |    |
| primidone PO 125 MG .....                                    | 13 | PROBIOTIC + TURMERIC<br>EXTRACT CAPS PO .....    | 21 | prochlorperazine PR .....                       | 34 |
| primidone PO 50 MG, 250 MG ....                              | 13 | PROBIOTIC 10 ULTRA STRENGTH<br>CAPS PO .....     | 21 | PROCRIT .....                                   | 59 |
| PRIORIX SUSR .....   | 92 | PROBIOTIC ACIDOPHILUS<br>BIOBEADS CAPS PO .....  | 21 | PROCYSBI CPDR PO .....                          | 57 |
| PRIVIGEN SOLN 10 GM/100ML, 20<br>GM/200ML, 40 GM/400ML ..... | 84 | PROBIOTIC BLEND CAPS PO ...                      | 21 | PROCYSBI PACK .....                             | 57 |
| PRIVIGEN SOLN 5 GM/50ML .....                                | 84 | PROBIOTIC COLON SUPPORT<br>CAPS PO .....         | 21 | PRODIGY TWIST TOP LANCETS                       |    |
| PRO COMFORT ALCOHOL .....                                    | 69 | PROBIOTIC DAILY CAPS PO ....                     | 21 |   |    |
| PRO COMFORT SPACER ADULT<br>MISC .....                       | 72 | PROBIOTIC DIGESTIVE SUP-<br>INULIN CAPS PO ..... | 21 |   |    |
| PRO COMFORT SPACER CHILD<br>MISC .....                       | 72 | PROBIOTIC DIGESTIVE SUPP                         |    |   |    |



|                                   |    |                                      |     |                                    |    |
|-----------------------------------|----|--------------------------------------|-----|------------------------------------|----|
| 28G .....                         | 66 | propranolol hcl TABS PO .....        | 38  | %-2.4 %-0.3 %-1.2 % .....          | 50 |
| PROFILNINE .....                  | 58 | propylthiouracil PO .....            | 87  | pyrethrins-piperonyl butoxide SHAM |    |
| PRO-FLORA IMMUNE CAPS PO .        | 21 | PROQUAD SUSR .....                   | 92  | 4 %-0.33 % .....                   | 50 |
| progesterone CAPS PO 100 MG ..    | 85 | PROTONIX PACK (Use pantoprazole      |     | pyrethrins-piperonyl butoxide-     |    |
| progesterone CAPS PO 200 MG ..    | 85 | sodium) .....                        | 89  | permethrin-nit remover 4 %-0.33 %- |    |
| PROGLYCEM (Use diazoxide) ...     | 17 | PROTOPIC OINT 0.03 % (Use            |     | 0.5 % .....                        | 50 |
| PROGRAF PACK .....                | 75 | tacrolimus (topical)) .....          | 49  | pyridostigmine bromide TABS PO 60  |    |
| PROGRAF SOLN .....                | 75 | PROTOPIC OINT 0.1 % (Use             |     | MG .....                           | 28 |
| PROLASTIN-C SOLR .....            | 87 | tacrolimus (topical)) .....          | 49  | pyridostigmine bromide TBCR PO .   | 28 |
| PROLEUKIN .....                   | 32 | protriptyline hcl PO .....           | 16  | pyridoxine hcl TABS PO 25 MG, 50   |    |
| PROLIA SOSY .....                 | 53 | PROVENGE .....                       | 30  | MG, 100 MG .....                   | 94 |
| PROMACTA PACK 12.5 MG .....       | 59 | PROVENTIL HFA AERS (Use              |     | pyrimethamine PO .....             | 28 |
| PROMACTA TABS PO .....            | 59 | albuterol sulfate) .....             | 12  | QC ALCOHOL SWABS .....             | 69 |
| PROMELLA IN PREBIOTIC CAPS        |    | pseudoephedrine hcl TABS PO ...      | 78  | QC LANCETS SUPER THIN 30G          | 66 |
| PO .....                          | 22 | pseudoephedrine hcl TB12 PO ...      | 79  | QC LANCETS ULTRA THIN .....        | 66 |
| PROMEROL CAPS PO .....            | 22 | pseudoephedrine-ibuprofen TABS       |     | QC UNILET LANCETS 28G .....        | 66 |
| promethazine & phenylephrine SYRP |    | PO .....                             | 44  | QC UNILET LANCETS MICRO THIN       |    |
| PO .....                          | 44 | PSS SELECT GP LANCETS .....          | 66  | .....                              | 66 |
| promethazine hcl SOLN PO 6.25     |    | PSS SELECT SAFETY LANCETS            |     | QDOLO SOLN (Use tramadol hcl) ..   | 7  |
| MG/5ML .....                      | 24 | 66                                   |     | QELBREE .....                      | 2  |
| promethazine hcl SUPP PR .....    | 24 | psyllium CAPS PO 0.52 GM .....       | 61  | QUAD-PROBIOTIC CAPS PO ....        | 22 |
| promethazine hcl TABS PO .....    | 25 | psyllium POWD PO 28.3 %, 30 %, 33    |     | QUADRACEL SUSP .....               | 88 |
| promethazine w/codeine SOLN PO    |    | %, 43 %, 48.57 %, 58.6 %, 100 %      | .61 | QUADRACEL SUSY .....               | 88 |
| 44                                |    | PULMICORT FLEXHALER AEPB .           | 11  | quetiapine fumarate TABS PO ....   | 34 |
| promethazine w/codeine SYRP PO    |    | PULMOZYME .....                      | 87  | quetiapine fumarate TB24 PO .....  | 34 |
| 44                                |    | PURE COMFORT SPACER                  |     | QUICKVUE AT-HOME COVID-19          |    |
| PRONEB ULTRA FILTER SET MISC      |    | CHAMBER DEVI .....                   | 72  | TEST KIT .....                     | 52 |
| .....                             | 72 | PURIXAN SUSP .....                   | 29  | QUICKVUE SARS ANTIGEN TEST .       |    |
| propafenone hcl TABS PO .....     | 10 | PX LANCETS MICROTHIN 33G ..          | 66  | 52                                 |    |
| propranolol hcl CP24 PO .....     | 38 | PX LANCETS ULTRA THIN .....          | 66  | quinapril hcl PO .....             | 26 |
| propranolol hcl SOLN PO 20        |    | pyrantel pamoate SUSP PO .....       | 9   | quinapril-hydrochlorothiazide PO   |    |
| MG/5ML, 40 MG/5ML .....           | 38 | pyrazinamide PO .....                | 28  | 12.5 MG-10 MG .....                | 27 |
|                                   |    | pyrethrins-piperonyl butoxide LIQD 3 |     | quinapril-hydrochlorothiazide PO   |    |

|                                     |    |                                 |                                      |    |
|-------------------------------------|----|---------------------------------|--------------------------------------|----|
| 12.5 MG-20 MG .....                 | 27 | RASUVO SOAJ 7.5 MG/0.15ML, 10   | repaglinide PO .....                 | 18 |
| quinapril-hydrochlorothiazide PO 25 |    | MG/0.2ML, 12.5 MG/0.25ML, 15    | REPATHA SOSY .....                   | 26 |
| MG-20 MG .....                      | 27 | MG/0.3ML, 17.5 MG/0.35ML, 20    | REPATHA SURECLICK SOAJ ....          | 26 |
| quinidine gluconate TBCR PO .....   | 10 | MG/0.4ML, 22.5 MG/0.45ML, 25    | REPLACEMENT AIR FILTER MISC .        |    |
| quinidine sulfate TABS PO .....     | 10 | MG/0.5ML, 30 MG/0.6ML .....     | 72                                   |    |
| QULIPTA .....                       | 73 | RAVICTI PO .....                | REPLACEMENT FILTERS MISC .           | 72 |
| QUVIVIQ .....                       | 61 | REALITY LANCETS .....           | RESTASIS EMUL (Use cyclosporine      |    |
| RA ALCOHOL SWABS .....              | 69 | REALITY SWABS .....             | (ophth)) .....                       | 82 |
| RA DRY MOUTH SOLN .....             | 76 | REBINYN .....                   | RESTASIS MULTIDOSE EMUL ...          | 82 |
| RA E-ZJECT LANCETS 28G .....        | 66 | RECOMBINATE SOLR .....          | RESTORA CAPS PO .....                | 22 |
| RA E-ZJECT LANCETS THIN 26G         |    | RECOMBIVAX HB SUSP .....        | RETACRIT .....                       | 59 |
| 66                                  |    | RECOMBIVAX HB SUSY .....        | RETIN-A CREA (Use tretinoin) ....    | 44 |
| RA E-ZJECT LANCETS THIN 28G         |    | RELEUKO SOLN .....              | RETIN-A GEL (Use tretinoin) .....    | 45 |
| 66                                  |    | RELEUKO SOSY .....              | RETISERT .....                       | 82 |
| RA E-ZJECT LANCETS ULTRA            |    | RELEXXII TBCR PO 18 MG, 27 MG,  | RETROVIR CAPS PO (Use                |    |
| THIN .....                          | 66 | 36 MG, 54 MG .....              | zidovudine) .....                    | 36 |
| RA PROBIOTIC COLON CARE             |    | RELEXXII TBCR PO 45 MG, 63 MG   | RETROVIR SYRP PO (Use                |    |
| CAPS PO .....                       | 22 | (Use methylphenidate hcl) ..... | zidovudine) .....                    | 36 |
| RA PROBIOTIC COMPLEX CAPS           |    | RELION ALCOHOL SWABS .....      | REVCОВI .....                        | 54 |
| PO .....                            | 22 | RELION KETONE TEST STRP ...     | REVLIMID PO .....                    | 74 |
| RA PROBIOTIC DIGESTIVE              |    | RELION LANCETS MICRO-THIN       | REXALL LANCETS ULTRA THIN            |    |
| SUPPORT CAPS PO .....               | 22 | 33G .....                       | 30G .....                            | 67 |
| RA PROBIOTIC MAX STRENGTH           |    | RELION LANCETS THIN 26G ...     | REXTOVY LIQD .....                   | 23 |
| CAPS PO .....                       | 22 | RELION LANCETS ULTRA-THIN       | REYATAZ CAPS PO 200 MG, 300          |    |
| RABAVERT .....                      | 92 | 30G .....                       | MG (Use atazanavir sulfate) .....    | 36 |
| rabeprazole sodium TBEC PO ....     | 89 | RELION ULTRA THIN LANCETS       | REYATAZ PACK .....                   | 36 |
| raloxifene hcl PO .....             | 54 | 30G .....                       | REZVOGLAR KWIKPEN .....              | 18 |
| ramelteon PO .....                  | 61 | RELION ULTRA THIN PLUS          | RHOGAM ULTRA-FILTERED PLUS           |    |
| ramipril CAPS PO .....              | 26 | LANCETS .....                   | SOSY IM .....                        | 84 |
| ranolazine TB12 PO .....            | 9  | REMODULIN SOLN IJ .....         | RHOPHYLAC SOSY IJ .....              | 84 |
| RAPAFLO PO 4 MG (Use silodosin) .   |    | RENAGEL PO (Use sevelamer hcl)  | RIASTAP .....                        | 58 |
| 57                                  |    | 56                              | ribavirin (hepatitis c) CAPS PO .... | 37 |
| RAPID RESPONSE COVID-19 ...         | 52 | RENVELA TABS PO (Use sevelamer  |                                      |    |
|                                     |    | carbonate) .....                |                                      |    |
|                                     |    | 56                              |                                      |    |

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|--|----|--|----|---|--|--|----|
| ribavirin (hepatitis c) TABS PO 200<br>MG .....          | 37 | rizatriptan benzoate TABS PO ....                                  | 73 | 75  | SANDOSTATIN LAR DEPOT KIT 10<br>MG ..... | 55   |    |
| riboflavin TABS PO .....                                 | 94 | rizatriptan benzoate TBDP PO ....                                  | 73 | ROCKLATAN .....   | 82                                       | sapropterin dihydrochloride PACK .             | 55 |
| rifampin CAPS PO .....                                   | 28 | ROCTAVIAN .....  | 58 | ROLVEDON .....  | 59                                       | sapropterin dihydrochloride TABS .             | 55 |
| RIGHTEST GL300 LANCETS ....                              | 67 | romidepsin SOLR .....  | 31 | ropinirole hydrochloride TABS PO<br>0.25 MG, 3 MG, 4 MG ..... | 33                                       | SAVELLA TABS PO .....                          | 86 |
| riluzole TABS PO .....                                   | 79 | ropinirole hydrochloride TABS PO 0.5<br>MG, 1 MG, 2 MG, 5 MG ..... | 33 | ropinirole hydrochloride TB24 PO .                            | 33                                       | SAVELLA TITRATION PACK MISC<br>86              |    |
| rimantadine hydrochloride TABS PO .<br>37                |    | rosuvastatin calcium TABS PO ...                                   | 25 | ROTARIX SUSP .....  | 92                                       | saxagliptin hcl PO .....                       | 17 |
| RINVOQ TB24 PO .....                                     | 3  | ROTARIX SUSR PO .....  | 92 | ROTATEQ SOLN PO .....   | 92                                       | saxagliptin-metformin hcl PO .....             | 16 |
| RISAQUAD CAPS PO .....                                   | 22 | RUBRACA .....  | 31 | RUCONEST .....  | 58                                       | SAXENDA .....                                  | 1  |
| RISAQUAD-2 CAPS PO .....                                 | 22 | rufinamide SUSP .....  | 13 | RUBRACA .....   | 31                                       | SB ALCOHOL PREP .....                          | 69 |
| risedronate sodium TABS PO 150<br>MG .....               | 53 | RUKOBIA .....  | 36 | RUCONEST .....  | 58                                       | SB LANCETS THIN .....                          | 67 |
| risedronate sodium TABS PO 35 MG<br>53                   |    | RYALTRIS .....   | 78 | RUCONEST .....  | 58                                       | SB LANCETS ULTRA THIN .....                    | 67 |
| risedronate sodium TABS PO 5 MG,<br>30 MG .....          | 53 | RYBELSUS TABS PO .....   | 17 | RUCONEST .....  | 58                                       | SCHOOLTIME SHAMPOO SHAM                        | 50 |
| risedronate sodium TBEC PO ....                          | 53 | RYKINDO SRER .....   | 33 | RUCONEST .....  | 58                                       | SD PROBIOTIC-10 COMPLEX<br>ULTRA CAPS PO ..... | 22 |
| RISPERDAL CONSTA (Use<br>risperidone microspheres) ..... | 33 | SABRIL PACK (Use vigabatrin) ...                                   | 14 | RUCONEST .....  | 58                                       | selegiline hcl CAPS PO .....                   | 33 |
| risperidone microspheres .....                           | 33 | SABRIL TABS (Use vigabatrin) ...                                   | 14 | RUCONEST .....  | 58                                       | selegiline hcl TABS PO .....                   | 33 |
| risperidone SOLN PO .....                                | 33 | salicylic acid GEL 6 % .....                                       | 49 | RUCONEST .....  | 58                                       | selenium sulfide LOTN 1 % .....                | 46 |
| risperidone TABS PO .....                                | 33 | saline SOLN 0.65 % .....   | 78 | RUCONEST .....  | 58                                       | selenium sulfide LOTN 2.5 % .....              | 46 |
| risperidone TBDP PO .....                                | 33 | salsalate PO .....   | 6  | RUCONEST .....  | 58                                       | selenium sulfide SHAM 1 % .....                | 46 |
| RITEFLO DEVI .....                                       | 72 | SAMI THE SEAL FILTERS MISC .                                       | 72 | RUCONEST .....  | 58                                       | SELZENTRY SOLN .....                           | 36 |
| ritonavir TABS PO .....                                  | 36 | SANDIMMUNE CAPS PO (Use<br>cyclosporine) .....                     | 75 | RUCONEST .....  | 58                                       | SELZENTRY TABS PO 25 MG, 75<br>MG .....        | 36 |
| RITUXAN .....  | 29 | SANDIMMUNE SOLN IV 50 MG/ML .                                      |    | RUCONEST .....  | 58                                       | SEMGLEE (YFGN) SOLN .....                      | 18 |
| rivastigmine 13.3 MG/24HR .....                          | 86 |  |    | RUCONEST .....  | 58                                       | SEMGLEE (YFGN) SOPN .....                      | 18 |
| rivastigmine 4.6 MG/24HR, 9.5<br>MG/24HR .....           | 86 |  |    | RUCONEST .....  | 58                                       | SEMGLEE SOPN .....                             | 18 |
| rivastigmine tartrate CAPS PO ....                       | 86 |  |    | RUCONEST .....  | 58                                       | sennosides TABS PO 8.6 MG .....                | 61 |
| RIXUBIS SOLR .....                                       | 58 |  |    | RUCONEST .....  | 58                                       | sennosides-docusate sodium TABS<br>PO .....    | 61 |
|  |    |  |    | RUCONEST .....  | 58                                       | SEREVENT DISKUS .....                          | 12 |

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| SERTRALINE HCL CAPS .....                                    | 15 | silver sulfadiazine .....                              | 46 | SM LANCETS 33G .....   | 67 |
| sertraline hcl CONC PO .....                                 | 15 | SIMBRINZA .....  | 81 | SMART SENSE COLOR LANCETS<br>33G .....                       | 67 |
| sertraline hcl TABS PO .....                                 | 15 | simethicone CHEW PO 80 MG ...                          | 56 | SMART SENSE STANDARD<br>LANCETS .....                        | 67 |
| sevelamer carbonate PACK .....                               | 56 | simethicone LIQD PO .....                              | 56 | SMART SENSE SUPER THIN<br>LANCETS .....                      | 67 |
| sevelamer carbonate TABS PO ...                              | 57 | simethicone SUSP PO .....                              | 56 | SMART SENSE THIN LANCETS<br>26G .....                        | 67 |
| sevelamer hcl PO .....                                       | 57 | SIMLANDI (1 PEN) AJKT .....                            | 4  | SOAANZ TABS PO 20 MG .....                                   | 53 |
| SEVENFACT .....  | 58 | SIMLANDI (2 PEN) AJKT .....                            | 4  | sodium bicarbonate (antacid) TABS<br>PO 325 MG, 650 MG ..... | 9  |
| SHOPKO UNILET LANCETS 28G<br>67                              |    | SIMPLYTHICK EASY MIX PO ....                           | 85 | sodium chloride (gu irrigant) 0.9 %                          | 57 |
| SHOPKO UNILET LANCETS 30G<br>67                              |    | SIMPLYTHICK PO .....                                   | 85 | sodium chloride (inhalant) AERS ..                           | 44 |
| SHUR-SEAL CONTRACEPTIVE<br>GEL .....                         | 93 | simvastatin TABS PO 5 MG, 10 MG,<br>20 MG, 40 MG ..... | 25 | sodium chloride (inhalant) NEBU 0.9<br>%, 7 % .....          | 44 |
| SIDESTREAM ADULT FACE MASK<br>MISC .....                     | 72 | simvastatin TABS PO 80 MG .....                        | 25 | sodium citrate & citric acid PO ....                         | 57 |
| SIDESTREAM PEDIATRIC FACE<br>MASK MISC .....                 | 72 | sirolimus SOLN .....                                   | 75 | sodium fluoride (dental) CREA ....                           | 75 |
| SIDESTREAM PLS ADULT FACE<br>MASK MISC .....                 | 72 | sirolimus TABS PO .....                                | 75 | sodium fluoride (dental) GEL .....                           | 75 |
| SIGNIFOR .....   | 55 | SITAGLIPTIN .....                                      | 17 | sodium fluoride (dental) SOLN 0.2 %<br>75                    |    |
| SIGNIFOR LAR .....   | 55 | SIVEXTRO TABS .....                                    | 27 | sodium fluoride CHEW PO .....                                | 74 |
| SIKLOS TABS .....  | 59 | SKLICE (Use ivermectin<br>(pediculicide)) .....        | 50 | sodium fluoride SOLN PO 0.125<br>MG/DROP .....               | 74 |
| sildenafil citrate (pulmonary<br>hypertension) SOLN .....    | 39 | SKYLA .....  | 42 | sodium fluoride SOLN PO 0.5<br>MG/ML, 0.5 MG/ML .....        | 74 |
| sildenafil citrate (pulmonary<br>hypertension) SUSR .....    | 39 | SKYRIZI PEN SOAJ .....                                 | 46 | SODIUM OXYBATE SOLN PO ....                                  | 85 |
| sildenafil citrate (pulmonary<br>hypertension) TABS PO ..... | 39 | SKYRIZI SOCT .....                                     | 56 | sodium phenylbutyrate POWD PO                                | 55 |
| SILICONE MASK/ADULT MISC ...                                 | 72 | SKYRIZI SOLN .....                                     | 56 | sodium phenylbutyrate TABS PO ..                             | 55 |
| SILICONE MASK/INFANT MISC ..                                 | 72 | SKYRIZI SOSY .....                                     | 46 | sodium phosphates ENEM PR ....                               | 61 |
| SILICONE MASK/PEDIATRIC MISC .                               | 73 | SKYSONA .....  | 86 | sodium polystyrene sulfonate POWD<br>PO .....                | 75 |
| silodosin PO .....   | 57 | SKYTROFA .....   | 54 | SOFIA SARS ANTIGEN FIA .....                                 | 52 |
|  |    | SM ACIDOPHILUS CAPS PO ....                            | 22 |  |    |
|  |    | SM ADVANCED PROBIOTIC CAPS<br>PO .....                 | 22 |  |    |
|  |    | SM ALCOHOL PREP .....                                  | 69 |  |    |
|  |    | SM GLUCOSE CHEW PO .....                               | 17 |  |    |
|  |    | SM IPECAC SYRUP PO .....                               | 23 |  |    |

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|--|----|---|----|--|----|
| SOFIA2 SARS ANTIGEN FIA                      | 52 | SPEVIGO SOSY  | 46 | SUBOXONE FILM SL 3 MG-12 MG<br>(Use buprenorphine hcl-naloxone hcl<br>dihydrate) | 8  |
| SOFOSBUVIR-VELPATASVIR TABS                  | 37 | SPIKEVAX COVID-19 VACCINE<br>SUSP   | 93 | SUCRAID PO   | 52 |
| SOGROYA                                      | 54 | SPIKEVAX SUSP   | 93 | sucrafate SUSP PO  | 88 |
| SOLESTA                                      | 74 | SPIKEVAX SUSY   | 93 | sucrafate TABS PO  | 89 |
| solifenacin succinate TABS PO                | 89 | spinosad  | 50 | SUDAFED CHILDRENS LIQD PO  | 79 |
| SOLIRIS                                      | 58 | SPINRAZA  | 80 | SUDAFED PE CHILDRENS SOLN<br>PO  | 79 |
| SOLUVITA ACD WITH FLUORIDE<br>SOLN PO        | 77 | SPIRIVA HANDIHALER CAPS (Use<br>tiotropium bromide monohydrate)                   | 10 | sulfacetamide sodium (acne)  | 45 |
| SOLUVITA SOLN PO                             | 74 | spironolactone & hydrochlorothiazide<br>PO  | 52 | sulfacetamide sodium (ophth) SOLN  | 82 |
| SOMATULINE DEPOT                             | 55 | spironolactone TABS PO  | 53 | sulfacetamide sodium LIQD  | 46 |
| SOMAVERT                                     | 54 | STAMARIL SUSR   | 93 | sulfacetamide sodium w/ sulfur LOTN<br>10 %-5 %                                  | 45 |
| SOOTHENE NBL 100 ADULT<br>MASK MISC          | 73 | stannous fluoride CONC  | 75 | sulfacetamide sodium w/ sulfur SUSP<br>10 %-5 %                                  | 45 |
| SOOTHENE NBL 100 CHILD<br>MASK MISC          | 73 | stavudine CAPS PO   | 36 | sulfacetamide sod-prednisolone<br>SOLN   | 82 |
| SOOTHENE NBL 100 MED CUP<br>MISC             | 73 | STERILANCE TL   | 67 | sulfamethoxazole-trimethoprim SUSP<br>PO   | 27 |
| SOOTHENE NBL 100 MESH CAP<br>MISC            | 73 | STERILE DILUENT FLOLAN PH 12<br>85  |    | sulfamethoxazole-trimethoprim TABS<br>PO   | 27 |
| sorafenib tosylate PO                        | 31 | STIMUFEND   | 59 | sulfasalazine TABS PO  | 56 |
| SORBITOL PO 70 %                             | 61 | STIOLTO RESPIMAT  | 12 | sulfasalazine TBEC PO  | 56 |
| SORILUX FOAM                                 | 46 | STIVARGA  | 31 | sulindac TABS PO   | 5  |
| sotalol hcl (afib/af) PO                     | 38 | STRENSIQ  | 55 | sumatriptan  | 73 |
| sotalol hcl TABS PO 240 MG                   | 38 | STRIBILD  | 36 | sumatriptan succinate SOAJ 4<br>MG/0.5ML   | 73 |
| sotalol hcl TABS PO 80 MG, 120<br>MG, 160 MG | 38 | SUBLOCADE SOSY  | 8  | sumatriptan succinate SOAJ 6<br>MG/0.5ML   | 73 |
| SOTYKTU                                      | 46 | SUBOXONE FILM SL 0.5 MG-2 MG<br>(Use buprenorphine hcl-naloxone hcl<br>dihydrate) | 8  | sumatriptan succinate SOCT 4<br>MG/0.5ML   | 73 |
| SOVALDI PACK                                 | 37 | SUBOXONE FILM SL 1 MG-4 MG<br>(Use buprenorphine hcl-naloxone hcl<br>dihydrate)   | 8  | sumatriptan succinate SOCT 6   |    |
| SOVALDI TABS                                 | 37 | SUBOXONE FILM SL 2 MG-8 MG<br>(Use buprenorphine hcl-naloxone hcl<br>dihydrate)   | 8  |  |    |
| SPEEDY SWAB COVID-19<br>ANTIGEN KIT          | 52 |   |    |  |    |
| SPEVIGO SOLN                                 | 46 |   |    |  |    |

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|--|----|--|----|--|----|
| MG/0.5ML .....   | 73 | SYNAREL .....  | 54 | TECHLITE AST LANCETS .....                               | 67 |
| sumatriptan succinate SOLN 6<br>MG/0.5ML .....                                 | 73 | SYNOJOYNT SOSY .....   | 78 | TECHLITE LANCETS .....                                   | 67 |
| sumatriptan succinate TABS PO ..   | 74 | SYNRIBO .....  | 32 | TECHLITE LANCETS 30G .....                               | 67 |
| sumatriptan-naproxen sodium PO ..  | 73 | SYNTHROID TABS PO (Use<br>levothyroxine sodium) .....                    | 88 | TEGLUTIK SUSP .....                                      | 79 |
| sunitinib malate PO .....  | 31 | SYNVISC ONE SOSY .....   | 78 | TEGRETOL-XR TB12 PO (Use<br>carbamazepine) .....         | 13 |
| SUNLENCA TBPK 300 MG .....   | 36 | SYNVISC SOSY .....   | 78 | TEGSEDI .....  | 87 |
| SUPARTZ FX SOSY .....  | 78 | TAB-A-VITE/IRON/BETA<br>CAROTENE TABS PO .....                           | 76 | telmisartan PO .....                                     | 26 |
| SUPER PROBIOTIC CAPS PO ...  | 22 | TABLOID PO .....   | 29 | telmisartan-amlodipine PO .....                          | 27 |
| SUPER PROBIOTIC DIGESTIVE<br>CAPS PO .....                                     | 22 | TACLONEX SUSP (Use<br>calcipotriene-betamethasone<br>dipropionate) ..... | 48 | telmisartan-hydrochlorothiazide PO<br>27                 |    |
| SUPER THIN LANCETS .....   | 67 | tacrolimus (topical) OINT 0.03 % ..                                      | 49 | temazepam PO 15 MG, 30 MG ...                            | 61 |
| SUPERIOR PROBIOTIC CAPS PO<br>22   |    | tacrolimus (topical) OINT 0.1 % ...                                      | 49 | temazepam PO 7.5 MG, 22.5 MG .                           | 61 |
| SUPPRELIN LA .....   | 54 | tacrolimus CAPS PO .....   | 75 | TEMODAR SOLR .....                                       | 28 |
| SUREBIOTIC PROBIOTIC<br>SUPPORT CAPS PO .....                                  | 22 | tadalafil (pulmonary hypertension)<br>TABS PO .....                      | 39 | temozolomide CAPS PO .....                               | 28 |
| SURELITE LANCETS .....   | 67 | TADLIQ SUSP .....  | 39 | temsirolimus .....                                       | 31 |
| SUSTIVA CAPS PO 200 MG (Use<br>efavirenz) .....                                | 36 | TAFINLAR CAPS PO .....   | 31 | TENIVAC INJ .....  | 88 |
| SUSTIVA CAPS PO 50 MG (Use<br>efavirenz) .....                                 | 36 | TAGRISSO .....   | 30 | tenofovir disoproxil fumarate TABS<br>PO .....           | 36 |
| SYLVANT .....  | 75 | TAKHZYRO SOLN .....  | 58 | terazosin hcl PO .....                                   | 26 |
| SYMBICORT (Use budesonide-<br>formoterol fumarate dihydrate) .....             | 12 | TALZENNA 0.25 MG, 1 MG .....   | 31 | terbinafine hcl (topical) CREA .....                     | 45 |
| SYMDEKO .....  | 87 | tamoxifen citrate TABS PO .....  | 30 | terbinafine hcl TABS PO .....                            | 24 |
| SYMFI (Use efavirenz-lamivudine-<br>tenofovir disoproxil fumarate) .....       | 36 | tamsulosin hcl PO .....  | 57 | terbutaline sulfate TABS PO .....                        | 12 |
| SYMFI LO (Use efavirenz-<br>lamivudine-tenofovir disoproxil<br>fumarate) ..... | 36 | TASCENSO ODT .....   | 86 | terconazole vaginal CREA 0.4 % ..                        | 93 |
| SYMTUZA .....  | 36 | TASIGNA .....  | 31 | terconazole vaginal CREA 0.8 % ..                        | 93 |
| SYNAGIS SOLN .....   | 84 | tasimelteon CAPS .....   | 61 | terconazole vaginal SUPP .....                           | 93 |
|  |    | TAVALISSE .....  | 58 | teriparatide SOPN .....                                  | 53 |
|  |    | tazarotene CREA 0.1 % .....  | 46 | TESTOPEL PLLT .....                                      | 8  |
|  |    | TDVAX SUSP .....   | 88 | testosterone cypionate SOLN IM 200<br>MG/ML .....        | 8  |
|  |    | TECENTRIQ .....  | 29 | testosterone GEL TD 1 %, 25<br>MG/2.5GM, 50 MG/5GM ..... | 8  |

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| testosterone GEL TD 1 %   | 8  | THRESHOLD IMT MISC  | 73 | tizanidine hcl TABS PO   | 78 |
| testosterone GEL TD 1.62 %, 10<br>MG/ACT, 20.25 MG/1.25GM, 40.5<br>MG/2.5GM, 1.62 % | 8  | THROMBATE III   | 58 | TOBI NEBU (Use tobramycin)   | 2  |
| testosterone SOLN   | 8  | THYMOGLOBULIN   | 75 | TOBRADEX OINT  | 83 |
| TETANUS-DIPHTHERIA TOXOIDS<br>TD SUSP   | 88 | THYROGEN 0.9 MG   | 50 | tobramycin (ophth) SOLN  | 82 |
| tetrabenazine PO  | 86 | THYROID TABS PO 15 MG, 30 MG,<br>60 MG, 90 MG, 120 MG   | 88 | tobramycin NEBU  | 2  |
| tetracaine hcl (ophth)  | 82 | tiagabine hcl PO 12 MG, 16 MG   | 14 | tobramycin NEBU  | 3  |
| tetrahydrozoline hcl (ophth) 0.05 %<br>82   |    | tiagabine hcl PO 2 MG, 4 MG   | 14 | tobramycin sulfate SOLN IJ 1.2<br>GM/30ML, 2 GM/50ML, 10 MG/ML,<br>80 MG/2ML | 2  |
| TEZSPIRE SOAJ   | 10 | TIBSOVO   | 31 | tobramycin sulfate SOLR  | 2  |
| TEZSPIRE SOSY   | 10 | TICOVAC   | 93 | tobramycin-dexamethasone SUSP<br>83  |    |
| TGT LANCET MICRO THIN 33G   | 67 | TIGLUTIK SUSP   | 79 | TOBREX OINT  | 82 |
| TGT LANCET THIN 26G   | 67 | timolol maleate (ophth) SOLG 0.25 %<br>.....  | 81 | TODAYS HEALTH THIN LANCETS<br>28G  | 67 |
| TGT LANCET ULTRA THIN 30G   | 67 | timolol maleate (ophth) SOLN 0.5 %<br>81  |    | TODAYS HEALTH THIN LANCETS<br>30G  | 67 |
| THALOMID PO   | 74 | timolol maleate (ophth) SOLN  | 81 | TOLECTIN 600 TABS PO   | 5  |
| THEO-24 CP24 PO 100 MG  | 12 | timolol maleate TABS PO   | 38 | tolmetin sodium CAPS PO  | 5  |
| THEO-24 CP24 PO 200 MG, 300<br>MG, 400 MG   | 12 | TIMOLOL-BRIMONIDINE-<br>DORZOLAMID 0.5 %-0.15 %-2 %   | 81 | tolmetin sodium TABS PO 600 MG   | 5  |
| theophylline ELIX PO  | 12 | TIMOPTIC-XE SOLG 0.25 % (Use<br>timolol maleate (ophth))  | 81 | tolnaftate CREA  | 45 |
| theophylline SOLN PO  | 12 | tioconazole vaginal 6.5 %   | 93 | tolterodine tartrate CP24 PO   | 89 |
| theophylline TB12 PO 100 MG, 200<br>MG, 300 MG                                      | 12 | tiopronin TABS  | 57 | tolterodine tartrate TABS PO   | 89 |
| theophylline TB12 PO 450 MG   | 12 | tiotropium bromide monohydrate<br>CAPS  | 10 | tolvaptan TABS   | 55 |
| theophylline TB24 PO  | 12 | TIROSINT CAPS PO 13 MCG, 25<br>MCG, 50 MCG, 75 MCG, 88 MCG,<br>100 MCG, 112 MCG, 125 MCG, 137<br>MCG, 150 MCG (Use levothyroxine<br>sodium) | 88 | TOPAMAX SPRINKLE CPSP PO<br>(Use topiramate)                                 | 13 |
| thiamine hcl TABS PO  | 94 | TIVICAY PD TBSO   | 36 | topiramate CPSP PO   | 13 |
| thiamine mononitrate TABS PO 100<br>MG  | 94 | TIVICAY TABS  | 36 | topiramate TABS PO 25 MG   | 13 |
| THINLETS GP LANCETS   | 67 | tizanidine hcl CAPS PO  | 78 | topiramate TABS PO 50 MG, 100<br>MG, 200 MG                                  | 13 |
| thioridazine hcl PO   | 34 |   |    | topotecan hcl SOLN   | 32 |
| thiothixene PO  | 34 |   |    | TOPOTECAN HCL SOLN   | 32 |

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| topotecan hcl SOLR .....                             | 32 | TRELSTAR MIXJECT 11.25 MG,<br>22.5 MG .....                      | 30 | triamterene & hydrochlorothiazide<br>TABS PO ..... | 52 |
| toremifene citrate PO .....                          | 30 | TRELSTAR MIXJECT 3.75 MG ...                                     | 30 | triazolam PO .....                                 | 61 |
| toremide TABS PO 20 MG .....                         | 53 | treprostinil SOLN IJ .....                                       | 39 | trientine hcl PO 250 MG .....                      | 74 |
| toremide TABS PO 5 MG, 10 MG,<br>100 MG .....        | 53 | tretinoin (chemotherapy) PO .....                                | 32 | trifluoperazine hcl TABS PO .....                  | 34 |
| TOVIAZ (Use fesoterodine fumarate)<br>.....          | 89 | tretinoin CREA 0.025 %, 0.05 %, 0.1<br>% .....                   | 45 | trihexyphenidyl hcl SOLN .....                     | 32 |
| TPOXX CAPS .....                                     | 37 | tretinoin CREA 0.025 % .....                                     | 45 | trihexyphenidyl hcl TABS PO .....                  | 32 |
| TRACLEER TABS (Use bosentan)<br>39                   |    | tretinoin GEL 0.01 %, 0.025 %, 0.05<br>% .....                   | 45 | TRIKAFTA TBPK 100 MG-50 MG .                       | 87 |
| TRADJENTA .....                                      | 17 | tretinoin microsphere .....                                      | 45 | TRILEPTAL SUSP PO (Use<br>oxcarbazepine) .....     | 13 |
| tramadol hcl CP24 PO 100 MG, 200<br>MG, 300 MG ..... | 7  | TRETEN .....   | 58 | TRILURON SOSY .....                                | 78 |
| TRAMADOL HCL SOLN (Use<br>tramadol hcl) .....        | 7  | TREXALL TABS PO 5 MG, 7.5 MG,<br>10 MG, 15 MG .....              | 29 | trimethoprim TABS PO .....                         | 27 |
| tramadol hcl SOLN .....                              | 7  | triamcinolone acetonide (mouth) ..                               | 75 | trimipramine maleate CAPS PO ...                   | 16 |
| tramadol hcl TABS PO 25 MG, 100<br>MG .....          | 7  | triamcinolone acetonide (topical)<br>AERS .....                  | 49 | TRIUMEQ PD TBSO .....                              | 36 |
| tramadol hcl TABS PO 50 MG .....                     | 7  | triamcinolone acetonide (topical)<br>CREA 0.025 % .....          | 49 | TRIUMEQ TABS .....                                 | 36 |
| tramadol hcl TB24 PO .....                           | 7  | triamcinolone acetonide (topical)<br>CREA 0.1 % .....            | 49 | TRIVISC SOSY .....                                 | 78 |
| tramadol-acetaminophen PO .....                      | 7  | triamcinolone acetonide (topical)<br>CREA 0.5 % .....            | 49 | TRIZIVIR PO .....                                  | 36 |
| trandolapril PO 1 MG, 2 MG .....                     | 26 | triamcinolone acetonide (topical)<br>LOTN .....                  | 49 | tropicamide SOLN 0.5 % .....                       | 81 |
| trandolapril PO 4 MG .....                           | 26 | triamcinolone acetonide (topical)<br>OINT 0.025 %, 0.1 % .....   | 49 | tropicamide SOLN 1 % .....                         | 81 |
| trandolapril-verapamil hcl PO .....                  | 27 | triamcinolone acetonide (topical)<br>OINT 0.05 % .....           | 49 | trospium chloride CP24 PO .....                    | 89 |
| tranexamic acid TABS PO .....                        | 60 | triamcinolone acetonide (topical)<br>OINT 0.5 % .....            | 49 | trospium chloride TABS PO .....                    | 89 |
| tranylcypromine sulfate PO .....                     | 14 | triamcinolone acetonide-dimethicone-<br>silicone .....           | 49 | TRUBIOTICS CAPS PO .....                           | 22 |
| TRAVATAN Z SOLN (Use travoprost)<br>.....            | 83 | triamterene & hydrochlorothiazide<br>CAPS PO 25 MG-37.5 MG ..... | 52 | TRUBIOTICS DIGEST + IMM<br>HEALTH CAPS PO .....    | 22 |
| travoprost SOLN .....                                | 83 |  |    | TRUEPLUS GLUCOSE CHEW PO<br>17                     |    |
| trazodone hcl TABS PO 300 MG ..                      | 15 |  |    | TRUEPLUS GLUCOSE ON THE GO<br>CHEW PO .....        | 17 |
| trazodone hcl TABS PO 50 MG, 100<br>MG, 150 MG ..... | 15 |  |    | TRUEPLUS LANCETS 26G .....                         | 67 |
| TRECTOR PO .....                                     | 28 |  |    | TRUEPLUS LANCETS 28G .....                         | 67 |
|  |    |  |    | TRUEPLUS LANCETS 30G .....                         | 67 |
|  |    |  |    | TRUEPLUS LANCETS 33G .....                         | 68 |



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| TRULICITY .....  | 17 | UNILET ULTRA-THIN 28G .....  | 68 | valsartan-hydrochlorothiazide PO ..      | 27 |
| TRUMENBA .....   | 90 | UNITUXIN .....   | 29 | VALTOCO 10 MG DOSE LIQD ....             | 13 |
| TRUVADA PO (Use emtricitabine-<br>tenofovir disoproxil fumarate) ..... | 36 | UNIVERSAL 1 LANCETS THIN 26G<br>.....  | 68 | VALTOCO 15 MG DOSE LQPK ...              | 13 |
| TUBING/WING TIP MISC .....   | 73 | UNIVERSAL 1 LANCETS THIN 33G<br>.....  | 68 | VALTOCO 20 MG DOSE LQPK ...              | 13 |
| TWINRIX SUSY .....   | 93 | UNIVERSAL 1 LANCETS THIN 33G<br>.....  | 68 | VALTOCO 5 MG DOSE LIQD .....             | 13 |
| TYBLUME CHEW .....   | 41 | UNIVERSAL 1 LANCETS ULTRA<br>THIN .....  | 68 | VALUE PLUS LANCET STANDARD<br>21G .....  | 68 |
| TYBOST .....   | 36 | UP4 PROBIOTICS ADULT CAPS PO<br>.....  | 22 | VALUE PLUS LANCETS SUPER<br>THIN .....   | 68 |
| TYLENOL CHILDRENS<br>CHEWABLES CHEW PO (Use<br>acetaminophen) .....    | 6  | UP4 PROBIOTICS MENS CAPS PO<br>22  |    | VALUE PLUS LANCETS THIN 26G .<br>68      |    |
| TYPHIM VI SOLN .....   | 90 | UP4 PROBIOTICS ULTRA CAPS PO<br>.....  | 22 | VALUMARK LANCET SUPER THIN<br>30G .....  | 68 |
| TYPHIM VI SOSY .....   | 90 | UP4 PROBIOTICS WOMENS CAPS<br>PO .....   | 22 | VALUMARK LANCET ULTRA THIN<br>28G .....  | 68 |
| UBRELVY PO .....   | 73 | urea CREA 40 % .....   | 49 | vancomycin hcl CAPS PO 125 MG<br>27      |    |
| UDENYCA ONBODY SOSY .....  | 59 | urea LOTN 40 % .....   | 49 | vancomycin hcl CAPS PO 250 MG<br>27      |    |
| UDENYCA SOAJ .....   | 59 | ursodiol CAPS PO .....   | 56 | vancomycin hcl SOLR IV 1 GM ...          | 27 |
| UDENYCA SOSY .....   | 59 | ursodiol TABS PO 250 MG .....  | 56 | VANCOMYCIN HCL SOLR IV 1 GM .<br>27      |    |
| ULTILET CLASSIC LANCETS ....   | 68 | UZEDY SUSY 100 MG/0.28ML, 150<br>MG/0.42ML, 200 MG/0.56ML, 250<br>MG/0.7ML ..... | 33 | vancomycin hcl SOLR IV 500 MG .          | 27 |
| ULTRAFLOA IMMUNE HEALTH<br>CAPS PO .....                               | 22 | UZEDY SUSY 50 MG/0.14ML, 75<br>MG/0.21ML, 125 MG/0.35ML .....                    | 34 | VANCOMYCIN HCL SOLR IV 500<br>MG .....   | 27 |
| UNILET COMFORTOUCH LANCET<br>68  |    | valacyclovir hcl PO 1 GM .....   | 37 | vancomycin hcl SOLR PO 25 MG/ML<br>..... | 27 |
| UNILET EXCELITE .....  | 68 | valacyclovir hcl PO 500 MG .....   | 37 | VANDAZOLE .....                          | 93 |
| UNILET EXCELITE II .....   | 68 | valganciclovir hcl TABS PO .....   | 37 | VAQTA .....                              | 93 |
| UNILET G.P. LANCET .....   | 68 | valproate sodium SOLN PO 250<br>MG/5ML, 500 MG/10ML .....                        | 14 | varenicline tartrate TABS PO .....       | 87 |
| UNILET G.P. SUPERLITE LANCET .<br>68                                   |    | valproic acid CAPS PO .....  | 14 | varenicline tartrate TBPK .....          | 87 |
| UNILET GP 28 ULTRA THIN .....  | 68 | valrubicin .....   | 31 | VARIVAX SUSR .....                       | 93 |
| UNILET LANCET .....  | 68 | valsartan SOLN .....   | 26 | VAXCHORA .....                           | 90 |
| UNILET MICRO-THIN 33G .....  | 68 | valsartan TABS PO .....  | 26 |  |    |
| UNILET SUPERLITE LANCET ...  | 68 |  |    |  |    |
| UNILET SUPER-THIN 30G .....  | 68 |  |    |  |    |

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|-----------------------------------|----|----------------------------------|----|------------------------------------|----|
| VAXELIS SUSP .....                | 88 | verapamil hcl TBCR PO .....      | 39 | VITAMIN D3 LIQD PO 125 MCG/ML .    | 94 |
| VAXELIS SUSY .....                | 88 | VERELAN PM CP24 PO 100 MG,       |    | vitamin e CAPS PO .....            | 94 |
| VAXNEUVANCE .....                 | 90 | 200 MG (Use verapamil hcl) ..... | 39 | VITAMIN E CAPS PO .....            | 94 |
| VCF VAGINAL CONTRACEPTIVE         |    | VERELAN PM CP24 PO 300 MG        |    | VITAMIN E CHEW PO .....            | 94 |
| FILM .....                        | 93 | (Use verapamil hcl) .....        | 39 | VITAMINS ACD-FLUORIDE SOLN         |    |
| VCF VAGINAL CONTRACEPTIVE         |    | VESICARE LS SUSP .....           | 89 | PO .....                           | 77 |
| GEL .....                         | 93 | VEVYE SOLN .....                 | 82 | vitamins w/ lipotropics CAPS PO .. | 77 |
| VECAMYL PO .....                  | 27 | VH ESSENTIALS OPTIBALANCE        |    | VITRAKVI CAPS PO .....             | 31 |
| VECTIBIX 100 MG/5ML, 400          |    | CAPS PO .....                    | 22 | VITRAKVI SOLN .....                | 31 |
| MG/20ML .....                     | 30 | VIActiv DIGESTIVE HEALTH         |    | VIVIMUSTA SOLN .....               | 28 |
| VELSIPITY .....                   | 56 | CHEW .....                       | 22 | VIVITROL .....                     | 23 |
| VENCLEXTA STARTING PACK           |    | VIDA MIA UNILET LANCETS 28G      |    | VIVOTIF PO .....                   | 90 |
| TBPK .....                        | 29 | 68                               |    | VIZIMPRO .....                     | 30 |
| VENCLEXTA TABS .....              | 29 | VIDA MIA UNILET LANCETS 30G      |    | VOGELXO PUMP GEL TD (Use           |    |
| VENLAFAXINE BESYLATE ER ...       | 15 | 68                               |    | testosterone) .....                | 8  |
| venlafaxine hcl CP24 PO 150 MG .  | 15 | VIEKIRA PAK TBPK .....           | 37 | VONVENDI .....                     | 58 |
| venlafaxine hcl CP24 PO 37.5 MG   | 15 | vigabatrin PACK .....            | 14 | VORAXAZE .....                     | 32 |
| venlafaxine hcl CP24 PO 75 MG ..  | 15 | vigabatrin TABS .....            | 14 | VORTEX HOLD                        |    |
| venlafaxine hcl TABS PO .....     | 15 | VIJOICE TBPK .....               | 75 | CHMBR/MASK/CHILD DEVI .....        | 73 |
| venlafaxine hcl TB24 PO .....     | 15 | VILTEPSO .....                   | 80 | VORTEX HOLD                        |    |
| VENTOLIN HFA AERS (Use            |    | VIMIZIM .....                    | 55 | CHMBR/MASK/TODDLER DEVI ..         | 73 |
| albuterol sulfate) .....          | 12 | vincristine sulfate .....        | 32 | VORTEX VALVED HOLDING              |    |
| verapamil hcl CP24 PO 100 MG, 120 |    | VIRACEPT TABS PO 250 MG ....     | 36 | CHAMBER DEVI .....                 | 73 |
| MG, 180 MG, 200 MG, 240 MG ...    | 39 | VIRACEPT TABS PO 625 MG ....     | 36 | VOSEVI .....                       | 37 |
| verapamil hcl CP24 PO 300 MG ...  | 38 | VIREAD POWD .....                | 36 | VOTRIENT .....                     | 31 |
| verapamil hcl CP24 PO 360 MG ...  | 38 | VIREAD TABS PO (Use tenofovir    |    | VPRIV .....                        | 59 |
| VERAPAMIL HCL ER CP24 PO (Use     |    | disoproxil fumarate) .....       | 36 | VSL#3 CAPS PO .....                | 22 |
| verapamil hcl) .....              | 38 | VIREAD TABS PO .....             | 36 | VTAMA .....                        | 46 |
| VERAPAMIL HCL ER CP24 PO 300      |    | VISBIOME HIGH POTENCY CAPS       |    | VYNDAMAX .....                     | 39 |
| MG .....                          | 38 | PO .....                         | 22 | VYNDAQEL .....                     | 39 |
| VERAPAMIL HCL ER CP24 PO 360      |    | VISCO-3 SOSY .....               | 78 | VYONDYS 53 .....                   | 80 |
| MG .....                          | 38 | VISTOGARD .....                  | 23 |                                    |    |
| verapamil hcl TABS PO .....       | 39 | VISUDYNE .....                   | 82 |                                    |    |

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| VYVANSE CAPS PO .....  | 1  | XCOPRI TABS .....                                | 13 | YUFLYMA (2 SYRINGE) PSKT 20<br>MG/0.2ML .....  | 4  |
| VYVANSE CHEW .....   | 1  | XELJANZ SOLN .....                               | 3  | YUFLYMA (2 SYRINGE) PSKT 40<br>MG/0.4ML .....  | 4  |
| WALGREENS GLUCOSE CHEW PO<br>.....   | 17 | XELSTRYM .....                                   | 1  | YUFLYMA-CD/UC/HS STARTER<br>AJKT .....   | 4  |
| WALGREENS LANCETS MICRO<br>THIN .....  | 68 | XEOMIN .....                                     | 80 | YUSIMRY .....  | 4  |
| WALGREENS LANCETS SUPER<br>THIN .....  | 68 | XGEVA SOLN .....                                 | 53 | YUTIQ .....  | 83 |
| WALGREENS THIN LANCETS ..  | 68 | XIAFLEX .....                                    | 74 | zafirlukast PO .....   | 10 |
| warfarin sodium TABS PO .....  | 12 | XIIDRA .....                                     | 82 | zaleplon PO .....  | 61 |
| WEBCOL ALCOHOL PREP LARGE<br>69  |    | XOFLUZA (40 MG DOSE) PO 40 MG<br>.....           | 37 | ZALTRAP .....  | 29 |
| WEBCOL ALCOHOL PREP<br>MEDIUM .....  | 69 | XOFLUZA (80 MG DOSE) PO 80 MG<br>.....           | 37 | ZARXIO .....   | 59 |
| WEGOVY .....   | 1  | XOLAIR SOAJ .....                                | 10 | ZAVZPRET .....   | 73 |
| WELLPRO 31 CAPS PO .....   | 22 | XOLAIR SOLR .....                                | 10 | ZEGALOGUE SOAJ .....   | 17 |
| white petrolatum-mineral oil .....   | 80 | XOLAIR SOSY .....                                | 10 | ZEGALOGUE SOSY .....   | 17 |
| WILATE KIT .....   | 58 | XOPENEX HFA (Use levalbuterol<br>tartrate) ..... | 12 | ZELAC CAPS PO .....  | 22 |
| WINDMILL TRAINER MISC .....  | 73 | XOSPATA .....                                    | 31 | ZELBORAF PO .....  | 31 |
| WINRHO SDF SOLN 1500<br>UNIT/1.3ML, 2500 UNIT/2.2ML, 5000<br>UNIT/4.4ML, 15000 UNIT/13ML ... | 84 | XPERT XPRESS SARS-COV-2 ..                       | 52 | ZEMAIRA SOLR 1000 MG .....   | 87 |
| WOMENS 50 BILLION CAPS PO ..   | 22 | XPHOZAH .....                                    | 55 | ZENPEP CPEP PO 105000 UNIT-<br>79000 UNIT-25000 UNIT, 14000<br>UNIT-10000 UNIT-3000 UNIT,<br>168000 UNIT-126000 UNIT-40000<br>UNIT, 24000 UNIT-17000 UNIT-5000<br>UNIT, 252600 UNIT-189600 UNIT-<br>60000 UNIT, 42000 UNIT-32000<br>UNIT-10000 UNIT, 63000 UNIT-<br>47000 UNIT-15000 UNIT, 84000<br>UNIT-63000 UNIT-20000 UNIT ... | 52 |
| XACIATO GEL .....  | 93 | XTANDI CAPS .....                                | 30 | ZEPATIER .....   | 37 |
| XALKORI CAPS .....   | 31 | XYBIOTIC CAPS PO .....                           | 22 | ZEPBOUND SOAJ .....  | 1  |
| XARELTO STARTER PACK TBPK<br>12  |    | XYNTHA .....                                     | 58 | ZEPOSIA STARTER KIT CPPK ...   | 86 |
| XARELTO SUSR .....   | 12 | XYNTHA SOLOFUSE .....                            | 58 | ZEVALIN Y-90 .....   | 29 |
| XARELTO TABS 10 MG, 20 MG ..   | 12 | XYREM SOLN PO .....                              | 85 | ZIAGEN SOLN PO (Use abacavir<br>sulfate) .....   | 36 |
| XARELTO TABS 15 MG .....   | 12 | YERVOY .....                                     | 29 |  |    |
| XARELTO TABS 2.5 MG .....  | 12 | YESCARTA .....                                   | 30 |  |    |
| XCOPRI (250 MG DAILY DOSE)<br>TBPK .....   | 13 | YF-VAX INJ .....                                 | 93 |  |    |
|  |    | YONDELIS .....                                   | 28 |  |    |
|  |    | YOSPRALA PO 81 MG-40 MG ...                      | 59 |  |    |
|  |    | YUFLYMA (1 PEN) AJKT .....                       | 4  |  |    |
|  |    | YUFLYMA (2 PEN) AJKT .....                       | 4  |  |    |

|   |    |                              |    |   |    |
|---|----|------------------------------|----|---|----|
| ZIAGEN TABS PO (Use abacavir sulfate) ..... | 36 | ZOLGENSMA 13.6-14.0 KG ..... | 80 | zolmitriptan SOLN 2.5 MG .....                | 74 |
| zidovudine CAPS PO .....                    | 36 | ZOLGENSMA 14.1-14.5 KG ..... | 80 | zolmitriptan TABS PO .....                    | 74 |
| zidovudine SYRP PO .....                    | 36 | ZOLGENSMA 14.6-15.0 KG ..... | 80 | zolmitriptan TBDP PO .....                    | 74 |
| zidovudine TABS PO .....                    | 36 | ZOLGENSMA 15.1-15.5 KG ..... | 80 | ZOLPIDEM TARTRATE CAPS ....                   | 61 |
| ZIEXTENZO .....                             | 59 | ZOLGENSMA 15.6-16.0 KG ..... | 80 | zolpidem tartrate SUBL .....                  | 61 |
| zileuton TB12 PO .....                      | 10 | ZOLGENSMA 16.1-16.5 KG ..... | 80 | zolpidem tartrate TABS PO .....               | 61 |
| ZILRETTA SRER .....                         | 43 | ZOLGENSMA 16.6-17.0 KG ..... | 80 | zolpidem tartrate TBCR PO .....               | 61 |
| ZIMHI SOSY .....                            | 23 | ZOLGENSMA 17.1-17.5 KG ..... | 80 | ZOMIG SOLN 2.5 MG (Use<br>zolmitriptan) ..... | 74 |
| zinc oxide (topical) OINT 20 % .....        | 50 | ZOLGENSMA 17.6-18.0 KG ..... | 80 | ZONISADE SUSP .....                           | 13 |
| zinc sulfate CAPS PO .....                  | 74 | ZOLGENSMA 18.1-18.5 KG ..... | 80 | zonisamide CAPS PO .....                      | 13 |
| ZINPLAVA .....                              | 84 | ZOLGENSMA 18.6-19.0 KG ..... | 80 | ZORYVE 0.3 % .....                            | 46 |
| ziprasidone hcl PO .....                    | 33 | ZOLGENSMA 19.1-19.5 KG ..... | 80 | ZOVIRAX CREA (Use acyclovir<br>topical) ..... | 46 |
| ziprasidone mesylate .....                  | 33 | ZOLGENSMA 19.6-20.0 KG ..... | 80 | ZOVIRAX OINT (Use acyclovir<br>topical) ..... | 46 |
| ZITUVIO .....                               | 17 | ZOLGENSMA 2.6-3.0 KG .....   | 80 | ZTALMY .....                                  | 13 |
| ZOLADEX 10.8 MG .....                       | 30 | ZOLGENSMA 20.1-20.5 KG ..... | 80 | ZUBSOLV SUBL 0.18 MG-0.7 MG .                 | 8  |
| ZOLADEX 3.6 MG .....                        | 30 | ZOLGENSMA 3.1-3.5 KG .....   | 80 | ZUBSOLV SUBL 0.36 MG-1.4 MG .                 | 8  |
| zoledronic acid CONC .....                  | 53 | ZOLGENSMA 3.6-4.0 KG .....   | 80 | ZUBSOLV SUBL 0.71 MG-2.9 MG .                 | 8  |
| zoledronic acid SOLN 4 MG/100ML<br>53       |    | ZOLGENSMA 4.1-4.5 KG .....   | 80 | ZUBSOLV SUBL 1.4 MG-5.7 MG ..                 | 8  |
| zoledronic acid SOLN 5 MG/100ML<br>53       |    | ZOLGENSMA 4.6-5.0 KG .....   | 80 | ZUBSOLV SUBL 2.1 MG-8.6 MG ..                 | 8  |
| ZOLEDRONIC ACID SOLN .....                  | 53 | ZOLGENSMA 5.1-5.5 KG .....   | 80 | ZUBSOLV SUBL 2.9 MG-11.4 MG .                 | 8  |
| ZOLGENSMA 20.6-21.0 KG .....                | 80 | ZOLGENSMA 5.6-6.0 KG .....   | 80 | ZULRESSO .....                                | 14 |
| ZOLGENSMA 10.1-10.5 KG .....                | 80 | ZOLGENSMA 6.1-6.5 KG .....   | 80 | ZURZUVAE .....                                | 14 |
| ZOLGENSMA 10.6-11.0 KG .....                | 80 | ZOLGENSMA 6.6-7.0 KG .....   | 80 | ZYDELIG .....                                 | 31 |
| ZOLGENSMA 11.1-11.5 KG .....                | 80 | ZOLGENSMA 7.1-7.5 KG .....   | 80 | ZYKADIA TABS .....                            | 31 |
| ZOLGENSMA 11.6-12.0 KG .....                | 80 | ZOLGENSMA 7.6-8.0 KG .....   | 80 | ZYNTEGLO .....                                | 59 |
| ZOLGENSMA 12.1-12.5 KG .....                | 80 | ZOLGENSMA 8.1-8.5 KG .....   | 80 | ZYPREXA RELPREVV .....                        | 34 |
| ZOLGENSMA 12.6-13.0 KG .....                | 80 | ZOLGENSMA 8.6-9.0 KG .....   | 80 |   |    |
| ZOLGENSMA 13.1-13.5 KG .....                | 80 | ZOLGENSMA 9.1-9.5 KG .....   | 80 |   |    |
|   |    | ZOLGENSMA 9.6-10.0 KG .....  | 80 |   |    |
|   |    | ZOLINZA .....                | 31 |   |    |