

## Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at [absolutetotalcare.com](https://absolutetotalcare.com) or call us at 1-866-433-6041 (TTY: 711).

### Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

## Notice of Non-Discrimination

Absolute Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

### **Absolute Total Care:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, contact Member Services, by mail at: 100 Center Point Circle, Suite 100, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: [ATCMBRSVC@centene.com](mailto:ATCMBRSVC@centene.com).

If you believe that **Absolute Total Care** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator

PO Box 31384, Tampa, FL 33631

855-577-8234 (TTY: 711)

FAX: 866-388-1769

[SM\\_Section1557Coord@centene.com](mailto:SM_Section1557Coord@centene.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>

This notice is available at **Absolute Total Care's** website:

<https://www.absolutetotalcare.com/members/medicaid/nondiscrimination-notice.html>

## Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:

1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हद्दी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူနာကတိကညီ ကျိအလိ၊ နမူနာ ကျိအတိမၤစၢလၢ တလံာ်ဘျုးလၢ်စ့ၤ နီတမံၤဘျုးသ့န့ၣ်လီၤ. ကိး 866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚክሳው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ለተሳናቸው: 711)፡

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

## **Pharmacy Program**

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

## **Comprehensive Drug List (CDL)**

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

## **Pharmacy Benefit Manager**

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

## **Specialty Drugs**

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

## **Dispensing Limits**

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

## **Appropriate Use and Safety Edits**

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

### Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, [absolutetotalcare.com](http://absolutetotalcare.com). All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

### Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

### Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

### Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

## Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

## Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

## Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

### **Medicaid Drug Rebate Program**

Absolute Total Care only covers rebated drugs that are in the Medicaid Drug Rebate program and Food and Drug Administration (FDA) approved are covered on the pharmacy benefit. Requests for coverage of a non-rebated drug will require an appeal for medical necessity review on a case-by-case basis

### **340B Program**

Per SCDHHS Pharmacy Services Provider Manual “340B Program Effective with dates of service on or after July 1, 2019, the following policy will apply regarding the submission of claims for drugs purchased through the 340B Program, as described in Section 340B of the Public Health Act of 1992.

For drugs purchased through the 340B Program, covered entities must submit a value of “20” in the Submission Clarification Code field (420-DK). When submitting Medicaid FFS claims, an amount not to exceed the 340B ceiling price plus an enhanced 340B dispensing fee should be submitted in the usual and customary field.

Claims submitted by covered entities without a value of “20” in the Submission Clarification Code field will be considered eligible for Medicaid rebates. This policy applies to all covered entities, regardless.”

### **Newly-Approved Products**

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If

Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

### **Over-The-Counter (OTC) Medications**

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

### **Generic Drugs**

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

## Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

## Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at [absolutetotalcare.com](https://absolutetotalcare.com) and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

## Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

## Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

|     |                            |
|-----|----------------------------|
| P:  | Preferred                  |
| NP: | Non-preferred              |
| PA: | Preferred with Clinical PA |

Non-managed/Supplemental (clinical criteria may apply):

|     |                            |
|-----|----------------------------|
| C:  | Non-Managed Covered        |
| NC: | Non-Managed Not Covered    |
| X:  | Pharmacy Benefit Exclusion |

## Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

| Abbreviations     |                                |                                                                                                                                                                                      |
|-------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL                | Age Limit                      | Drug is limited to specific age.                                                                                                                                                     |
| QL                | Quantity Limit                 | There is a limit on the amount of drug covered per prescription or within a specific timeframe.                                                                                      |
| Max Day(s) Supply | Day(s) Supply                  | There is a limit on the amount of the drug that is covered per time.                                                                                                                 |
| Max Fill          | Fill Limit                     | There is a limit on the number of times the drug can be filled.                                                                                                                      |
| Opioid Smart PA   | Unique Limits for Opioid Drugs | There may be limits on use such as maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use. |
| PA, Smart PA      | Prior Authorization            | Prior authorization is required before prescription can be filled.                                                                                                                   |
| Pack Lmt          | Package Limit                  | There is a limit on the number of packages covered per prescription.                                                                                                                 |
| Rtl               | Retail                         | The limit or restriction applies to coverage at a retail pharmacy.                                                                                                                   |
| RX/OTC            | Prescription/Over-the-Counter  | The drug is available as both prescription and over-the-counter.                                                                                                                     |
| SP                | Specialty Drug                 | High-cost drugs used to treat complex or rare conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.                                               |
| ST                | Step Therapy                   | Requires trial and failure of one or more preferred products prior to coverage.                                                                                                      |

## Clinical Edit Descriptions

| Edit Name   | Edit Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Opioid      | <p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve*</p> <p>Limits:</p> <ul style="list-style-type: none"><li>• Daily Dose Max = 90 MME**</li><li>• Day Supply Max = 7 days</li><li>• Must use short-acting opioids before long-acting opioids</li></ul> <p>*Treatment-Naïve means no opioid fill in last 180 days</p> <p>**MME = Morphine Milligram Equivalent</p> |
| Test Strips | Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## Contact Information

| Contact Information             |                                                                                                                                   |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Absolute Total Care             | Phone: 1-866-433-6041<br>Fax: 1-855-865-9469<br>Website: <a href="http://www.absolutetotalcare.com">www.absolutetotalcare.com</a> |
| AcariaHealth Specialty Pharmacy | Phone: 1-855-535-1815<br>Fax: 1-855-217-0926<br>Website: <a href="http://www.acariahealth.com">www.acariahealth.com</a>           |
| Pharmacy Services               | PA Phone: 1-866-399-0928<br>PA Fax: 1-833-982-4001<br>Help Desk: 1-800-460-8988                                                   |
| Pharmacy Help Desk              | Phone: 1-833-750-4506                                                                                                             |

| Drug Name                                                                                              | Drug Tier | Requirements/Limits                    | Drug Name                                                                 | Drug Tier | Requirements/Limits                                                                        |
|--------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|---------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b> |           |                                        | <i>dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG</i>                 | P         |                                                                                            |
| <b>Amphetamines</b>                                                                                    |           |                                        | <i>dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG</i> | NP        |                                                                                            |
| ADDERALL XR CP24 ( <i>amphetamine-dextroamphetamine</i> )                                              | NP        | QL(1 EA daily); AL(At least 6 yrs old) | <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>                         | NP        | QL(2 EA daily); AL(At least 3 yrs old)                                                     |
| ADDERALL TABS ( <i>amphetamine-dextroamphetamine</i> )                                                 | P         | QL(2 EA daily); AL(At least 3 yrs old) | <i>dextroamphetamine sulfate TABS 5 MG, 10 MG</i>                         | P         | QL(2 EA daily); AL(At least 3 yrs old)                                                     |
| ADZENYS XR-ODT TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG ( <i>amphetamine</i> )           | NP        |                                        | DYANAVEL XR SUER                                                          | P         |                                                                                            |
| <i>amphetamine sulfate TABS</i>                                                                        | NP        |                                        | DYANAVEL XR TBCR                                                          | NP        |                                                                                            |
| <i>amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG</i>                      | P         | QL(1 EA daily); AL(At least 6 yrs old) | EVEKEO TABS ( <i>amphetamine sulfate</i> )                                | NP        |                                                                                            |
| <i>amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG</i>                               | NP        |                                        | <i>lisdexamfetamine dimesylate CAPS</i>                                   | NP        | Brand Preferred; QL(1 EA daily)                                                            |
| <i>amphetamine-dextroamphetamine TABS</i>                                                              | P         | QL(2 EA daily); AL(At least 3 yrs old) | <i>lisdexamfetamine dimesylate CHEW</i>                                   | NP        | Brand Preferred                                                                            |
| <i>amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG</i>                              | NP        |                                        | <i>methamphetamine hcl</i>                                                | NP        |                                                                                            |
| DEXEDRINE CP24 10 MG, 15 MG ( <i>dextroamphetamine sulfate</i> )                                       | NP        | QL(2 EA daily); AL(At least 6 yrs old) | MYDAYIS CP24 ( <i>amphetamine-dextroamphetamine</i> )                     | NP        |                                                                                            |
| <i>dextroamphetamine sulfate CP24 5 MG</i>                                                             | P         | QL(1 EA daily); AL(At least 6 yrs old) | VYVANSE CAPS                                                              | P         | Brand Preferred; QL(1 EA daily)                                                            |
| <i>dextroamphetamine sulfate CP24 10 MG, 15 MG</i>                                                     | P         | QL(2 EA daily); AL(At least 6 yrs old) | VYVANSE CHEW                                                              | P         | Brand Preferred                                                                            |
| <i>dextroamphetamine sulfate SOLN</i>                                                                  | NP        |                                        | XELSTRYM                                                                  | NP        |                                                                                            |
|                                                                                                        |           |                                        | <b>Analeptics</b>                                                         |           |                                                                                            |
|                                                                                                        |           |                                        | <i>caffeine citrate SOLN PO</i>                                           | C         | Limit 2 fills per Lifetime; QL(45 ML per fill retail); 2 max fill(s) per 999 day(s) retail |
|                                                                                                        |           |                                        | <b>Anti-Obesity Agents</b>                                                |           |                                                                                            |
|                                                                                                        |           |                                        | <i>liraglutide (weight management) 18 MG/3ML</i>                          | NP        |                                                                                            |

Updated December 2025

| Drug Name                                                  | Drug Tier | Requirements/ Limits                                     | Drug Name                                                     | Drug Tier | Requirements/ Limits                      |
|------------------------------------------------------------|-----------|----------------------------------------------------------|---------------------------------------------------------------|-----------|-------------------------------------------|
| SAXENDA 18 MG/3ML<br>(liraglutide (weight management))     | NP        |                                                          | dexmethylphenidate hcl<br>TABS                                | P         | QL(2 EA daily);<br>AL(At least 6 yrs old) |
| WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML                        | PA        | QL(3 ML per 28 day(s) retail; 2 ML per 28 days mail); PA | FOCALIN XR CP24<br>(dexmethylphenidate hcl)                   | NP        |                                           |
| WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML             | PA        | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); PA | FOCALIN TABS<br>(dexmethylphenidate hcl)                      | NP        | QL(2 EA daily);<br>AL(At least 6 yrs old) |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents     |           |                                                          | JORNAY PM CP24                                                | NP        |                                           |
| atomoxetine hcl                                            | P         | AL(At least 6 yrs old)                                   | METHYLIN SOLN<br>(methylphenidate hcl)                        | NP        |                                           |
| clonidine hcl (adhd) TB12                                  | P         |                                                          | methylphenidate hcl<br>CHEW                                   | NP        |                                           |
| guanfacine hcl (adhd)                                      | P         | QL(1 EA daily);<br>AL(At least 6 yrs old)                | methylphenidate hcl CP24                                      | NP        |                                           |
| INTUNIV (guanfacine hcl (adhd))                            | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)                | methylphenidate hcl CP24<br>10 MG, 20 MG, 30 MG, 40 MG, 60 MG | P         |                                           |
| ONYDA XR SUER                                              | NP        |                                                          | methylphenidate hcl<br>CPCR                                   | P         | QL(1 EA daily);<br>AL(At least 6 yrs old) |
| QELBREE                                                    | NP        |                                                          | methylphenidate hcl<br>SOLN                                   | P         |                                           |
| STRATTERA<br>(atomoxetine hcl)                             | NP        | AL(At least 6 yrs old)                                   | methylphenidate hcl<br>TABS 10 MG, 20 MG                      | P         | QL(3 EA daily);<br>AL(At least 3 yrs old) |
| Stimulants - Misc.                                         |           |                                                          | methylphenidate hcl<br>TABS 5 MG                              | P         | QL(6 EA daily);<br>AL(At least 3 yrs old) |
| APTENSIO XR CP24<br>(methylphenidate hcl)                  | NP        |                                                          | methylphenidate hcl TB24<br>18 MG, 27 MG, 54 MG               | P         | QL(1 EA daily)                            |
| armodafinil                                                | NP        |                                                          | methylphenidate hcl TB24<br>36 MG                             | P         | QL(2 EA daily)                            |
| AZSTARYS                                                   | NP        |                                                          | methylphenidate hcl<br>TBCR 18 MG, 27 MG, 54 MG               | P         | QL(1 EA daily);<br>AL(At least 6 yrs old) |
| CONCERTA TBCR 36 MG<br>(methylphenidate hcl)               | NP        | QL(2 EA daily);<br>AL(At least 6 yrs old)                | methylphenidate hcl<br>TBCR 45 MG, 63 MG, 72 MG               | NP        |                                           |
| CONCERTA TBCR 18 MG, 27 MG, 54 MG<br>(methylphenidate hcl) | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)                | methylphenidate hcl<br>TBCR 10 MG, 20 MG, 36 MG               | P         | QL(2 EA daily);<br>AL(At least 6 yrs old) |
| COTEMPLA XR-ODT<br>TBED                                    | NP        |                                                          | methylphenidate PTCH                                          | NP        | Brand Preferred                           |
| DAYTRANA PTCH<br>(methylphenidate)                         | P         | Brand Preferred                                          | modafinil                                                     | NP        |                                           |
| dexmethylphenidate hcl<br>CP24                             | P         |                                                          | NUVIGIL (armodafinil)                                         | NP        |                                           |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits                                       |
|---------------------------------------------------------------------|-----------|------------------------------------------------------------|
| PROVIGIL ( <i>modafinil</i> )                                       | NP        |                                                            |
| QUILLICHEW ER CHER                                                  | P         |                                                            |
| QUILLIVANT XR SRER                                                  | P         |                                                            |
| RELEXXII TBCR 18 MG, 27 MG, 54 MG                                   | NP        | QL(1 EA daily); AL(At least 6 yrs old)                     |
| RELEXXII TBCR 45 MG, 63 MG, 72 MG                                   | NP        |                                                            |
| RELEXXII TBCR 36 MG                                                 | NP        | QL(2 EA daily); AL(At least 6 yrs old)                     |
| RELEXXII TBCR 45 MG, 63 MG, 72 MG<br>( <i>methylphenidate hcl</i> ) | NP        |                                                            |
| RITALIN LA CP24<br>( <i>methylphenidate hcl</i> )                   | NP        |                                                            |
| RITALIN TABS 5 MG<br>( <i>methylphenidate hcl</i> )                 | NP        | QL(6 EA daily); AL(At least 3 yrs old)                     |
| RITALIN TABS 10 MG, 20 MG<br>( <i>methylphenidate hcl</i> )         | NP        | QL(3 EA daily); AL(At least 3 yrs old)                     |
| <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                         |           |                                                            |
| Allergenic Extracts                                                 |           |                                                            |
| GRASTEK SUBL                                                        | C         | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)  |
| RAGWITEK SUBL                                                       | C         | QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old) |
| <b>AMEBICIDES</b>                                                   |           |                                                            |
| Amebicides                                                          |           |                                                            |
| SOLOSEC                                                             | NP        | ST                                                         |
| <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b>        |           |                                                            |
| Aminoglycosides                                                     |           |                                                            |
| ARIKAYCE                                                            | NP        | SP                                                         |
| BETHKIS NEBU<br>( <i>tobramycin</i> )                               | NP        | SP                                                         |

| Drug Name                                                                                                                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML ( <i>tobramycin</i> )                                                                           | NP        | SP                   |
| <i>neomycin sulfate TABS</i>                                                                                                               | NP        |                      |
| TOBI PODHALER CAPS                                                                                                                         | PA        | SP; PA               |
| TOBI NEBU ( <i>tobramycin</i> )                                                                                                            | NP        | SP                   |
| <i>tobramycin sulfate SOLN IJ 1.2 GM/30ML, 10 MG/ML, 80 MG/2ML</i>                                                                         | C         | PA                   |
| <i>tobramycin sulfate SOLR</i>                                                                                                             | C         | PA                   |
| <i>tobramycin NEBU</i>                                                                                                                     | PA        | SP; PA               |
| <i>tobramycin NEBU</i>                                                                                                                     | NP        | SP                   |
| <i>tobramycin NEBU</i>                                                                                                                     | PA        | PA                   |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b>                                         |           |                      |
| Antirheumatic - Enzyme Inhibitors                                                                                                          |           |                      |
| OLUMIANT                                                                                                                                   | NP        | SP                   |
| RINVOQ LQ SOLN                                                                                                                             | NP        | SP                   |
| RINVOQ TB24                                                                                                                                | NP        | SP                   |
| XELJANZ XR TB24                                                                                                                            | NP        | SP                   |
| XELJANZ SOLN                                                                                                                               | NP        | SP                   |
| XELJANZ TABS                                                                                                                               | NP        | SP                   |
| Antirheumatic Antimetabolites                                                                                                              |           |                      |
| 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                               | NP        | SP                   |
| 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 | P         | SP                   |
| Anti-TNF-alpha - Monoclonal Antibodies                                                                                                     |           |                      |
| ABRILADA (1 PEN) AJKT                                                                                                                      | NP        | SP                   |

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| Drug Name                                       | Drug Tier | Requirements/ Limits | Drug Name                                        | Drug Tier | Requirements/ Limits                                                             |
|-------------------------------------------------|-----------|----------------------|--------------------------------------------------|-----------|----------------------------------------------------------------------------------|
| ABRILADA (2 PEN) AJKT                           | NP        | SP                   | AMJEVITA-PED 10KG TO <15KG SOSY                  | NP        | SP                                                                               |
| ABRILADA (2 SYRINGE) PSKT                       | NP        | SP                   | AMJEVITA-PED 15KG TO <30KG SOSY                  | NP        | SP                                                                               |
| ADALIMUMAB-AACF (2 PEN) AJKT                    | NP        | SP                   | AMJEVITA SOAJ                                    | NP        | SP                                                                               |
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT             | NP        | SP                   | AMJEVITA SOSY                                    | NP        | SP                                                                               |
| ADALIMUMAB-AACF(PS/UV STARTER) AJKT             | NP        | SP                   | CYLTEZO (2 PEN) AJKT                             | NP        | SP                                                                               |
| ADALIMUMAB-AATY (1 PEN) AJKT                    | NP        | SP                   | CYLTEZO (2 SYRINGE) PSKT                         | NP        | SP                                                                               |
| ADALIMUMAB-AATY (2 PEN) AJKT                    | NP        | SP                   | CYLTEZO-CD/UC/HS STARTER AJKT                    | NP        | SP                                                                               |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT                | NP        | SP                   | CYLTEZO-PSORIASIS/UV STARTER AJKT                | NP        | SP                                                                               |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML | NP        |                      | HADLIMA PUSHTOUCH SOAJ                           | NP        | SP                                                                               |
| ADALIMUMAB-ADAZ SOAJ                            | NP        | SP                   | HADLIMA SOSY                                     | NP        | SP                                                                               |
| ADALIMUMAB-ADAZ SOSY 10 MG/0.1ML                | NP        |                      | HULIO (2 PEN) AJKT                               | NP        | SP                                                                               |
| ADALIMUMAB-ADAZ SOSY                            | NP        | SP                   | HULIO (2 SYRINGE) PSKT                           | NP        | SP                                                                               |
| ADALIMUMAB-ADBM (2 PEN) AJKT                    | NP        | SP                   | HUMIRA (2 PEN) AJKT 40 MG/0.8ML                  | P         | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP         |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT                | NP        | SP                   | HUMIRA (2 PEN) AJKT 40 MG/0.4ML                  | P         | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP                        |
| ADALIMUMAB-FKJP (2 PEN) AJKT                    | NP        | SP                   | HUMIRA (2 PEN) AJKT 80 MG/0.8ML                  | P         | QL(2 EA per 28 day(s) retail; 2 EA per 28 days mail); AL(At least 2 yrs old); SP |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT                | NP        | SP                   | HUMIRA (2 SYRINGE) PSKT 40 MG/0.8ML              | P         | QL(0.14 EA daily; 4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP         |
| ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML        | NP        |                      | HUMIRA (2 SYRINGE) PSKT 10 MG/0.1ML, 20 MG/0.2ML | P         | QL(2 EA per 28 day(s) retail); AL(At least 2 yrs old); SP                        |
| ADALIMUMAB-RYVK (2 PEN) AJKT                    | NP        |                      |                                                  |           |                                                                                  |
| ADALIMUMAB-RYVK (2 PEN) AJKT                    | NP        | SP                   |                                                  |           |                                                                                  |
| ADALIMUMAB-RYVK (2 SYRINGE) PSKT                | NP        | SP                   |                                                  |           |                                                                                  |

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| Drug Name                                | Drug Tier | Requirements/ Limits                                       |
|------------------------------------------|-----------|------------------------------------------------------------|
| HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML      | P         | QL(4 EA per 28 day(s) retail); AL(At least 2 yrs old); SP  |
| HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | P         | QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP |
| HUMIRA-PSORIASIS/UEIT STARTER AJKT       | P         | QL(3 EA per 365 day(s) retail); AL(At least 2 yrs old); SP |
| HYRIMOZ-CROHNS/UC STARTER SOAJ           | NP        | SP                                                         |
| HYRIMOZ-PED<40KG CROHN STARTER SOSY      | NP        | SP                                                         |
| HYRIMOZ-PED>=40KG CROHN START SOSY       | NP        | SP                                                         |
| HYRIMOZ-PLAQ PSOR/UEIT START SOAJ        | NP        | SP                                                         |
| HYRIMOZ SOAJ                             | NP        | SP                                                         |
| HYRIMOZ SOSY                             | NP        | SP                                                         |
| IDACIO (2 PEN) AJKT                      | NP        | SP                                                         |
| IDACIO-CROHNS/UC STARTER AJKT            | NP        | SP                                                         |
| IDACIO-PSORIASIS STARTER AJKT            | NP        | SP                                                         |
| SIMLANDI (1 PEN) AJKT                    | NP        | SP                                                         |
| SIMLANDI (1 SYRINGE) PSKT                | NP        | SP                                                         |
| SIMLANDI (2 PEN) AJKT                    | NP        | SP                                                         |
| SIMLANDI (2 SYRINGE) PSKT                | NP        | SP                                                         |
| SIMPONI SOAJ                             | NP        | SP                                                         |
| SIMPONI SOSY                             | NP        | SP                                                         |
| YUFLYMA (1 PEN) AJKT                     | NP        | SP                                                         |
| YUFLYMA (2 PEN) AJKT                     | NP        | SP                                                         |
| YUFLYMA (2 SYRINGE) PSKT                 | NP        | SP                                                         |

| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| YUFLYMA-CD/UC/HS STARTER AJKT                       | NP        | SP                   |
| YUSIMRY                                             | NP        | SP                   |
| YUSIMRY                                             | NP        |                      |
| Interleukin-1 Blockers                              |           |                      |
| ARCALYST                                            | NP        | SP                   |
| Interleukin-1 Receptor Antagonist (IL-1Ra)          |           |                      |
| KINERET SOSY                                        | NP        | SP                   |
| Interleukin-6 Receptor Inhibitors                   |           |                      |
| ACTEMRA ACTPEN SOAJ                                 | NP        | SP                   |
| ACTEMRA SOLN                                        | C         | SP; PA               |
| ACTEMRA SOSY                                        | NP        | SP                   |
| KEVZARA SOAJ                                        | NP        | SP                   |
| KEVZARA SOSY                                        | NP        | SP                   |
| TYENNE SOAJ                                         | NP        | SP                   |
| TYENNE SOAJ                                         | NP        |                      |
| TYENNE SOSY                                         | NP        | SP                   |
| TYENNE SOSY                                         | NP        |                      |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs)      |           |                      |
| ARTHROTEC TBEC ( <i>diclofenac w/ misoprostol</i> ) | NP        |                      |
| <i>celecoxib</i>                                    | C         | QL(2 EA daily); PA   |
| DAYPRO TABS ( <i>oxaprozin</i> )                    | NP        |                      |
| <i>diclofenac potassium CAPS</i>                    | NP        |                      |
| <i>diclofenac potassium TABS</i>                    | NP        |                      |
| <i>diclofenac sodium TB24</i>                       | P         |                      |
| <i>diclofenac sodium TBEC</i>                       | P         |                      |
| <i>diclofenac w/ misoprostol TBEC</i>               | NP        |                      |
| <i>etodolac CAPS</i>                                | NP        |                      |
| <i>etodolac TABS</i>                                | NP        |                      |
| <i>etodolac TB24</i>                                | NP        |                      |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                    | Drug Name                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|---------------------------------------------------------|-----------------------------------------------|-----------|----------------------|
| <i>fenoprofen calcium CAPS 400 MG</i>         | NP        |                                                         | NAPRELAN TB24 ( <i>naproxen sodium</i> )      | NP        |                      |
| <i>fenoprofen calcium TABS</i>                | NP        |                                                         | NAPROSYN SUSP ( <i>naproxen</i> )             | NP        |                      |
| FENOPRON CAPS                                 | NP        |                                                         | <i>naproxen sodium TABS 275 MG, 550 MG</i>    | NP        |                      |
| <i>flurbiprofen TABS 100 MG</i>               | NP        |                                                         | <i>naproxen sodium TABS 220 MG</i>            | C         | QL(2 EA daily)       |
| <i>ibuprofen CHEW</i>                         | C         |                                                         | <i>naproxen sodium TB24</i>                   | NP        |                      |
| <i>ibuprofen-famotidine</i>                   | NP        |                                                         | <i>naproxen-esomeprazole magnesium</i>        | NP        |                      |
| <i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>  | C         |                                                         | <i>naproxen SUSP</i>                          | P         |                      |
| <i>ibuprofen SUSP 100 MG/5ML, 200 MG/10ML</i> | P         | RX/OTC                                                  | <i>naproxen TABS</i>                          | P         |                      |
| <i>ibuprofen TABS 200 MG</i>                  | C         |                                                         | <i>naproxen TBEC</i>                          | P         | QL(2 EA daily)       |
| <i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>  | P         |                                                         | <i>oxaprozin TABS</i>                         | NP        |                      |
| <i>ibuprofen TABS 300 MG</i>                  | NP        |                                                         | <i>piroxicam CAPS</i>                         | P         |                      |
| <i>indomethacin CAPS 25 MG, 50 MG</i>         | P         |                                                         | RELAFEN DS                                    | NP        |                      |
| <i>indomethacin CPCR</i>                      | NP        |                                                         | <i>sulindac TABS</i>                          | P         |                      |
| <i>indomethacin SUPP</i>                      | NP        |                                                         | <i>tolmetin sodium CAPS</i>                   | NP        |                      |
| <i>indomethacin SUSP</i>                      | NP        |                                                         | <i>tolmetin sodium TABS 600 MG</i>            | NP        |                      |
| <i>ketoprofen CAPS 25 MG</i>                  | NP        |                                                         | VYSCOXA PO 10 MG/ML                           | NP        |                      |
| <i>ketoprofen CAPS 50 MG</i>                  | C         |                                                         | Phosphodiesterase 4 (PDE4) Inhibitors         |           |                      |
| <i>ketoprofen CP24</i>                        | NP        |                                                         | OTEZLA XR TB24 PO 75 MG                       | NP        | SP                   |
| <i>ketorolac tromethamine TABS</i>            | P         | QL(20 EA per 31 day(s) retail); AL(At least 17 yrs old) | OTEZLA/OTEZLA XR INITIATION PK TBPK           | NP        | SP                   |
| LURBIRO TABS 100 MG ( <i>flurbiprofen</i> )   | NP        |                                                         | OTEZLA TABS                                   | NP        | SP                   |
| <i>meclofenamate sodium CAPS</i>              | NP        |                                                         | OTEZLA TBPK                                   | NP        | SP                   |
| <i>mefenamic acid CAPS</i>                    | NP        |                                                         | Pyrimidine Synthesis Inhibitors               |           |                      |
| <i>meloxicam CAPS</i>                         | NP        |                                                         | <i>leflunomide</i>                            | C         | QL(1 EA daily)       |
| <i>meloxicam TABS</i>                         | P         |                                                         | Selective Costimulation Modulators            |           |                      |
| <i>nabumetone</i>                             | P         |                                                         | ORENCIA CLICKJECT SOAJ                        | NP        | SP                   |
| NALFON CAPS ( <i>fenoprofen calcium</i> )     | NP        |                                                         | ORENCIA SOSY                                  | NP        | SP                   |
| NALFON TABS 600 MG                            | NP        |                                                         | Soluble Tumor Necrosis Factor Receptor Agents |           |                      |

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits                                                                                           | Drug Name                                                                     | Drug Tier | Requirements/ Limits                     |
|------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|------------------------------------------|
| ENBREL MINI SOCT                                                                   | P         | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP                                                      | <i>acetaminophen CHEW</i>                                                     | C         |                                          |
| ENBREL SURECLICK SOAJ                                                              | P         | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP                                                      | <i>acetaminophen LIQD 160 MG/5ML</i>                                          | C         |                                          |
| ENBREL SOLN                                                                        | P         | QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP                                                      | <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>        | C         | QL(240 ML per fill retail)               |
| ENBREL SOSY 50 MG/ML                                                               | P         | QL(8 ML per 28 day(s) retail); AL(At least 2 yrs old); SP                                                      | <i>acetaminophen SUPP 120 MG, 650 MG</i>                                      | C         | QL(12 EA per 31 day(s) retail)           |
| ENBREL SOSY 25 MG/0.5ML                                                            | P         | QL(4 ML per 28 day(s) retail); AL(At least 2 yrs old); SP                                                      | <i>acetaminophen SUSP 160 MG/5ML, 650 MG/20.3ML</i>                           | C         |                                          |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                                                                                                | <i>acetaminophen TABS 325 MG, 500 MG</i>                                      | C         |                                          |
|                                                                                    |           |                                                                                                                | FEVERALL JUNIOR STRENGTH SUPP                                                 | C         | QL(12 EA per 31 day(s) retail)           |
| Analgesic Combinations                                                             |           |                                                                                                                | Salicylates                                                                   |           |                                          |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>                   | C         | QL(4 EA daily)                                                                                                 | <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>                         | C         |                                          |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                   | C         | QL(4 EA daily)                                                                                                 | <i>aspirin CHEW</i>                                                           | C         |                                          |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                                  | C         |                                                                                                                | ASPIRIN SUPP 300 MG                                                           | C         | QL(12 EA per 31 day(s) retail)           |
| <i>butalbital-aspirin-caffeine CAPS</i>                                            | C         | QL(4 EA daily)                                                                                                 | <i>aspirin TABS 325 MG</i>                                                    | C         |                                          |
| Analgesics - Sodium Channel Pain Signal Inhibitors                                 |           |                                                                                                                | <i>aspirin TBEC 81 MG, 325 MG</i>                                             | C         |                                          |
| JOURNAVX                                                                           | P         | Does not exceed healthplan QL; QL(30 EA per 60 day(s) retail; 30 EA per 60 days mail); AL(At least 18 yrs old) | <i>diflunisal TABS</i>                                                        | NP        |                                          |
| Analgesics Other                                                                   |           |                                                                                                                | <i>salsalate</i>                                                              | C         |                                          |
|                                                                                    |           |                                                                                                                | <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                                          |
|                                                                                    |           |                                                                                                                | Opioid Agonists                                                               |           |                                          |
|                                                                                    |           |                                                                                                                | <i>codeine sulfate TABS 30 MG</i>                                             | P         | Opioid Smart PA; AL(At least 12 yrs old) |
|                                                                                    |           |                                                                                                                | CODEINE SULFATE TABS                                                          | P         | Opioid Smart PA; AL(At least 12 yrs old) |
|                                                                                    |           |                                                                                                                | CONZIP CP24 ( <i>tramadol hcl</i> )                                           | NP        | Opioid Smart PA                          |
|                                                                                    |           |                                                                                                                | DILAUDID LIQD ( <i>hydromorphone hcl</i> )                                    | NP        | Opioid Smart PA                          |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits            | Drug Name                                                              | Drug Tier | Requirements/ Limits                 |
|----------------------------------------------------------------------|-----------|---------------------------------|------------------------------------------------------------------------|-----------|--------------------------------------|
| DILAUDID TABS 8 MG<br>(hydromorphone hcl)                            | NP        | Opioid Smart PA; QL(4 EA daily) | meperidine hcl TABS 50 MG                                              | P         | Opioid Smart PA; QL(6 EA daily)      |
| DILAUDID TABS 2 MG<br>(hydromorphone hcl)                            | NP        | Opioid Smart PA; QL(8 EA daily) | methadone hcl TABS 5 MG                                                | C         | Opioid Smart PA; QL(4 EA daily); PA  |
| DILAUDID TABS 4 MG<br>(hydromorphone hcl)                            | NP        | Opioid Smart PA                 | methadone hcl TABS 10 MG                                               | C         | Opioid Smart PA; QL(10 EA daily); PA |
| fentanyl citrate TABS 200 MCG, 400 MCG, 600 MCG, 800 MCG             | NP        | Opioid Smart PA                 | morphine sulfate beads                                                 | NP        | Opioid Smart PA                      |
| fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR | P         | QL(0.34 EA daily)               | morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG | NP        | Opioid Smart PA                      |
| fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR                  | NP        |                                 | morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML                          | P         | Opioid Smart PA; QL(16.67 ML daily)  |
| hydrocodone bitartrate CP12                                          | NP        | Opioid Smart PA                 | morphine sulfate SOLN PO 100 MG/5ML                                    | P         | Opioid Smart PA                      |
| hydrocodone bitartrate T24A                                          | NP        | Opioid Smart PA                 | morphine sulfate SOLN PO 10 MG/5ML                                     | P         | QL(16.67 ML daily)                   |
| hydromorphone hcl LIQD                                               | P         | Opioid Smart PA                 | morphine sulfate SUPP                                                  | P         | Opioid Smart PA; QL(0.78 EA daily)   |
| HYDROMORPHONE HCL SUPP                                               | P         | Opioid Smart PA; QL(2 EA daily) | morphine sulfate TABS                                                  | P         | Opioid Smart PA; QL(6 EA daily)      |
| hydromorphone hcl TABS 4 MG                                          | P         | Opioid Smart PA                 | morphine sulfate TBCR                                                  | P         | Opioid Smart PA; QL(3 EA daily)      |
| hydromorphone hcl TABS 8 MG                                          | P         | Opioid Smart PA; QL(4 EA daily) | MS CONTIN TBCR (morphine sulfate)                                      | NP        | Opioid Smart PA; QL(3 EA daily)      |
| hydromorphone hcl TABS 2 MG                                          | P         | Opioid Smart PA; QL(8 EA daily) | oxycodone hcl CAPS                                                     | P         | Opioid Smart PA; QL(6 EA daily)      |
| hydromorphone hcl TB24                                               | NP        | Opioid Smart PA                 | oxycodone hcl CONC 100 MG/5ML                                          | P         | QL(4 ML daily)                       |
| HYSINGLA ER T24A                                                     | NP        | Opioid Smart PA                 | oxycodone hcl CONC 100 MG/5ML                                          | P         | Opioid Smart PA; QL(4 ML daily)      |
| levorphanol tartrate TABS 2 MG                                       | NP        |                                 | oxycodone hcl SOLN                                                     | P         | Opioid Smart PA                      |
| levorphanol tartrate TABS                                            | NP        | Opioid Smart PA                 | oxycodone hcl SOLN                                                     | P         |                                      |
| meperidine hcl SOLN PO 50 MG/5ML                                     | P         | Opioid Smart PA                 | oxycodone hcl T12A 20 MG, 40 MG                                        | NP        |                                      |

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| Drug Name                                             | Drug Tier | Requirements/ Limits                                     | Drug Name                                                                                         | Drug Tier | Requirements/ Limits                                      |
|-------------------------------------------------------|-----------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <i>oxycodone hcl TABS</i>                             | P         | Opioid Smart PA; QL(6 EA daily)                          | <i>acetaminophen w/ codeine SOLN</i>                                                              | P         | Opioid Smart PA; QL(30 ML daily); AL(At least 12 yrs old) |
| OXYCONTIN T12A                                        | P         | Brand Preferred; Opioid Smart PA                         | <i>acetaminophen w/ codeine TABS</i>                                                              | P         | QL(6 EA daily); AL(At least 12 yrs old)                   |
| <i>oxymorphone hcl TABS</i>                           | NP        | Opioid Smart PA                                          | <i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>                     | P         | Opioid Smart PA; QL(6 EA daily); AL(At least 12 yrs old)  |
| <i>oxymorphone hcl TB12</i>                           | NP        | Opioid Smart PA                                          | <i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>                                    | NP        | Opioid Smart PA                                           |
| ROXICODONE TABS 15 MG, 30 MG ( <i>oxycodone hcl</i> ) | NP        | Opioid Smart PA; QL(6 EA daily)                          | <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>                      | P         | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)  |
| ROXYBOND TABA                                         | NP        | Opioid Smart PA                                          | <i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>                      | P         | Opioid Smart PA                                           |
| <i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>       | NP        | Opioid Smart PA                                          | <i>butalbital-aspirin-caffeine w/cod</i>                                                          | P         | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)  |
| <i>tramadol hcl SOLN</i>                              | NP        | Opioid Smart PA                                          | <i>butalbital-aspirin-caffeine w/cod</i>                                                          | NP        | Opioid Smart PA; QL(4 EA daily); AL(At least 12 yrs old)  |
| TRAMADOL HCL SOLN ( <i>tramadol hcl</i> )             | NP        | Opioid Smart PA                                          | FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG ( <i>butalbital-acetaminophen-caffeine w/ codeine</i> ) | NP        | Opioid Smart PA                                           |
| <i>tramadol hcl TABS 25 MG</i>                        | P         | Opioid Smart PA                                          | <i>hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML</i>                                      | P         | Opioid Smart PA                                           |
| <i>tramadol hcl TABS 50 MG</i>                        | P         | Opioid Smart PA; QL(8 EA daily); AL(At least 18 yrs old) |                                                                                                   |           |                                                           |
| <i>tramadol hcl TABS 50 MG</i>                        | P         | QL(8 EA daily); AL(At least 18 yrs old)                  |                                                                                                   |           |                                                           |
| <i>tramadol hcl TABS 75 MG, 100 MG</i>                | NP        |                                                          |                                                                                                   |           |                                                           |
| <i>tramadol hcl TB24</i>                              | P         | Opioid Smart PA                                          |                                                                                                   |           |                                                           |
| <i>tramadol hcl TB24</i>                              | NP        | Opioid Smart PA                                          |                                                                                                   |           |                                                           |
| Opioid Combinations                                   |           |                                                          |                                                                                                   |           |                                                           |
| <i>acetaminophen w/ codeine SOLN</i>                  | P         | QL(30 ML daily); AL(At least 12 yrs old)                 |                                                                                                   |           |                                                           |

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| Drug Name                                                                                                   | Drug Tier | Requirements/ Limits              |
|-------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|
| <i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i> | P         | Opioid Smart PA; QL(180 ML daily) |
| <i>hydrocodone-acetaminophen SOLN</i>                                                                       | P         |                                   |
| <i>hydrocodone-acetaminophen TABS 325 MG-2.5 MG</i>                                                         | P         |                                   |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                              | P         | QL(10 EA daily)                   |
| <i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                              | P         | Opioid Smart PA; QL(10 EA daily)  |
| <i>hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>                              | P         | Opioid Smart PA                   |
| <i>hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>                                       | P         | Opioid Smart PA                   |
| NALOCET TABS                                                                                                | NP        | Opioid Smart PA                   |
| <i>oxycodone w/ acetaminophen TABS 325 MG-2.5 MG</i>                                                        | P         | Opioid Smart PA                   |
| <i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>                             | P         | Opioid Smart PA; QL(6 EA daily)   |
| <i>oxycodone w/ acetaminophen TABS</i>                                                                      | P         | QL(6 EA daily)                    |
| PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ( <i>oxycodone w/ acetaminophen</i> )                | NP        | Opioid Smart PA; QL(6 EA daily)   |
| PERCOCET TABS 325 MG-2.5 MG ( <i>oxycodone w/ acetaminophen</i> )                                           | NP        | Opioid Smart PA                   |

| Drug Name                                                                                 | Drug Tier | Requirements/ Limits                                                      |
|-------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| PROLATE TABS                                                                              | NP        | Opioid Smart PA                                                           |
| <i>tramadol-acetaminophen</i>                                                             | P         | Opioid Smart PA; QL(4 EA daily); AL(At least 18 yrs old)                  |
| Opioid Partial Agonists                                                                   |           |                                                                           |
| BELBUCA FILM                                                                              | NP        | Opioid Smart PA                                                           |
| BRIXADI (WEEKLY) SOSY                                                                     | P         | Opioid Smart PA; SP                                                       |
| BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML                                    | P         | Opioid Smart PA; SP                                                       |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>                                   | NP        | Brand Preferred; QL(3 EA daily); AL(At least 16 yrs old)                  |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>                        | NP        | Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old) |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i> | NP        | Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>                            | P         | Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old)                  |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>                          | P         | Opioid Smart PA; QL(12 EA daily); AL(At least 16 yrs old)                 |
| <i>buprenorphine hcl SUBL</i>                                                             | P         | Opioid Smart PA                                                           |

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| Drug Name                                                                                              | Drug Tier | Requirements/ Limits                                                      |
|--------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------|
| <i>buprenorphine PTWK</i>                                                                              | NP        | Brand Preferred; Opioid Smart PA                                          |
| <i>butorphanol tartrate NA 10 MG/ML</i>                                                                | NP        | Opioid Smart PA                                                           |
| BUTRANS PTWK ( <i>buprenorphine</i> )                                                                  | P         | Brand Preferred; Opioid Smart PA                                          |
| <i>pentazocine w/ naloxone hcl</i>                                                                     | NP        | Opioid Smart PA                                                           |
| SUBLOCADE SOSY                                                                                         | P         | Opioid Smart PA; SP                                                       |
| SUBOXONE FILM SL 3 MG-12 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> )                        | P         | Brand Preferred; Opioid Smart PA; QL(2 EA daily); AL(At least 16 yrs old) |
| SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG ( <i>buprenorphine hcl-naloxone hcl dihydrate</i> ) | P         | Brand Preferred; Opioid Smart PA; QL(3 EA daily); AL(At least 16 yrs old) |
| ZUBSOLV SUBL                                                                                           | NP        | Opioid Smart PA; AL(At least 16 yrs old)                                  |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>                                                 |           |                                                                           |
| <b>Androgens</b>                                                                                       |           |                                                                           |
| ANDROGEL PUMP GEL TD ( <i>testosterone</i> )                                                           | NP        |                                                                           |
| <i>methyltestosterone TABS</i>                                                                         | C         |                                                                           |
| NATESTO GEL NA                                                                                         | NP        |                                                                           |
| TESTIM GEL TD ( <i>testosterone</i> )                                                                  | PA        | Brand Preferred; PA                                                       |
| <i>testosterone cypionate SOLN IM 100 MG/ML</i>                                                        | C         | QL(0.2858 ML daily)                                                       |
| <i>testosterone cypionate SOLN IM 200 MG/ML</i>                                                        | C         | QL(4 ML per 31 day(s) retail)                                             |

| Drug Name                                                                                | Drug Tier | Requirements/ Limits                 |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <i>testosterone enanthate SOLN IM</i>                                                    | C         | QL(0.1429 ML daily)                  |
| <i>testosterone GEL TD 1.62 %, 1.62 %</i>                                                | PA        | PA                                   |
| <i>testosterone GEL TD 1 %, 50 MG/5GM</i>                                                | NP        | Brand Preferred                      |
| <i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM</i>   | NP        |                                      |
| <i>testosterone SOLN</i>                                                                 | NP        |                                      |
| VOGELXO PUMP GEL TD ( <i>testosterone</i> )                                              | NP        |                                      |
| VOGELXO GEL TD ( <i>testosterone</i> )                                                   | NP        |                                      |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |                                      |
| <b>Intrarectal Steroids</b>                                                              |           |                                      |
| <i>budesonide (intrarectal)</i>                                                          | NP        |                                      |
| <i>hydrocortisone (intrarectal)</i>                                                      | C         |                                      |
| <b>Rectal Steroids</b>                                                                   |           |                                      |
| <i>hydrocortisone (rectal) EX 2.5 %</i>                                                  | C         |                                      |
| <i>hydrocortisone (rectal) EX 1 %</i>                                                    | C         | 1 package(s) per fill retail; RX/OTC |
| PREPARATION H EX 1 %                                                                     | C         | 1 package(s) per fill retail; RX/OTC |
| PREPARATION H SOOTHING RELIEF EX 1 %                                                     | C         | 1 package(s) per fill retail; RX/OTC |
| <b>ANTACIDS</b>                                                                          |           |                                      |
| <b>Antacid Combinations</b>                                                              |           |                                      |
| <i>alum &amp; mag hydrox-simethicone LIQD</i>                                            | C         | QL(24 ML daily)                      |

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| Drug Name                                                                                                                                                | Drug Tier | Requirements/ Limits     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>alum &amp; mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i> | C         | QL(24 ML daily)          |
| Antacids - Aluminum Salts                                                                                                                                |           |                          |
| ALUMINUM HYDROXIDE GEL SUSP                                                                                                                              | C         |                          |
| Antacids - Bicarbonate                                                                                                                                   |           |                          |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>                                                                                                  | C         | QL(3.34 EA daily)        |
| Antacids - Calcium Salts                                                                                                                                 |           |                          |
| <i>calcium carbonate (antacid) CHEW 500 MG</i>                                                                                                           | C         |                          |
| Antacids - Magnesium Salts                                                                                                                               |           |                          |
| <i>magnesium oxide TABS 400 MG</i>                                                                                                                       | C         |                          |
| ANTHELMINTICS - Drugs to Treat Worm Infections                                                                                                           |           |                          |
| Anthelmintics                                                                                                                                            |           |                          |
| EMVERM CHEW                                                                                                                                              | C         | QL(1 EA per fill retail) |
| ANTIANGINAL AGENTS - Drugs to Treat Chest Pain                                                                                                           |           |                          |
| Antianginals-Other                                                                                                                                       |           |                          |
| <i>ranolazine TB12</i>                                                                                                                                   | P         |                          |
| Nitrates                                                                                                                                                 |           |                          |
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>                                                                                               | C         |                          |
| <i>isosorbide mononitrate TABS</i>                                                                                                                       | C         | QL(2 EA daily)           |
| ISOSORBIDE MONONITRATE TABS                                                                                                                              | C         | QL(2 EA daily)           |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>isosorbide mononitrate TB24</i>                      | C         | QL(1 EA daily)       |
| NITRO-BID OINT                                          | C         |                      |
| <i>nitroglycerin CPCR</i>                               | C         |                      |
| <i>nitroglycerin PT24</i>                               | C         |                      |
| <i>nitroglycerin SUBL</i>                               | C         |                      |
| ANTIANXIETY AGENTS - Drugs to Treat Anxiety             |           |                      |
| Antianxiety Agents - Misc.                              |           |                      |
| <i>buspirone hcl 15 MG</i>                              | C         | QL(4 EA daily)       |
| <i>buspirone hcl 7.5 MG, 30 MG</i>                      | C         | QL(3 EA daily)       |
| <i>buspirone hcl 5 MG, 10 MG</i>                        | C         | QL(6 EA daily)       |
| <i>hydroxyzine hcl SYRP</i>                             | C         |                      |
| <i>hydroxyzine hcl TABS</i>                             | C         |                      |
| <i>hydroxyzine pamoate CAPS</i>                         | C         |                      |
| <i>meprobamate</i>                                      | C         |                      |
| Benzodiazepines                                         |           |                      |
| <i>alprazolam TABS</i>                                  | C         | QL(3 EA daily)       |
| <i>chlordiazepoxide hcl CAPS</i>                        | C         | QL(4 EA daily)       |
| <i>clorazepate dipotassium TABS</i>                     | C         | QL(3 EA daily)       |
| <i>diazepam SOLN PO 5 MG/5ML</i>                        | C         |                      |
| <i>diazepam TABS</i>                                    | C         | QL(4 EA daily)       |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                      | C         | QL(3 EA daily)       |
| <i>lorazepam TABS 1 MG</i>                              | C         | QL(4 EA daily)       |
| <i>oxazepam CAPS</i>                                    | C         | QL(4 EA daily)       |
| ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms |           |                      |
| Antiarrhythmics Type I-A                                |           |                      |
| <i>disopyramide phosphate CAPS</i>                      | C         |                      |
| NORPACE CR CP12 150 MG                                  | C         |                      |

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| Drug Name                                                                | Drug Tier | Requirements/ Limits              | Drug Name                                                | Drug Tier | Requirements/ Limits              |
|--------------------------------------------------------------------------|-----------|-----------------------------------|----------------------------------------------------------|-----------|-----------------------------------|
| <i>quinidine gluconate TBCR</i>                                          | C         |                                   | <i>ipratropium bromide SOLN 0.02 %</i>                   | P         | QL(375 ML per 25 day(s) retail)   |
| <i>quinidine sulfate TABS</i>                                            | C         |                                   | SPIRIVA HANDIHALER CAPS IN ( <i>tiotropium bromide</i> ) | P         | Brand Preferred                   |
| Antiarrhythmics Type I-B                                                 |           |                                   | SPIRIVA RESPIMAT AERS IN                                 | NP        |                                   |
| <i>mexiletine hcl</i>                                                    | C         |                                   | <i>tiotropium bromide CAPS IN 18 MCG</i>                 | NP        | Brand Preferred                   |
| Antiarrhythmics Type I-C                                                 |           |                                   | TUDORZA PRESSAIR                                         | NP        | 1 package(s) per 31 day(s) retail |
| <i>flecainide acetate</i>                                                | C         |                                   | YUPELRI                                                  | NP        |                                   |
| <i>propafenone hcl CP12</i>                                              | C         |                                   | Leukotriene Modulators                                   |           |                                   |
| <i>propafenone hcl TABS</i>                                              | C         |                                   | ACCOLATE ( <i>zafirlukast</i> )                          | NP        |                                   |
| Antiarrhythmics Type III                                                 |           |                                   | <i>montelukast sodium CHEW</i>                           | P         | QL(1 EA daily)                    |
| <i>amiodarone hcl TABS 200 MG</i>                                        | C         |                                   | <i>montelukast sodium PACK</i>                           | P         | QL(1 EA daily)                    |
| <i>dofetilide</i>                                                        | C         |                                   | <i>montelukast sodium TABS</i>                           | P         | QL(1 EA daily)                    |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions |           |                                   | SINGULAIR CHEW ( <i>montelukast sodium</i> )             | NP        | QL(1 EA daily)                    |
| Antiasthmatic - Monoclonal Antibodies                                    |           |                                   | SINGULAIR PACK ( <i>montelukast sodium</i> )             | NP        | QL(1 EA daily)                    |
| FASENRA PEN SOAJ                                                         | PA        | SP; PA                            | SINGULAIR TABS ( <i>montelukast sodium</i> )             | NP        | QL(1 EA daily)                    |
| FASENRA SOSY                                                             | PA        | SP; PA                            | <i>zafirlukast</i>                                       | P         |                                   |
| NUCALA SOAJ                                                              | NP        | SP                                | <i>zileuton TB12</i>                                     | NP        |                                   |
| NUCALA SOLR                                                              | NP        | SP                                | ZYFLO TABS                                               | NP        |                                   |
| NUCALA SOSY                                                              | NP        | SP                                | Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors         |           |                                   |
| TEZSPIRE SOAJ                                                            | NP        | SP                                | OHTUVAYRE                                                | NP        | SP                                |
| TEZSPIRE SOSY                                                            | NP        | SP                                | Selective Phosphodiesterase 4 (PDE4) Inhibitors          |           |                                   |
| XOLAIR SOAJ                                                              | PA        | SP; PA                            | DALIRESP ( <i>roflumilast</i> )                          | NP        | QL(1 EA daily)                    |
| XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML                                       | PA        | PA                                | <i>roflumilast</i>                                       | NP        | QL(1 EA daily)                    |
| XOLAIR SOSY                                                              | PA        | SP; PA                            | Steroid Inhalants                                        |           |                                   |
| Anti-Inflammatory Agents                                                 |           |                                   | ALVESCO                                                  | P         |                                   |
| <i>cromolyn sodium NEBU</i>                                              | C         | QL(8 ML daily)                    |                                                          |           |                                   |
| Bronchodilators - Anticholinergics                                       |           |                                   |                                                          |           |                                   |
| ATROVENT HFA                                                             | P         | 1 package(s) per 31 day(s) retail |                                                          |           |                                   |
| INCRUSE ELLIPTA                                                          | P         | 1 package(s) per 31 day(s) retail |                                                          |           |                                   |

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| Drug Name                                                                                        | Drug Tier | Requirements/ Limits                                | Drug Name                                                                | Drug Tier | Requirements/ Limits                                                    |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------|--------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------|
| ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate (inhalation)</i> ) | P         | Brand Preferred; QL(1 EA daily)                     | QVAR REDHALER 40 MCG/ACT                                                 | P         | QL(0.36 GM daily)                                                       |
| ASMANEX (120 METERED DOSES) AEPB                                                                 | P         |                                                     | Sympathomimetics                                                         |           |                                                                         |
| ASMANEX (14 METERED DOSES) AEPB                                                                  | P         |                                                     | ADVAIR DISKUS AEPB ( <i>fluticasone-salmeterol</i> )                     | P         | Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old) |
| ASMANEX (30 METERED DOSES) AEPB                                                                  | P         |                                                     | ADVAIR HFA AERO ( <i>fluticasone-salmeterol</i> )                        | P         | Brand Preferred                                                         |
| ASMANEX (60 METERED DOSES) AEPB                                                                  | P         |                                                     | AIRDUO RESPICLICK 113/14 AEPB ( <i>fluticasone-salmeterol</i> )          | NP        |                                                                         |
| ASMANEX HFA AERO                                                                                 | P         | QL(0.44 GM daily)                                   | AIRDUO RESPICLICK 232/14 AEPB ( <i>fluticasone-salmeterol</i> )          | NP        |                                                                         |
| <i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>                                      | P         | QL(120 ML per fill retail); AL(Up to 8 yrs old)     | AIRDUO RESPICLICK 55/14 AEPB ( <i>fluticasone-salmeterol</i> )           | NP        |                                                                         |
| <i>budesonide (inhalation) SUSP 1 MG/2ML</i>                                                     | P         | QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old) | AIRSUPRA                                                                 | NP        |                                                                         |
| <i>fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT</i>                     | NP        | QL(1 EA daily)                                      | <i>albuterol sulfate AERS</i>                                            | P         | QL(36 GM per 30 day(s) retail; 36 GM per 30 days mail)                  |
| <i>fluticasone propionate (inhalation) AEPB</i>                                                  | NP        |                                                     | <i>albuterol sulfate AERS</i>                                            | P         | QL(17 GM per 30 day(s) retail; 17 GM per 30 days mail)                  |
| <i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>                                       | P         | QL(12 GM per 25 day(s) retail)                      | <i>albuterol sulfate AERS</i>                                            | P         | QL(13.4 GM per 30 day(s) retail)                                        |
| <i>fluticasone propionate hfa 44 MCG/ACT</i>                                                     | P         | QL(11 GM per 25 day(s) retail)                      | <i>albuterol sulfate NEBU 0.083 %</i>                                    | P         | QL(12.5 ML daily)                                                       |
| PULMICORT FLEXHALER AEPB                                                                         | P         | 1 package(s) per fill retail                        | <i>albuterol sulfate NEBU</i>                                            | P         |                                                                         |
| PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML ( <i>budesonide (inhalation)</i> )                        | NP        | QL(120 ML per fill retail); AL(Up to 8 yrs old)     | <i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>                   | P         | QL(375 ML per 31 day(s) retail)                                         |
| PULMICORT SUSP 1 MG/2ML ( <i>budesonide (inhalation)</i> )                                       | NP        | QL(60 ML per 31 day(s) retail); AL(Up to 8 yrs old) | <i>albuterol sulfate SYRP</i>                                            | P         |                                                                         |
| QVAR REDHALER 80 MCG/ACT                                                                         | P         | QL(0.72 GM daily)                                   | <i>albuterol sulfate TABS</i>                                            | P         |                                                                         |
|                                                                                                  |           |                                                     | ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT ( <i>umeclidinium-vilanterol</i> ) | P         | Brand Preferred                                                         |
|                                                                                                  |           |                                                     | <i>arformoterol tartrate</i>                                             | P         |                                                                         |

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| Drug Name                                                                                                 | Drug Tier | Requirements/ Limits                                                    | Drug Name                                                                                | Drug Tier | Requirements/ Limits                              |
|-----------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------|---------------------------------------------------|
| BEVESPI AEROSPHERE                                                                                        | NP        |                                                                         | <i>ipratropium-albuterol SOLN</i>                                                        | P         | QL(12 ML daily)                                   |
| BREO ELLIPTA                                                                                              | NP        |                                                                         | <i>levalbuterol hcl</i>                                                                  | NP        |                                                   |
| BREO ELLIPTA<br>( <i>fluticasone furoate-vilanterol</i> )                                                 | NP        |                                                                         | <i>levalbuterol tartrate</i>                                                             | NP        | QL(0.5 GM daily; 30 GM per 30 day(s) retail)      |
| BREZTRI AEROSPHERE                                                                                        | NP        |                                                                         | PERFOROMIST NEBU<br>( <i>formoterol fumarate</i> )                                       | NP        |                                                   |
| BROVANA ( <i>arformoterol tartrate</i> )                                                                  | NP        |                                                                         | PROAIR RESPICLICK AEPB                                                                   | P         | QL(2 EA per 30 day(s) retail)                     |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | NP        | Brand Preferred; QL(30.6 GM per 30 day(s) retail)                       | SEREVENT DISKUS                                                                          | P         | 1 package(s) per fill retail                      |
| <i>budesonide-formoterol fumarate dihydrate</i>                                                           | NP        | Brand Preferred; QL(30.9 GM per 30 day(s) retail)                       | STIOLTO RESPIMAT                                                                         | P         |                                                   |
| COMBIVENT RESPIMAT AERS                                                                                   | P         | QL(4 GM per 31 day(s) retail)                                           | STRIVERDI RESPIMAT                                                                       | NP        |                                                   |
| DUAKLIR PRESSAIR                                                                                          | NP        |                                                                         | SYMBICORT<br>( <i>budesonide-formoterol fumarate dihydrate</i> )                         | P         | Brand Preferred; QL(30.6 GM per 30 day(s) retail) |
| DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT                                                       | P         | QL(26.4 GM per 30 day(s) retail)                                        | SYMBICORT 160 MCG/ACT-4.5 MCG/ACT<br>( <i>budesonide-formoterol fumarate dihydrate</i> ) | P         | Brand Preferred; QL(18 GM per 30 day(s) retail)   |
| DULERA                                                                                                    | P         | QL(39 GM per 30 day(s) retail)                                          | SYMBICORT 80 MCG/ACT-4.5 MCG/ACT<br>( <i>budesonide-formoterol fumarate dihydrate</i> )  | P         | Brand Preferred; QL(20.7 GM per 30 day(s) retail) |
| <i>fluticasone furoate-vilanterol</i>                                                                     | NP        |                                                                         | <i>terbutaline sulfate TABS</i>                                                          | NP        | ST                                                |
| <i>fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT</i>  | NP        |                                                                         | TRELEGY ELLIPTA                                                                          | NP        |                                                   |
| <i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i> | NP        | Brand Preferred; QL(60 EA per 30 day(s) retail); AL(At least 4 yrs old) | <i>umeclidinium-vilanterol</i>                                                           | NP        |                                                   |
| <i>fluticasone-salmeterol AERO</i>                                                                        | NP        |                                                                         | VENTOLIN HFA AERS<br>( <i>albuterol sulfate</i> )                                        | P         | QL(36 GM per 30 day(s) retail)                    |
| <i>formoterol fumarate NEBU</i>                                                                           | NP        |                                                                         | VENTOLIN HFA AERS<br>( <i>albuterol sulfate</i> )                                        | P         | QL(16 GM per 30 day(s) retail)                    |
|                                                                                                           |           |                                                                         | XOPENEX HFA<br>( <i>levalbuterol tartrate</i> )                                          | NP        | QL(0.5 GM daily; 30 GM per 30 day(s) retail)      |
|                                                                                                           |           |                                                                         | Xanthines                                                                                |           |                                                   |
|                                                                                                           |           |                                                                         | THEO-24 CP24                                                                             | C         |                                                   |
|                                                                                                           |           |                                                                         | <i>theophylline ELIX</i>                                                                 | C         |                                                   |

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| Drug Name                                                       | Drug Tier | Requirements/ Limits                 |
|-----------------------------------------------------------------|-----------|--------------------------------------|
| <i>theophylline SOLN</i>                                        | C         | QL(475 ML per fill retail)           |
| <i>theophylline TB12 300 MG, 450 MG</i>                         | C         |                                      |
| <i>theophylline TB24</i>                                        | C         |                                      |
| <b>ANTICOAGULANTS - Blood Thinners</b>                          |           |                                      |
| Coumarin Anticoagulants                                         |           |                                      |
| <i>warfarin sodium TABS</i>                                     | P         |                                      |
| Direct Factor Xa Inhibitors                                     |           |                                      |
| ELIQUIS (1.5 MG PACK) TBSO PO                                   | P         |                                      |
| ELIQUIS (2 MG PACK) TBSO PO                                     | P         |                                      |
| ELIQUIS DVT/PE STARTER PACK TBPB                                | P         | QL(2.47 EA daily)                    |
| ELIQUIS CPSP PO 0.15 MG                                         | P         |                                      |
| ELIQUIS TABS                                                    | P         | QL(2 EA daily)                       |
| ELIQUIS TBSO PO 0.5 MG                                          | P         |                                      |
| <i>rivaroxaban SUSR 1 MG/ML</i>                                 | NP        | Brand Preferred                      |
| <i>rivaroxaban TABS 2.5 MG</i>                                  | NP        | Brand Preferred                      |
| SAVAYSA                                                         | NP        |                                      |
| XARELTO STARTER PACK TBPB                                       | P         |                                      |
| XARELTO SUSR 1 MG/ML ( <i>rivaroxaban</i> )                     | P         | Brand Preferred                      |
| XARELTO TABS                                                    | P         | Brand Preferred                      |
| XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG ( <i>rivaroxaban</i> ) | P         | Brand Preferred                      |
| Heparins And Heparinoid-Like Agents                             |           |                                      |
| ARIXTRA ( <i>fondaparinux sodium</i> )                          | NP        | SP                                   |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                     | P         | QL(126 ML per 180 day(s) retail); SP |

| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits                                               |
|-------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                                                                         | P         | QL(16.8 ML per 180 day(s) retail); SP                              |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                                                                | P         | QL(42 ML per 180 day(s) retail); SP                                |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>                                                           | P         | QL(33.6 ML per 180 day(s) retail); SP                              |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                                                                         | P         | QL(25.2 ML per 180 day(s) retail); SP                              |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                                                                         | P         | QL(12.6 ML per 180 day(s) retail); SP                              |
| <i>fondaparinux sodium</i>                                                                                        | NP        | SP                                                                 |
| FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML                                                                     | NP        | SP                                                                 |
| FRAGMIN SOSY                                                                                                      | NP        | SP                                                                 |
| <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | C         |                                                                    |
| HEPARIN SODIUM (PORCINE) SOSY IJ                                                                                  | C         |                                                                    |
| LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                           | NP        | Max 42 syringes in 180 days; QL(126 ML per 180 day(s) retail); SP  |
| LOVENOX SOLN IJ 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                           | NP        | QL(126 ML per 180 day(s) retail); SP                               |
| LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )                                                             | NP        | Max 42 syringes in 180 days; QL(12.6 ML per 180 day(s) retail); SP |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits                                               | Drug Name                                                                | Drug Tier | Requirements/ Limits                             |
|---------------------------------------------------------------------|-----------|--------------------------------------------------------------------|--------------------------------------------------------------------------|-----------|--------------------------------------------------|
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> ) | NP        | Max 42 syringes in 180 days; QL(33.6 ML per 180 day(s) retail); SP | <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>                         |           |                                                  |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )      | NP        | Max 42 syringes in 180 days; QL(42 ML per 180 day(s) retail); SP   | AMPA Glutamate Receptor Antagonists                                      |           |                                                  |
| LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>enoxaparin sodium</i> ) | NP        | QL(33.6 ML per 180 day(s) retail); SP                              | FYCOMPA SUSP                                                             | PA        | Brand Preferred; PA                              |
| LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>enoxaparin sodium</i> )      | NP        | QL(42 ML per 180 day(s) retail); SP                                | FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG ( <i>perampanel</i> )  | PA        | Brand Preferred; PA                              |
| LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )               | NP        | QL(16.8 ML per 180 day(s) retail); SP                              | <i>perampanel</i> TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG              | NP        | Brand Preferred                                  |
| LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )               | NP        | QL(25.2 ML per 180 day(s) retail); SP                              | Anticonvulsants - Benzodiazepines                                        |           |                                                  |
| LOVENOX SOSY 60 MG/0.6ML ( <i>enoxaparin sodium</i> )               | NP        | Max 42 syringes in 180 days; QL(25.2 ML per 180 day(s) retail); SP | <i>clobazam</i> SUSP                                                     | P         | PA                                               |
| LOVENOX SOSY 30 MG/0.3ML ( <i>enoxaparin sodium</i> )               | NP        | QL(12.6 ML per 180 day(s) retail); SP                              | <i>clobazam</i> TABS                                                     | P         |                                                  |
| LOVENOX SOSY 40 MG/0.4ML ( <i>enoxaparin sodium</i> )               | NP        | Max 42 syringes in 180 days; QL(16.8 ML per 180 day(s) retail); SP | <i>clobazam</i> TABS                                                     | P         | PA                                               |
| Thrombin Inhibitors                                                 |           |                                                                    | <i>clonazepam</i> TABS                                                   | C         | QL(4 EA daily)                                   |
| <i>dabigatran etexilate mesylate</i> CAPS                           | NP        | Brand Preferred                                                    | <i>diazepam (anticonvulsant)</i> GEL 10 MG, 20 MG                        | P         | QL(1 EA per fill retail); AL(At least 2 yrs old) |
| PRADAXA CAPS ( <i>dabigatran etexilate mesylate</i> )               | P         | Brand Preferred                                                    | LIBERVANT FILM                                                           | NP        |                                                  |
| PRADAXA PACK                                                        | NP        | SP                                                                 | NAYZILAM                                                                 | P         | QL(10 EA per 30 day(s) retail)                   |
|                                                                     |           |                                                                    | ONFI SUSP ( <i>clobazam</i> )                                            | NP        |                                                  |
|                                                                     |           |                                                                    | ONFI TABS ( <i>clobazam</i> )                                            | NP        |                                                  |
|                                                                     |           |                                                                    | SYMPAZAN FILM                                                            | NP        |                                                  |
|                                                                     |           |                                                                    | VALTOCO 10 MG DOSE LIQD                                                  | P         | QL(10 EA per 30 day(s) retail)                   |
|                                                                     |           |                                                                    | VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                                     | P         | QL(10 EA per 30 day(s) retail)                   |
|                                                                     |           |                                                                    | VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                                      | P         | QL(10 EA per 30 day(s) retail)                   |
|                                                                     |           |                                                                    | VALTOCO 5 MG DOSE LIQD                                                   | P         | QL(10 EA per 30 day(s) retail)                   |
|                                                                     |           |                                                                    | Anticonvulsants - Misc.                                                  |           |                                                  |
|                                                                     |           |                                                                    | APTIOM 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> ) | NP        |                                                  |
|                                                                     |           |                                                                    | BANZEL SUSP ( <i>rufinamide</i> )                                        | NP        | SP; PA                                           |
|                                                                     |           |                                                                    | BANZEL TABS ( <i>rufinamide</i> )                                        | PA        | Brand Preferred; SP; PA                          |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits | Drug Name                                                  | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------|-----------|----------------------|
| BRIVIACT SOLN PO 10 MG/ML                                     | NP        | SP                   | KEPPRA TABS 500 MG ( <i>levetiracetam</i> )                | NP        | QL(6 EA daily)       |
| BRIVIACT TABS                                                 | NP        | SP                   | <i>lacosamide SOLN PO 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i> | P         |                      |
| <i>carbamazepine CHEW</i>                                     | P         |                      | <i>lacosamide TABS</i>                                     | P         |                      |
| <i>carbamazepine CP12</i>                                     | NP        | Brand Preferred      | LAMICTAL ODT KIT ( <i>lamotrigine</i> )                    | NP        |                      |
| <i>carbamazepine SUSP</i>                                     | NP        |                      | LAMICTAL ODT TBDP ( <i>lamotrigine</i> )                   | NP        |                      |
| <i>carbamazepine TABS</i>                                     | P         |                      | LAMICTAL STARTER KIT 25 MG ( <i>lamotrigine</i> )          | NP        |                      |
| <i>carbamazepine TB12</i>                                     | NP        | Brand Preferred      | LAMICTAL XR KIT                                            | NP        |                      |
| CARBATROL CP12 ( <i>carbamazepine</i> )                       | P         | Brand Preferred      | LAMICTAL XR TB24 ( <i>lamotrigine</i> )                    | NP        | QL(1 EA daily)       |
| DIACOMIT CAPS 500 MG                                          | NP        | QL(6 EA daily); SP   | LAMICTAL CHEW ( <i>lamotrigine</i> )                       | NP        |                      |
| DIACOMIT CAPS 250 MG                                          | NP        | QL(12 EA daily); SP  | LAMICTAL TABS ( <i>lamotrigine</i> )                       | NP        |                      |
| DIACOMIT PACK 500 MG                                          | NP        | QL(6 EA daily); SP   | <i>lamotrigine CHEW</i>                                    | P         |                      |
| DIACOMIT PACK 250 MG                                          | NP        | QL(12 EA daily); SP  | <i>lamotrigine KIT 25 MG</i>                               | NP        |                      |
| ELEPSIA XR TB24                                               | NP        |                      | <i>lamotrigine TABS</i>                                    | P         |                      |
| EPIDIOLEX                                                     | NP        | SP                   | <i>lamotrigine TABS</i>                                    | NP        |                      |
| EPRONTIA SOLN 25 MG/ML ( <i>topiramate</i> )                  | NP        |                      | <i>lamotrigine TB24</i>                                    | P         | QL(1 EA daily)       |
| <i>eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG</i> | NP        |                      | <i>lamotrigine TBDP</i>                                    | P         |                      |
| FINTEPLA                                                      | NP        | SP                   | <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>         | P         | QL(16 ML daily)      |
| <i>gabapentin CAPS</i>                                        | P         | QL(9 EA daily)       | <i>levetiracetam TABS 250 MG, 750 MG</i>                   | P         | QL(4 EA daily)       |
| <i>gabapentin SOLN</i>                                        | P         |                      | <i>levetiracetam TABS 1000 MG</i>                          | P         |                      |
| <i>gabapentin TABS 800 MG</i>                                 | P         | QL(4 EA daily)       | <i>levetiracetam TABS 500 MG</i>                           | P         | QL(6 EA daily)       |
| <i>gabapentin TABS 600 MG</i>                                 | P         | QL(6 EA daily)       | <i>levetiracetam TB24</i>                                  | P         |                      |
| GABARONE TABS 100 MG, 400 MG                                  | NP        |                      | LEVETIRACETAM TB3D                                         | NP        |                      |
| KEPPRA XR TB24 ( <i>levetiracetam</i> )                       | NP        |                      | LYRICA CAPS ( <i>pregabalin</i> )                          | NP        |                      |
| KEPPRA SOLN PO 100 MG/ML ( <i>levetiracetam</i> )             | NP        | QL(16 ML daily)      | LYRICA SOLN ( <i>pregabalin</i> )                          | NP        |                      |
| KEPPRA TABS 1000 MG ( <i>levetiracetam</i> )                  | NP        |                      | MOTPOLY XR CP24                                            | NP        |                      |
| KEPPRA TABS 250 MG, 750 MG ( <i>levetiracetam</i> )           | NP        | QL(4 EA daily)       |                                                            |           |                      |

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| Drug Name                                   | Drug Tier | Requirements/ Limits | Drug Name                               | Drug Tier | Requirements/ Limits    |
|---------------------------------------------|-----------|----------------------|-----------------------------------------|-----------|-------------------------|
| NEURONTIN CAPS<br>(gabapentin)              | NP        | QL(9 EA daily)       | topiramate CP24                         | NP        |                         |
| NEURONTIN SOLN<br>(gabapentin)              | NP        |                      | topiramate CPSP 25 MG                   | P         | QL(8 EA daily)          |
| NEURONTIN TABS 600 MG<br>(gabapentin)       | NP        | QL(6 EA daily)       | topiramate CPSP 50 MG                   | P         |                         |
| NEURONTIN TABS 800 MG<br>(gabapentin)       | NP        | QL(4 EA daily)       | topiramate CPSP 15 MG                   | P         | QL(6 EA daily)          |
| oxcarbazepine SUSP                          | NP        | Brand Preferred      | topiramate CS24                         | NP        |                         |
| oxcarbazepine TABS                          | P         |                      | topiramate SOLN 25 MG/ML                | NP        |                         |
| oxcarbazepine TB24                          | NP        |                      | topiramate TABS 100 MG                  | P         | QL(4 EA daily)          |
| OXTELLAR XR TB24<br>(oxcarbazepine)         | NP        |                      | topiramate TABS 25 MG, 50 MG            | P         | QL(6 EA daily)          |
| pregabalin CAPS                             | P         |                      | topiramate TABS 200 MG                  | P         | QL(2 EA daily)          |
| pregabalin SOLN                             | NP        |                      | TRILEPTAL SUSP<br>(oxcarbazepine)       | P         | Brand Preferred         |
| primidone                                   | P         |                      | TRILEPTAL TABS<br>(oxcarbazepine)       | NP        |                         |
| QUDEXY XR CS24<br>(topiramate)              | NP        |                      | TROKENDI XR CP24<br>(topiramate)        | NP        |                         |
| rufinamide SUSP                             | PA        | PA                   | VIMPAT SOLN PO 10 MG/ML<br>(lacosamide) | NP        | PA                      |
| rufinamide SUSP                             | PA        | SP; PA               | VIMPAT TABS<br>(lacosamide)             | NP        | PA                      |
| rufinamide TABS                             | NP        | Brand Preferred; SP  | ZONISADE SUSP                           | NP        |                         |
| SPRITAM TB3D                                | NP        |                      | zonisamide CAPS                         | P         |                         |
| SPRITAM TB3D                                | NP        |                      | ZTALMY                                  | NP        |                         |
| TEGRETOL SUSP<br>(carbamazepine)            | NP        |                      | Carbamates                              |           |                         |
| TEGRETOL TABS<br>(carbamazepine)            | NP        |                      | felbamate SUSP                          | P         |                         |
| TEGRETOL-XR TB12<br>(carbamazepine)         | P         | Brand Preferred      | felbamate TABS                          | P         |                         |
| TOPAMAX SPRINKLE CPSP 25 MG<br>(topiramate) | NP        | QL(8 EA daily)       | FELBATOL TABS<br>(felbamate)            | NP        |                         |
| TOPAMAX SPRINKLE CPSP 15 MG<br>(topiramate) | NP        | QL(6 EA daily)       | XCOPRI (250 MG DAILY DOSE) TBPk         | NP        |                         |
| TOPAMAX TABS 100 MG<br>(topiramate)         | NP        | QL(4 EA daily)       | XCOPRI (350 MG DAILY DOSE) TBPk         | NP        |                         |
| TOPAMAX TABS 25 MG, 50 MG<br>(topiramate)   | NP        | QL(6 EA daily)       | XCOPRI TABS                             | NP        |                         |
| TOPAMAX TABS 200 MG<br>(topiramate)         | NP        | QL(2 EA daily)       | XCOPRI TBPk                             | NP        |                         |
|                                             |           |                      | GABA Modulators                         |           |                         |
|                                             |           |                      | SABRIL PACK<br>(vigabatrin)             | PA        | Brand Preferred; SP; PA |

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| Drug Name                                               | Drug Tier | Requirements/ Limits    | Drug Name                                             | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|-------------------------|-------------------------------------------------------|-----------|----------------------|
| SABRIL TABS ( <i>vigabatrin</i> )                       | NP        | SP; PA                  | DEPAKOTE ER TB24 500 MG ( <i>divalproex sodium</i> )  | NP        | QL(7 EA daily)       |
| <i>tiagabine hcl</i>                                    | PA        | PA                      | DEPAKOTE SPRINKLES CSDR ( <i>divalproex sodium</i> )  | NP        | QL(8 EA daily)       |
| <i>vigabatrin PACK</i>                                  | NP        | Brand Preferred; SP     | DEPAKOTE TBEC 125 MG ( <i>divalproex sodium</i> )     | NP        | QL(2 EA daily)       |
| <i>vigabatrin PACK</i>                                  | PA        | Brand Preferred; SP; PA | DEPAKOTE TBEC 250 MG ( <i>divalproex sodium</i> )     | NP        | QL(3 EA daily)       |
| <i>vigabatrin TABS</i>                                  | NP        | SP                      | DEPAKOTE TBEC 500 MG ( <i>divalproex sodium</i> )     | NP        | QL(7 EA daily)       |
| <i>vigabatrin TABS</i>                                  | PA        | SP; PA                  | <i>divalproex sodium CSDR</i>                         | P         | QL(8 EA daily)       |
| VIGAFYDE SOLN                                           | NP        | SP                      | <i>divalproex sodium TB24 250 MG</i>                  | P         | QL(3 EA daily)       |
| Hydantoins                                              |           |                         | <i>divalproex sodium TB24 500 MG</i>                  | P         | QL(7 EA daily)       |
| DILANTIN ( <i>phenytoin sodium extended</i> )           | NP        |                         | <i>divalproex sodium TBEC 250 MG</i>                  | P         | QL(3 EA daily)       |
| DILANTIN                                                | NP        |                         | <i>divalproex sodium TBEC 250 MG</i>                  | P         | QL(2 EA daily)       |
| DILANTIN INFATABS CHEW ( <i>phenytoin</i> )             | NP        |                         | <i>divalproex sodium TBEC 500 MG</i>                  | P         | QL(7 EA daily)       |
| DILANTIN-125 SUSP ( <i>phenytoin</i> )                  | NP        |                         | <i>valproate sodium SOLN PO 250 MG/5ML</i>            | P         |                      |
| <i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i> | P         |                         | <i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i> | C         | PA                   |
| <i>phenytoin sodium extended 200 MG, 300 MG</i>         | NP        |                         | <i>valproic acid CAPS</i>                             | P         |                      |
| <i>phenytoin CHEW</i>                                   | P         |                         | ANTIDEPRESSANTS - Drugs to Treat Depression           |           |                      |
| <i>phenytoin SUSP 125 MG/5ML</i>                        | P         |                         | Alpha-2 Receptor Antagonists (Tetracyclics)           |           |                      |
| Succinimides                                            |           |                         | <i>mirtazapine TABS 15 MG</i>                         | P         | QL(3 EA daily)       |
| CELONTIN ( <i>methsuximide</i> )                        | P         | Brand Preferred         | <i>mirtazapine TABS 7.5 MG, 45 MG</i>                 | P         | QL(1 EA daily)       |
| <i>ethosuximide CAPS</i>                                | P         |                         | <i>mirtazapine TABS 30 MG</i>                         | P         | QL(1.5 EA daily)     |
| <i>ethosuximide SOLN</i>                                | P         |                         | <i>mirtazapine TBDP 15 MG</i>                         | P         | QL(3 EA daily)       |
| <i>methsuximide</i>                                     | NP        | Brand Preferred         | <i>mirtazapine TBDP 30 MG</i>                         | P         | QL(1.5 EA daily)     |
| ZARONTIN CAPS ( <i>ethosuximide</i> )                   | NP        |                         | <i>mirtazapine TBDP 45 MG</i>                         | P         | QL(1 EA daily)       |
| ZARONTIN SOLN ( <i>ethosuximide</i> )                   | NP        |                         | REMERON SOLTAB TBDP 45 MG ( <i>mirtazapine</i> )      | NP        | QL(1 EA daily)       |
| Valproic Acid                                           |           |                         |                                                       |           |                      |
| DEPAKOTE ER TB24 250 MG ( <i>divalproex sodium</i> )    | NP        | QL(3 EA daily)          |                                                       |           |                      |

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| Drug Name                                          | Drug Tier | Requirements/ Limits | Drug Name                                            | Drug Tier | Requirements/ Limits                   |
|----------------------------------------------------|-----------|----------------------|------------------------------------------------------|-----------|----------------------------------------|
| REMERON SOLTAB TBDP 30 MG ( <i>mirtazapine</i> )   | NP        | QL(1.5 EA daily)     | NARDIL ( <i>phenelzine sulfate</i> )                 | NP        |                                        |
| REMERON SOLTAB TBDP 15 MG ( <i>mirtazapine</i> )   | NP        | QL(3 EA daily)       | <i>phenelzine sulfate</i>                            | P         |                                        |
| REMERON TABS 30 MG ( <i>mirtazapine</i> )          | NP        | QL(1.5 EA daily)     | <i>tranylcypromine sulfate</i>                       | NP        |                                        |
| REMERON TABS 15 MG ( <i>mirtazapine</i> )          | NP        | QL(3 EA daily)       | Selective Serotonin Reuptake Inhibitors (SSRIs)      |           |                                        |
| Antidepressant Combinations                        |           |                      | CELEXA TABS 40 MG ( <i>citalopram hydrobromide</i> ) | NP        | QL(1 EA daily); AL(At least 7 yrs old) |
| AUVELITY                                           | NP        |                      | CELEXA TABS 20 MG ( <i>citalopram hydrobromide</i> ) | NP        | QL(2 EA daily); AL(At least 7 yrs old) |
| Antidepressants - Misc.                            |           |                      | CELEXA TABS 10 MG ( <i>citalopram hydrobromide</i> ) | NP        | QL(4 EA daily)                         |
| <i>bupropion hcl</i> TABS                          | P         | QL(3 EA daily)       | CITALOPRAM HYDROBROMIDE CAPS                         | NP        |                                        |
| <i>bupropion hcl</i> TB12 150 MG                   | P         | QL(3 EA daily)       | <i>citalopram hydrobromide SOLN</i>                  | P         |                                        |
| <i>bupropion hcl</i> TB12 100 MG                   | P         | QL(4 EA daily)       | <i>citalopram hydrobromide</i> TABS 20 MG            | P         | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>bupropion hcl</i> TB12 200 MG                   | P         | QL(2 EA daily)       | <i>citalopram hydrobromide</i> TABS 40 MG            | P         | QL(1 EA daily); AL(At least 7 yrs old) |
| <i>bupropion hcl</i> TB24 300 MG                   | P         | QL(1 EA daily)       | <i>citalopram hydrobromide</i> TABS 10 MG            | P         | QL(4 EA daily)                         |
| <i>bupropion hcl</i> TB24 150 MG                   | P         | QL(3 EA daily)       | ESCITALOPRAM OXALATE CAPS PO 15 MG                   | NP        |                                        |
| <i>bupropion hcl</i> TB24 450 MG                   | NP        |                      | <i>escitalopram oxalate SOLN</i>                     | NP        |                                        |
| FORFIVO XL TB24 ( <i>bupropion hcl</i> )           | NP        |                      | <i>escitalopram oxalate</i> TABS 10 MG               | P         | QL(2 EA daily); AL(At least 7 yrs old) |
| WELLBUTRIN SR TB12 200 MG ( <i>bupropion hcl</i> ) | NP        | QL(2 EA daily)       | <i>escitalopram oxalate</i> TABS 20 MG               | P         | QL(1 EA daily); AL(At least 7 yrs old) |
| WELLBUTRIN SR TB12 150 MG ( <i>bupropion hcl</i> ) | NP        | QL(3 EA daily)       | <i>escitalopram oxalate</i> TABS 5 MG                | P         | QL(4 EA daily)                         |
| WELLBUTRIN SR TB12 100 MG ( <i>bupropion hcl</i> ) | NP        | QL(4 EA daily)       | <i>fluoxetine hcl</i> CAPS 10 MG, 20 MG              | P         | QL(4 EA daily)                         |
| GABA Receptor Modulator - Neuroactive Steroid      |           |                      | <i>fluoxetine hcl</i> CAPS 40 MG                     | P         | QL(2 EA daily); AL(At least 7 yrs old) |
| ZURZUVAE                                           | NP        | SP                   | <i>fluoxetine hcl</i> CPDR                           | NP        |                                        |
| Monoamine Oxidase Inhibitors (MAOIs)               |           |                      |                                                      |           |                                        |
| EMSAM                                              | NP        |                      |                                                      |           |                                        |
| MARPLAN                                            | NP        |                      |                                                      |           |                                        |

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| Drug Name                                          | Drug Tier | Requirements/ Limits                   | Drug Name                                                    | Drug Tier | Requirements/ Limits                   |
|----------------------------------------------------|-----------|----------------------------------------|--------------------------------------------------------------|-----------|----------------------------------------|
| <i>fluoxetine hcl SOLN</i>                         | P         | QL(120 ML per fill retail)             | PAXIL TABS 30 MG, 40 MG ( <i>paroxetine hcl</i> )            | NP        | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>fluoxetine hcl TABS 10 MG</i>                   | P         | QL(1 EA daily); AL(At least 7 yrs old) | PAXIL TABS 10 MG ( <i>paroxetine hcl</i> )                   | NP        | QL(6 EA daily)                         |
| <i>fluoxetine hcl TABS 20 MG</i>                   | P         | QL(4 EA daily)                         | PROZAC CAPS 40 MG ( <i>fluoxetine hcl</i> )                  | NP        | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>fluoxetine hcl TABS 60 MG</i>                   | NP        |                                        | PROZAC CAPS 10 MG, 20 MG ( <i>fluoxetine hcl</i> )           | NP        | QL(4 EA daily)                         |
| FLUOXETINE HCL TABS ( <i>fluoxetine hcl</i> )      | NP        |                                        | <i>sertraline hcl CAPS 150 MG, 200 MG</i>                    | NP        |                                        |
| <i>fluvoxamine maleate CP24</i>                    | NP        |                                        | SERTRALINE HCL CAPS 150 MG, 200 MG ( <i>sertraline hcl</i> ) | NP        |                                        |
| <i>fluvoxamine maleate TABS 100 MG</i>             | P         | QL(3 EA daily)                         | <i>sertraline hcl CONC</i>                                   | NP        | QL(186 ML per 31 day(s) retail)        |
| <i>fluvoxamine maleate TABS 25 MG, 50 MG</i>       | P         | QL(2 EA daily); AL(At least 7 yrs old) | <i>sertraline hcl TABS 100 MG</i>                            | P         | QL(2 EA daily); AL(At least 7 yrs old) |
| LEXAPRO TABS 5 MG ( <i>escitalopram oxalate</i> )  | NP        | QL(4 EA daily)                         | <i>sertraline hcl TABS 25 MG, 50 MG</i>                      | P         | QL(4 EA daily)                         |
| LEXAPRO TABS 20 MG ( <i>escitalopram oxalate</i> ) | NP        | QL(1 EA daily); AL(At least 7 yrs old) | ZOLOFT CONC ( <i>sertraline hcl</i> )                        | NP        | QL(186 ML per 31 day(s) retail)        |
| LEXAPRO TABS 10 MG ( <i>escitalopram oxalate</i> ) | NP        | QL(2 EA daily); AL(At least 7 yrs old) | ZOLOFT TABS 100 MG ( <i>sertraline hcl</i> )                 | NP        | QL(2 EA daily); AL(At least 7 yrs old) |
| <i>paroxetine hcl SUSP</i>                         | NP        | QL(40 ML daily)                        | ZOLOFT TABS 25 MG, 50 MG ( <i>sertraline hcl</i> )           | NP        | QL(4 EA daily)                         |
| <i>paroxetine hcl TABS 10 MG</i>                   | P         | QL(6 EA daily)                         | Serotonin Modulators                                         |           |                                        |
| <i>paroxetine hcl TABS 20 MG</i>                   | P         | QL(3 EA daily)                         | EXXUA TITRATION PACK TB24 PO 18.2 MG                         | NP        |                                        |
| <i>paroxetine hcl TABS 30 MG, 40 MG</i>            | P         | QL(2 EA daily); AL(At least 7 yrs old) | EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG             | NP        |                                        |
| <i>paroxetine hcl TB24</i>                         | NP        | QL(1 EA daily); AL(At least 7 yrs old) | <i>nefazodone hcl</i>                                        | P         |                                        |
| PAXIL CR TB24 ( <i>paroxetine hcl</i> )            | NP        | QL(1 EA daily); AL(At least 7 yrs old) | RALDESY SOLN PO 10 MG/ML                                     | NP        |                                        |
| PAXIL SUSP ( <i>paroxetine hcl</i> )               | NP        | QL(40 ML daily)                        | <i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>              | P         |                                        |
| PAXIL TABS 20 MG ( <i>paroxetine hcl</i> )         | NP        | QL(3 EA daily)                         | <i>trazodone hcl TABS 300 MG</i>                             | P         | QL(2 EA daily)                         |

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| Drug Name                                                | Drug Tier | Requirements/ Limits                       |
|----------------------------------------------------------|-----------|--------------------------------------------|
| TRINTELLIX                                               | NP        | QL(1 EA daily);<br>AL(At least 18 yrs old) |
| VIIBRYD TABS<br>(vilazodone hcl)                         | NP        | QL(1 EA daily)                             |
| <i>vilazodone hcl TABS</i>                               | P         | QL(1 EA daily)                             |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)     |           |                                            |
| CYMBALTA CPEP<br>(duloxetine hcl)                        | NP        | QL(1 EA daily);<br>AL(At least 7 yrs old)  |
| DESVENLAFAXINE ER                                        | NP        |                                            |
| <i>desvenlafaxine succinate 100 MG</i>                   | P         | QL(4 EA daily)                             |
| <i>desvenlafaxine succinate 25 MG, 50 MG</i>             | P         | QL(1 EA daily)                             |
| DRIZALMA SPRINKLE CSDR                                   | NP        |                                            |
| <i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>           | P         | QL(1 EA daily);<br>AL(At least 7 yrs old)  |
| <i>duloxetine hcl CPEP 40 MG</i>                         | NP        |                                            |
| EFFEXOR XR CP24 75 MG ( <i>venlafaxine hcl</i> )         | NP        | QL(5 EA daily)                             |
| EFFEXOR XR CP24 150 MG ( <i>venlafaxine hcl</i> )        | NP        | QL(2 EA daily)                             |
| EFFEXOR XR CP24 37.5 MG ( <i>venlafaxine hcl</i> )       | NP        | QL(4 EA daily)                             |
| FETZIMA TITRATION C4PK                                   | NP        |                                            |
| FETZIMA CP24                                             | NP        |                                            |
| PRISTIQ 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> ) | NP        | QL(1 EA daily)                             |
| PRISTIQ 100 MG ( <i>desvenlafaxine succinate</i> )       | NP        | QL(4 EA daily)                             |
| VENLAFAXINE BESYLATE ER                                  | NP        |                                            |
| <i>venlafaxine hcl CP24 37.5 MG</i>                      | P         | QL(4 EA daily)                             |

| Drug Name                                                       | Drug Tier | Requirements/ Limits                                       |
|-----------------------------------------------------------------|-----------|------------------------------------------------------------|
| <i>venlafaxine hcl CP24 150 MG</i>                              | P         | QL(2 EA daily)                                             |
| <i>venlafaxine hcl CP24 75 MG</i>                               | P         | QL(5 EA daily)                                             |
| <i>venlafaxine hcl TABS</i>                                     | P         |                                                            |
| <i>venlafaxine hcl TB24 150 MG</i>                              | NP        | QL(1 EA daily)                                             |
| <i>venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG</i>              | NP        | QL(1 EA daily);<br>AL(At least 7 yrs old)                  |
| Tricyclic Agents                                                |           |                                                            |
| <i>amitriptyline hcl TABS</i>                                   | C         |                                                            |
| <i>amoxapine</i>                                                | C         |                                                            |
| <i>clomipramine hcl 75 MG</i>                                   | C         |                                                            |
| <i>desipramine hcl TABS 25 MG</i>                               | C         | QL(2 EA daily)                                             |
| <i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i> | C         |                                                            |
| <i>doxepin hcl CAPS</i>                                         | C         |                                                            |
| <i>doxepin hcl CONC</i>                                         | C         |                                                            |
| <i>imipramine hcl TABS</i>                                      | C         |                                                            |
| <i>nortriptyline hcl CAPS</i>                                   | C         |                                                            |
| <i>nortriptyline hcl SOLN</i>                                   | C         | QL(20 ML daily)                                            |
| ANTIDIABETICS - Drugs to Regulate Blood Sugar                   |           |                                                            |
| Alpha-Glucosidase Inhibitors                                    |           |                                                            |
| <i>acarbose</i>                                                 | P         |                                                            |
| <i>miglitol</i>                                                 | NP        |                                                            |
| Antidiabetic - Amylin Analogs                                   |           |                                                            |
| SYMLINPEN 120 SOPN                                              | P         | QL(11 ML per 31 day(s) retail; 11 ML per 31 days mail); ST |
| SYMLINPEN 60 SOPN                                               | P         | QL(6 ML per 31 day(s) retail; 6 ML per 31 days mail); ST   |
| Antidiabetic Combinations                                       |           |                                                            |

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| Drug Name                                                                                        | Drug Tier | Requirements/ Limits           | Drug Name                                                       | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------|-----------------------------------------------------------------|-----------|----------------------|
| ACTOPLUS MET TABS 850 MG-15 MG<br>( <i>pioglitazone hcl-metformin hcl</i> )                      | NP        | QL(2 EA daily)                 | STEGLUJAN                                                       | NP        |                      |
| <i>alogliptin-metformin hcl</i>                                                                  | NP        | QL(2 EA daily)                 | SYNJARDY XR TB24                                                | NP        |                      |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>              | NP        | QL(1 EA daily)                 | SYNJARDY TABS                                                   | NP        |                      |
| <i>dapagliflozin propanediol-metformin hcl</i>                                                   | NP        |                                | TRIJARDY XR                                                     | NP        |                      |
| DUETACT ( <i>pioglitazone hcl-glimepiride</i> )                                                  | NP        |                                | XIGDUO XR<br>( <i>dapagliflozin propanediol-metformin hcl</i> ) | P         | Brand Preferred      |
| <i>glipizide-metformin hcl</i>                                                                   | NP        |                                | XIGDUO XR 1000 MG-2.5 MG, 500 MG-10 MG, 500 MG-5 MG             | P         | Brand Preferred; ST  |
| <i>glyburide-metformin</i>                                                                       | P         |                                | XULTOPHY                                                        | NP        |                      |
| GLYXAMBI                                                                                         | NP        |                                | ZITUVIMET XR TB24                                               | NP        |                      |
| INVOKAMET XR TB24                                                                                | NP        |                                | ZITUVIMET TABS                                                  | NP        |                      |
| INVOKAMET TABS                                                                                   | P         | ST                             | Biguanides                                                      |           |                      |
| JANUMET XR TB24                                                                                  | NP        |                                | <i>metformin hcl SOLN</i>                                       | NP        |                      |
| JANUMET TABS                                                                                     | P         | ST                             | <i>metformin hcl TABS 500 MG</i>                                | P         | QL(5 EA daily)       |
| JENTADUETO XR TB24                                                                               | NP        |                                | <i>metformin hcl TABS 850 MG</i>                                | P         | QL(3 EA daily)       |
| JENTADUETO TABS                                                                                  | P         | ST                             | <i>metformin hcl TABS 625 MG</i>                                | NP        |                      |
| KAZANO ( <i>alogliptin-metformin hcl</i> )                                                       | NP        | QL(2 EA daily)                 | <i>metformin hcl TABS 750 MG</i>                                | P         |                      |
| OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG<br>( <i>alogliptin-pioglitazone</i> ) | NP        | QL(1 EA daily)                 | <i>metformin hcl TABS 1000 MG</i>                               | P         | QL(2 EA daily)       |
| <i>pioglitazone hcl-glimepiride</i>                                                              | NP        |                                | <i>metformin hcl TB24 500 MG, 1000 MG</i>                       | NP        |                      |
| <i>pioglitazone hcl-metformin hcl TABS</i>                                                       | NP        | QL(2 EA daily)                 | <i>metformin hcl TB24 500 MG</i>                                | P         | QL(4 EA daily)       |
| QTERN                                                                                            | NP        |                                | <i>metformin hcl TB24 750 MG</i>                                | P         | QL(3 EA daily)       |
| <i>saxagliptin-metformin hcl</i>                                                                 | NP        | QL(1 EA daily)                 | RIOMET SOLN<br>( <i>metformin hcl</i> )                         | NP        |                      |
| SEGLUROMET                                                                                       | NP        | QL(2 EA daily)                 | Diabetic Other                                                  |           |                      |
| SITAGLIPT BASE-METFORM HCL ER TB24                                                               | NP        |                                | BAQSIMI ONE PACK POWD                                           | P         |                      |
| SITAGLIPTIN BASE-METFORMIN HCL TABS                                                              | NP        |                                | BAQSIMI TWO PACK POWD                                           | P         |                      |
| SOLIQUA                                                                                          | NP        | QL(18 ML per 31 day(s) retail) | <i>diazoxide</i>                                                | NP        | Brand Preferred      |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------------------------------|-----------|----------------------------------------------------------|
| GLUCAGON EMERGENCY                                        | NP        |                                                          |
| <i>glucagon SOLR IJ 1 MG</i>                              | P         | QL(4 EA per 365 day(s) retail)                           |
| GVOKE HYPOPEN 1-PACK SOAJ                                 | P         |                                                          |
| GVOKE HYPOPEN 2-PACK SOAJ                                 | P         |                                                          |
| GVOKE KIT SOLN                                            | NP        |                                                          |
| GVOKE PFS SOSY 1 MG/0.2ML                                 | NP        |                                                          |
| PROGLYCEM ( <i>diazoxide</i> )                            | P         | Brand Preferred                                          |
| ZEGALOGUE SOAJ                                            | P         |                                                          |
| ZEGALOGUE SOSY                                            | P         |                                                          |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors                 |           |                                                          |
| <i>alogliptin benzoate</i>                                | NP        | QL(1 EA daily)                                           |
| BRYNOVIN SOLN PO 25 MG/ML                                 | NP        |                                                          |
| JANUVIA                                                   | P         | ST                                                       |
| NESINA ( <i>alogliptin benzoate</i> )                     | NP        | QL(1 EA daily)                                           |
| <i>saxagliptin hcl</i>                                    | NP        | QL(1 EA daily)                                           |
| SITAGLIPTIN                                               | NP        |                                                          |
| TRADJENTA                                                 | P         | ST                                                       |
| ZITUVIO                                                   | NP        |                                                          |
| Incretin Mimetic Agents                                   |           |                                                          |
| BYDUREON BCISE AUJ                                        | NP        | QL(3.4 ML per 28 day(s) retail)                          |
| BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML ( <i>exenatide</i> ) | NP        | QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old) |
| BYETTA 5 MCG PEN SOPN 5 MCG/0.02ML ( <i>exenatide</i> )   | NP        | QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old) |

| Drug Name                           | Drug Tier | Requirements/ Limits                                                         |
|-------------------------------------|-----------|------------------------------------------------------------------------------|
| <i>exenatide SOPN 10 MCG/0.04ML</i> | NP        | QL(2.4 ML per 31 day(s) retail); AL(At least 18 yrs old)                     |
| <i>exenatide SOPN 5 MCG/0.02ML</i>  | NP        | QL(1.2 ML per 31 day(s) retail); AL(At least 18 yrs old)                     |
| <i>liraglutide</i>                  | NP        | Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old)     |
| MOUNJARO                            | NP        |                                                                              |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN  | PA        | PA                                                                           |
| OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML   | PA        | PA                                                                           |
| OZEMPIC (2 MG/DOSE) SOPN            | PA        | PA                                                                           |
| TRULICITY                           | PA        | QL(2 ML per 28 day(s) retail); PA                                            |
| VICTOZA ( <i>liraglutide</i> )      | PA        | Brand Preferred; QL(12 ML per 28 day(s) retail); AL(At least 10 yrs old); PA |
| Insulin                             |           |                                                                              |
| ADMELOG SOLOSTAR SOPN               | NP        | QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)                       |
| ADMELOG SOLN IJ                     | NP        | QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail)                       |
| AFREZZA POWD                        | NP        |                                                                              |
| APIDRA SOLOSTAR SOPN                | P         |                                                                              |
| APIDRA SOLN                         | NP        |                                                                              |

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| Drug Name                        | Drug Tier | Requirements/<br>Limits                                                                      |
|----------------------------------|-----------|----------------------------------------------------------------------------------------------|
| BASAGLAR KWIKPEN SOPN            | NP        |                                                                                              |
| FIASP FLEXTOUCH SOPN             | NP        |                                                                                              |
| FIASP PENFILL SOCT               | NP        |                                                                                              |
| FIASP SOLN                       | NP        |                                                                                              |
| HUMALOG JUNIOR KWIKPEN SOPN      | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         |
| HUMALOG KWIKPEN SOPN 200 UNIT/ML | P         | USE BRAND NAME or Authorized Generic                                                         |
| HUMALOG KWIKPEN SOPN 100 UNIT/ML | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail) |
| HUMALOG MIX 50/50 KWIKPEN SUPN   | P         | USE BRAND NAME or Authorized Generic                                                         |
| HUMALOG MIX 75/25 KWIKPEN SUPN   | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         |
| HUMALOG MIX 75/25 SUSP           | P         | USE BRAND NAME or Authorized Generic                                                         |
| HUMALOG TEMPO PEN SOPN           | P         | USE BRAND NAME or Authorized Generic                                                         |
| HUMALOG SOCT                     | P         | USE BRAND NAME or Authorized Generic                                                         |

| Drug Name                              | Drug Tier | Requirements/<br>Limits                                                                      |
|----------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| HUMALOG SOLN IJ                        | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |
| HUMULIN 70/30 KWIKPEN SUPN             | P         | QL(1 ML daily)                                                                               |
| HUMULIN 70/30 SUSP                     | P         | Limit 40mls per month                                                                        |
| HUMULIN N KWIKPEN SUPN                 | P         | QL(1 ML daily)                                                                               |
| HUMULIN N SUSP                         | P         | Limit 40mls per month                                                                        |
| HUMULIN R U-500 (CONCENTRATED) SOLN SC | P         |                                                                                              |
| HUMULIN R U-500 KWIKPEN SOPN SC        | P         |                                                                                              |
| HUMULIN R SOLN IJ                      | P         | Limit 40mls per month                                                                        |
| INSULIN ASP PROT & ASP FLEXPEN SUPN    | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         |
| INSULIN ASPART FLEXPEN SOPN            | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         |
| INSULIN ASPART PENFILL SOCT            | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         |
| INSULIN ASPART PROT & ASPART SUSP      | P         | QL(40 ML per 31 day(s) retail)                                                               |

| Drug Name                                   | Drug Tier | Requirements/ Limits                                                                         | Drug Name                            | Drug Tier | Requirements/ Limits                                                                         |
|---------------------------------------------|-----------|----------------------------------------------------------------------------------------------|--------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| INSULIN ASPART SOLN IJ                      | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         | INSULIN LISPRO SOLN IJ               | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 30 day(s) retail; 30 ML per 30 days mail) |
| INSULIN DEGLUDEC FLEXTouch SOPN 200 UNIT/ML | NP        | QL(0.9 ML daily)                                                                             | KIRSTY SOLN IJ 100 UNIT/ML           | NP        |                                                                                              |
| INSULIN DEGLUDEC FLEXTouch SOPN 100 UNIT/ML | NP        | QL(1.5 ML daily)                                                                             | KIRSTY SOPN SC 100 UNIT/ML           | NP        |                                                                                              |
| INSULIN DEGLUDEC SOLN                       | NP        | QL(1.5 ML daily)                                                                             | LANTUS SOLOSTAR SOPN                 | P         | Brand Preferred                                                                              |
| INSULIN GLARGINE MAX SOLOSTAR SOPN          | NP        |                                                                                              | LANTUS SOLN                          | P         | Brand Preferred                                                                              |
| INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML  | NP        |                                                                                              | LEVEMIR SOLN                         | P         |                                                                                              |
| INSULIN GLARGINE-YFGN SOLN                  | NP        | QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)                                       | LYUMJEV KWIKPEN SOPN                 | NP        |                                                                                              |
| INSULIN GLARGINE-YFGN SOPN                  | NP        | QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)                                       | LYUMJEV TEMPO PEN SOPN               | NP        |                                                                                              |
| INSULIN LISPRO (1 UNIT DIAL) SOPN           | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail) | LYUMJEV SOLN                         | NP        |                                                                                              |
| INSULIN LISPRO JUNIOR KWIKPEN SOPN          | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         | MERILOG SOLOSTAR SOPN SC 100 UNIT/ML | NP        |                                                                                              |
| INSULIN LISPRO PROT & LISPRO SUPN           | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail)                         | MERILOG SOLN SC 100 UNIT/ML          | NP        |                                                                                              |
|                                             |           |                                                                                              | NOVOLIN 70/30 FLEXPEN RELION SUPN    | NP        | QL(1 ML daily)                                                                               |
|                                             |           |                                                                                              | NOVOLIN 70/30 FLEXPEN SUPN           | NP        | QL(1 ML daily)                                                                               |
|                                             |           |                                                                                              | NOVOLIN 70/30 RELION SUSP            | NP        |                                                                                              |
|                                             |           |                                                                                              | NOVOLIN 70/30 SUSP                   | NP        | Limit 40mls per month                                                                        |
|                                             |           |                                                                                              | NOVOLIN N FLEXPEN RELION SUPN        | NP        | QL(1 ML daily)                                                                               |
|                                             |           |                                                                                              | NOVOLIN N FLEXPEN SUPN               | NP        | QL(1 ML daily)                                                                               |
|                                             |           |                                                                                              | NOVOLIN N RELION SUSP                | NP        |                                                                                              |
|                                             |           |                                                                                              | NOVOLIN N SUSP                       | NP        | Limit 40mls per month                                                                        |
|                                             |           |                                                                                              | NOVOLIN R FLEXPEN RELION SOPN IJ     | NP        |                                                                                              |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                                 | Drug Name                                          | Drug Tier | Requirements/ Limits                                                 |
|-----------------------------------|-----------|----------------------------------------------------------------------|----------------------------------------------------|-----------|----------------------------------------------------------------------|
| NOVOLIN R FLEXPEN SOPN IJ         | NP        |                                                                      | NOVOLOG RELION SOLN IJ                             | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) |
| NOVOLIN R RELION SOLN IJ          | NP        |                                                                      |                                                    |           |                                                                      |
| NOVOLIN R SOLN IJ                 | NP        | Limit 40mls per month                                                | NOVOLOG SOLN IJ                                    | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) |
| NOVOLOG 70/30 FLEXPEN RELION SUPN | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) | REZVOGLAR KWIKPEN                                  | NP        |                                                                      |
| NOVOLOG FLEXPEN RELION SOPN       | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) | SEMGLEE (YFGN) SOLN                                | NP        | QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)               |
| NOVOLOG FLEXPEN SOPN              | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) | SEMGLEE (YFGN) SOPN                                | NP        | QL(30 ML per 31 day(s) retail; 30 ML per 31 days mail)               |
| NOVOLOG MIX 70/30 FLEXPEN SUPN    | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) | TOUJEO MAX SOLOSTAR SOPN                           | NP        |                                                                      |
| NOVOLOG MIX 70/30 RELION SUSP     | P         | USE BRAND NAME or Authorized Generic                                 | TOUJEO SOLOSTAR SOPN                               | NP        |                                                                      |
| NOVOLOG MIX 70/30 SUSP            | P         | USE BRAND NAME or Authorized Generic                                 | TRESIBA FLEXTOUCH SOPN 100 UNIT/ML                 | P         | QL(1.5 ML daily)                                                     |
| NOVOLOG PENFILL SOCT              | P         | USE BRAND NAME or Authorized Generic; QL(30 ML per 31 day(s) retail) | TRESIBA FLEXTOUCH SOPN 200 UNIT/ML                 | P         | QL(0.9 ML daily)                                                     |
|                                   |           |                                                                      | TRESIBA SOLN                                       | P         | Brand Preferred; QL(1.5 ML daily)                                    |
|                                   |           |                                                                      | Insulin Sensitizing Agents                         |           |                                                                      |
|                                   |           |                                                                      | ACTOS ( <i>pioglitazone hcl</i> )                  | NP        | QL(1 EA daily)                                                       |
|                                   |           |                                                                      | <i>pioglitazone hcl</i>                            | P         | QL(1 EA daily)                                                       |
|                                   |           |                                                                      | Meglitinide Analogues                              |           |                                                                      |
|                                   |           |                                                                      | <i>nateglinide</i>                                 | P         | QL(3 EA daily)                                                       |
|                                   |           |                                                                      | <i>repaglinide</i>                                 | NP        |                                                                      |
|                                   |           |                                                                      | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                                                                      |
|                                   |           |                                                                      | <i>dapagliflozin propanediol</i>                   | NP        | ST                                                                   |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits   |
|-------------------------------------------------------------|-----------|------------------------|
| FARXIGA ( <i>dapagliflozin propanediol</i> )                | P         | Brand Preferred; ST    |
| INVOKANA                                                    | P         | ST                     |
| JARDIANCE                                                   | P         | ST                     |
| STEGLATRO                                                   | NP        | QL(1 EA daily)         |
| Sulfonylureas                                               |           |                        |
| <i>glimepiride 3 MG</i>                                     | P         |                        |
| <i>glimepiride 1 MG, 2 MG</i>                               | P         | QL(4 EA daily)         |
| <i>glimepiride 4 MG</i>                                     | P         | QL(2 EA daily)         |
| <i>glipizide TABS</i>                                       | P         |                        |
| <i>glipizide TB24</i>                                       | P         |                        |
| GLUCOTROL XL TB24 5 MG, 10 MG ( <i>glipizide</i> )          | NP        |                        |
| <i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>              | P         |                        |
| <i>glyburide TABS</i>                                       | P         |                        |
| ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea    |           |                        |
| Antidiarrheal/Probiotic Agents - Misc.                      |           |                        |
| <i>bismuth subsalicylate CHEW 262 MG</i>                    | C         |                        |
| <i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i> | C         |                        |
| Antiperistaltic Agents                                      |           |                        |
| <i>diphenoxylate w/ atropine LIQD</i>                       | C         |                        |
| <i>diphenoxylate w/ atropine TABS</i>                       | C         |                        |
| <i>loperamide hcl CAPS</i>                                  | C         | QL(8 EA daily); RX/OTC |
| <i>loperamide hcl TABS</i>                                  | C         | QL(8 EA daily)         |
| ANTIDOTES AND SPECIFIC ANTAGONISTS                          |           |                        |
| Antidotes - Chelating Agents                                |           |                        |
| CHEMET                                                      | C         |                        |
| <i>deferasirox PACK</i>                                     | C         | SP; PA                 |
| <i>deferasirox TABS</i>                                     | C         | SP; PA                 |

| Drug Name                                        | Drug Tier | Requirements/ Limits                                   |
|--------------------------------------------------|-----------|--------------------------------------------------------|
| <i>deferasirox TBSO</i>                          | C         | SP; PA                                                 |
| Opioid Antagonists                               |           |                                                        |
| KLOXXADO LIQD                                    | NP        |                                                        |
| <i>naloxone hcl LIQD</i>                         | NP        | Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC |
| <i>naloxone hcl SOCT</i>                         | P         | QL(2 ML per 90 day(s) retail)                          |
| <i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>    | P         | QL(2 ML per 90 day(s) retail)                          |
| <i>naloxone hcl SOSY 0.4 MG/ML</i>               | P         |                                                        |
| <i>naloxone hcl SOSY 2 MG/2ML</i>                | P         | QL(4 ML per 90 day(s) retail)                          |
| <i>naltrexone hcl</i>                            | C         |                                                        |
| NARCAN LIQD ( <i>naloxone hcl</i> )              | P         | Brand Preferred; QL(4 EA per 90 day(s) retail); RX/OTC |
| OPVEE NA                                         | NP        |                                                        |
| REXTOVY LIQD                                     | NP        |                                                        |
| VIVITROL                                         | P         | QL(1 EA per 30 day(s) retail); SP                      |
| ZIMHI SOSY                                       | NP        |                                                        |
| ZURNAI IJ 1.5 MG/0.5ML                           | NP        |                                                        |
| ANTIEMETICS - Drugs to Treat Nausea and Vomiting |           |                                                        |
| 5-HT3 Receptor Antagonists                       |           |                                                        |
| <i>granisetron hcl TABS</i>                      | NP        |                                                        |
| <i>ondansetron hcl SOLN PO 4 MG/5ML</i>          | P         | QL(50 ML per 31 day(s) retail)                         |
| <i>ondansetron hcl SOLN IJ</i>                   | C         |                                                        |
| <i>ondansetron hcl SOSY</i>                      | C         |                                                        |
| <i>ondansetron hcl TABS 4 MG, 8 MG</i>           | P         | QL(20 EA per 31 day(s) retail)                         |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                                   |
|-----------------------------------------------------|-----------|--------------------------------------------------------|
| <i>ondansetron TBDP 4 MG, 8 MG</i>                  | P         | QL(20 EA per 31 day(s) retail; 20 EA per 31 days mail) |
| <i>ondansetron TBDP 16 MG</i>                       | P         |                                                        |
| SANCUSO PTCH                                        | NP        |                                                        |
| Antiemetics - Anticholinergic                       |           |                                                        |
| ANTIVERT CHEW ( <i>meclizine hcl</i> )              | NP        | RX/OTC                                                 |
| ANTIVERT TABS 50 MG ( <i>meclizine hcl</i> )        | NP        |                                                        |
| <i>meclizine hcl TABS 12.5 MG, 25 MG, 50 MG</i>     | NP        | RX/OTC                                                 |
| <i>scopolamine</i>                                  | P         |                                                        |
| TRANSDERM SCOP 1 MG/3DAYS ( <i>scopolamine</i> )    | NP        |                                                        |
| TRANSDERM-SCOP ( <i>scopolamine</i> )               | NP        |                                                        |
| <i>trimethobenzamide hcl CAPS</i>                   | NP        |                                                        |
| Antiemetics - Miscellaneous                         |           |                                                        |
| AKYNZEO                                             | NP        |                                                        |
| BONJESTA TBCR                                       | NP        |                                                        |
| DICLEGIS TBEC ( <i>doxylamine-pyridoxine</i> )      | NP        |                                                        |
| <i>doxylamine-pyridoxine TBEC</i>                   | NP        |                                                        |
| <i>dronabinol CAPS</i>                              | NP        |                                                        |
| MARINOL CAPS 2.5 MG ( <i>dronabinol</i> )           | NP        |                                                        |
| Substance P/Neurokinin 1 (NK1) Receptor Antagonists |           |                                                        |
| <i>aprepitant CAPS</i>                              | P         |                                                        |
| EMEND BIPACK CAPS 80 MG ( <i>aprepitant</i> )       | NP        |                                                        |
| EMEND TRIPACK CAPS ( <i>aprepitant</i> )            | NP        |                                                        |
| EMEND SUSR                                          | NP        |                                                        |
| ANTIFUNGALS - Drugs to Treat Fungal Infections      |           |                                                        |

| Drug Name                                     | Drug Tier | Requirements/ Limits                        |
|-----------------------------------------------|-----------|---------------------------------------------|
| Antifungal - Glucan Synthesis Inhibitors      |           |                                             |
| BREXAFEMME                                    | NP        |                                             |
| Antifungals                                   |           |                                             |
| <i>griseofulvin microsize SUSP</i>            | P         |                                             |
| <i>griseofulvin microsize TABS</i>            | NP        |                                             |
| <i>griseofulvin ultramicrosize</i>            | P         |                                             |
| <i>nystatin TABS</i>                          | P         | QL(6 EA daily)                              |
| <i>terbinafine hcl TABS</i>                   | P         | QL(1 EA daily; 90 EA per 120 day(s) retail) |
| Imidazole-Related Antifungals                 |           |                                             |
| CRESEMBA CAPS                                 | NP        |                                             |
| DIFLUCAN SUSR 40 MG/ML ( <i>fluconazole</i> ) | NP        | QL(70 ML per fill retail)                   |
| <i>fluconazole SUSR</i>                       | P         | QL(70 ML per fill retail)                   |
| <i>fluconazole TABS 100 MG, 200 MG</i>        | P         |                                             |
| <i>fluconazole TABS 150 MG</i>                | P         | QL(2 EA per fill retail)                    |
| <i>fluconazole TABS 50 MG</i>                 | P         | QL(3 EA per 14 day(s) retail)               |
| <i>itraconazole CAPS</i>                      | NP        | QL(1 EA daily)                              |
| <i>itraconazole SOLN</i>                      | NP        |                                             |
| <i>ketoconazole</i>                           | NP        |                                             |
| SPORANOX CAPS ( <i>itraconazole</i> )         | NP        | QL(1 EA daily)                              |
| VFEND SUSR ( <i>voriconazole</i> )            | NP        |                                             |
| <i>voriconazole SUSR</i>                      | NP        |                                             |
| <i>voriconazole TABS</i>                      | NP        |                                             |
| ANTIHIISTAMINES - Drugs to Treat Allergies    |           |                                             |
| Antihistamines - Alkylamines                  |           |                                             |
| <i>chlorpheniramine maleate SYRP</i>          | C         |                                             |
| <i>dexchlorpheniramine maleate SOLN</i>       | C         |                                             |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                     |
|-----------------------------------------------------------|-----------|----------------------------------------------------------|
| Antihistamines - Ethanolamines                            |           |                                                          |
| <i>diphenhydramine hcl CAPS</i>                           | C         | QL(4 EA daily)                                           |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>               | C         | QL(240 ML per fill retail)                               |
| <i>diphenhydramine hcl TABS 25 MG</i>                     | C         | QL(4 EA daily)                                           |
| Antihistamines - Non-Sedating                             |           |                                                          |
| <i>cetirizine hcl CHEW</i>                                | C         | QL(1 EA daily)                                           |
| <i>cetirizine hcl SOLN PO</i>                             | P         | QL(300 ML per fill retail); AL(Up to 12 yrs old); RX/OTC |
| <i>cetirizine hcl TABS</i>                                | P         | QL(1 EA daily)                                           |
| CLARINEX TABS ( <i>desloratadine</i> )                    | NP        |                                                          |
| <i>desloratadine TABS</i>                                 | NP        |                                                          |
| <i>desloratadine TBDP</i>                                 | NP        | AL(Up to 12 yrs old)                                     |
| <i>fexofenadine hcl TABS 180 MG</i>                       | C         | QL(1 EA daily)                                           |
| <i>fexofenadine hcl TABS 60 MG</i>                        | C         | QL(2 EA daily)                                           |
| <i>levocetirizine dihydrochloride SOLN</i>                | NP        | AL(Up to 12 yrs old); RX/OTC                             |
| <i>levocetirizine dihydrochloride TABS</i>                | P         | QL(1 EA daily); RX/OTC                                   |
| <i>loratadine CHEW</i>                                    | P         |                                                          |
| <i>loratadine TABS</i>                                    | P         | QL(1 EA daily)                                           |
| <i>loratadine TBDP 10 MG</i>                              | P         | QL(1 EA daily); AL(Up to 12 yrs old)                     |
| Antihistamines - Phenothiazines                           |           |                                                          |
| <i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i> | P         | QL(240 ML per fill retail); AL(At least 2 yrs old)       |
| <i>promethazine hcl SUPP</i>                              | P         | QL(12 EA per fill retail); AL(At least 2 yrs old)        |
| <i>promethazine hcl TABS</i>                              | P         | AL(At least 2 yrs old)                                   |
| Antihistamines - Piperidines                              |           |                                                          |

| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>cyproheptadine hcl SYRP</i>                      | C         |                      |
| <i>cyproheptadine hcl TABS</i>                      | C         |                      |
| ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol |           |                      |
| Antihyperlipidemics - Combinations                  |           |                      |
| <i>ezetimibe-simvastatin</i>                        | NP        | QL(1 EA daily)       |
| VYTORIN ( <i>ezetimibe-simvastatin</i> )            | NP        | QL(1 EA daily)       |
| Antihyperlipidemics - Misc.                         |           |                      |
| <i>icosapent ethyl</i>                              | P         |                      |
| <i>omega-3-acid ethyl esters</i>                    | P         |                      |
| Bile Acid Sequestrants                              |           |                      |
| <i>cholestyramine light PACK</i>                    | NP        |                      |
| <i>cholestyramine light PACK</i>                    | P         |                      |
| <i>cholestyramine light POWD</i>                    | P         |                      |
| <i>cholestyramine light POWD</i>                    | NP        |                      |
| <i>cholestyramine PACK</i>                          | P         |                      |
| <i>cholestyramine POWD</i>                          | P         |                      |
| <i>colesevelam hcl PACK</i>                         | NP        |                      |
| <i>colesevelam hcl TABS</i>                         | NP        |                      |
| COLESTID GRAN ( <i>colestipol hcl</i> )             | NP        |                      |
| COLESTID TABS ( <i>colestipol hcl</i> )             | NP        |                      |
| <i>colestipol hcl GRAN</i>                          | P         |                      |
| <i>colestipol hcl PACK</i>                          | P         |                      |
| <i>colestipol hcl TABS</i>                          | P         |                      |
| QUESTRAN LIGHT POWD ( <i>cholestyramine light</i> ) | NP        |                      |
| QUESTRAN PACK ( <i>cholestyramine</i> )             | NP        |                      |
| QUESTRAN POWD ( <i>cholestyramine</i> )             | NP        |                      |

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| Drug Name                             | Drug Tier | Requirements/ Limits | Drug Name                                              | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|----------------------|--------------------------------------------------------|-----------|----------------------|
| WELCHOL PACK<br>(colesevelam hcl)     | NP        |                      | LIPITOR TABS<br>(atorvastatin calcium)                 | NP        | QL(1 EA daily)       |
| WELCHOL TABS<br>(colesevelam hcl)     | NP        |                      | LIVALO (pitavastatin calcium)                          | NP        |                      |
| Fibric Acid Derivatives               |           |                      | lovastatin TABS 10 MG, 20 MG                           | P         | QL(1 EA daily)       |
| choline fenofibrate                   | NP        |                      | lovastatin TABS 40 MG                                  | P         | QL(2 EA daily)       |
| fenofibrate micronized 43 MG, 130 MG  | NP        |                      | pitavastatin calcium                                   | NP        |                      |
| fenofibrate micronized 134 MG, 200 MG | NP        | QL(1 EA daily)       | pravastatin sodium                                     | P         | QL(1 EA daily)       |
| fenofibrate micronized 67 MG          | NP        | QL(2 EA daily)       | rosuvastatin calcium TABS                              | P         | QL(1 EA daily)       |
| fenofibrate CAPS                      | NP        |                      | simvastatin TABS 80 MG                                 | P         |                      |
| fenofibrate TABS 160 MG               | NP        | QL(1 EA daily)       | simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG             | P         | QL(1 EA daily)       |
| fenofibrate TABS 54 MG                | NP        | QL(3 EA daily)       | ZOCOR TABS 10 MG, 20 MG, 40 MG (simvastatin)           | NP        | QL(1 EA daily)       |
| fenofibrate TABS 48 MG, 145 MG        | P         |                      | ZYPITAMAG 2 MG, 4 MG                                   | NP        |                      |
| fenofibrate TABS 40 MG, 120 MG        | NP        |                      | Intestinal Cholesterol Absorption Inhibitors           |           |                      |
| fenofibric acid                       | NP        |                      | ezetimibe                                              | P         |                      |
| FIBRICOR (fenofibric acid)            | NP        |                      | ZETIA (ezetimibe)                                      | NP        |                      |
| gemfibrozil TABS                      | P         | QL(2 EA daily)       | Nicotinic Acid Derivatives                             |           |                      |
| LIPOFEN CAPS (fenofibrate)            | NP        |                      | niacin (antihyperlipidemic) TBCR                       | NP        |                      |
| LOPID TABS (gemfibrozil)              | NP        | QL(2 EA daily)       | ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure |           |                      |
| TRICOR TABS (fenofibrate)             | NP        |                      | ACE Inhibitors                                         |           |                      |
| HMG CoA Reductase Inhibitors          |           |                      | ACCUPRIL (quinapril hcl)                               | NP        |                      |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG     | NP        |                      | ALTACE CAPS 1.25 MG, 5 MG, 10 MG (ramipril)            | NP        | QL(2 EA daily)       |
| ATORVALIQ SUSP                        | NP        |                      | benazepril hcl 5 MG, 10 MG, 20 MG                      | P         | QL(1 EA daily)       |
| atorvastatin calcium TABS             | P         | QL(1 EA daily)       | benazepril hcl 40 MG                                   | P         | QL(2 EA daily)       |
| CRESTOR TABS (rosuvastatin calcium)   | NP        | QL(1 EA daily)       | captopril                                              | P         | QL(3 EA daily)       |
| fluvastatin sodium CAPS               | P         |                      | enalapril maleate SOLN                                 | NP        |                      |
| fluvastatin sodium TB24               | NP        |                      | enalapril maleate TABS                                 | P         | QL(2 EA daily)       |
| LESCOL XL TB24 (fluvastatin sodium)   | NP        |                      | EPANED SOLN (enalapril maleate)                        | NP        |                      |
|                                       |           |                      | fosinopril sodium                                      | NP        | QL(1 EA daily)       |

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| Drug Name                                                       | Drug Tier | Requirements/ Limits | Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------|-----------|----------------------|
| <i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i> | P         |                      | <i>clonidine hcl TABS</i>                                                    | P         |                      |
| LOTENSIN 40 MG ( <i>benazepril hcl</i> )                        | NP        | QL(2 EA daily)       | <i>clonidine PTWK</i>                                                        | P         |                      |
| LOTENSIN 10 MG, 20 MG ( <i>benazepril hcl</i> )                 | NP        | QL(1 EA daily)       | <i>clonidine TB24</i>                                                        | NP        |                      |
| <i>moexipril hcl</i>                                            | NP        |                      | <i>doxazosin mesylate</i>                                                    | P         |                      |
| <i>perindopril erbumine</i>                                     | NP        |                      | <i>guanfacine hcl</i>                                                        | P         |                      |
| QBRELIS SOLN                                                    | NP        |                      | <i>methyldopa TABS</i>                                                       | P         |                      |
| <i>quinapril hcl</i>                                            | NP        |                      | <i>methyldopa TABS 500 MG</i>                                                | C         |                      |
| <i>ramipril CAPS</i>                                            | P         | QL(2 EA daily)       | NEXICLON XR TB24 ( <i>clonidine</i> )                                        | NP        |                      |
| <i>trandolapril 1 MG, 2 MG</i>                                  | NP        | QL(1 EA daily)       | <i>prazosin hcl CAPS</i>                                                     | C         |                      |
| <i>trandolapril 4 MG</i>                                        | NP        | QL(2 EA daily)       | <i>terazosin hcl</i>                                                         | P         |                      |
| ZESTRIL TABS ( <i>lisinopril</i> )                              | NP        |                      | TEZRULY PO 1 MG/ML                                                           | NP        |                      |
| Angiotensin II Receptor Antagonists                             |           |                      | Antihypertensive Combinations                                                |           |                      |
| ARBLI PO 10 MG/ML                                               | NP        |                      | ACCURETIC 12.5 MG-10 MG ( <i>quinapril-hydrochlorothiazide</i> )             | NP        | QL(3 EA daily)       |
| ATACAND ( <i>candesartan cilexetil</i> )                        | NP        |                      | ACCURETIC 12.5 MG-20 MG ( <i>quinapril-hydrochlorothiazide</i> )             | NP        | QL(4 EA daily)       |
| AVAPRO 150 MG, 300 MG ( <i>irbesartan</i> )                     | NP        | QL(1 EA daily)       | <i>amlodipine besylate-benazepril hcl</i>                                    | P         | QL(1 EA daily)       |
| BENICAR ( <i>olmesartan medoxomil</i> )                         | NP        | QL(1 EA daily)       | <i>amlodipine besylate-olmesartan medoxomil</i>                              | NP        | ST                   |
| <i>candesartan cilexetil</i>                                    | NP        |                      | <i>amlodipine besylate-olmesartan medoxomil</i>                              | NP        |                      |
| COZAAR ( <i>losartan potassium</i> )                            | NP        | QL(1 EA daily)       | <i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-320 MG</i> | P         |                      |
| DIOVAN TABS ( <i>valsartan</i> )                                | NP        | QL(1 EA daily)       | <i>amlodipine besylate-valsartan 5 MG-160 MG</i>                             | P         |                      |
| EDARBI                                                          | NP        |                      | <i>amlodipine-valsartan-hydrochlorothiazide</i>                              | P         |                      |
| <i>irbesartan</i>                                               | P         | QL(1 EA daily)       | ATACAND HCT ( <i>candesartan cilexetil-hydrochlorothiazide</i> )             | NP        |                      |
| <i>losartan potassium</i>                                       | P         | QL(1 EA daily)       | <i>atenolol &amp; chlorthalidone</i>                                         | P         | QL(2 EA daily)       |
| MICARDIS ( <i>telmisartan</i> )                                 | NP        |                      | AVALIDE ( <i>irbesartan-hydrochlorothiazide</i> )                            | NP        | QL(1 EA daily)       |
| <i>olmesartan medoxomil</i>                                     | P         | QL(1 EA daily)       |                                                                              |           |                      |
| <i>telmisartan</i>                                              | P         |                      |                                                                              |           |                      |
| <i>valsartan SOLN</i>                                           | NP        |                      |                                                                              |           |                      |
| <i>valsartan TABS</i>                                           | P         | QL(1 EA daily)       |                                                                              |           |                      |
| Antiadrenergic Antihypertensives                                |           |                      |                                                                              |           |                      |
| CARDURA ( <i>doxazosin mesylate</i> )                           | NP        |                      |                                                                              |           |                      |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits | Drug Name                                                                                    | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------------------------------------------|-----------|----------------------|
| AZOR (amlodipine besylate-olmesartan medoxomil)                       | NP        | ST                   | losartan potassium & hydrochlorothiazide                                                     | P         | QL(1 EA daily)       |
| benazepril & hydrochlorothiazide                                      | P         | QL(1 EA daily)       | LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (benazepril & hydrochlorothiazide)    | NP        | QL(1 EA daily)       |
| BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)                | NP        | QL(1 EA daily)       | LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (amlodipine besylate-benazepril hcl) | NP        | QL(1 EA daily)       |
| bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG                       | P         |                      | metoprolol & hydrochlorothiazide TABS 50 MG-100 MG                                           | NP        | QL(1 EA daily)       |
| bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG          | P         | QL(1 EA daily)       | metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG                              | NP        | QL(2 EA daily)       |
| candesartan cilexetil-hydrochlorothiazide                             | NP        |                      | MICARDIS HCT (telmisartan-hydrochlorothiazide)                                               | NP        | QL(1 EA daily)       |
| captopril & hydrochlorothiazide 25 MG-50 MG                           | NP        | QL(3 EA daily)       | olmesartan medoxomil-amlodipine-hydrochlorothiazide                                          | NP        | ST                   |
| captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG | NP        | QL(2 EA daily)       | olmesartan medoxomil-hydrochlorothiazide                                                     | P         | QL(1 EA daily)       |
| DIOVAN HCT (valsartan-hydrochlorothiazide)                            | NP        | QL(1 EA daily)       | quinapril-hydrochlorothiazide 12.5 MG-20 MG                                                  | NP        | QL(4 EA daily)       |
| EDARBYCLOR                                                            | NP        |                      | quinapril-hydrochlorothiazide 25 MG-20 MG                                                    | NP        | QL(2 EA daily)       |
| enalapril maleate & hydrochlorothiazide                               | P         | QL(2 EA daily)       | quinapril-hydrochlorothiazide 12.5 MG-10 MG                                                  | NP        | QL(3 EA daily)       |
| EXFORGE (amlodipine besylate-valsartan)                               | NP        |                      | telmisartan-amlodipine                                                                       | NP        | ST                   |
| EXFORGE HCT (amlodipine-valsartan-hydrochlorothiazide)                | NP        |                      | telmisartan-hydrochlorothiazide                                                              | P         | QL(1 EA daily)       |
| fosinopril sodium & hydrochlorothiazide                               | NP        | QL(1 EA daily)       | TENORETIC 100 (atenolol & chlorthalidone)                                                    | NP        | QL(2 EA daily)       |
| HYZAAR (losartan potassium & hydrochlorothiazide)                     | NP        | QL(1 EA daily)       | TENORETIC 50 (atenolol & chlorthalidone)                                                     | NP        | QL(2 EA daily)       |
| irbesartan-hydrochlorothiazide                                        | P         | QL(1 EA daily)       | trandolapril-verapamil hcl                                                                   | P         |                      |
| lisinopril & hydrochlorothiazide                                      | P         |                      |                                                                                              |           |                      |

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| Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------|-----------|----------------------|
| TRIBENZOR ( <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )   | NP        | ST                   |
| <i>valsartan-hydrochlorothiazide</i>                                       | P         | QL(1 EA daily)       |
| ZESTORETIC ( <i>lisinopril &amp; hydrochlorothiazide</i> )                 | NP        |                      |
| Direct Renin Inhibitors                                                    |           |                      |
| <i>aliskiren fumarate</i>                                                  | NP        | Brand Preferred; ST  |
| TEKTURNA ( <i>aliskiren fumarate</i> )                                     | P         | Brand Preferred; ST  |
| Vasodilators                                                               |           |                      |
| <i>hydralazine hcl TABS</i>                                                | C         |                      |
| <i>minoxidil 10 MG</i>                                                     | C         | QL(10 EA daily)      |
| <i>minoxidil 2.5 MG</i>                                                    | C         | QL(3 EA daily)       |
| <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b> |           |                      |
| Anti-infective Agents - Misc.                                              |           |                      |
| FLAGYL CAPS ( <i>metronidazole</i> )                                       | NP        |                      |
| LIKMEZ SUSP                                                                | NP        |                      |
| <i>metronidazole CAPS</i>                                                  | P         |                      |
| <i>metronidazole TABS</i>                                                  | P         |                      |
| <i>tinidazole</i>                                                          | NP        | ST                   |
| <i>trimethoprim TABS</i>                                                   | C         |                      |
| Anti-infective Misc. - Combinations                                        |           |                      |
| <i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>    | C         |                      |
| <i>sulfamethoxazole-trimethoprim SUSP</i>                                  | C         |                      |
| <i>sulfamethoxazole-trimethoprim TABS</i>                                  | C         |                      |
| URETRON D/S TABS 81.6 MG                                                   | C         |                      |
| Antiprotozoal Agents                                                       |           |                      |
| <i>nitazoxanide TABS</i>                                                   | NP        | ST                   |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                              |
|--------------------------------------------------------------|-----------|---------------------------------------------------|
| Glycopeptides                                                |           |                                                   |
| FIRVANQ SOLR PO ( <i>vancomycin hcl</i> )                    | NP        | QL(300 ML per fill retail; 300 per fill mail); ST |
| VANCOCIN CAPS 125 MG ( <i>vancomycin hcl</i> )               | NP        | QL(4 EA daily); ST                                |
| VANCOCIN CAPS 250 MG ( <i>vancomycin hcl</i> )               | NP        | QL(8 EA daily); ST                                |
| <i>vancomycin hcl CAPS 250 MG</i>                            | P         | QL(8 EA daily); ST                                |
| <i>vancomycin hcl CAPS 125 MG</i>                            | P         | QL(4 EA daily); ST                                |
| <i>vancomycin hcl SOLR IV 1 GM</i>                           | C         | QL(14 EA per fill retail)                         |
| <i>vancomycin hcl SOLR IV 500 MG</i>                         | C         | QL(14 EA per 31 day(s) retail)                    |
| <i>vancomycin hcl SOLR PO 25 MG/ML, 50 MG/ML, 250 MG/5ML</i> | P         | QL(300 ML per fill retail; 300 per fill mail); ST |
| VANCOMYCIN HCL SOLR IV 500 MG                                | C         | QL(14 EA per 31 day(s) retail)                    |
| VANCOMYCIN HCL SOLR IV 1 GM                                  | C         | QL(14 EA per fill retail)                         |
| Leprostatics                                                 |           |                                                   |
| <i>dapsone</i>                                               | C         |                                                   |
| Lincosamides                                                 |           |                                                   |
| <i>clindamycin hcl 150 MG, 300 MG</i>                        | C         |                                                   |
| <i>clindamycin palmitate hydrochloride</i>                   | C         | QL(300 ML per fill retail)                        |
| Monobactams                                                  |           |                                                   |
| CAYSTON                                                      | NP        | SP                                                |
| Oxazolidinones                                               |           |                                                   |
| SIVEXTRO TABS                                                | C         | QL(6 EA per fill retail); PA                      |
| Urinary Anti-infectives                                      |           |                                                   |
| <i>methenamine mandelate</i>                                 | C         |                                                   |
| <i>nitrofurantoin</i>                                        | C         | QL(40 ML daily)                                   |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>                                     | C         |                           |
| <i>nitrofurantoin monohydrate macro</i>                                              | C         |                           |
| <b>ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)</b>                 |           |                           |
| Antimalarial Combinations                                                            |           |                           |
| COARTEM                                                                              | C         | QL(24 EA per fill retail) |
| Antimalarials                                                                        |           |                           |
| <i>chloroquine phosphate TABS 250 MG</i>                                             | C         |                           |
| <i>chloroquine phosphate TABS 500 MG</i>                                             | C         | QL(1 EA daily)            |
| <i>hydroxychloroquine sulfate 100 MG, 200 MG</i>                                     | C         |                           |
| KRINTAFEL                                                                            | C         | QL(0.67 EA daily)         |
| <i>mefloquine hcl</i>                                                                | C         |                           |
| <i>primaquine phosphate TABS</i>                                                     | C         |                           |
| SOVUNA 200 MG                                                                        | C         |                           |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>                                             |           |                           |
| Antimyasthenic/Cholinergic Agents                                                    |           |                           |
| <i>pyridostigmine bromide TABS 60 MG</i>                                             | C         |                           |
| <i>pyridostigmine bromide TBCR</i>                                                   | C         |                           |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |                           |
| Antimycobacterial Agents                                                             |           |                           |
| <i>ethambutol hcl TABS</i>                                                           | C         |                           |
| <i>isoniazid SYRP</i>                                                                | C         |                           |
| <i>isoniazid TABS</i>                                                                | C         |                           |
| <i>pyrazinamide</i>                                                                  | C         |                           |
| <i>rifabutin</i>                                                                     | C         |                           |
| <i>rifampin CAPS</i>                                                                 | C         |                           |

| Drug Name                                                                       | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------|-----------|----------------------|
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>         |           |                      |
| Alkylating Agents                                                               |           |                      |
| LEUKERAN                                                                        | C         |                      |
| MYLERAN TABS                                                                    | C         |                      |
| Antimetabolites                                                                 |           |                      |
| JYLAMVO SOLN PO                                                                 | NP        | SP                   |
| <i>mercaptopurine SUSP 2000 MG/100ML</i>                                        | C         |                      |
| <i>mercaptopurine TABS</i>                                                      | C         |                      |
| <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | P         |                      |
| <i>methotrexate sodium SOLR</i>                                                 | P         |                      |
| <i>methotrexate sodium TABS 2.5 MG</i>                                          | P         |                      |
| TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG                                         | NP        |                      |
| XATMEP SOLN PO                                                                  | NP        |                      |
| Antineoplastic - Angiogenesis Inhibitors                                        |           |                      |
| MVASI                                                                           | C         | SP; PA               |
| ZIRABEV                                                                         | C         | SP; PA               |
| Antineoplastic - Antibodies                                                     |           |                      |
| ENHERTU                                                                         | C         | SP; PA               |
| PADCEV                                                                          | C         | SP; PA               |
| RUXIENCE                                                                        | C         | SP; PA               |
| TRUXIMA                                                                         | C         | SP; PA               |
| Antineoplastic - Anti-HER2 Agents                                               |           |                      |
| KANJINTI                                                                        | C         | SP; PA               |
| OGIVRI                                                                          | C         | SP; PA               |
| TRAZIMERA 420 MG                                                                | C         | SP; PA               |
| Antineoplastic - Hormonal and Related Agents                                    |           |                      |
| <i>abiraterone acetate</i>                                                      | C         | SP; PA               |
| <i>anastrozole</i>                                                              | C         |                      |

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| Drug Name                                                                            | Drug Tier | Requirements/ Limits      |
|--------------------------------------------------------------------------------------|-----------|---------------------------|
| <i>bicalutamide</i>                                                                  | C         | QL(1 EA daily)            |
| EULEXIN                                                                              | C         |                           |
| <i>exemestane</i>                                                                    | C         |                           |
| <i>letrozole</i>                                                                     | C         |                           |
| <i>megestrol acetate SUSP</i>                                                        | P         |                           |
| <i>megestrol acetate TABS</i>                                                        | C         |                           |
| <i>tamoxifen citrate TABS</i>                                                        | C         |                           |
| <i>toremifene citrate</i>                                                            | C         | PA                        |
| Antineoplastic Combinations                                                          |           |                           |
| PHESGO                                                                               | C         | SP; PA                    |
| Antineoplastic Enzyme Inhibitors                                                     |           |                           |
| BRAFTOVI 75 MG                                                                       | C         | SP; PA                    |
| IBRANCE CAPS                                                                         | C         | SP; PA                    |
| IBRANCE TABS                                                                         | C         | SP; PA                    |
| ICLUSIG                                                                              | C         | QL(1 EA daily);<br>SP; PA |
| INREBIC                                                                              | C         | SP; PA                    |
| MEKTOVI                                                                              | C         | SP; PA                    |
| ROZLYTREK CAPS                                                                       | C         | SP; PA                    |
| Antineoplastic Enzymes                                                               |           |                           |
| ASPARLAS                                                                             | C         | SP; PA                    |
| Antineoplastics Misc.                                                                |           |                           |
| <i>hydroxyurea</i>                                                                   | P         |                           |
| Chemotherapy Rescue/Antidote/Protective Agents                                       |           |                           |
| <i>leucovorin calcium TABS</i>                                                       | C         |                           |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                           |
| Antiparkinson Adjunctive Therapy                                                     |           |                           |
| <i>carbidopa</i>                                                                     | C         |                           |
| Antiparkinson Anticholinergics                                                       |           |                           |
| <i>benztropine mesylate TABS</i>                                                     | C         |                           |
| <i>trihexyphenidyl hcl SOLN</i>                                                      | C         | QL(16.67 ML daily)        |
| <i>trihexyphenidyl hcl TABS</i>                                                      | C         |                           |

| Drug Name                                                              | Drug Tier | Requirements/ Limits                       |
|------------------------------------------------------------------------|-----------|--------------------------------------------|
| Antiparkinson Dopaminergics                                            |           |                                            |
| <i>amantadine hcl CAPS</i>                                             | C         |                                            |
| <i>amantadine hcl SOLN</i>                                             | C         |                                            |
| <i>bromocriptine mesylate CAPS</i>                                     | C         |                                            |
| <i>bromocriptine mesylate TABS 2.5 MG</i>                              | C         |                                            |
| <i>carbidopa-levodopa TABS</i>                                         | C         |                                            |
| <i>carbidopa-levodopa TBCR</i>                                         | C         |                                            |
| DHIVY TABS                                                             | C         |                                            |
| NEUPRO                                                                 | NP        |                                            |
| <i>pramipexole dihydrochloride TABS</i>                                | P         | QL(3 EA daily);<br>AL(At least 18 yrs old) |
| <i>pramipexole dihydrochloride TB24</i>                                | NP        |                                            |
| <i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>               | P         | QL(6 EA daily)                             |
| <i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>          | P         | QL(3 EA daily)                             |
| <i>ropinirole hydrochloride TB24</i>                                   | NP        |                                            |
| Antiparkinson Monoamine Oxidase Inhibitors                             |           |                                            |
| <i>selegiline hcl CAPS</i>                                             | C         |                                            |
| <i>selegiline hcl TABS</i>                                             | C         |                                            |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |                                            |
| Antimanic Agents                                                       |           |                                            |
| <i>lithium</i>                                                         | C         | QL(10 ML daily)                            |
| <i>lithium carbonate CAPS</i>                                          | C         |                                            |
| LITHIUM CARBONATE POWD                                                 | C         |                                            |
| <i>lithium carbonate TABS</i>                                          | C         |                                            |
| <i>lithium carbonate TBCR</i>                                          | C         |                                            |
| Antipsychotics - Misc.                                                 |           |                                            |

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| Drug Name                         | Drug Tier | Requirements/ Limits                                         | Drug Name                                       | Drug Tier | Requirements/ Limits                                                                         |
|-----------------------------------|-----------|--------------------------------------------------------------|-------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| CAPLYTA                           | NP        | AL(At least 18 yrs old); ST                                  | ERZOFRI 39 MG/0.25ML                            | NP        | QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                |
| EQUETRO                           | NP        |                                                              |                                                 |           |                                                                                              |
| GEODON ( <i>ziprasidone hcl</i> ) | NP        | QL(2 EA daily); AL(At least 18 yrs old)                      | FANAPT                                          | NP        | AL(At least 18 yrs old); ST                                                                  |
| LATUDA ( <i>lurasidone hcl</i> )  | NP        | AL(At least 10 yrs old)                                      | FANAPT TITRATION PACK A                         | NP        | AL(At least 18 yrs old); ST                                                                  |
| <i>lurasidone hcl</i>             | P         | AL(At least 10 yrs old)                                      | FANAPT TITRATION PACK B                         | NP        |                                                                                              |
| <i>lurasidone hcl</i>             | P         | AL(At least 10 yrs old)                                      | FANAPT TITRATION PACK C                         | NP        |                                                                                              |
| NUPLAZID CAPS                     | NP        | QL(1 EA daily); AL(At least 18 yrs old); ST                  | INVEGA 3 MG, 6 MG, 9 MG ( <i>paliperidone</i> ) | NP        | AL(At least 12 yrs old); ST                                                                  |
| NUPLAZID TABS 10 MG               | NP        | QL(1 EA daily); AL(At least 18 yrs old); ST                  | INVEGA HAFYERA                                  | P         | AL(At least 18 yrs old); SP                                                                  |
| VRAYLAR CAPS                      | P         | AL(At least 18 yrs old)                                      | INVEGA SUSTENNA 78 MG/0.5ML                     | P         | QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                 |
| <i>ziprasidone hcl</i>            | P         | QL(2 EA daily); AL(At least 18 yrs old)                      |                                                 |           |                                                                                              |
| <i>ziprasidone mesylate</i>       | NP        | AL(At least 18 yrs old); ST                                  | INVEGA SUSTENNA 156 MG/ML                       | P         | QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                   |
| Benzisoxazoles                    |           |                                                              | INVEGA SUSTENNA 234 MG/1.5ML                    | P         | QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                   |
| ERZOFRI 156 MG/ML                 | NP        | QL(2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP   | INVEGA SUSTENNA 39 MG/0.25ML                    | P         | QL(0.25 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                |
| ERZOFRI 117 MG/0.75ML             | NP        | QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP | INVEGA SUSTENNA 117 MG/0.75ML                   | P         | QL(1.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                 |
| ERZOFRI 234 MG/1.5ML              | NP        | QL(3 ML per 28 day(s) retail); AL(At least 18 yrs old); SP   | INVEGA TRINZA 273 MG/0.88ML                     | P         | QL(0.88 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP |
| ERZOFRI 78 MG/0.5ML               | NP        | QL(0.5 ML per 28 day(s) retail); AL(At least 18 yrs old); SP |                                                 |           |                                                                                              |
| ERZOFRI 351 MG/2.25ML             | NP        | AL(At least 18 yrs old); SP                                  |                                                 |           |                                                                                              |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits                                                                        | Drug Name                                               | Drug Tier | Requirements/ Limits                    |
|----------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------|-----------------------------------------|
| INVEGA TRINZA 819 MG/2.63ML                                          | P         | QL(2.7 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP | <i>risperidone TABS 2 MG, 3 MG, 4 MG</i>                | P         | QL(4 EA daily); AL(At least 7 yrs old)  |
| INVEGA TRINZA 546 MG/1.75ML                                          | P         | QL(1.8 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP | <i>risperidone TBDP</i>                                 | P         | QL(2 EA daily); AL(At least 7 yrs old)  |
| INVEGA TRINZA 410 MG/1.32ML                                          | P         | QL(1.4 ML per fill retail); 1 max fill(s) per 84 day(s) retail; AL(At least 18 yrs old); SP | RYKINDO SRER                                            | NP        | AL(At least 18 yrs old); SP             |
| <i>paliperidone</i>                                                  | NP        | AL(At least 12 yrs old); ST                                                                 | UZEDY SUSY                                              | NP        | AL(At least 18 yrs old); SP             |
| <i>paliperidone</i>                                                  | NP        | AL(At least 12 yrs old)                                                                     | Butyrophenones                                          |           |                                         |
| PERSERIS PRSY                                                        | P         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP                                  | <i>haloperidol decanoate</i>                            | C         |                                         |
| RISPERDAL CONSTA ( <i>risperidone microspheres</i> )                 | P         | 2 max fill(s) per 28 day(s) retail; AL(At least 18 yrs old); SP                             | <i>haloperidol lactate CONC</i>                         | C         |                                         |
| RISPERDAL SOLN ( <i>risperidone</i> )                                | NP        | QL(4 ML daily); AL(At least 7 yrs old); ST                                                  | <i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i> | C         | QL(3 EA daily)                          |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>risperidone</i> ) | NP        | QL(4 EA daily); AL(At least 7 yrs old)                                                      | <i>haloperidol TABS 20 MG</i>                           | C         |                                         |
| <i>risperidone SOLN</i>                                              | P         | QL(4 ML daily); AL(At least 7 yrs old)                                                      | Dibenzapines                                            |           |                                         |
| <i>risperidone SOLN</i>                                              | P         | QL(4 ML daily); AL(At least 7 yrs old); ST                                                  | ADASUVE                                                 | NP        | AL(At least 18 yrs old); ST             |
| <i>risperidone TABS 0.25 MG</i>                                      | P         | QL(4 EA daily); AL(At least 7 yrs old); ST                                                  | <i>asenapine maleate</i>                                | P         | AL(At least 10 yrs old)                 |
| <i>risperidone TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>               | P         | QL(4 EA daily); AL(At least 7 yrs old)                                                      | <i>clozapine TABS 25 MG, 50 MG, 200 MG</i>              | P         | QL(3 EA daily); AL(At least 18 yrs old) |
|                                                                      |           |                                                                                             | <i>clozapine TABS 100 MG</i>                            | P         | QL(9 EA daily); AL(At least 18 yrs old) |
|                                                                      |           |                                                                                             | <i>clozapine TBDP</i>                                   | NP        | AL(At least 18 yrs old); ST             |
|                                                                      |           |                                                                                             | CLOZARIL TABS 100 MG ( <i>clozapine</i> )               | NP        | QL(9 EA daily); AL(At least 18 yrs old) |
|                                                                      |           |                                                                                             | CLOZARIL TABS 25 MG, 50 MG, 200 MG ( <i>clozapine</i> ) | NP        | QL(3 EA daily); AL(At least 18 yrs old) |
|                                                                      |           |                                                                                             | <i>loxapine succinate</i>                               | C         | QL(4 EA daily); AL(At least 18 yrs old) |
|                                                                      |           |                                                                                             | <i>olanzapine TABS 15 MG, 20 MG</i>                     | P         | QL(1 EA daily); AL(At least 10 yrs old) |
|                                                                      |           |                                                                                             | <i>olanzapine TABS 2.5 MG, 5 MG</i>                     | P         | QL(4 EA daily); AL(At least 10 yrs old) |

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| Drug Name                                                                 | Drug Tier | Requirements/ Limits                    | Drug Name                                                             | Drug Tier | Requirements/ Limits                                                                 |
|---------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|
| <i>olanzapine TABS 7.5 MG, 10 MG</i>                                      | P         | QL(2 EA daily); AL(At least 10 yrs old) | <i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>           | C         | QL(3 EA daily)                                                                       |
| <i>olanzapine TBDP</i>                                                    | NP        | AL(At least 10 yrs old); ST             | <i>fluphenazine decanoate</i>                                         | C         |                                                                                      |
| <i>quetiapine fumarate TABS 300 MG, 400 MG</i>                            | P         | QL(2 EA daily); AL(At least 10 yrs old) | <i>fluphenazine hcl TABS</i>                                          | C         |                                                                                      |
| <i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>              | P         | QL(4 EA daily); AL(At least 10 yrs old) | <i>perphenazine TABS</i>                                              | C         | QL(4 EA daily); AL(At least 12 yrs old)                                              |
| <i>quetiapine fumarate TABS 150 MG</i>                                    | P         | AL(At least 10 yrs old); ST             | <i>prochlorperazine</i>                                               | NP        |                                                                                      |
| <i>quetiapine fumarate TB24</i>                                           | P         | AL(At least 10 yrs old)                 | <i>prochlorperazine</i>                                               | P         |                                                                                      |
| SAPHRIS ( <i>asenapine maleate</i> )                                      | NP        | AL(At least 10 yrs old)                 | <i>prochlorperazine maleate TABS</i>                                  | P         |                                                                                      |
| SECUADO                                                                   | NP        | AL(At least 18 yrs old); ST             | <i>thioridazine hcl</i>                                               | C         | QL(3 EA daily)                                                                       |
| SEROQUEL XR TB24 ( <i>quetiapine fumarate</i> )                           | NP        | AL(At least 10 yrs old)                 | <i>trifluoperazine hcl TABS</i>                                       | C         | QL(2 EA daily)                                                                       |
| SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG ( <i>quetiapine fumarate</i> ) | NP        | QL(4 EA daily); AL(At least 10 yrs old) | Quinolinone Derivatives                                               |           |                                                                                      |
| SEROQUEL TABS 300 MG, 400 MG ( <i>quetiapine fumarate</i> )               | NP        | QL(2 EA daily); AL(At least 10 yrs old) | ABILIFY ASIMTUFII PRSY                                                | P         | AL(At least 18 yrs old); SP                                                          |
| VERSACLOZ SUSP                                                            | NP        | AL(At least 18 yrs old); ST             | ABILIFY MAINTENA PRSY                                                 | P         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP                           |
| ZYPREXA RELPREVV                                                          | NP        | AL(At least 18 yrs old); SP             | ABILIFY MAINTENA SRER                                                 | P         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old)                               |
| ZYPREXA TABS 2.5 MG, 5 MG ( <i>olanzapine</i> )                           | NP        | QL(4 EA daily); AL(At least 10 yrs old) | ABILIFY MAINTENA SRER                                                 | P         | QL(1 EA per 28 day(s) retail); AL(At least 18 yrs old); SP                           |
| ZYPREXA TABS 20 MG ( <i>olanzapine</i> )                                  | NP        | QL(1 EA daily); AL(At least 10 yrs old) | ABILIFY MYCITE MAINTENANCE KIT                                        | NP        | AL(At least 18 yrs old); SP; ST                                                      |
| Muscarinic Agents                                                         |           |                                         | ABILIFY MYCITE STARTER KIT                                            | NP        | AL(At least 18 yrs old); SP; ST                                                      |
| COBENFY STARTER PACK CPPK                                                 | NP        | AL(At least 18 yrs old); ST             | ABILIFY TABS 5 MG ( <i>aripiprazole</i> )                             | NP        | QL(1.5 EA daily); AL(At least 7 yrs old)                                             |
| COBENFY CAPS                                                              | NP        | AL(At least 18 yrs old)                 | ABILIFY TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG ( <i>aripiprazole</i> ) | NP        | QL(1 EA daily); AL(At least 7 yrs old)                                               |
| Phenothiazines                                                            |           |                                         | <i>aripiprazole SOLN PO</i>                                           | NP        | QL(750 ML per 31 day(s) retail; 750 ML per 31 days mail); AL(At least 7 yrs old); ST |
| <i>chlorpromazine hcl TABS 10 MG</i>                                      | C         | QL(10 EA daily)                         |                                                                       |           |                                                                                      |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                                                         |
|-----------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|
| <i>aripiprazole TABS 2 MG, 10 MG, 15 MG, 20 MG, 30 MG</i> | P         | QL(1 EA daily); AL(At least 7 yrs old)                                                       |
| <i>aripiprazole TABS 5 MG</i>                             | P         | QL(1.5 EA daily); AL(At least 7 yrs old)                                                     |
| <i>aripiprazole TBDP</i>                                  | NP        | QL(1 EA daily); AL(At least 7 yrs old); ST                                                   |
| ARISTADA 662 MG/2.4ML                                     | P         | QL(2.4 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                 |
| ARISTADA 1064 MG/3.9ML                                    | P         | QL(4 ML per fill retail); 1 max fill(s) per 56 day(s) retail; AL(At least 18 yrs old); SP    |
| ARISTADA 441 MG/1.6ML                                     | P         | QL(1.6 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                 |
| ARISTADA 882 MG/3.2ML                                     | P         | QL(3.2 ML per 28 day(s) retail); AL(At least 18 yrs old); SP                                 |
| ARISTADA INITIO                                           | P         | QL(2.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; AL(At least 18 yrs old); SP |
| OPIPZA FILM                                               | NP        | AL(At least 7 yrs old); ST                                                                   |
| REXULTI                                                   | NP        | AL(At least 13 yrs old); ST                                                                  |
| Thioxanthenes                                             |           |                                                                                              |
| <i>thiothixene</i>                                        | C         | QL(3 EA daily)                                                                               |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>                    |           |                                                                                              |
| Chlorine Antiseptics                                      |           |                                                                                              |
| <i>chlorhexidine gluconate SOLN EX 4 %</i>                | C         |                                                                                              |

| Drug Name                                                                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b>                                             |           |                      |
| Antiretrovirals                                                                                 |           |                      |
| <i>abacavir sulfate-lamivudine</i>                                                              | P         | QL(1 EA daily)       |
| <i>abacavir sulfate SOLN</i>                                                                    | P         | QL(30 ML daily)      |
| <i>abacavir sulfate TABS</i>                                                                    | P         | QL(2 EA daily)       |
| <i>abacavir sulfate TABS</i>                                                                    | C         | QL(2 EA daily)       |
| APTIVUS CAPS                                                                                    | P         | QL(4 EA daily)       |
| <i>atazanavir sulfate CAPS 300 MG</i>                                                           | P         |                      |
| <i>atazanavir sulfate CAPS 150 MG, 200 MG</i>                                                   | P         | QL(2 EA daily)       |
| <i>atazanavir sulfate CAPS 200 MG</i>                                                           | C         | QL(2 EA daily)       |
| BIKTARVY                                                                                        | P         | QL(1 EA daily)       |
| CIMDUO                                                                                          | P         | QL(1 EA daily)       |
| COMPLERA 200 MG-300 MG-25 MG ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) | P         | QL(1 EA daily)       |
| <i>darunavir TABS 800 MG</i>                                                                    | P         | QL(1 EA daily)       |
| <i>darunavir TABS 800 MG</i>                                                                    | P         | QL(1 EA daily)       |
| <i>darunavir TABS 600 MG</i>                                                                    | P         | QL(2 EA daily)       |
| DELSTRIGO                                                                                       | P         | QL(1 EA daily)       |
| DESCOVY 120 MG-15 MG                                                                            | P         | QL(1 EA daily); PA   |
| DESCOVY 200 MG-25 MG                                                                            | P         | QL(1 EA daily)       |
| DOVATO                                                                                          | P         | QL(1 EA daily)       |
| EDURANT                                                                                         | P         | QL(1 EA daily)       |
| EDURANT PED PO 2.5 MG                                                                           | P         |                      |
| <i>efavirenz CAPS 50 MG</i>                                                                     | C         | QL(2 EA daily)       |
| <i>efavirenz CAPS 200 MG</i>                                                                    | C         | QL(1 EA daily)       |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>                                    | P         | QL(1 EA daily)       |

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| Drug Name                                                                                      | Drug Tier | Requirements/ Limits | Drug Name                                                | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------|-----------|----------------------|----------------------------------------------------------|-----------|----------------------|
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>                                      | P         | QL(1 EA daily)       | ISENTRESS CHEW 100 MG                                    | P         | QL(6 EA daily)       |
| <i>efavirenz TABS</i>                                                                          | P         | QL(1 EA daily)       | ISENTRESS CHEW 25 MG                                     | P         | QL(12 EA daily)      |
| <i>efavirenz TABS</i>                                                                          | C         | QL(1 EA daily)       | ISENTRESS PACK                                           | P         | QL(2 EA daily)       |
| <i>emtricitabine CAPS</i>                                                                      | P         | QL(1 EA daily)       | ISENTRESS TABS                                           | P         | QL(2 EA daily)       |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                 | P         | QL(1 EA daily)       | JULUCA                                                   | P         | QL(1 EA daily)       |
| <i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i> | P         |                      | KALETRA SOLN                                             | P         | QL(16 ML daily)      |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | C         | QL(1 EA daily)       | KALETRA TABS 25 MG-100 MG ( <i>lopinavir-ritonavir</i> ) | P         | QL(4 EA daily)       |
| <i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>                               | P         | QL(1 EA daily)       | KALETRA TABS 25 MG-100 MG ( <i>lopinavir-ritonavir</i> ) | P         | QL(4 EA daily)       |
| EMTRIVA CAPS ( <i>emtricitabine</i> )                                                          | P         | QL(1 EA daily)       | KALETRA TABS 50 MG-200 MG ( <i>lopinavir-ritonavir</i> ) | P         | QL(6 EA daily)       |
| EMTRIVA SOLN                                                                                   | P         | QL(24 ML daily)      | KALETRA TABS 50 MG-200 MG ( <i>lopinavir-ritonavir</i> ) | P         | QL(6 EA daily)       |
| EPIVIR SOLN ( <i>lamivudine</i> )                                                              | P         | QL(30 ML daily)      | <i>lamivudine SOLN</i>                                   | P         | QL(30 ML daily)      |
| EPIVIR TABS 300 MG ( <i>lamivudine</i> )                                                       | P         | QL(1 EA daily)       | <i>lamivudine SOLN</i>                                   | C         | QL(30 ML daily)      |
| EPIVIR TABS 150 MG ( <i>lamivudine</i> )                                                       | P         | QL(2 EA daily)       | <i>lamivudine TABS 300 MG</i>                            | P         | QL(1 EA daily)       |
| <i>etravirine 100 MG</i>                                                                       | P         | QL(4 EA daily)       | <i>lamivudine TABS 150 MG</i>                            | C         | QL(2 EA daily)       |
| <i>etravirine 200 MG</i>                                                                       | P         | QL(2 EA daily)       | <i>lamivudine TABS 150 MG</i>                            | P         | QL(2 EA daily)       |
| EVOTAZ                                                                                         | P         | QL(1 EA daily)       | <i>lamivudine-zidovudine</i>                             | P         |                      |
| <i>fosamprenavir calcium TABS</i>                                                              | P         | QL(4 EA daily)       | LEXIVA SUSP                                              | C         | QL(56 ML daily)      |
| FUZEON SOLR                                                                                    | NP        | SP                   | <i>lopinavir-ritonavir SOLN</i>                          | P         | QL(16 ML daily)      |
| GENVOYA                                                                                        | P         | QL(1 EA daily)       | <i>lopinavir-ritonavir TABS 50 MG-200 MG</i>             | P         | QL(6 EA daily)       |
| INTELENCE ( <i>etravirine</i> )                                                                | P         | QL(4 EA daily)       | <i>lopinavir-ritonavir TABS 25 MG-100 MG</i>             | P         | QL(4 EA daily)       |
| INTELENCE                                                                                      | P         | QL(4 EA daily)       | <i>maraviroc TABS 150 MG</i>                             | C         | QL(2 EA daily)       |
| INTELENCE 200 MG ( <i>etravirine</i> )                                                         | P         | QL(2 EA daily)       | <i>maraviroc TABS 150 MG</i>                             | P         | QL(2 EA daily)       |
| ISENTRESS HD TABS                                                                              | P         |                      | <i>maraviroc TABS 300 MG</i>                             | P         | QL(4 EA daily)       |
|                                                                                                |           |                      | <i>maraviroc TABS 300 MG</i>                             | C         | QL(4 EA daily)       |
|                                                                                                |           |                      | <i>nevirapine SUSP</i>                                   | P         | QL(40 ML daily)      |

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| Drug Name                                                           | Drug Tier | Requirements/ Limits | Drug Name                                                                                                  | Drug Tier | Requirements/ Limits                    |
|---------------------------------------------------------------------|-----------|----------------------|------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>nevirapine TABS</i>                                              | P         | QL(2 EA daily)       | SYMFI LO ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )                                     | P         | QL(1 EA daily)                          |
| <i>nevirapine TB24 400 MG</i>                                       | P         | QL(1 EA daily)       | SYMTUZA                                                                                                    | P         |                                         |
| NORVIR PACK                                                         | P         |                      | <i>tenofovir disoproxil fumarate TABS</i>                                                                  | P         | QL(1 EA daily)                          |
| NORVIR TABS ( <i>ritonavir</i> )                                    | P         | QL(12 EA daily)      | <i>tenofovir disoproxil fumarate TABS</i>                                                                  | C         | QL(1 EA daily)                          |
| ODEFSEY                                                             | P         |                      | TIVICAY PD TBSO                                                                                            | P         |                                         |
| PIFELTRO                                                            | P         | QL(1 EA daily)       | TIVICAY TABS 50 MG                                                                                         | P         |                                         |
| PREZCOBIX                                                           | P         | QL(1 EA daily)       | TRIUMEQ PD TBSO                                                                                            | P         |                                         |
| PREZCOBIX                                                           | P         |                      | TRIUMEQ TABS                                                                                               | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| PREZISTA SUSP                                                       | P         | QL(12 ML daily)      | TRUVADA 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> ) | P         |                                         |
| PREZISTA TABS 75 MG, 600 MG                                         | P         | QL(2 EA daily)       | TRUVADA 200 MG-300 MG ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )                               | P         | QL(1 EA daily)                          |
| PREZISTA TABS 150 MG                                                | P         | QL(3 EA daily)       | TYBOST                                                                                                     | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| PREZISTA TABS ( <i>darunavir</i> )                                  | P         | QL(2 EA daily)       | VIRACEPT TABS 625 MG                                                                                       | P         | QL(4 EA daily)                          |
| PREZISTA TABS 800 MG ( <i>darunavir</i> )                           | P         | QL(1 EA daily)       | VIRACEPT TABS 250 MG                                                                                       | P         | QL(9 EA daily)                          |
| RETROVIR CAPS ( <i>zidovudine</i> )                                 | P         | QL(6 EA daily)       | VIREAD POWD                                                                                                | P         | QL(8 GM daily)                          |
| RETROVIR SYRP ( <i>zidovudine</i> )                                 | P         | QL(60 ML daily)      | VIREAD TABS ( <i>tenofovir disoproxil fumarate</i> )                                                       | P         | QL(1 EA daily)                          |
| REYATAZ CAPS 200 MG ( <i>atazanavir sulfate</i> )                   | P         | QL(2 EA daily)       | VIREAD TABS                                                                                                | P         | QL(1 EA daily)                          |
| REYATAZ CAPS 300 MG ( <i>atazanavir sulfate</i> )                   | P         |                      | ZIAGEN SOLN ( <i>abacavir sulfate</i> )                                                                    | P         | QL(30 ML daily)                         |
| REYATAZ PACK                                                        | P         | QL(6 EA daily)       | ZIAGEN TABS ( <i>abacavir sulfate</i> )                                                                    | C         | QL(2 EA daily)                          |
| <i>ritonavir TABS</i>                                               | P         | QL(12 EA daily)      | <i>zidovudine CAPS</i>                                                                                     | P         | QL(6 EA daily)                          |
| RUKOBIA                                                             | P         |                      | <i>zidovudine SYRP</i>                                                                                     | P         | QL(60 ML daily)                         |
| SELZENTRY SOLN                                                      | P         | QL(35 ML daily)      | <i>zidovudine TABS</i>                                                                                     | P         | QL(2 EA daily)                          |
| SELZENTRY TABS 150 MG ( <i>maraviroc</i> )                          | P         | QL(2 EA daily)       | Antiviral Combinations                                                                                     |           |                                         |
| SELZENTRY TABS 300 MG ( <i>maraviroc</i> )                          | P         | QL(4 EA daily)       |                                                                                                            |           |                                         |
| STRIBILD                                                            | P         | QL(1 EA daily)       |                                                                                                            |           |                                         |
| SYMFI ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | P         | QL(1 EA daily)       |                                                                                                            |           |                                         |

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| Drug Name                           | Drug Tier | Requirements/ Limits                                                                        | Drug Name                                      | Drug Tier | Requirements/ Limits                                                |
|-------------------------------------|-----------|---------------------------------------------------------------------------------------------|------------------------------------------------|-----------|---------------------------------------------------------------------|
| PAXLOVID (150/100)                  | C         | 1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old) | MAVYRET TABS                                   | PA        | QL(3 EA daily); PA                                                  |
|                                     |           |                                                                                             | PEGASYS SOLN                                   | NP        | SP                                                                  |
|                                     |           |                                                                                             | PEGASYS SOSY                                   | NP        | SP                                                                  |
|                                     |           |                                                                                             | <i>ribavirin (hepatitis c) CAPS</i>            | NP        | SP                                                                  |
| PAXLOVID (300/100 & 150/100)        | C         | 1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old) | <i>ribavirin (hepatitis c) TABS 200 MG</i>     | NP        | SP                                                                  |
|                                     |           |                                                                                             | SOFOSBUVIR-VELPATASVIR TABS                    | PA        | QL(1 EA daily); SP; PA                                              |
|                                     |           |                                                                                             | SOVALDI PACK                                   | NP        | SP                                                                  |
|                                     |           |                                                                                             | SOVALDI TABS                                   | NP        | SP                                                                  |
| PAXLOVID (300/100)                  | C         | 1 package(s) per 90 day(s) retail; 1 package(s) per 90 day(s) mail; AL(At least 18 yrs old) | VEMLIDY                                        | P         | SP                                                                  |
|                                     |           |                                                                                             | VOSEVI                                         | PA        | SP; PA                                                              |
|                                     |           |                                                                                             | ZEPATIER                                       | NP        | SP                                                                  |
| CMV Agents                          |           |                                                                                             | Herpes Agents                                  |           |                                                                     |
| <i>valganciclovir hcl TABS</i>      | C         | QL(2 EA daily)                                                                              | <i>acyclovir CAPS</i>                          | P         | QL(50 EA per 31 day(s) retail)                                      |
| Hepatitis Agents                    |           |                                                                                             | <i>acyclovir SUSP</i>                          | P         | QL(400 ML per 31 day(s) retail; 400 ML per 31 days mail)            |
| <i>adefovir dipivoxil</i>           | NP        |                                                                                             | <i>acyclovir TABS PO 800 MG</i>                | P         | QL(50 EA per 31 day(s) retail)                                      |
| BARACLUDE SOLN                      | P         |                                                                                             | <i>acyclovir TABS PO 400 MG</i>                | P         | QL(3 EA daily)                                                      |
| BARACLUDE TABS ( <i>entecavir</i> ) | NP        |                                                                                             | <i>famciclovir</i>                             | NP        |                                                                     |
| <i>entecavir TABS</i>               | P         |                                                                                             | <i>valacyclovir hcl 500 MG</i>                 | P         | QL(2 EA daily)                                                      |
| EPCLUSA PACK                        | PA        | SP; PA                                                                                      | <i>valacyclovir hcl 1 GM</i>                   | P         | QL(42 EA per 21 day(s) retail)                                      |
| EPCLUSA TABS 100 MG-400 MG          | NP        | QL(1 EA daily); SP                                                                          | VALTREX 500 MG ( <i>valacyclovir hcl</i> )     | NP        | QL(2 EA daily)                                                      |
| EPCLUSA TABS 50 MG-200 MG           | PA        | SP; PA                                                                                      | VALTREX 1 GM ( <i>valacyclovir hcl</i> )       | NP        | QL(42 EA per 21 day(s) retail)                                      |
| HARVONI PACK                        | NP        | SP                                                                                          | Influenza Agents                               |           |                                                                     |
| HARVONI TABS                        | NP        | SP                                                                                          | <i>oseltamivir phosphate CAPS 45 MG, 75 MG</i> | C         | QL(10 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail |
| HARVONI TABS                        | NP        | SP                                                                                          |                                                |           |                                                                     |
| <i>lamivudine (hbv) TABS</i>        | P         |                                                                                             |                                                |           |                                                                     |
| LEDIPASVIR-SOFOSBUVIR TABS          | NP        | SP                                                                                          |                                                |           |                                                                     |
| MAVYRET PACK                        | PA        | QL(6 EA daily); SP; PA                                                                      |                                                |           |                                                                     |
| MAVYRET TABS                        | PA        | QL(3 EA daily); SP; PA                                                                      |                                                |           |                                                                     |

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| Drug Name                                                 | Drug Tier | Requirements/Limits                                                  | Drug Name                                                           | Drug Tier | Requirements/Limits |
|-----------------------------------------------------------|-----------|----------------------------------------------------------------------|---------------------------------------------------------------------|-----------|---------------------|
| <i>oseltamivir phosphate CAPS 30 MG</i>                   | C         | QL(20 EA per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail  | LOPRESSOR TABS 50 MG ( <i>metoprolol tartrate</i> )                 | NP        | QL(4 EA daily)      |
| <i>oseltamivir phosphate SUSR</i>                         | C         | QL(120 ML per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail | LOPRESSOR TABS 100 MG ( <i>metoprolol tartrate</i> )                | NP        | QL(4.5 EA daily)    |
| RELENZA DISKHALER                                         | C         | 1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)            | <i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>               | P         | QL(4 EA daily)      |
| <b>BETA BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                                                                      | <i>metoprolol succinate TB24 200 MG</i>                             | P         | QL(2 EA daily)      |
| Alpha-Beta Blockers                                       |           |                                                                      | <i>metoprolol tartrate TABS 25 MG, 50 MG</i>                        | P         | QL(4 EA daily)      |
| <i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>              | P         | QL(2 EA daily)                                                       | <i>metoprolol tartrate TABS 100 MG</i>                              | P         | QL(4.5 EA daily)    |
| <i>carvedilol 25 MG</i>                                   | P         | QL(4 EA daily)                                                       | <i>metoprolol tartrate TABS 37.5 MG, 75 MG</i>                      | P         |                     |
| <i>carvedilol phosphate</i>                               | NP        | QL(1 EA daily)                                                       | <i>nebivolol hcl</i>                                                | NP        |                     |
| <i>labetalol hcl TABS 300 MG</i>                          | P         | QL(8 EA daily)                                                       | TENORMIN TABS ( <i>atenolol</i> )                                   | NP        | QL(2 EA daily)      |
| <i>labetalol hcl TABS 100 MG</i>                          | P         | QL(3 EA daily)                                                       | TOPROL XL TB24 25 MG, 50 MG, 100 MG ( <i>metoprolol succinate</i> ) | NP        | QL(4 EA daily)      |
| <i>labetalol hcl TABS 400 MG</i>                          | P         |                                                                      | TOPROL XL TB24 200 MG ( <i>metoprolol succinate</i> )               | NP        | QL(2 EA daily)      |
| <i>labetalol hcl TABS 200 MG</i>                          | P         | QL(6 EA daily)                                                       | Beta Blockers Non-Selective                                         |           |                     |
| Beta Blockers Cardio-Selective                            |           |                                                                      | BETAPACE AF ( <i>sotalol hcl (afib/afI)</i> )                       | NP        | QL(2 EA daily)      |
| <i>acebutolol hcl CAPS</i>                                | P         |                                                                      | BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>sotalol hcl</i> )          | NP        |                     |
| <i>atenolol TABS</i>                                      | P         | QL(2 EA daily)                                                       | HEMANGEOL SOLN PO                                                   | NP        | SP                  |
| <i>betaxolol hcl</i>                                      | NP        |                                                                      | INDERAL LA CP24 ( <i>propranolol hcl</i> )                          | NP        | QL(2 EA daily)      |
| <i>bisoprolol fumarate</i>                                | P         | QL(1 EA daily)                                                       | INDERAL XL                                                          | NP        |                     |
| <i>bisoprolol fumarate 2.5 MG</i>                         | P         |                                                                      | INNOPRAN XL                                                         | NP        |                     |
| BYSTOLIC ( <i>nebivolol hcl</i> )                         | NP        |                                                                      | <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>                             | P         | QL(2 EA daily)      |
| KAPSPARGO SPRINKLE CS24                                   | NP        |                                                                      | <i>pindolol TABS</i>                                                | NP        |                     |
| LOPRESSOR SOLN PO 10 MG/ML                                | NP        |                                                                      | <i>propranolol hcl CP24</i>                                         | P         | QL(2 EA daily)      |
|                                                           |           |                                                                      | <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>                 | P         |                     |
|                                                           |           |                                                                      | <i>propranolol hcl TABS</i>                                         | P         |                     |

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| <i>sotalol hcl (afib/af)</i>                                                       | P         | QL(2 EA daily)       | <i>nimodipine CAPS</i>                                                                 | NP        |                      |
| <i>sotalol hcl TABS</i>                                                            | P         |                      | <i>nimodipine SOLN</i>                                                                 | NP        |                      |
| SOTYLIZE SOLN PO                                                                   | NP        |                      | <i>nisoldipine</i>                                                                     | NP        |                      |
| <i>timolol maleate TABS</i>                                                        | NP        |                      | NORLIQVA SOLN                                                                          | NP        |                      |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b>               |           |                      | NORVASC TABS ( <i>amlodipine besylate</i> )                                            | NP        | QL(1 EA daily)       |
| Calcium Channel Blockers                                                           |           |                      | NYMALIZE SOLN 6 MG/ML                                                                  | NP        |                      |
| <i>amlodipine besylate TABS</i>                                                    | P         | QL(1 EA daily)       | PROCARDIA XL TB24 60 MG ( <i>nifedipine</i> )                                          | NP        | QL(2 EA daily)       |
| <i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>                      | P         | QL(1 EA daily)       | PROCARDIA XL TB24 30 MG, 90 MG ( <i>nifedipine</i> )                                   | NP        | QL(1 EA daily)       |
| <i>diltiazem hcl coated beads CP24 360 MG</i>                                      | P         |                      | SULAR 8.5 MG, 17 MG, 34 MG ( <i>nisoldipine</i> )                                      | NP        |                      |
| <i>diltiazem hcl coated beads CP24 240 MG</i>                                      | P         | QL(2 EA daily)       | VERAPAMIL HCL ER CP24 ( <i>verapamil hcl</i> )                                         | NP        |                      |
| <i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i> | P         | QL(1 EA daily)       | <i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>                               | P         | QL(1 EA daily)       |
| <i>diltiazem hcl extended release beads 240 MG</i>                                 | P         | QL(2 EA daily)       | <i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>                                       | NP        |                      |
| <i>diltiazem hcl CP12</i>                                                          | P         | QL(2 EA daily)       | <i>verapamil hcl TABS</i>                                                              | P         | QL(3 EA daily)       |
| <i>diltiazem hcl CP24 240 MG</i>                                                   | P         | QL(2 EA daily)       | <i>verapamil hcl TBCR</i>                                                              | P         | QL(2 EA daily)       |
| <i>diltiazem hcl CP24 120 MG, 180 MG</i>                                           | P         | QL(1 EA daily)       | VERELAN PM CP24 ( <i>verapamil hcl</i> )                                               | NP        |                      |
| <i>diltiazem hcl TABS</i>                                                          | P         | QL(3 EA daily)       | <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b>           |           |                      |
| <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>                   | NP        |                      | Cardiac Glycosides                                                                     |           |                      |
| <i>diltiazem hcl TB24</i>                                                          | P         |                      | <i>digoxin SOLN PO 0.05 MG/ML</i>                                                      | C         |                      |
| <i>felodipine</i>                                                                  | P         | QL(1 EA daily)       | <i>digoxin TABS 125 MCG, 250 MCG</i>                                                   | C         |                      |
| <i>isradipine CAPS</i>                                                             | P         |                      | <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b> |           |                      |
| KATERZIA                                                                           | NP        |                      | Cardiovascular Agents Misc. - Combinations                                             |           |                      |
| <i>levamlodipine maleate</i>                                                       | NP        |                      | <i>amlodipine besylate-atorvastatin calcium</i>                                        | NP        |                      |
| <i>nicardipine hcl CAPS</i>                                                        | P         |                      |                                                                                        |           |                      |
| <i>nifedipine CAPS</i>                                                             | NP        | QL(4 EA daily)       |                                                                                        |           |                      |
| <i>nifedipine TB24 30 MG, 90 MG</i>                                                | P         | QL(1 EA daily)       |                                                                                        |           |                      |
| <i>nifedipine TB24 60 MG</i>                                                       | P         | QL(2 EA daily)       |                                                                                        |           |                      |

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| CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG ( <i>amlodipine besylate-atorvastatin calcium</i> ) | NP        |                      |
| ENTRESTO CPSP                                                                                                                                                 | P         |                      |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>sacubitril-valsartan</i> )                                                                          | P         | Brand Preferred      |
| OPSYNVI                                                                                                                                                       | NP        | SP                   |
| <i>sacubitril-valsartan</i> TABS                                                                                                                              | NP        | Brand Preferred      |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors                                                                                                     |           |                      |
| INPEFA                                                                                                                                                        | NP        |                      |
| Prostaglandin Vasodilators                                                                                                                                    |           |                      |
| ORENITRAM MONTH 1 TEPK                                                                                                                                        | NP        | SP                   |
| ORENITRAM MONTH 2 TEPK                                                                                                                                        | NP        | SP                   |
| ORENITRAM MONTH 3 TEPK                                                                                                                                        | NP        | SP                   |
| ORENITRAM TBCR                                                                                                                                                | NP        | SP                   |
| Pulmonary Hypertension - Endothelin Receptor Antagonists                                                                                                      |           |                      |
| <i>ambrisentan</i>                                                                                                                                            | P         | SP                   |
| <i>bosentan</i> TABS                                                                                                                                          | P         | SP                   |
| <i>bosentan</i> TBSO 32 MG                                                                                                                                    | NP        |                      |
| LETAIRIS ( <i>ambrisentan</i> )                                                                                                                               | NP        | SP                   |
| OPSUMIT                                                                                                                                                       | NP        | SP                   |
| TRACLEER TABS ( <i>bosentan</i> )                                                                                                                             | NP        | SP                   |
| TRACLEER TBSO 32 MG ( <i>bosentan</i> )                                                                                                                       | NP        | SP                   |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors                                                                                                         |           |                      |

| Drug Name                                                           | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------|-----------|----------------------|
| ADCIRCA TABS ( <i>tadalafil (pulmonary hypertension)</i> )          | NP        | SP                   |
| REVATIO TABS ( <i>sildenafil citrate (pulmonary hypertension)</i> ) | NP        | SP                   |
| <i>sildenafil citrate (pulmonary hypertension)</i> SUSR             | NP        | SP                   |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS             | PA        | PA                   |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS             | PA        | SP; PA               |
| <i>tadalafil (pulmonary hypertension)</i> TABS                      | PA        | SP; PA               |
| TADLIQ SUSP                                                         | NP        | SP                   |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist              |           |                      |
| UPTRAVI TITRATION TBPK                                              | NP        | SP                   |
| UPTRAVI SOLR                                                        | C         | SP; PA               |
| UPTRAVI TABS                                                        | NP        | SP                   |
| Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator           |           |                      |
| ADEMPAS                                                             | NP        | SP                   |
| Transthyretin Stabilizers                                           |           |                      |
| VYNDAMAX                                                            | C         | SP; PA               |
| CEPHALOSPORINS - Drugs to Treat Bacterial Infections                |           |                      |
| Cephalosporins - 1st Generation                                     |           |                      |
| <i>cefadroxil</i> CAPS                                              | P         |                      |
| <i>cefadroxil</i> SUSR                                              | P         |                      |
| <i>cefadroxil</i> TABS                                              | NP        |                      |
| <i>cephalexin</i> CAPS                                              | P         |                      |
| <i>cephalexin</i> CAPS                                              | P         |                      |
| <i>cephalexin</i> SUSR                                              | P         |                      |
| <i>cephalexin</i> TABS                                              | P         |                      |

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| Drug Name                                         | Drug Tier | Requirements/ Limits                                         | Drug Name                                                                        | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|--------------------------------------------------------------|----------------------------------------------------------------------------------|-----------|----------------------|
| Cephalosporins - 2nd Generation                   |           |                                                              | <i>desogestrel-ethinyl estradiol (triphasic)</i>                                 | C         |                      |
| CEFACLOR ER TB12                                  | NP        |                                                              | <i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>                               | C         |                      |
| <i>cefaclor CAPS</i>                              | P         |                                                              | <i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>                               | C         | QL(1 EA daily)       |
| <i>cefprozil SUSR 125 MG/5ML</i>                  | P         | 2 package(s) per fill retail; AL(Up to 12 yrs old)           | <i>ethynodiol diacet &amp; eth estrad 50 MCG-1 MG</i>                            | C         | QL(1 EA daily)       |
| <i>cefprozil SUSR 250 MG/5ML</i>                  | P         | 1 package(s) per fill retail; AL(Up to 12 yrs old)           | <i>ethynodiol diacet &amp; eth estrad 35 MCG-1 MG</i>                            | C         |                      |
| <i>cefprozil TABS</i>                             | P         | QL(20 EA per fill retail)                                    | <i>levonorgestrel &amp; eth estradiol TABS</i>                                   | C         |                      |
| <i>cefuroxime axetil TABS 500 MG</i>              | P         | QL(20 EA per fill retail)                                    | <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | C         |                      |
| <i>cefuroxime axetil TABS 250 MG</i>              | P         | QL(20 EA per fill retail; 20 per fill mail)                  | <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | C         |                      |
| Cephalosporins - 3rd Generation                   |           |                                                              | <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | C         |                      |
| <i>cefdinir CAPS</i>                              | P         | QL(20 EA per fill retail)                                    | <i>norethindrone &amp; eth estradiol</i>                                         | C         |                      |
| <i>cefdinir SUSR</i>                              | P         | 1 package(s) per fill retail                                 | <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | C         |                      |
| <i>cefixime CAPS</i>                              | P         |                                                              | <i>norethindrone acet &amp; eth estra TABS</i>                                   | C         |                      |
| <i>cefixime SUSR</i>                              | P         |                                                              | <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | C         |                      |
| <i>cefpodoxime proxetil SUSR</i>                  | P         |                                                              | <i>norethindrone-eth estradiol (triphasic)</i>                                   | C         |                      |
| <i>cefpodoxime proxetil TABS</i>                  | P         |                                                              | <i>norgestimate-ethinyl estradiol</i>                                            | C         |                      |
| <i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i> | C         | QL(3 EA per fill retail); 1 max fill(s) per 31 day(s) retail | <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | C         |                      |
| CHEMICALS                                         |           |                                                              | <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | C         | QL(2 EA daily)       |
| Bulk Chemicals - H's                              |           |                                                              | TYBLUME CHEW                                                                     | C         |                      |
| HYDROXYUREA                                       | P         |                                                              | Combination Contraceptives - Transdermal                                         |           |                      |
| CONTRACEPTIVES - Drugs to Prevent Pregnancy       |           |                                                              | <i>norelgestromin-ethinyl estradiol</i>                                          | C         |                      |
| Combination Contraceptives - Oral                 |           |                                                              | Combination Contraceptives - Vaginal                                             |           |                      |
| <i>desogestrel &amp; ethinyl estradiol</i>        | C         |                                                              |                                                                                  |           |                      |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>   | C         |                                                              |                                                                                  |           |                      |

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                               | Drug Name                                                                           | Drug Tier | Requirements/ Limits            |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------|---------------------------------|
| <i>etonogestrel-ethinyl estradiol</i>                                         | C         | QL(6 EA per fill retail)                                           | <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>       | C         | QL(150 ML per 31 day(s) retail) |
| Emergency Contraceptives                                                      |           |                                                                    | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML                                      | C         | QL(150 ML per 31 day(s) retail) |
| ELLA                                                                          | C         | QL(4 EA per 365 day(s) retail)                                     | <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>                               | C         | QL(150 ML per 31 day(s) retail) |
| <i>levonorgestrel (emergency oc) 1.5 MG</i>                                   | C         | QL(1 EA per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail | <i>dexamethasone ELIX</i>                                                           | P         |                                 |
| Progestin Contraceptives - Injectable                                         |           |                                                                    | <i>dexamethasone SOLN</i>                                                           | P         |                                 |
| DEPO-SUBQ PROVERA 104 SUSY SC                                                 | C         | QL(1 ML per fill retail)                                           | <i>dexamethasone TABS</i>                                                           | P         |                                 |
| <i>medroxyprogesterone acetate (contraceptive) SUSP IM</i>                    | C         | QL(1 ML per fill retail)                                           | <i>dexamethasone TBPk</i>                                                           | P         |                                 |
| <i>medroxyprogesterone acetate (contraceptive) SUSY IM</i>                    | C         | QL(1 ML per fill retail)                                           | <i>dexamethasone TBPk</i>                                                           | NP        |                                 |
| Progestin Contraceptives - Oral                                               |           |                                                                    | EMFLAZA SUSP ( <i>deflazacort</i> )                                                 | NP        | SP                              |
| <i>norethindrone (contraceptive)</i>                                          | C         |                                                                    | EMFLAZA TABS ( <i>deflazacort</i> )                                                 | NP        | SP                              |
| CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions |           |                                                                    | EOHILIA SUSP                                                                        | NP        |                                 |
| Glucocorticosteroids                                                          |           |                                                                    | HEMADY TABS                                                                         | NP        |                                 |
| AGAMREE                                                                       | NP        | SP                                                                 | <i>hydrocortisone TABS</i>                                                          | P         |                                 |
| ALKINDI SPRINKLE CPSP                                                         | NP        |                                                                    | KHINDIVI SOLN PO 1 MG/ML                                                            | NP        | PA                              |
| <i>budesonide CPEP</i>                                                        | P         |                                                                    | MEDROL TABS                                                                         | NP        |                                 |
| <i>budesonide TB24</i>                                                        | NP        |                                                                    | MEDROL TABS ( <i>methylprednisolone</i> )                                           | NP        |                                 |
| CORTEF TABS ( <i>hydrocortisone</i> )                                         | NP        |                                                                    | MEDROL TBPk ( <i>methylprednisolone</i> )                                           | NP        |                                 |
| CORTISONE ACETATE TABS                                                        | P         |                                                                    | <i>methylprednisolone TABS</i>                                                      | P         |                                 |
| <i>deflazacort SUSP</i>                                                       | NP        | SP                                                                 | <i>methylprednisolone TBPk</i>                                                      | P         |                                 |
| <i>deflazacort TABS</i>                                                       | NP        | SP                                                                 | <i>prednisolone sodium phosphate SOLN 5 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML</i> | P         |                                 |
| <i>deflazacort TABS</i>                                                       | NP        |                                                                    | <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>                                 | P         | QL(150 ML per fill retail)      |
| DEXAMETHASONE INTENSOL CONC                                                   | NP        |                                                                    | PREDNISOLONE SODIUM PHOSPHATE TBPk 10 MG, 15 MG, 30 MG                              | P         |                                 |

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| Drug Name                                                            | Drug Tier | Requirements/ Limits                                                        | Drug Name                                                                                                                             | Drug Tier | Requirements/ Limits                                   |
|----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|
| <i>prednisolone SOLN</i>                                             | NP        |                                                                             | <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>                            | C         |                                                        |
| <i>prednisolone SOLN</i>                                             | P         |                                                                             | <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML</i> | C         | QL(240 ML per fill retail)                             |
| <i>prednisolone TABS</i>                                             | NP        |                                                                             | <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>                                                 | C         | QL(240 ML per fill retail)                             |
| PREDNISONE INTENSOL CONC                                             | NP        |                                                                             | <i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>                                                                                 | C         | QL(2 EA daily)                                         |
| <i>prednisone SOLN</i>                                               | P         |                                                                             | <i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>                                                                              | C         |                                                        |
| <i>prednisone TABS</i>                                               | P         |                                                                             | ED BRON GP LIQD                                                                                                                       | C         | QL(240 ML per 6 day(s) retail)                         |
| <i>prednisone TBPk</i>                                               | P         |                                                                             | <i>guaifenesin-codeine SOLN</i>                                                                                                       | C         |                                                        |
| TARPEYO CPDR                                                         | NP        | SP                                                                          | <i>guaifenesin-codeine SYRP</i>                                                                                                       | C         |                                                        |
| Mineralocorticoids                                                   |           |                                                                             | LOHIST-D LIQD                                                                                                                         | C         |                                                        |
| <i>fludrocortisone acetate TABS</i>                                  | C         |                                                                             | <i>loratadine &amp; pseudoephedrine TB12</i>                                                                                          | C         | QL(2 EA daily)                                         |
| COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms |           |                                                                             | MAXI-TUSS PE MAX LIQD                                                                                                                 | C         | QL(240 ML per 6 day(s) retail)                         |
| Antitussives                                                         |           |                                                                             | <i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>                                                                   | C         | QL(240 ML per fill retail)                             |
| <i>benzonatate 200 MG</i>                                            | C         | QL(3 EA daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old) | <i>promethazine &amp; phenylephrine SYRP</i>                                                                                          | C         | QL(240 ML per 6 day(s) retail); AL(At least 2 yrs old) |
| <i>benzonatate 100 MG</i>                                            | C         | QL(6 EA daily); AL(At least 10 yrs old)                                     | <i>promethazine w/codeine SOLN</i>                                                                                                    | C         | QL(240 ML per fill retail); AL(At least 18 yrs old)    |
| <i>dextromethorphan polistirex SUER</i>                              | C         | QL(240 ML per 6 day(s) retail)                                              |                                                                                                                                       |           |                                                        |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>         | C         | AL(At least 18 yrs old)                                                     |                                                                                                                                       |           |                                                        |
| Cough/Cold/Allergy Combinations                                      |           |                                                                             |                                                                                                                                       |           |                                                        |
| <i>brompheniramine &amp; phenyleph ELIX</i>                          | C         | QL(120 ML per fill retail); 1 max fill(s) per 31 day(s) retail              |                                                                                                                                       |           |                                                        |
| <i>cetirizine-pseudoephedrine</i>                                    | C         | QL(2 EA daily)                                                              |                                                                                                                                       |           |                                                        |
| CLARINEX-D 12 HOUR TB12                                              | NP        |                                                                             |                                                                                                                                       |           |                                                        |

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| <i>promethazine w/codeine SYRP</i>                               | C         | QL(240 ML per fill retail); AL(At least 18 yrs old)           | AKLIEF                                                          | NP        |                                             |
| <i>promethazine-dm SYRP</i>                                      | C         | QL(240 ML per fill retail); AL(At least 2 yrs old)            | AVAR LS CLEANSER LIQD ( <i>sulfacetamide sodium w/ sulfur</i> ) | NP        |                                             |
| <i>promethazine-phenylephrine-codeine</i>                        | C         | QL(240 ML per fill retail); AL(At least 18 yrs old)           | <i>benzoyl peroxide-erythromycin GEL</i>                        | NP        |                                             |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i> | C         | QL(240 ML per fill retail)                                    | <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>                    | C         |                                             |
| <i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>             | C         | QL(210 EA per fill retail)                                    | BENZOYL PEROXIDE GEL                                            | C         |                                             |
| <i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>           | C         |                                                               | <i>benzoyl peroxide LIQD 5 %, 10 %</i>                          | P         |                                             |
| Expectorants                                                     |           |                                                               | <i>benzoyl peroxide LOTN 5 %, 10 %</i>                          | C         |                                             |
| <i>guaifenesin TB12 1200 MG</i>                                  | C         |                                                               | BENZOYL PEROXIDE LOTN 5 %, 10 %                                 | C         |                                             |
| <i>guaifenesin TB12 600 MG</i>                                   | C         | QL(40 EA per fill retail); 1 max fill(s) per 31 day(s) retail | CLEOCIN-T LOTN ( <i>clindamycin phosphate (topical)</i> )       | NP        |                                             |
| <i>potassium iodide (expectorant) SOLN</i>                       | C         |                                                               | <i>clindamycin phosphate (topical) FOAM</i>                     | NP        |                                             |
| Misc. Respiratory Inhalants                                      |           |                                                               | <i>clindamycin phosphate (topical) GEL</i>                      | NP        | QL(60 ML per fill retail; 60 per fill mail) |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>          | C         |                                                               | <i>clindamycin phosphate (topical) LOTN</i>                     | NP        |                                             |
| Mucolytics                                                       |           |                                                               | <i>clindamycin phosphate (topical) SOLN</i>                     | P         |                                             |
| <i>acetylcysteine SOLN</i>                                       | C         |                                                               | <i>clindamycin phosphate (topical) SWAB</i>                     | NP        |                                             |
| DERMATOLOGICALS - Drugs to Treat Skin Conditions                 |           |                                                               | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>     | NP        |                                             |
| Acne Products                                                    |           |                                                               | <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>     | P         |                                             |
| <i>adapalene-benzoyl peroxide GEL</i>                            | NP        |                                                               | <i>clindamycin phosphate-benzoyl peroxide GEL</i>               | NP        |                                             |
| <i>adapalene CREA</i>                                            | NP        |                                                               | <i>clindamycin phosphate-tretinoin</i>                          | NP        |                                             |
| <i>adapalene GEL 0.3 %</i>                                       | P         |                                                               | <i>dapsone (topical)</i>                                        | NP        |                                             |
| <i>adapalene GEL 0.3 %</i>                                       | NP        |                                                               | DIFFERIN CREA ( <i>adapalene</i> )                              | NP        |                                             |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits                                             | Drug Name                                                      | Drug Tier | Requirements/ Limits                            |
|---------------------------------------------------------------|-----------|------------------------------------------------------------------|----------------------------------------------------------------|-----------|-------------------------------------------------|
| DIFFERIN GEL<br>( <i>adapalene</i> )                          | NP        | RX/OTC                                                           | SUMADAN WASH LIQD<br>( <i>sulfacetamide sodium w/ sulfur</i> ) | NP        |                                                 |
| DIFFERIN LOTN                                                 | NP        |                                                                  | SUMADAN XLT KIT                                                | NP        |                                                 |
| EPIDUO FORTE GEL<br>( <i>adapalene-benzoyl peroxide</i> )     | NP        |                                                                  | SUMAXIN CP                                                     | NP        |                                                 |
| EPSOLAY CREA                                                  | NP        |                                                                  | SUMAXIN PADS                                                   | NP        |                                                 |
| <i>erythromycin (acne aid) GEL</i>                            | NP        | 1 package(s) per fill retail                                     | TAZAROTENE FOAM                                                | NP        |                                                 |
| <i>erythromycin (acne aid) PADS</i>                           | P         |                                                                  | <i>tretinoin microsphere</i>                                   | NP        |                                                 |
| <i>erythromycin (acne aid) SOLN</i>                           | P         |                                                                  | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>                   | P         | QL(20 GM per fill retail); AL(Up to 35 yrs old) |
| FABIOR FOAM                                                   | NP        |                                                                  | <i>tretinoin GEL 0.01 %</i>                                    | P         | QL(45 GM per fill retail); AL(Up to 35 yrs old) |
| <i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>                | C         | QL(2 EA daily); AL(At least 12 yrs old); PA                      | <i>tretinoin GEL 0.01 %</i>                                    | P         | QL(30 GM per fill retail); AL(Up to 35 yrs old) |
| <i>sulfacetamide sodium (acne)</i>                            | NP        | QL(118 ML per fill retail)                                       | <i>tretinoin GEL 0.025 %</i>                                   | P         | AL(Up to 35 yrs old)                            |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i> | NP        |                                                                  | <i>tretinoin GEL 0.05 %</i>                                    | NP        |                                                 |
| <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>           | NP        |                                                                  | TWYNEO                                                         | NP        |                                                 |
| <i>sulfacetamide sodium w/ sulfur FOAM</i>                    | NP        |                                                                  | WINLEVI                                                        | NP        |                                                 |
| <i>sulfacetamide sodium w/ sulfur LIQD</i>                    | NP        |                                                                  | ZMA CLEAR SUSP                                                 | NP        |                                                 |
| <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>        | NP        |                                                                  | Agents for External Genital and Perianal Warts                 |           |                                                 |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>           | NP        | 1 package(s) per 31 day(s) retail                                | VEREGEN                                                        | NP        |                                                 |
| <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>           | NP        | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail | Antibiotics - Topical                                          |           |                                                 |
| <i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>            | NP        |                                                                  | <i>bacitracin (topical) OINT</i>                               | C         | 1 package(s) per fill retail                    |
| SULFACETAMIDE SODIUM-SULFUR SUSP                              | NP        |                                                                  | <i>bacitracin zinc OINT</i>                                    | C         | 1 package(s) per fill retail                    |
| SUMADAN                                                       | NP        |                                                                  | CENTANY AT KIT                                                 | NP        |                                                 |
|                                                               |           |                                                                  | <i>gentamicin sulfate (topical) CREA</i>                       | C         | QL(1 GM daily; 30 GM per fill retail)           |
|                                                               |           |                                                                  | <i>gentamicin sulfate (topical) OINT</i>                       | P         | QL(1 GM daily; 30 GM per fill retail)           |
|                                                               |           |                                                                  | <i>mupirocin calcium (topical)</i>                             | NP        | 1 package(s) per 31 day(s) retail               |

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| Drug Name                                 | Drug Tier | Requirements/ Limits                                           | Drug Name                                                   | Drug Tier | Requirements/ Limits              |
|-------------------------------------------|-----------|----------------------------------------------------------------|-------------------------------------------------------------|-----------|-----------------------------------|
| <i>mupirocin OINT</i>                     | P         | QL(30 GM per 31 day(s) retail)                                 | <i>miconazole-zinc oxide-white petrolatum</i>               | NP        |                                   |
| <i>neomycin-bacitracin-polymyxin OINT</i> | C         | QL(60 GM per 31 day(s) retail)                                 | <i>naftifine hcl CREA</i>                                   | NP        |                                   |
| <i>neomycin-polymyxin w/ pramoxine</i>    | C         | 1 package(s) per fill retail                                   | <i>naftifine hcl GEL 2 %</i>                                | NP        |                                   |
| XEPI                                      | NP        |                                                                | NAFTIN GEL 2 % ( <i>naftifine hcl</i> )                     | NP        |                                   |
| Antifungals - Topical                     |           |                                                                | <i>nystatin (topical) CREA</i>                              | P         | 1 package(s) per 31 day(s) retail |
| <i>ciclopirox olamine CREA</i>            | P         |                                                                | <i>nystatin (topical) OINT</i>                              | P         | 1 package(s) per fill retail      |
| <i>ciclopirox olamine SUSP</i>            | P         |                                                                | <i>nystatin (topical) POWD EX</i>                           | P         | 1 package(s) per 31 day(s) retail |
| <i>ciclopirox GEL</i>                     | NP        |                                                                | <i>nystatin-triamcinolone CREA</i>                          | P         | 1 package(s) per fill retail      |
| <i>ciclopirox KIT</i>                     | NP        |                                                                | <i>nystatin-triamcinolone OINT</i>                          | P         | 1 package(s) per fill retail      |
| <i>ciclopirox SHAM</i>                    | NP        |                                                                | <i>oxiconazole nitrate CREA</i>                             | NP        |                                   |
| <i>ciclopirox SOLN</i>                    | P         |                                                                | OXISTAT LOTN                                                | NP        |                                   |
| <i>ciclopirox SOLN</i>                    | NP        |                                                                | <i>tavaborole</i>                                           | NP        |                                   |
| <i>clotrimazole (topical) CREA</i>        | P         | QL(60 GM per 31 day(s) retail; 60 GM per 31 days mail); RX/OTC | <i>terbinafine hcl (topical) CREA</i>                       | C         |                                   |
| <i>clotrimazole (topical) SOLN</i>        | P         | 1 package(s) per fill retail; RX/OTC                           | <i>tolnaftate CREA</i>                                      | C         | QL(30 GM per fill retail)         |
| <i>clotrimazole w/ betamethasone CREA</i> | P         | QL(45 GM per 31 day(s) retail)                                 | VUSION ( <i>miconazole-zinc oxide-white petrolatum</i> )    | NP        |                                   |
| <i>clotrimazole w/ betamethasone LOTN</i> | P         | QL(31 ML per 31 day(s) retail)                                 | Anti-inflammatory Agents - Topical                          |           |                                   |
| <i>econazole nitrate CREA</i>             | P         | QL(30 GM per fill retail)                                      | <i>diclofenac epolamine PTCH EX</i>                         | NP        |                                   |
| ECONAZOLE NITRATE FOAM 1 %                | NP        |                                                                | <i>diclofenac sodium (topical) GEL EX</i>                   | P         | QL(6.68 GM daily); RX/OTC         |
| ERTACZO                                   | NP        |                                                                | <i>diclofenac sodium (topical) SOLN EX</i>                  | NP        |                                   |
| <i>ketoconazole (topical) CREA</i>        | P         | 1 package(s) per 31 day(s) retail                              | PENNSAID SOLN EX 2 % ( <i>diclofenac sodium (topical)</i> ) | NP        |                                   |
| <i>ketoconazole (topical) FOAM</i>        | NP        |                                                                | Antineoplastic or Premalignant Lesion Agents - Topical      |           |                                   |
| <i>ketoconazole (topical) SHAM 2 %</i>    | P         | QL(120 ML per fill retail)                                     | <i>fluorouracil (topical) CREA 5 %</i>                      | C         | QL(40 GM per 31 day(s) retail)    |
| KETODAN                                   | NP        |                                                                |                                                             |           |                                   |
| <i>miconazole nitrate (topical) CREA</i>  | C         | QL(200 GM per 31 day(s) retail)                                |                                                             |           |                                   |

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| Drug Name                                | Drug Tier | Requirements/ Limits                                             | Drug Name                                           | Drug Tier | Requirements/ Limits                               |
|------------------------------------------|-----------|------------------------------------------------------------------|-----------------------------------------------------|-----------|----------------------------------------------------|
| <i>fluorouracil (topical) CREA 0.5 %</i> | C         |                                                                  | PYZCHIVA SC 45 MG/0.5ML                             | NP        | SP                                                 |
| <i>fluorouracil (topical) SOLN</i>       | C         | QL(10 ML per 31 day(s) retail)                                   | SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML              | NP        | SP                                                 |
| Antipruritics - Topical                  |           |                                                                  | SKYRIZI PEN SOAJ                                    | NP        | SP                                                 |
| <i>camphor &amp; menthol LOTN</i>        | C         | 1 package(s) per fill retail                                     | SKYRIZI SOSY                                        | NP        | SP                                                 |
| Antipsoriatics                           |           |                                                                  | SORILUX FOAM                                        | NP        |                                                    |
| BIMZELX SOAJ                             | NP        | SP                                                               | SOTYKTU                                             | NP        | SP                                                 |
| BIMZELX SOSY                             | NP        | SP                                                               | SPEVIGO SOSY                                        | NP        | SP                                                 |
| <i>calcipotriene CREA</i>                | P         | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail | STELARA SOSY                                        | NP        | SP                                                 |
| CALCIPOTRIENE FOAM                       | NP        |                                                                  | STEQEYMA                                            | NP        | SP                                                 |
| <i>calcipotriene OINT</i>                | P         |                                                                  | TALTZ SOAJ                                          | NP        | SP                                                 |
| <i>calcipotriene SOLN</i>                | P         | 1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail | TALTZ SOSY                                          | NP        | SP                                                 |
| <i>calcitriol (topical)</i>              | NP        |                                                                  | <i>tazarotene CREA</i>                              | NP        | 1 package(s) per fill retail; AL(Up to 18 yrs old) |
| COSENTYX (300 MG DOSE) SOSY              | NP        | SP                                                               | <i>tazarotene GEL</i>                               | NP        | 1 package(s) per fill retail; AL(Up to 18 yrs old) |
| COSENTYX SENSOREADY (300 MG) SOAJ        | NP        | SP                                                               |                                                     |           | SP                                                 |
| COSENTYX SENSOREADY PEN SOAJ             | NP        | SP                                                               | TREMFYA ONE-PRESS SOPN SC 100 MG/ML                 | NP        |                                                    |
| COSENTYX UNOREADY SOAJ                   | NP        | SP                                                               | TREMFYA PEN SOAJ 100 MG/ML                          | NP        |                                                    |
| COSENTYX SOSY                            | NP        | SP                                                               | USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML      | NP        |                                                    |
| IMULDOSA SOSY SC 45 MG/0.5ML             | NP        |                                                                  | USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML              | NP        |                                                    |
| IMULDOSA SOSY SC 90 MG/ML                | NP        | SP                                                               | USTEKINUMAB-TTWE                                    | NP        |                                                    |
| OTULFI SOLN SC 45 MG/0.5ML               | NP        | SP                                                               | VECTICAL ( <i>calcitriol (topical)</i> )            | NP        |                                                    |
| OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML     | NP        | SP                                                               | VTAMA                                               | NP        |                                                    |
| PYZCHIVA 45 MG/0.5ML, 90 MG/ML           | NP        | SP                                                               | YESINTEK SOLN 45 MG/0.5ML                           | NP        | SP                                                 |
|                                          |           |                                                                  | YESINTEK SOSY                                       | NP        | SP                                                 |
|                                          |           |                                                                  | Antiseborrheic Products                             |           |                                                    |
|                                          |           |                                                                  | OVACE PLUS WASH GEL ( <i>sulfacetamide sodium</i> ) | NP        |                                                    |

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| Drug Name                                            | Drug Tier | Requirements/ Limits                                             |
|------------------------------------------------------|-----------|------------------------------------------------------------------|
| OVACE PLUS WASH LIQD ( <i>sulfacetamide sodium</i> ) | NP        |                                                                  |
| OVACE PLUS CREA                                      | NP        |                                                                  |
| OVACE PLUS LOTN                                      | NP        |                                                                  |
| OVACE PLUS SHAM ( <i>sulfacetamide sodium</i> )      | NP        |                                                                  |
| OVACE WASH LIQD ( <i>sulfacetamide sodium</i> )      | NP        |                                                                  |
| <i>selenium sulfide LOTN 1 %</i>                     | C         | 1 package(s) per fill retail                                     |
| <i>selenium sulfide LOTN 2.5 %</i>                   | C         | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail |
| <i>selenium sulfide SHAM 1 %</i>                     | C         | 1 package(s) per fill retail                                     |
| <i>sulfacetamide sodium GEL</i>                      | NP        |                                                                  |
| <i>sulfacetamide sodium LIQD</i>                     | NP        |                                                                  |
| <i>sulfacetamide sodium SHAM 10 %</i>                | NP        |                                                                  |
| Antivirals - Topical                                 |           |                                                                  |
| <i>acyclovir topical CREA</i>                        | P         | 1 package(s) per 31 day(s) retail                                |
| <i>acyclovir topical OINT</i>                        | NP        | 1 package(s) per fill retail                                     |
| DENAVIR ( <i>penciclovir</i> )                       | NP        |                                                                  |
| <i>penciclovir</i>                                   | NP        |                                                                  |
| Burn Products                                        |           |                                                                  |
| <i>silver sulfadiazine</i>                           | C         |                                                                  |
| Corticosteroids - Topical                            |           |                                                                  |
| <i>alclometasone dipropionate CREA</i>               | P         |                                                                  |
| <i>alclometasone dipropionate OINT</i>               | P         |                                                                  |
| <i>amcinonide CREA</i>                               | NP        |                                                                  |
| APEXICON E CREA                                      | NP        |                                                                  |

| Drug Name                                              | Drug Tier | Requirements/ Limits              |
|--------------------------------------------------------|-----------|-----------------------------------|
| <i>betamethasone dipropionate (topical) CREA</i>       | P         | 1 package(s) per 30 day(s) retail |
| <i>betamethasone dipropionate (topical) LOTN</i>       | P         |                                   |
| <i>betamethasone dipropionate (topical) OINT</i>       | NP        |                                   |
| <i>betamethasone dipropionate augmented CREA</i>       | P         | 1 package(s) per fill retail      |
| <i>betamethasone dipropionate augmented GEL 0.05 %</i> | NP        |                                   |
| <i>betamethasone dipropionate augmented LOTN</i>       | NP        |                                   |
| <i>betamethasone dipropionate augmented OINT</i>       | NP        |                                   |
| <i>betamethasone valerate CREA</i>                     | P         |                                   |
| <i>betamethasone valerate FOAM</i>                     | NP        |                                   |
| <i>betamethasone valerate LOTN</i>                     | P         |                                   |
| <i>betamethasone valerate OINT</i>                     | NP        |                                   |
| <i>calcipotriene-betamethasone dipropionate OINT</i>   | NP        |                                   |
| <i>calcipotriene-betamethasone dipropionate SUSP</i>   | NP        |                                   |
| CAPEX SHAM                                             | NP        |                                   |
| <i>clobetasol propionate emollient base 0.05 %</i>     | P         | 1 package(s) per fill retail      |
| <i>clobetasol propionate emulsion</i>                  | NP        |                                   |
| <i>clobetasol propionate CREA 0.025 %</i>              | P         |                                   |
| <i>clobetasol propionate CREA 0.05 %</i>               | P         | 1 package(s) per fill retail      |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits         | Drug Name                                  | Drug Tier | Requirements/ Limits              |
|----------------------------------------------------------------|-----------|------------------------------|--------------------------------------------|-----------|-----------------------------------|
| <i>clobetasol propionate FOAM</i>                              | NP        |                              | <i>fluocinolone acetonide CREA</i>         | P         |                                   |
| <i>clobetasol propionate GEL 0.05 %</i>                        | P         | 1 package(s) per fill retail | <i>fluocinolone acetonide OIL</i>          | P         |                                   |
| <i>clobetasol propionate LIQD</i>                              | NP        |                              | <i>fluocinolone acetonide OINT</i>         | P         |                                   |
| <i>clobetasol propionate LOTN</i>                              | NP        |                              | <i>fluocinolone acetonide SOLN</i>         | P         |                                   |
| <i>clobetasol propionate OINT 0.05 %</i>                       | P         | 1 package(s) per fill retail | <i>fluocinonide emulsified base</i>        | P         | 1 package(s) per fill retail      |
| <i>clobetasol propionate SHAM</i>                              | NP        |                              | <i>fluocinonide CREA 0.1 %</i>             | P         |                                   |
| <i>clobetasol propionate SOLN 0.05 %</i>                       | P         | 1 package(s) per fill retail | <i>fluocinonide CREA 0.05 %</i>            | P         | 1 package(s) per fill retail      |
| CLOBEX SPRAY LIQD ( <i>clobetasol propionate</i> )             | NP        |                              | <i>fluocinonide GEL</i>                    | P         | 1 package(s) per fill retail      |
| CLOBEX SHAM ( <i>clobetasol propionate</i> )                   | NP        |                              | <i>fluocinonide OINT</i>                   | NP        | 1 package(s) per fill retail      |
| <i>clocortolone pivalate</i>                                   | NP        |                              | <i>fluocinonide SOLN</i>                   | P         | 1 package(s) per fill retail      |
| DERMA-SMOOTH/FS BODY OIL ( <i>fluocinolone acetonide</i> )     | NP        |                              | <i>flurandrenolide LOTN</i>                | NP        |                                   |
| DERMA-SMOOTH/FS SCALP OIL ( <i>fluocinolone acetonide</i> )    | NP        |                              | <i>fluticasone propionate CREA 0.05 %</i>  | P         | 1 package(s) per 31 day(s) retail |
| <i>desonide CREA</i>                                           | P         | QL(2 GM daily)               | <i>fluticasone propionate LOTN</i>         | NP        |                                   |
| <i>desonide LOTN</i>                                           | P         |                              | <i>fluticasone propionate OINT</i>         | P         | 1 package(s) per fill retail      |
| <i>desonide OINT</i>                                           | P         | QL(2 GM daily)               | <i>halcinonide CREA</i>                    | NP        |                                   |
| <i>desoximetasone CREA</i>                                     | NP        | 1 package(s) per fill retail | <i>halcinonide SOLN 0.1 %</i>              | NP        |                                   |
| <i>desoximetasone GEL</i>                                      | NP        |                              | <i>halobetasol propionate CREA</i>         | P         |                                   |
| <i>desoximetasone LIQD</i>                                     | NP        |                              | <i>halobetasol propionate FOAM</i>         | NP        |                                   |
| <i>desoximetasone OINT</i>                                     | NP        |                              | <i>halobetasol propionate OINT</i>         | P         |                                   |
| <i>diflorasone diacetate CREA</i>                              | NP        |                              | HALOG CREA ( <i>halcinonide</i> )          | NP        |                                   |
| <i>diflorasone diacetate OINT</i>                              | NP        |                              | <i>hydrocortisone (topical) CREA 0.5 %</i> | C         | 1 package(s) per fill retail      |
| DIPROLENE OINT ( <i>betamethasone dipropionate augmented</i> ) | NP        |                              | <i>hydrocortisone (topical) CREA 2.5 %</i> | P         | QL(120 GM per 31 day(s) retail)   |
| ENSTILAR FOAM                                                  | NP        |                              |                                            |           |                                   |
| EPIFOAM FOAM                                                   | C         |                              |                                            |           |                                   |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits                                      | Drug Name                                                         | Drug Tier | Requirements/ Limits         |
|-----------------------------------------------------------|-----------|-----------------------------------------------------------|-------------------------------------------------------------------|-----------|------------------------------|
| <i>hydrocortisone (topical) CREA 1 %</i>                  | P         | 1 package(s) per fill retail; RX/OTC                      | TACLONEX SUSP ( <i>calcipotriene-betamethasone dipropionate</i> ) | NP        |                              |
| <i>hydrocortisone (topical) LOTN 2.5 %</i>                | P         | 1 package(s) per fill retail                              | TOPICORT SPRAY LIQD ( <i>desoximetasone</i> )                     | NP        |                              |
| <i>hydrocortisone (topical) OINT 2.5 %</i>                | P         |                                                           | TOPICORT CREA ( <i>desoximetasone</i> )                           | NP        | 1 package(s) per fill retail |
| <i>hydrocortisone (topical) OINT 1 %</i>                  | P         | QL(2 GM daily); 1 package(s) per 31 day(s) retail; RX/OTC | TOPICORT GEL ( <i>desoximetasone</i> )                            | NP        |                              |
| <i>hydrocortisone (topical) SOLN 2.5 %</i>                | NP        |                                                           | TOPICORT OINT ( <i>desoximetasone</i> )                           | NP        |                              |
| <i>hydrocortisone butyrate CREA</i>                       | NP        |                                                           | <i>triamcinolone acetonide (topical) AERS</i>                     | NP        |                              |
| <i>hydrocortisone butyrate LOTN</i>                       | NP        |                                                           | <i>triamcinolone acetonide (topical) CREA 0.1 %</i>               | P         |                              |
| <i>hydrocortisone butyrate OINT</i>                       | P         |                                                           | <i>triamcinolone acetonide (topical) CREA 0.025 %</i>             | P         | QL(30 GM per fill retail)    |
| <i>hydrocortisone butyrate SOLN</i>                       | P         |                                                           | <i>triamcinolone acetonide (topical) CREA 0.5 %</i>               | P         | 1 package(s) per fill retail |
| <i>hydrocortisone valerate CREA</i>                       | P         |                                                           | <i>triamcinolone acetonide (topical) LOTN</i>                     | P         | 1 package(s) per fill retail |
| <i>hydrocortisone valerate OINT</i>                       | NP        |                                                           | <i>triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %</i>       | P         |                              |
| HYDROXYM GEL                                              | NP        |                                                           | <i>triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %</i>      | P         | 1 package(s) per fill retail |
| KENALOG AERS ( <i>triamcinolone acetonide (topical)</i> ) | NP        |                                                           | ULTRAVATE LOTN                                                    | NP        |                              |
| <i>mometasone furoate CREA</i>                            | P         | 1 package(s) per fill retail                              | Eczema Agents                                                     |           |                              |
| <i>mometasone furoate OINT</i>                            | P         | 1 package(s) per fill retail                              | ADBRY SOAJ                                                        | PA        | SP; PA                       |
| <i>mometasone furoate SOLN</i>                            | P         | 1 package(s) per fill retail                              | ADBRY SOSY                                                        | PA        | SP; PA                       |
| PANDEL                                                    | NP        |                                                           | ANZUPGO CREA EX 20 MG/GM                                          | NP        |                              |
| SYNALAR CREA ( <i>fluocinolone acetonide</i> )            | NP        |                                                           | CIBINQO                                                           | NP        | SP                           |
| SYNALAR OINT ( <i>fluocinolone acetonide</i> )            | NP        |                                                           | DUPIXENT SOAJ                                                     | PA        | SP; PA                       |
| SYNALAR SOLN ( <i>fluocinolone acetonide</i> )            | NP        |                                                           | DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML                           | PA        | SP; PA                       |
|                                                           |           |                                                           | EBGLYSS SOAJ                                                      | NP        | SP                           |
|                                                           |           |                                                           | EBGLYSS SOSY                                                      | NP        | SP                           |
|                                                           |           |                                                           | OPZELURA                                                          | NP        |                              |

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| Drug Name                                       | Drug Tier | Requirements/ Limits                                                              | Drug Name                                              | Drug Tier | Requirements/ Limits                  |
|-------------------------------------------------|-----------|-----------------------------------------------------------------------------------|--------------------------------------------------------|-----------|---------------------------------------|
| Emollient/Keratolytic Agents                    |           |                                                                                   | CONDYLOX GEL ( <i>podofilox</i> )                      | NP        |                                       |
| <i>urea CREA 40 %</i>                           | C         | RX/OTC                                                                            | <i>podofilox GEL</i>                                   | NP        |                                       |
| Emollients                                      |           |                                                                                   | <i>podofilox SOLN</i>                                  | NP        |                                       |
| <i>lactic acid (ammonium lactate) CREA</i>      | C         | QL(385 GM per 31 day(s) retail); RX/OTC                                           | <i>salicylic acid GEL 6 %</i>                          | C         |                                       |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | C         | QL(567 GM per 31 day(s) retail); RX/OTC                                           | SALICYLIC ACID OINT                                    | NP        | RX/OTC                                |
| Hair Growth Agents                              |           |                                                                                   | Local Anesthetics - Topical                            |           |                                       |
| LEQSELVI TABS PO 8 MG                           | NP        | SP                                                                                | <i>capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 %</i> | C         | 1 package(s) per fill retail          |
| LITFULO                                         | NP        | SP                                                                                | <i>dibucaine</i>                                       | C         | 1 package(s) per fill retail          |
| Immunomodulating Agents - Systemic              |           |                                                                                   | LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2 %                 | C         | QL(1 ML daily; 30 ML per fill retail) |
| NEMLUVIO                                        | NP        | SP                                                                                | <i>lidocaine hcl CREA 3 %, 4 %</i>                     | C         | 1 package(s) per fill retail; RX/OTC  |
| Immunomodulating Agents - Topical               |           |                                                                                   | <i>lidocaine hcl GEL 2 %</i>                           | C         | QL(1 ML daily; 30 ML per fill retail) |
| <i>imiquimod 5 %</i>                            | P         | QL(48 EA per 180 day(s) retail)                                                   | <i>lidocaine CREA 4 %</i>                              | C         | 1 package(s) per fill retail          |
| <i>imiquimod 3.75 %</i>                         | NP        |                                                                                   | <i>lidocaine-prilocaine CREA</i>                       | C         | 1 package(s) per fill retail          |
| Immunosuppressive Agents - Topical              |           |                                                                                   | Misc. Topical                                          |           |                                       |
| HYFTOR                                          | NP        |                                                                                   | <i>zinc oxide (topical) OINT 20 %</i>                  | C         | 1 package(s) per fill retail          |
| <i>pimecrolimus</i>                             | P         | QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)  | Phosphodiesterase 4 (PDE4) Inhibitors - Topical        |           |                                       |
| <i>tacrolimus (topical) OINT 0.1 %</i>          | P         | QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 16 yrs old) | EUCRISA                                                | NP        |                                       |
| <i>tacrolimus (topical) OINT 0.03 %</i>         | P         | QL(100 GM per 31 day(s) retail; 100 GM per 31 days mail); AL(At least 2 yrs old)  | ZORYVE CREA EX                                         | NP        |                                       |
|                                                 |           |                                                                                   | ZORYVE FOAM EX                                         | NP        |                                       |
| Keratolytic/Antimitotic/Vesicant Agents         |           |                                                                                   | Rosacea Agents                                         |           |                                       |
|                                                 |           |                                                                                   | <i>azelaic acid GEL</i>                                | P         |                                       |
|                                                 |           |                                                                                   | <i>brimonidine tartrate (topical)</i>                  | NP        |                                       |
|                                                 |           |                                                                                   | <i>doxycycline (rosacea)</i>                           | NP        |                                       |
|                                                 |           |                                                                                   | FINACEA FOAM                                           | NP        |                                       |
|                                                 |           |                                                                                   | <i>ivermectin (rosacea)</i>                            | NP        |                                       |
|                                                 |           |                                                                                   | METROCREAM CREA ( <i>metronidazole (topical)</i> )     | NP        | QL(45 GM per 31 day(s) retail)        |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                          |
|-----------------------------------------------|-----------|---------------------------------------------------------------|
| METROGEL GEL 1 %<br>(metronidazole (topical)) | NP        |                                                               |
| metronidazole (topical)<br>CREA               | P         | QL(45 GM per 31 day(s) retail)                                |
| metronidazole (topical)<br>GEL 1 %            | P         |                                                               |
| metronidazole (topical)<br>GEL 0.75 %         | P         | QL(45 GM per 31 day(s) retail)                                |
| metronidazole (topical)<br>GEL 1 %            | NP        |                                                               |
| metronidazole (topical)<br>LOTN               | P         |                                                               |
| MIRVASO (brimonidine tartrate (topical))      | NP        |                                                               |
| ORACEA (doxycycline (rosacea))                | NP        |                                                               |
| RHOFADE                                       | NP        |                                                               |
| SOOLANTRA (ivermectin (rosacea))              | NP        |                                                               |
| Scabicides & Pediculicides                    |           |                                                               |
| crotamiton LOTN                               | NP        | 1 package(s) per fill retail                                  |
| ELIMITE CREA (permethrin)                     | NP        | QL(60 GM per fill retail)                                     |
| malathion                                     | NP        | QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail |
| NATROBA (spinosad)                            | P         | Brand Preferred                                               |
| OVIDE (malathion)                             | NP        | QL(59 ML per fill retail); 2 max fill(s) per 31 day(s) retail |
| permethrin CREA                               | P         | QL(60 GM per fill retail)                                     |
| permethrin LIQD EX                            | P         |                                                               |
| pyrethrins-piperonyl butoxide SHAM 4 %-0.33 % | C         |                                                               |
| spinosad                                      | NP        | Brand Preferred                                               |
| Tar Products                                  |           |                                                               |

| Drug Name                                                                                                                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| coal tar extract SHAM 0.5 %                                                                                                                         | C         |                      |
| DIAGNOSTIC PRODUCTS                                                                                                                                 |           |                      |
| Diagnostic Tests                                                                                                                                    |           |                      |
| ACCU-CHEK AVIVA PLUS STRP                                                                                                                           | P         | RX/OTC               |
| ACCU-CHEK GUIDE TEST STRP                                                                                                                           | P         | RX/OTC               |
| ACCU-CHEK SMARTVIEW STRP                                                                                                                            | P         | RX/OTC               |
| CHEMSTRIP K STRP                                                                                                                                    | C         |                      |
| KETONE TEST STRP                                                                                                                                    | C         |                      |
| KETOSTIX STRP                                                                                                                                       | C         |                      |
| RELION KETONE TEST STRP                                                                                                                             | C         |                      |
| RELION TRUE METRIX TEST STRIPS STRP                                                                                                                 | P         | RX/OTC               |
| TRUE METRIX BLOOD GLUCOSE TEST STRP                                                                                                                 | P         | RX/OTC               |
| DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes                                                                                               |           |                      |
| Digestive Enzymes                                                                                                                                   |           |                      |
| CREON CPEP 120000 UNIT-76000 UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT | P         | Smart PA             |
| CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT                                                                                                           | P         |                      |
| PERTZYE CPEP                                                                                                                                        | NP        |                      |
| VIOKACE TABS                                                                                                                                        | NP        |                      |

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| Drug Name                                                                                                                                                                                                                                                                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT | P         |                      |
| <b>DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure</b>                                                                                                                                                                                                            |           |                      |
| <b>Carbonic Anhydrase Inhibitors</b>                                                                                                                                                                                                                                                          |           |                      |
| <i>acetazolamide CP12</i>                                                                                                                                                                                                                                                                     | C         |                      |
| <i>acetazolamide TABS</i>                                                                                                                                                                                                                                                                     | C         |                      |
| <i>methazolamide TABS</i>                                                                                                                                                                                                                                                                     | C         |                      |
| <b>Diuretic Combinations</b>                                                                                                                                                                                                                                                                  |           |                      |
| <i>amiloride &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                                    | C         | QL(1 EA daily)       |
| <i>spironolactone &amp; hydrochlorothiazide</i>                                                                                                                                                                                                                                               | C         |                      |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>                                                                                                                                                                                                                               | C         |                      |
| <i>triamterene &amp; hydrochlorothiazide TABS 25 MG-37.5 MG</i>                                                                                                                                                                                                                               | C         | QL(2 EA daily)       |
| <i>triamterene &amp; hydrochlorothiazide TABS 50 MG-75 MG</i>                                                                                                                                                                                                                                 | C         |                      |
| <b>Loop Diuretics</b>                                                                                                                                                                                                                                                                         |           |                      |
| <i>bumetanide TABS</i>                                                                                                                                                                                                                                                                        | C         |                      |
| <i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>                                                                                                                                                                                                                                                   | C         |                      |
| <i>furosemide TABS</i>                                                                                                                                                                                                                                                                        | C         |                      |
| SOAANZ TABS 20 MG                                                                                                                                                                                                                                                                             | C         |                      |
| <i>torseamide TABS 20 MG</i>                                                                                                                                                                                                                                                                  | C         |                      |

| Drug Name                                                                                         | Drug Tier | Requirements/ Limits          |
|---------------------------------------------------------------------------------------------------|-----------|-------------------------------|
| <i>torseamide TABS 5 MG, 10 MG, 100 MG</i>                                                        | C         | QL(1 EA daily)                |
| <b>Potassium Sparing Diuretics</b>                                                                |           |                               |
| <i>amiloride hcl TABS</i>                                                                         | C         | QL(4 EA daily)                |
| <i>spironolactone TABS</i>                                                                        | C         |                               |
| <b>Thiazides and Thiazide-Like Diuretics</b>                                                      |           |                               |
| <i>chlorthalidone 25 MG, 50 MG</i>                                                                | C         |                               |
| <i>hydrochlorothiazide CAPS</i>                                                                   | C         |                               |
| <i>hydrochlorothiazide TABS 25 MG, 50 MG</i>                                                      | C         |                               |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>                                                            | C         |                               |
| <i>metolazone</i>                                                                                 | C         |                               |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                               |
| <b>Bone Density Regulators</b>                                                                    |           |                               |
| ACTONEL TABS 35 MG ( <i>risedronate sodium</i> )                                                  | NP        | QL(4 EA per 28 day(s) retail) |
| ACTONEL TABS 150 MG ( <i>risedronate sodium</i> )                                                 | NP        |                               |
| <i>alendronate sodium SOLN</i>                                                                    | NP        | QL(10.8 ML daily)             |
| <i>alendronate sodium TABS 35 MG, 70 MG</i>                                                       | P         | QL(0.15 EA daily)             |
| <i>alendronate sodium TABS 10 MG</i>                                                              | P         | QL(1 EA daily)                |
| ATELVIA TBEC ( <i>risedronate sodium</i> )                                                        | NP        | QL(4 EA per 28 day(s) retail) |
| BINOSTO TBEF                                                                                      | NP        |                               |
| BONSITY SOPN 560 MCG/2.24ML                                                                       | NP        |                               |
| <i>calcitonin (salmon) NA</i>                                                                     | P         | 1 package(s) per fill retail  |
| <i>calcitonin (salmon) IJ</i>                                                                     | C         | QL(2 ML per fill retail)      |
| FORTEO SOPN ( <i>teriparatide</i> )                                                               | NP        |                               |

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| Drug Name                                  | Drug Tier | Requirements/ Limits          |
|--------------------------------------------|-----------|-------------------------------|
| FORTEO SOPN<br>(teriparatide)              | NP        | SP                            |
| FOSAMAX PLUS D                             | NP        |                               |
| FOSAMAX TABS 70 MG<br>(alendronate sodium) | NP        | QL(0.15 EA daily)             |
| ibandronate sodium TABS                    | P         |                               |
| risedronate sodium TABS 35 MG              | NP        | QL(4 EA per 28 day(s) retail) |
| risedronate sodium TABS 5 MG, 30 MG        | NP        | QL(1 EA daily)                |
| risedronate sodium TABS 150 MG             | NP        |                               |
| risedronate sodium TBEC                    | NP        | QL(4 EA per 28 day(s) retail) |
| teriparatide SOPN                          | P         | SP                            |
| TERIPARATIDE SOPN                          | P         | SP                            |
| TYMLOS                                     | NP        | SP                            |
| Growth Hormones                            |           |                               |
| GENOTROPIN<br>MINIQUICK PRSY               | PA        | SP; PA                        |
| GENOTROPIN CART SC                         | PA        | SP; PA                        |
| HUMATROPE CART IJ                          | NP        | SP                            |
| NGENLA                                     | NP        | SP                            |
| NORDITROPIN FLEXPPO SOPN                   | PA        | SP; PA                        |
| NUTROPIN AQ NUSPIN 10 SOPN                 | NP        | SP                            |
| NUTROPIN AQ NUSPIN 20 SOPN                 | NP        | SP                            |
| NUTROPIN AQ NUSPIN 5 SOPN                  | NP        | SP                            |
| OMNITROPE SOCT                             | NP        | SP                            |
| OMNITROPE SOLR SC                          | NP        | SP                            |
| SEROSTIM SC 4 MG, 5 MG, 6 MG               | NP        | SP                            |
| SKYTROFA                                   | NP        | SP                            |
| SOGROYA                                    | NP        | SP                            |
| ZOMACTON SOLR SC                           | NP        | SP                            |
| Hormone Receptor Modulators                |           |                               |

| Drug Name                                             | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------------|-----------|-----------------------------------------------|
| EVISTA (raloxifene hcl)                               | NP        | QL(1 EA daily)                                |
| raloxifene hcl                                        | NP        | QL(1 EA daily)                                |
| Insulin-Like Growth Factors (Somatomedins)            |           |                                               |
| INCRELEX                                              | NP        | SP                                            |
| INCRELEX                                              | NP        |                                               |
| LHRH/GnRH Agonist Analog Pituitary Suppressants       |           |                                               |
| FENSOLVI (6 MONTH) SC                                 | C         | SP; PA                                        |
| Metabolic Modifiers                                   |           |                                               |
| calcitriol CAPS                                       | C         |                                               |
| GALAFOLD                                              | C         | QL(0.5 EA daily); SP; PA                      |
| levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML | C         | QL(30 ML daily)                               |
| levocarnitine (metabolic modifiers) TABS              | C         | QL(3 EA daily)                                |
| XPHOZAH                                               | NP        | SP                                            |
| Posterior Pituitary Hormones                          |           |                                               |
| desmopressin acetate spray                            | C         | QL(5 ML per fill retail); PA                  |
| desmopressin acetate spray refrigerated 0.01 %        | C         | QL(5 ML per fill retail); PA                  |
| desmopressin acetate TABS                             | C         | QL(6 EA daily)                                |
| Somatostatic Agents                                   |           |                                               |
| octreotide acetate KIT                                | C         | SP; PA                                        |
| ESTROGENS - Hormone Replacement/Modifying Drugs       |           |                                               |
| Estrogen Combinations                                 |           |                                               |
| COMBIPATCH PTTW                                       | C         | Limit 8 patches per month; QL(0.286 EA daily) |
| estradiol & norethindrone acetate TABS                | C         | QL(1 EA daily)                                |

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| Drug Name                                                                     | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>norethindrone acetate-ethinyl estradiol</i>                                | C         |                                               |
| PREMPRO                                                                       | C         |                                               |
| Estrogens                                                                     |           |                                               |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR                          | C         | Limit 8 patches per month; QL(0.286 EA daily) |
| <i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i> | C         | Limit 8 patches per month; QL(0.286 EA daily) |
| <i>estradiol PTTW 0.0375 MG/24HR</i>                                          | C         | QL(0.286 EA daily)                            |
| <i>estradiol PTWK</i>                                                         | C         | Limit 4 patches per month; QL(0.143 EA daily) |
| <i>estradiol TABS</i>                                                         | C         |                                               |
| <i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>  | C         | QL(1 EA daily)                                |
| FLUOROQUINOLONES - Drugs to Treat Bacterial Infections                        |           |                                               |
| Fluoroquinolones                                                              |           |                                               |
| BAXDELA TABS                                                                  | NP        |                                               |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>                          | P         |                                               |
| CIPRO SUSR                                                                    | NP        |                                               |
| CIPRO TABS 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )                        | NP        |                                               |
| <i>levofloxacin SOLN PO</i>                                                   | NP        |                                               |
| <i>levofloxacin TABS</i>                                                      | P         | QL(14 EA per fill retail)                     |
| <i>moxifloxacin hcl TABS</i>                                                  | NP        |                                               |
| <i>ofloxacin 400 MG</i>                                                       | NP        | QL(56 EA per fill retail)                     |
| <i>ofloxacin 300 MG</i>                                                       | NP        |                                               |
| GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs        |           |                                               |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| 5-HT4 Receptor Agonists                                |           |                      |
| MOTEGRITY ( <i>prucalopride succinate</i> )            | NP        |                      |
| <i>prucalopride succinate</i>                          | NP        |                      |
| Antiflatulents                                         |           |                      |
| <i>simethicone CHEW 80 MG</i>                          | C         |                      |
| <i>simethicone SUSP</i>                                | C         |                      |
| Bile Acid Synthesis Disorder Agents                    |           |                      |
| CTEXLI TABS PO 250 MG                                  | C         | PA                   |
| Gallstone Solubilizing Agents                          |           |                      |
| <i>ursodiol CAPS</i>                                   | C         |                      |
| <i>ursodiol TABS 250 MG</i>                            | C         | QL(7 EA daily)       |
| Gastrointestinal Chloride Channel Activators           |           |                      |
| AMITIZA ( <i>lubiprostone</i> )                        | NP        |                      |
| <i>lubiprostone</i>                                    | P         |                      |
| Gastrointestinal Stimulants                            |           |                      |
| GIMOTI SOLN NA                                         | NP        | SP                   |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | P         |                      |
| <i>metoclopramide hcl TABS</i>                         | P         |                      |
| REGLAN TABS ( <i>metoclopramide hcl</i> )              | NP        |                      |
| Inflammatory Bowel Agents                              |           |                      |
| AVSOLA                                                 | C         | SP; PA               |
| AZULFIDINE EN-TABS TBEC ( <i>sulfasalazine</i> )       | NP        |                      |
| AZULFIDINE TABS ( <i>sulfasalazine</i> )               | NP        |                      |
| <i>balsalazide disodium CAPS</i>                       | P         | QL(9 EA daily)       |
| CANASA SUPP ( <i>mesalamine</i> )                      | NP        |                      |
| CIMZIA (1 SYRINGE) PSKT 200 MG/ML                      | NP        |                      |

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| Drug Name                       | Drug Tier | Requirements/ Limits | Drug Name                                      | Drug Tier | Requirements/ Limits |
|---------------------------------|-----------|----------------------|------------------------------------------------|-----------|----------------------|
| CIMZIA (2 SYRINGE) PSKT         | NP        | SP                   | TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML     | NP        |                      |
| CIMZIA KIT                      | NP        | SP                   | TREMFYA SOSY SC                                | NP        | SP                   |
| CIMZIA-STARTER PSKT             | NP        | SP                   | USTEKINUMAB 130 MG/26ML                        | NP        | SP                   |
| DIPENTUM                        | NP        |                      | VELSIPITY                                      | NP        | SP                   |
| ENTYVIO PEN SOAJ                | NP        | SP                   | ZYMFENTRA (1 PEN) AJKT                         | NP        | SP                   |
| INFLECTRA SOLR                  | C         | SP; PA               | ZYMFENTRA (2 PEN) AJKT                         | NP        | SP                   |
| LIALDA TBEC (mesalamine)        | NP        |                      | ZYMFENTRA (2 SYRINGE) PSKT                     | NP        | SP                   |
| mesalamine w/ cleanser          | NP        |                      | Intestinal Acidifiers                          |           |                      |
| mesalamine CP24                 | P         |                      | <i>lactulose</i> (encephalopathy)              | P         |                      |
| mesalamine CPCR                 | NP        | Brand Preferred      | Irritable Bowel Syndrome (IBS) Agents          |           |                      |
| mesalamine CPDR                 | NP        |                      | <i>alose tron hcl</i>                          | NP        |                      |
| mesalamine ENEM                 | P         | QL(60 ML daily)      | IBSRELA                                        | NP        |                      |
| mesalamine SUPP                 | P         |                      | LINZESS                                        | P         |                      |
| mesalamine TBEC 800 MG          | NP        | QL(3 EA daily)       | LOT RONEX ( <i>alose tron hcl</i> )            | NP        |                      |
| mesalamine TBEC 1.2 GM          | NP        |                      | VIBERZI                                        | NP        |                      |
| OMVOH (300 MG DOSE) SOAJ        | NP        | SP                   | Peripheral Opioid Receptor Antagonists         |           |                      |
| OMVOH (300 MG DOSE) SOSY        | NP        | SP                   | MOVANTIK                                       | P         |                      |
| OMVOH SOAJ                      | NP        | SP                   | SYMPROIC                                       | NP        |                      |
| OMVOH SOSY                      | NP        | SP                   | Phosphate Binder Agents                        |           |                      |
| PENTASA CPCR                    | P         | Brand Preferred      | AURYXIA 210 MG ( <i>ferric citrate</i> )       | NP        |                      |
| PENTASA CPCR (mesalamine)       | P         | Brand Preferred      | <i>calcium acetate</i> (phosphate binder) CAPS | P         |                      |
| RENFLEXIS                       | C         | SP; PA               | <i>calcium acetate</i> (phosphate binder) TABS | P         | RX/OTC               |
| ROWASA (mesalamine w/ cleanser) | NP        |                      | <i>calcium acetate</i> (phosphate binder) TABS | NP        | RX/OTC               |
| SFROWASA ENEM                   | NP        |                      | FOSRENOL CHEW ( <i>lanthanum carbonate</i> )   | NP        |                      |
| SKYRIZI SOCT                    | NP        | SP                   | FOSRENOL PACK                                  | NP        |                      |
| <i>sulfasalazine</i> TABS       | P         |                      |                                                |           |                      |
| <i>sulfasalazine</i> TBEC       | P         |                      |                                                |           |                      |
| TREMFYA PEN SOAJ SC 200 MG/2ML  | NP        | SP                   |                                                |           |                      |

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| Drug Name                                                                                                         | Drug Tier | Requirements/ Limits       |
|-------------------------------------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>lanthanum carbonate CHEW</i>                                                                                   | NP        |                            |
| REVELA PACK ( <i>sevelamer carbonate</i> )                                                                        | NP        |                            |
| REVELA TABS ( <i>sevelamer carbonate</i> )                                                                        | NP        |                            |
| <i>sevelamer carbonate PACK</i>                                                                                   | NP        |                            |
| <i>sevelamer carbonate TABS</i>                                                                                   | P         |                            |
| <i>sevelamer hcl</i>                                                                                              | NP        |                            |
| VELPHORO                                                                                                          | NP        |                            |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |                            |
| Alkalinizers                                                                                                      |           |                            |
| <i>potassium citrate (alkalinizer) TBCR</i>                                                                       | C         |                            |
| <i>sodium citrate &amp; citric acid</i>                                                                           | C         | QL(16.67 ML daily); RX/OTC |
| Genitourinary Irrigants                                                                                           |           |                            |
| <i>sodium chloride (gu irrigant) 0.9 %</i>                                                                        | C         |                            |
| Prostatic Hypertrophy Agents                                                                                      |           |                            |
| <i>alfuzosin hcl</i>                                                                                              | P         |                            |
| CARDURA XL                                                                                                        | NP        |                            |
| <i>dutasteride</i>                                                                                                | P         |                            |
| <i>dutasteride-tamsulosin hcl</i>                                                                                 | NP        |                            |
| <i>finasteride</i>                                                                                                | P         | QL(1 EA daily)             |
| PROSCAR ( <i>finasteride</i> )                                                                                    | NP        | QL(1 EA daily)             |
| RAPAFLO ( <i>silodosin</i> )                                                                                      | NP        |                            |
| <i>silodosin</i>                                                                                                  | NP        |                            |
| <i>tamsulosin hcl</i>                                                                                             | P         | QL(2 EA daily)             |
| Urinary Analgesics                                                                                                |           |                            |
| <i>phenazopyridine hcl TABS 100 MG, 200 MG</i>                                                                    | C         |                            |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                                                                          |           |                            |

| Drug Name                                                            | Drug Tier | Requirements/ Limits                                         |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------|
| Gout Agent Combinations                                              |           |                                                              |
| <i>colchicine w/ probenecid</i>                                      | P         |                                                              |
| Gout Agents                                                          |           |                                                              |
| <i>allopurinol 100 MG, 300 MG</i>                                    | P         |                                                              |
| <i>allopurinol 200 MG</i>                                            | NP        |                                                              |
| <i>colchicine CAPS</i>                                               | NP        |                                                              |
| <i>colchicine TABS</i>                                               | P         | QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| COLCRYS TABS ( <i>colchicine</i> )                                   | NP        | QL(6 EA per fill retail); 1 max fill(s) per 31 day(s) retail |
| <i>febuxostat</i>                                                    | NP        |                                                              |
| GLOPERBA SOLN PO                                                     | NP        |                                                              |
| MITIGARE CAPS ( <i>colchicine</i> )                                  | NP        |                                                              |
| ULORIC ( <i>febuxostat</i> )                                         | NP        |                                                              |
| Uricosurics                                                          |           |                                                              |
| <i>probenecid</i>                                                    | P         |                                                              |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |           |                                                              |
| Aminolevulinate Synthase 1-Directed siRNA                            |           |                                                              |
| GIVLAARI                                                             | C         | SP; PA                                                       |
| Bradykinin B2 Receptor Antagonists                                   |           |                                                              |
| <i>icatibant acetate SOSY</i>                                        | C         | SP; PA                                                       |
| Complement Inhibitors                                                |           |                                                              |
| HAEGARDA SOLR SC                                                     | C         | SP; PA                                                       |
| TAVNEOS                                                              | NP        | SP                                                           |
| Hematorheologic Agents                                               |           |                                                              |
| <i>pentoxifylline</i>                                                | C         |                                                              |
| Platelet Aggregation Inhibitors                                      |           |                                                              |
| <i>aspirin-dipyridamole</i>                                          | NP        |                                                              |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits            |
|--------------------------------------------------------------|-----------|---------------------------------|
| BRILINTA 60 MG, 90 MG ( <i>ticagrelor</i> )                  | P         | Brand Preferred; QL(2 EA daily) |
| <i>cilostazol</i>                                            | C         | QL(2 EA daily)                  |
| <i>clopidogrel bisulfate 300 MG</i>                          | P         |                                 |
| <i>clopidogrel bisulfate 75 MG</i>                           | P         | QL(1 EA daily)                  |
| <i>dipyridamole</i>                                          | NP        |                                 |
| EFFIENT ( <i>prasugrel hcl</i> )                             | NP        | QL(1 EA daily)                  |
| PLAVIX 75 MG ( <i>clopidogrel bisulfate</i> )                | NP        | QL(1 EA daily)                  |
| <i>prasugrel hcl</i>                                         | P         | QL(1 EA daily)                  |
| <i>ticagrelor 60 MG, 90 MG</i>                               | NP        | Brand Preferred; QL(2 EA daily) |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b> |           |                                 |
| Agents for Gaucher Disease                                   |           |                                 |
| CERDELGA                                                     | C         | SP; PA                          |
| CEREZYME 400 UNIT                                            | C         | SP; PA                          |
| Agents for Sickle Cell Disease                               |           |                                 |
| ADAKVEO                                                      | C         | SP; PA                          |
| CASGEVY                                                      | PA        | SP; PA                          |
| DROXIA CAPS                                                  | P         |                                 |
| ENDARI ( <i>glutamine (sickle cell)</i> )                    | PA        | SP; PA                          |
| <i>glutamine (sickle cell)</i>                               | PA        | SP; PA                          |
| LYFGENIA                                                     | PA        | SP; PA                          |
| SIKLOS TABS                                                  | P         |                                 |
| XROMI SOLN PO 100 MG/ML                                      | P         | SP                              |
| Cobalamins                                                   |           |                                 |
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>                    | C         | QL(10 ML per 270 day(s) retail) |
| Folic Acid/Folates                                           |           |                                 |
| <i>folic acid TABS 400 MCG</i>                               | C         | QL(1 EA daily)                  |
| <i>folic acid TABS 1 MG</i>                                  | C         | RX/OTC                          |

| Drug Name                                                                     | Drug Tier | Requirements/ Limits                                                                       |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------|
| <b>Hematopoietic Growth Factors</b>                                           |           |                                                                                            |
| ARANESP (ALBUMIN FREE) SOLN                                                   | NP        | SP                                                                                         |
| ARANESP (ALBUMIN FREE) SOSY                                                   | NP        | SP                                                                                         |
| EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | P         | SP                                                                                         |
| MIRCERA                                                                       | NP        | SP                                                                                         |
| PROCRIT                                                                       | NP        | SP                                                                                         |
| PROCRIT                                                                       | NP        | SP                                                                                         |
| REBLOZYL                                                                      | C         | SP                                                                                         |
| RETACRIT                                                                      | P         | SP                                                                                         |
| VAFSEO                                                                        | NP        | SP                                                                                         |
| ZARXIO                                                                        | C         | SP; PA                                                                                     |
| <b>Iron</b>                                                                   |           |                                                                                            |
| <i>ferrous fumarate TABS</i>                                                  | C         | QL(2 EA daily)                                                                             |
| FERROUS GLUCONATE TABS 324 MG                                                 | C         | QL(3.34 EA daily)                                                                          |
| <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>                                | C         | QL(3.4 ML daily)                                                                           |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>                          | C         |                                                                                            |
| <i>ferrous sulfate TABS 325 MG, 65 MG, 325 MG</i>                             | C         |                                                                                            |
| <i>ferrous sulfate TBEC</i>                                                   | C         |                                                                                            |
| IRON CHEWS PEDIATRIC CHEW                                                     | C         |                                                                                            |
| <i>polysaccharide iron complex CAPS</i>                                       | C         | QL(1 EA daily)                                                                             |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b>             |           |                                                                                            |
| <b>Hemostatics - Systemic</b>                                                 |           |                                                                                            |
| <i>tranexamic acid TABS</i>                                                   | C         | QL(30 EA per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old) |

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| Drug Name                                        | Drug Tier | Requirements/ Limits                    |
|--------------------------------------------------|-----------|-----------------------------------------|
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b> |           |                                         |
| Antihistamine Hypnotics                          |           |                                         |
| <i>diphenhydramine hcl (sleep) TABS 25 MG</i>    | C         | QL(1 EA daily)                          |
| <i>doxylamine succinate (sleep)</i>              | C         |                                         |
| Barbiturate Hypnotics                            |           |                                         |
| <i>phenobarbital ELIX</i>                        | C         |                                         |
| <i>phenobarbital TABS</i>                        | C         |                                         |
| Hypnotics - Tricyclic Agents                     |           |                                         |
| <i>doxepin hcl (sleep)</i>                       | NP        |                                         |
| Non-Barbiturate Hypnotics                        |           |                                         |
| <i>AMBIEN CR TBCR (zolpidem tartrate)</i>        | NP        |                                         |
| <i>AMBIEN TABS (zolpidem tartrate)</i>           | NP        | QL(1 EA daily)                          |
| <i>DORAL (quazepam)</i>                          | NP        |                                         |
| <i>EDLUAR SUBL</i>                               | NP        |                                         |
| <i>estazolam</i>                                 | NP        |                                         |
| <i>eszopiclone</i>                               | NP        |                                         |
| <i>flurazepam hcl</i>                            | NP        | QL(1 EA daily)                          |
| <i>HALCION 0.25 MG (triazolam)</i>               | NP        |                                         |
| <i>IGALMI FILM</i>                               | NP        |                                         |
| <i>midazolam hcl SOLN IJ</i>                     | C         |                                         |
| <i>MIDAZOLAM HCL SOLN IJ</i>                     | C         |                                         |
| <i>quazepam</i>                                  | NP        |                                         |
| <i>RESTORIL 7.5 MG, 22.5 MG (temazepam)</i>      | NP        |                                         |
| <i>RESTORIL 15 MG, 30 MG (temazepam)</i>         | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>temazepam 7.5 MG, 22.5 MG</i>                 | P         |                                         |
| <i>temazepam 15 MG, 30 MG</i>                    | P         | QL(1 EA daily); AL(At least 18 yrs old) |

| Drug Name                                                               | Drug Tier | Requirements/ Limits                    |
|-------------------------------------------------------------------------|-----------|-----------------------------------------|
| <i>triazolam</i>                                                        | NP        |                                         |
| <i>zaleplon 10 MG</i>                                                   | NP        | QL(2 EA daily); AL(At least 18 yrs old) |
| <i>zaleplon 5 MG</i>                                                    | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>ZOLPIDEM TARTRATE CAPS</i>                                           | NP        |                                         |
| <i>zolpidem tartrate SUBL</i>                                           | NP        |                                         |
| <i>zolpidem tartrate TABS</i>                                           | P         | QL(1 EA daily)                          |
| <i>zolpidem tartrate TBCR</i>                                           | NP        |                                         |
| Orexin Receptor Antagonists                                             |           |                                         |
| <i>BELSOMRA</i>                                                         | NP        |                                         |
| <i>DAYVIGO</i>                                                          | NP        |                                         |
| <i>QUVIVIQ</i>                                                          | NP        |                                         |
| Selective Melatonin Receptor Agonists                                   |           |                                         |
| <i>HETLIOZ LQ SUSP</i>                                                  | NP        | SP                                      |
| <i>HETLIOZ CAPS (tasimelteon)</i>                                       | NP        | SP                                      |
| <i>ramelteon</i>                                                        | NP        |                                         |
| <i>ROZEREM (ramelteon)</i>                                              | NP        |                                         |
| <i>tasimelteon CAPS</i>                                                 | NP        | SP                                      |
| <b>LAXATIVES - Bowel Treatment Drugs</b>                                |           |                                         |
| Bulk Laxatives                                                          |           |                                         |
| <i>calcium polycarbophil TABS</i>                                       | C         | QL(10 EA daily)                         |
| Laxative Combinations                                                   |           |                                         |
| <i>CLENPIQ SOLN 12 GM/175ML-3.5 GM/175ML-10 MG/175ML</i>                | NP        |                                         |
| <i>GOLYTELY SOLR (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</i> | NP        | 1 package(s) per fill retail            |
| <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>          | NP        |                                         |

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| Drug Name                                                                           | Drug Tier | Requirements/ Limits         |
|-------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>                        | P         | 1 package(s) per fill retail |
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>                     | NP        | 1 package(s) per fill retail |
| <i>sennosides-docusate sodium TABS</i>                                              | C         | QL(4 EA daily)               |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>                           | NP        |                              |
| SUFLAVE                                                                             | NP        |                              |
| SUPREP BOWEL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> ) | NP        |                              |
| SUTAB                                                                               | NP        |                              |
| Laxatives - Miscellaneous                                                           |           |                              |
| <i>glycerin (laxative) SUPP 2 GM</i>                                                | C         |                              |
| <i>lactulose PACK</i>                                                               | NP        |                              |
| <i>lactulose SOLN</i>                                                               | P         |                              |
| <i>polyethylene glycol 3350 PACK</i>                                                | P         |                              |
| <i>polyethylene glycol 3350 POWD</i>                                                | P         | QL(34 GM daily)              |
| Saline Laxatives                                                                    |           |                              |
| <i>magnesium citrate 1.745 GM/30ML</i>                                              | P         |                              |
| <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>      | C         | QL(32 ML daily)              |
| <i>sodium phosphates ENEM</i>                                                       | C         |                              |
| Stimulant Laxatives                                                                 |           |                              |
| <i>bisacodyl SUPP</i>                                                               | C         | QL(12 EA per fill retail)    |
| <i>bisacodyl TBEC</i>                                                               | C         | QL(1 EA daily)               |
| <i>sennosides TABS 8.6 MG</i>                                                       | C         |                              |
| Surfactant Laxatives                                                                |           |                              |

| Drug Name                                          | Drug Tier | Requirements/ Limits          |
|----------------------------------------------------|-----------|-------------------------------|
| <i>docusate sodium CAPS 100 MG, 250 MG</i>         | C         | QL(3 EA daily)                |
| <i>docusate sodium CAPS 50 MG</i>                  | C         |                               |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i> | C         |                               |
| DOCUSATE SODIUM SYRP                               | C         |                               |
| <i>docusate sodium TABS</i>                        | C         |                               |
| MACROLIDES - Drugs to Treat Bacterial Infections   |           |                               |
| Azithromycin                                       |           |                               |
| <i>azithromycin PACK</i>                           | P         | QL(2 EA per fill retail)      |
| <i>azithromycin SUSR 200 MG/5ML</i>                | P         | QL(60 ML per fill retail)     |
| <i>azithromycin SUSR 100 MG/5ML</i>                | P         | 1 package(s) per fill retail  |
| <i>azithromycin TABS 250 MG</i>                    | P         | QL(6 EA per fill retail)      |
| <i>azithromycin TABS 600 MG</i>                    | P         | QL(8 EA per 28 day(s) retail) |
| <i>azithromycin TABS 500 MG</i>                    | P         | QL(4 EA daily)                |
| ZITHROMAX TRI-PAK TABS ( <i>azithromycin</i> )     | NP        | QL(4 EA daily)                |
| ZITHROMAX Z-PAK TABS ( <i>azithromycin</i> )       | NP        | QL(6 EA per fill retail)      |
| ZITHROMAX SUSR 100 MG/5ML ( <i>azithromycin</i> )  | NP        | 1 package(s) per fill retail  |
| ZITHROMAX SUSR 200 MG/5ML ( <i>azithromycin</i> )  | NP        | QL(60 ML per fill retail)     |
| ZITHROMAX TABS 500 MG ( <i>azithromycin</i> )      | NP        | QL(4 EA daily)                |
| ZITHROMAX TABS 250 MG ( <i>azithromycin</i> )      | NP        | QL(6 EA per fill retail)      |
| Clarithromycin                                     |           |                               |
| <i>clarithromycin SUSR 125 MG/5ML</i>              | P         | 1 package(s) per fill retail  |
| <i>clarithromycin SUSR 250 MG/5ML</i>              | P         | 2 package(s) per fill retail  |

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| Drug Name                                                      | Drug Tier | Requirements/ Limits                   |
|----------------------------------------------------------------|-----------|----------------------------------------|
| <i>clarithromycin TABS</i>                                     | P         | QL(28 EA per fill retail)              |
| <i>clarithromycin TB24</i>                                     | NP        | QL(14 EA per fill retail)              |
| <b>Erythromycins</b>                                           |           |                                        |
| E.E.S. GRANULES SUSR<br>( <i>erythromycin ethylsuccinate</i> ) | NP        |                                        |
| ERYPED 200 SUSR<br>( <i>erythromycin ethylsuccinate</i> )      | NP        |                                        |
| ERYPED 400 SUSR<br>( <i>erythromycin ethylsuccinate</i> )      | NP        |                                        |
| <i>erythromycin base CPEP</i>                                  | NP        |                                        |
| <i>erythromycin base TABS</i>                                  | NP        |                                        |
| <i>erythromycin base TBEC</i>                                  | NP        |                                        |
| <i>erythromycin ethylsuccinate SUSR</i>                        | P         |                                        |
| <i>erythromycin ethylsuccinate TABS</i>                        | NP        |                                        |
| <i>erythromycin stearate TABS 250 MG</i>                       | P         |                                        |
| <b>Fidaxomicin</b>                                             |           |                                        |
| DIFICID SUSR                                                   | P         |                                        |
| DIFICID TABS 200 MG<br>( <i>fidaxomicin</i> )                  | P         | Brand Preferred                        |
| <i>fidaxomicin TABS 200 MG</i>                                 | NP        | Brand Preferred                        |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                            |           |                                        |
| <b>Diabetic Supplies</b>                                       |           |                                        |
| ACCU-CHEK GUIDE ME KIT                                         | P         | QL(1 EA per 365 day(s) retail); RX/OTC |
| ACCU-CHEK GUIDE KIT                                            | P         | QL(1 EA per 365 day(s) retail); RX/OTC |
| ACCU-CHEK SOFTCLIX LANCETS                                     | P         | RX/OTC                                 |

| Drug Name                     | Drug Tier | Requirements/ Limits                                                              |
|-------------------------------|-----------|-----------------------------------------------------------------------------------|
| DEXCOM G6 RECEIVER            | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA                        |
| DEXCOM G6 SENSOR              | PA        | 3 package(s) per 90 day(s) retail; 3 package(s) per 90 day(s) mail; PA            |
| DEXCOM G6 TRANSMITTER         | PA        | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA                          |
| DEXCOM G7 15 DAY SENSOR       | PA        | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); AL(At least 18 yrs old); PA |
| DEXCOM G7 RECEIVER            | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA                        |
| DEXCOM G7 SENSOR              | PA        | QL(9 EA per 90 day(s) retail); PA                                                 |
| FREESTYLE LIBRE 14 DAY SENSOR | PA        | QL(6 EA per 90 day(s) retail); PA                                                 |
| FREESTYLE LIBRE 2 PLUS SENSOR | PA        | QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA                          |
| FREESTYLE LIBRE 2 READER      | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA                        |
| FREESTYLE LIBRE 2 SENSOR      | PA        | QL(6 EA per 90 day(s) retail); PA                                                 |
| FREESTYLE LIBRE 3 PLUS SENSOR | PA        | QL(6 EA per 90 day(s) retail; 6 EA per 90 days mail); PA                          |

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| Drug Name                          | Drug Tier | Requirements/Limits                                                    | Drug Name                         | Drug Tier | Requirements/Limits                    |
|------------------------------------|-----------|------------------------------------------------------------------------|-----------------------------------|-----------|----------------------------------------|
| FREESTYLE LIBRE 3 READER           | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA             | TRUE METRIX AIR GLUCOSE METER KIT | P         | QL(1 EA per 365 day(s) retail); RX/OTC |
| FREESTYLE LIBRE 3 SENSOR           | PA        | QL(6 EA per 90 day(s) retail); PA                                      | TRUE METRIX METER KIT             | P         | QL(1 EA per 365 day(s) retail); RX/OTC |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT  | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA             | TRUEPLUS LANCETS 28G              | P         | RX/OTC                                 |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC  | PA        | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA | TRUEPLUS LANCETS 30G              | P         | RX/OTC                                 |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT     | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA             | TRUEPLUS LANCETS 33G              | P         | RX/OTC                                 |
| OMNIPOD 5 G7 PODS (GEN 5) MISC     | PA        | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA | Parenteral Therapy Supplies       |           |                                        |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | PA        | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); PA             | ASSURE ID INSULIN SAFETY SYR      | C         | QL(5 EA daily); RX/OTC                 |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC | PA        | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA | BD AUTOSHIELD DUO                 | C         | QL(5 EA daily); RX/OTC                 |
| OMNIPOD DASH PODS (GEN 4) MISC     | PA        | 2 package(s) per 30 day(s) retail; 2 package(s) per 30 day(s) mail; PA | BD PEN NEEDLE MICRO ULTRAFINE     | C         | QL(5 EA daily)                         |
| RELION TRUE MET AIR GLUC METER KIT | P         | QL(1 EA per 365 day(s) retail); RX/OTC                                 | BD PEN NEEDLE MINI ULTRAFINE      | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | BD PEN NEEDLE NANO 2ND GEN        | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | BD PEN NEEDLE NANO ULTRAFINE      | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | BD PEN NEEDLE ORIG ULTRAFINE      | C         | QL(5 EA daily)                         |
|                                    |           |                                                                        | BD PEN NEEDLE SHORT ULTRAFINE     | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | BD VEO INSULIN SYR ULTRAFINE      | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | DROPLET INSULIN SYRINGE           | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | EMBECTA AUTOSHIELD DUO            | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | EMBECTA INSULIN SYR ULTRAFINE     | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | EMBECTA PEN NEEDLE NANO           | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | EMBECTA PEN NEEDLE NANO 2 GEN     | C         | QL(5 EA daily); RX/OTC                 |
|                                    |           |                                                                        | EMBECTA PEN NEEDLE ULTRAFINE      | C         | QL(5 EA daily)                         |

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| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                           | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|-------------------------------------|-----------|----------------------------------------|
| RELION INSULIN SYRINGE              | C         | QL(5 EA daily); RX/OTC                 | AEROCHAMBER PLUS FLO-VU MISC        | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| SURE COMFORT INSULIN SYRINGE        | C         | QL(5 EA daily)                         | AEROCHAMBER PLUS FLOW VU MISC       | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| TECHLITE INSULIN SYRINGE            | C         | QL(5 EA daily); RX/OTC                 | AEROCHAMBER W/FLOWSIGNAL MISC       | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| TRUE COMFORT PRO INSULIN SYR        | C         | QL(5 EA daily)                         | AEROCHAMBER Z-STAT PLUS CHAMBR MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| Respiratory Therapy Supplies        |           |                                        | AEROCHAMBER Z-STAT PLUS/LARGE MISC  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER HOLDING CHAMBER DEVI    | C         | QL(2 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER MINI CHAMBER DEVI       | C         | QL(2 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS/SMALL MISC  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER MV MISC                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER Z-STAT PLUS MISC        | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | AEROCHAMBER2GO ANTI-STATIC DEVI     | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU INTERM DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | AEROVENT PLUS DEVI                  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHE COMFORT CHAMBER/ADULT DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE MISC  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHE COMFORT CHAMBER/CHILD DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHE EASE LARGE DEVI             | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHE EASE MEDIUM DEVI            | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHE EASE SMALL DEVI             | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU SMALL MISC  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | BREATHERITE VALVED MDI CHAMBER DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU W/MASK MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC |                                     |           |                                        |

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| Drug Name                           | Drug Tier | Requirements/ Limits                   | Drug Name                        | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|----------------------------------|-----------|----------------------------------------|
| CLEVER CHOICE HOLDING CHAMBER DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | FLEXICHAMBER DEVI                | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/LG MASK DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | INSPIREASE RESERVOIR BAGS        | C         | QL(3 EA per 180 day(s) retail)         |
| COMPACT SPACE CHAMBER/MED MASK DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | INSPIREASE MISC                  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER/SM MASK DEVI  | C         | QL(2 EA per 360 day(s) retail); RX/OTC | MASK VORTEX/CHILD/FROG           | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| COMPACT SPACE CHAMBER DEVI          | C         | QL(2 EA per 360 day(s) retail); RX/OTC | MASK VORTEX/TODDLER/LAD YBUG     | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK LARGE MISC            | C         | QL(2 EA per 360 day(s) retail); RX/OTC | MICROCHAMBER DEVI                | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK MEDIUM MISC           | C         | QL(2 EA per 360 day(s) retail); RX/OTC | MICROCHAMBER MISC                | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MASK SMALL MISC            | C         | QL(2 EA per 360 day(s) retail); RX/OTC | MICROSPACER MISC                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EASIVENT MISC                       | C         | QL(2 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND DEVI         | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-LG MASK DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-MD MASK MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND MISC         | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC DEVI   | C         | QL(2 EA per 360 day(s) retail); RX/OTC | OPTICHAMBER DIAMOND-SM MASK MISC | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| FLEXICHAMBER ADULT MASK/SMALL       | C         | QL(2 EA per 360 day(s) retail); RX/OTC | PANDA MASK LARGE                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| FLEXICHAMBER CHILD MASK/LARGE       | C         | QL(2 EA per 360 day(s) retail); RX/OTC | PANDA MASK MEDIUM                | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| FLEXICHAMBER CHILD MASK/SMALL       | C         | QL(2 EA per 360 day(s) retail); RX/OTC | PANDA MASK SMALL                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC |

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| Drug Name                           | Drug Tier | Requirements/ Limits                   |
|-------------------------------------|-----------|----------------------------------------|
| PARI VORTEX ADULT MASK              | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PARI VORTEX PEDIATRIC MASK          | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PEDIATRIC PANDA MASK                | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| POCKET CHAMBER DEVI                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| POCKET SPACER DEVI                  | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT SPACER ADULT MISC       | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT SPACER CHILD MISC       | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PRO COMFORT SPACER INFANT DEVI      | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PROCARE SPACER/ADULT MASK DEVI      | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PROCARE SPACER/CHILD MASK DEVI      | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PROCHAMBER VHC DEVI                 | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| PURE COMFORT SPACER CHAMBER DEVI    | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| RITEFLO DEVI                        | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/CHILD DEVI   | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX HOLD CHMBR/MASK/TODDLER DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC |
| VORTEX VALVE CHAMBER-PEDI MASK DEVI | C         | QL(2 EA per 360 day(s) retail); RX/OTC |

| Drug Name                                                    | Drug Tier | Requirements/ Limits                                   |
|--------------------------------------------------------------|-----------|--------------------------------------------------------|
| VORTEX VALVED HOLDING CHAMBER DEVI                           | C         | QL(2 EA per 360 day(s) retail); RX/OTC                 |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |                                                        |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |                                                        |
| AIMOVIG                                                      | NP        | SP                                                     |
| AJOVY SOAJ                                                   | PA        | SP; PA                                                 |
| AJOVY SOSY                                                   | PA        | SP; PA                                                 |
| EMGALITY (300 MG DOSE) SOSY                                  | NP        | SP                                                     |
| EMGALITY SOAJ                                                | PA        | SP; PA                                                 |
| EMGALITY SOSY                                                | PA        | SP; PA                                                 |
| NURTEC                                                       | NP        |                                                        |
| QULIPTA                                                      | PA        | PA                                                     |
| UBRELVY                                                      | PA        | PA                                                     |
| ZAVZPRET                                                     | NP        |                                                        |
| Migraine Combinations                                        |           |                                                        |
| <i>sumatriptan-naproxen sodium</i>                           | NP        |                                                        |
| SYMBRAVO TABS PO                                             | NP        |                                                        |
| Serotonin Agonists                                           |           |                                                        |
| <i>almotriptan malate</i>                                    | NP        |                                                        |
| <i>eletriptan hydrobromide</i>                               | NP        | Brand Preferred; QL(6 EA per 31 day(s) retail)         |
| FROVA ( <i>frovatriptan succinate</i> )                      | NP        |                                                        |
| <i>frovatriptan succinate</i>                                | NP        |                                                        |
| IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML                      | NP        |                                                        |
| IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML                      | NP        | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old) |

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| Drug Name                                                                | Drug Tier | Requirements/ Limits                                                               | Drug Name                                    | Drug Tier | Requirements/ Limits                                                              |
|--------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------|----------------------------------------------|-----------|-----------------------------------------------------------------------------------|
| IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML ( <i>sumatriptan succinate</i> ) | NP        | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)                             | <i>sumatriptan 5 MG/ACT</i>                  | NP        | 5 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) |
| IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML                                  | NP        |                                                                                    | <i>sumatriptan succinate SOAJ 6 MG/0.5ML</i> | P         | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)                            |
| IMITREX TABS ( <i>sumatriptan succinate</i> )                            | NP        | QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)                             | <i>sumatriptan succinate SOCT 6 MG/0.5ML</i> | P         | QL(2 ML per 31 day(s) retail); AL(At least 12 yrs old)                            |
| MAXALT-MLT TBDP 10 MG ( <i>rizatriptan benzoate</i> )                    | NP        | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)                             | <i>sumatriptan succinate SOLN 6 MG/0.5ML</i> | P         | QL(2.5 ML per 30 day(s) retail); AL(At least 12 yrs old)                          |
| MAXALT TABS 10 MG ( <i>rizatriptan benzoate</i> )                        | NP        | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)                             | <i>sumatriptan succinate TABS</i>            | P         | QL(9 EA per 31 day(s) retail); AL(At least 12 yrs old)                            |
| <i>naratriptan hcl</i>                                                   | NP        | QL(9 EA per 31 day(s) retail); AL(At least 18 yrs old)                             | TOSYMRA                                      | NP        |                                                                                   |
| RELPAx ( <i>eletriptan hydrobromide</i> )                                | P         | Brand Preferred; QL(6 EA per 31 day(s) retail)                                     | ZEMBRACE SYMTOUCH SOAJ                       | NP        |                                                                                   |
| RELPAx ( <i>eletriptan hydrobromide</i> )                                | P         | Brand Preferred ; QL(6 EA per 31 day(s) retail)                                    | <i>zolmitriptan SOLN 5 MG</i>                | NP        | QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)                            |
| <i>rizatriptan benzoate TABS</i>                                         | P         | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)                             | <i>zolmitriptan SOLN 2.5 MG</i>              | NP        |                                                                                   |
| <i>rizatriptan benzoate TBDP</i>                                         | P         | QL(12 EA per 31 day(s) retail); AL(At least 6 yrs old)                             | <i>zolmitriptan TABS</i>                     | NP        | QL(6 EA per 31 day(s) retail)                                                     |
| <i>sumatriptan 20 MG/ACT</i>                                             | NP        | 20 MG/ACT; Brand Preferred; QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old) | <i>zolmitriptan TBDP</i>                     | NP        | QL(6 EA per 31 day(s) retail)                                                     |
|                                                                          |           |                                                                                    | ZOMIG SOLN 2.5 MG ( <i>zolmitriptan</i> )    | NP        |                                                                                   |
|                                                                          |           |                                                                                    | ZOMIG SOLN 5 MG ( <i>zolmitriptan</i> )      | NP        | QL(6 EA per 31 day(s) retail); AL(At least 12 yrs old)                            |
| MINERALS & ELECTROLYTES                                                  |           |                                                                                    |                                              |           |                                                                                   |
| Calcium                                                                  |           |                                                                                    |                                              |           |                                                                                   |

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| Drug Name                                                                                                                                         | Drug Tier | Requirements/ Limits | Drug Name                                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|-------------------------------------------------------------------------|-----------|----------------------|
| <i>calcium carbonate-cholecalciferol TABS 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>                                                         | C         |                      | <i>sodium fluoride SOLN 0.5 MG/ML</i>                                   | C         | RX/OTC               |
| <i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 400 UNIT-600 MG</i>                                                                      | C         | QL(2 EA daily)       | SOLUVITA SOLN                                                           | C         | RX/OTC               |
| <i>oyster shell</i>                                                                                                                               | C         |                      | Magnesium                                                               |           |                      |
| Electrolyte Mixtures                                                                                                                              |           |                      | <i>magnesium oxide (mg supplement) TABS</i>                             | C         |                      |
| BIOLYTE SOLN                                                                                                                                      | C         |                      | Phosphate                                                               |           |                      |
| CERASPORT EX1 SOLN                                                                                                                                | C         |                      | <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> | C         | QL(8 EA daily)       |
| CERASPORT SOLN                                                                                                                                    | C         |                      | Potassium                                                               |           |                      |
| ENFAMIL ENFALYTE SOLN                                                                                                                             | C         |                      | <i>potassium bicarbonate TBEF</i>                                       | C         |                      |
| FT ELECTROLYTE SOLN                                                                                                                               | C         |                      | <i>potassium chloride microencapsulated crystals er</i>                 | C         |                      |
| GNP ELECTROLYTE SOLUTION SOLN 280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML, 9 GM/360ML-280 MG/360ML-370 MG/360ML-2.8 MG/360ML-440 MG/360ML | C         |                      | <i>potassium chloride CPCR 8 MEQ</i>                                    | C         | QL(1 EA daily)       |
| GOODSENSE ELECTROLYTE ADV CARE SOLN                                                                                                               | C         |                      | <i>potassium chloride CPCR 10 MEQ</i>                                   | C         |                      |
| HYDRALYTE FREEZER POPS SOLN                                                                                                                       | C         |                      | <i>potassium chloride PACK PO 20 MEQ</i>                                | C         |                      |
| HYDRALYTE SOLN                                                                                                                                    | C         |                      | <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>                      | C         |                      |
| KINDERLYTE PREMAX SOLN                                                                                                                            | C         |                      | <i>potassium chloride TBCR</i>                                          | C         |                      |
| KINDERLYTE SOLN                                                                                                                                   | C         |                      | MISCELLANEOUS THERAPEUTIC CLASSES                                       |           |                      |
| <i>oral electrolytes SOLN</i>                                                                                                                     | C         |                      | Chelating Agents                                                        |           |                      |
| PEDIALYTE IMMUNE SUPPORT SOLN                                                                                                                     | C         |                      | <i>penicillamine TABS</i>                                               | C         |                      |
| TRUELYTE SOLN                                                                                                                                     | C         |                      | Immunomodulators                                                        |           |                      |
| Fluoride                                                                                                                                          |           |                      | REZUROCK                                                                | NP        | SP                   |
| <i>sodium fluoride CHEW</i>                                                                                                                       | C         |                      | RHAPSIDO TABS PO 25 MG                                                  | NP        | SP                   |
|                                                                                                                                                   |           |                      | Immunosuppressive Agents                                                |           |                      |
|                                                                                                                                                   |           |                      | ASTAGRAF XL CP24                                                        | NP        |                      |
|                                                                                                                                                   |           |                      | <i>azathioprine TABS</i>                                                | P         |                      |
|                                                                                                                                                   |           |                      | CELLCEPT CAPS ( <i>mycophenolate mofetil</i> )                          | NP        |                      |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits                                | Drug Name                                              | Drug Tier | Requirements/ Limits               |
|---------------------------------------------------------------|-----------|-----------------------------------------------------|--------------------------------------------------------|-----------|------------------------------------|
| CELLCEPT SUSR<br>(mycophenolate mofetil)                      | NP        |                                                     | ZORTRESS (everolimus<br>(immunosuppressant))           | NP        |                                    |
| CELLCEPT TABS<br>(mycophenolate mofetil)                      | NP        |                                                     | Potassium Removing Agents                              |           |                                    |
| cyclosporine modified (for<br>microemulsion) CAPS             | P         |                                                     | LOKELMA                                                | P         |                                    |
| cyclosporine modified (for<br>microemulsion) SOLN             | P         |                                                     | sodium polystyrene<br>sulfonate POWD                   | P         |                                    |
| cyclosporine CAPS                                             | P         | USE BRAND<br>NAME or<br>Authorized<br>Generic<br>SP | sodium polystyrene<br>sulfonate SUSP CO 15<br>GM/60ML  | P         |                                    |
| ENSPRYNG                                                      | NP        |                                                     | sodium polystyrene<br>sulfonate SUSP PR 30<br>GM/120ML | P         |                                    |
| ENVARUS XR TB24                                               | NP        |                                                     | VELTASSA 1 GM, 8.4<br>GM, 16.8 GM                      | P         |                                    |
| everolimus<br>(immunosuppressant)                             | NP        |                                                     | MOUTH/THROAT/DENTAL AGENTS                             |           |                                    |
| IMURAN TABS<br>(azathioprine)                                 | NP        |                                                     | Anesthetics Topical Oral                               |           |                                    |
| mycophenolate mofetil<br>CAPS                                 | P         |                                                     | lidocaine hcl (mouth-<br>throat) 2 %                   | C         | QL(100 ML per<br>fill retail)      |
| mycophenolate mofetil<br>SUSR                                 | P         |                                                     | Anti-infectives - Throat                               |           |                                    |
| mycophenolate mofetil<br>TABS                                 | P         |                                                     | NYSTATIN (nystatin<br>(mouth-throat))                  | P         | 2 package(s)<br>per fill retail    |
| mycophenolate sodium                                          | P         |                                                     | nystatin (mouth-throat)                                | P         | 2 package(s)<br>per fill retail    |
| MYFORTIC<br>(mycophenolate sodium)                            | NP        |                                                     | Antiseptics - Mouth/Throat                             |           |                                    |
| MYHIBBIN SUSP                                                 | NP        |                                                     | chlorhexidine gluconate<br>(mouth-throat)              | C         |                                    |
| NEORAL CAPS<br>(cyclosporine modified (for<br>microemulsion)) | NP        |                                                     | Dental Products                                        |           |                                    |
| NEORAL SOLN<br>(cyclosporine modified (for<br>microemulsion)) | NP        |                                                     | sodium fluoride (dental)<br>CREA                       | C         | QL(113 GM per<br>60 day(s) retail) |
| PROGRAF CAPS<br>(tacrolimus)                                  | NP        |                                                     | sodium fluoride (dental)<br>GEL                        | C         | QL(113 GM per<br>60 day(s) retail) |
| PROGRAF PACK                                                  | NP        |                                                     | sodium fluoride (dental)<br>PSTE DT                    | C         | QL(113 GM per<br>60 day(s) retail) |
| SANDIMMUNE CAPS<br>(cyclosporine)                             | P         |                                                     | Steroids - Mouth/Throat/Dental                         |           |                                    |
| sirolimus SOLN                                                | P         |                                                     | triamcinolone acetonide<br>(mouth)                     | C         | 1 package(s)<br>per fill retail    |
| sirolimus TABS                                                | P         |                                                     | Throat Products - Misc.                                |           |                                    |
| tacrolimus CAPS                                               | P         |                                                     | pilocarpine hcl (oral) 5 MG                            | C         | QL(6 EA daily)                     |

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| Drug Name                                   | Drug Tier | Requirements/ Limits   | Drug Name                           | Drug Tier | Requirements/ Limits   |
|---------------------------------------------|-----------|------------------------|-------------------------------------|-----------|------------------------|
| <b>MULTIVITAMINS</b>                        |           |                        | BIOTECT PLUS CAPS                   | C         | QL(1 EA daily); RX/OTC |
| B-Complex Vitamins                          |           |                        | BONEUP 3 PER DAY CAPS               | C         | QL(1 EA daily); RX/OTC |
| <i>b-complex vitamins CAPS</i>              | C         | QL(1 EA daily)         | BONEUP CAPS                         | C         | QL(1 EA daily); RX/OTC |
| <i>b-complex vitamins TABS</i>              | C         | QL(1 EA daily)         | BOOSTNOW IMMUNE SUPPORT CAPS        | C         | QL(1 EA daily); RX/OTC |
| B-Complex w/ C                              |           |                        | CELEBRATE MULTI-COMplete 18 CAPS    | C         | QL(1 EA daily); RX/OTC |
| <i>b complex w/ c CAPS</i>                  | C         | RX/OTC                 | CELEBRATE MULTI-COMplete 36 CAPS    | C         | QL(1 EA daily); RX/OTC |
| B-Complex w/ Folic Acid                     |           |                        | CELEBRATE MULTI-COMplete 45 CAPS    | C         | QL(1 EA daily); RX/OTC |
| <i>b-complex w/ c &amp; folic acid CAPS</i> | C         | QL(1 EA daily); RX/OTC | CELEBRATE MULTI-COMplete 60 CAPS    | C         | QL(1 EA daily); RX/OTC |
| Multiple Vitamins w/ Calcium                |           |                        | CHOICEFUL MULTIVITAMIN CAPS         | C         | QL(1 EA daily); RX/OTC |
| <i>multiple vitamins w/ calcium TABS</i>    | C         | QL(1 EA daily)         | CULTURELLE PROBIOTIC MEN DAILY CAPS | C         | QL(1 EA daily); RX/OTC |
| Multiple Vitamins w/ Minerals               |           |                        | CVS ADULT 50+ EYE HEALTH CAPS       | C         | QL(1 EA daily); RX/OTC |
| ACTIVNUTRIENTS PERFORMANCE CAPS             | C         | QL(1 EA daily); RX/OTC | CVS EYE HEALTH ADULT 50+ CAPS       | C         | QL(1 EA daily); RX/OTC |
| ACTIVNUTRIENTS W/O IRON CAPS                | C         | QL(1 EA daily); RX/OTC | CVS IMMUNE SUPPORT CAPS             | C         | QL(1 EA daily); RX/OTC |
| ACTIVNUTRIENTS CAPS                         | C         | QL(1 EA daily); RX/OTC | CVS VISION HEALTH CAPS              | C         | QL(1 EA daily); RX/OTC |
| ALIVE EVERYDAY IMMUNE HEALTH CAPS           | C         | QL(1 EA daily); RX/OTC | DECUBI-VITE CAPS                    | C         | QL(1 EA daily); RX/OTC |
| ALIVE HAIR, SKIN & NAILS CAPS               | C         | QL(1 EA daily); RX/OTC | DEKAS PLUS OCEAN CAPS               | C         | QL(1 EA daily); RX/OTC |
| ALIVE MAX 6 POTENCY CAPS                    | C         | QL(1 EA daily); RX/OTC | DEKAS PLUS CAPS                     | C         | QL(1 EA daily); RX/OTC |
| APETIBEX CAPS                               | C         | QL(1 EA daily); RX/OTC | DEPLIN MA CAPS                      | C         | QL(1 EA daily); RX/OTC |
| APPE-CURB CAPS                              | C         | QL(1 EA daily); RX/OTC | DEPLINPRO MOOD HEALTH CAPS          | C         | QL(1 EA daily); RX/OTC |
| BARIATRIC MULTIVITAMINS/IRON CAPS           | C         | QL(1 EA daily); RX/OTC | DEXATRAM CAPS                       | C         | QL(1 EA daily); RX/OTC |
| BARIATRIC MULTIVITAMINS CAPS                | C         | QL(1 EA daily); RX/OTC | EYE HEALTH AREDS 2 CAPS             | C         | QL(1 EA daily); RX/OTC |
| BIO-35 GLUTEN-FREE CAPS                     | C         | QL(1 EA daily); RX/OTC |                                     |           |                        |
| BIO-35 IRON FREE CAPS                       | C         | QL(1 EA daily); RX/OTC |                                     |           |                        |
| BIOCAL CAPS                                 | C         | QL(1 EA daily); RX/OTC |                                     |           |                        |

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| Drug Name                                 | Drug Tier | Requirements/ Limits   | Drug Name                                               | Drug Tier | Requirements/ Limits   |
|-------------------------------------------|-----------|------------------------|---------------------------------------------------------|-----------|------------------------|
| EYE HEALTH CAPS                           | C         | QL(1 EA daily); RX/OTC | OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT | C         | QL(1 EA daily); RX/OTC |
| FOLAGENT DHA CAPS                         | C         | QL(1 EA daily); RX/OTC | OCUVITE ADULT 50+ CAPS                                  | C         | QL(1 EA daily); RX/OTC |
| FOLAMED DHA CAPS                          | C         | QL(1 EA daily); RX/OTC | OCUVITE ADULT FORMULA CAPS                              | C         | QL(1 EA daily); RX/OTC |
| FT EYE HEALTH CAPS                        | C         | QL(1 EA daily); RX/OTC | OCUVITE EYE PERFORMANCE CAPS                            | C         | QL(1 EA daily); RX/OTC |
| GENADEK STEP 1 CAPS                       | C         | QL(1 EA daily); RX/OTC | OCUVITE-LUTEIN CAPS                                     | C         | QL(1 EA daily); RX/OTC |
| GENADEK STEP 2 CAPS                       | C         | QL(1 EA daily); RX/OTC | ONE-DAILY MULTI CAPS CAPS                               | C         | QL(1 EA daily); RX/OTC |
| HAIR/SKIN/NAILS CAPS                      | C         | QL(1 EA daily); RX/OTC | PRESCRIPTION SUPPORT MULTIVIT CAPS                      | C         | QL(1 EA daily); RX/OTC |
| HEALTHY EYES SUPERVISION 2 CAPS           | C         | QL(1 EA daily); RX/OTC | PRESERVISION AREDS 2+COQ10 CAPS                         | C         | QL(1 EA daily); RX/OTC |
| IMMUNE ESSENTIALS DAILY CAPS              | C         | QL(1 EA daily); RX/OTC | PRESERVISION AREDS 2+MULTI VIT CAPS                     | C         | QL(1 EA daily); RX/OTC |
| MENATROL CAPS                             | C         | QL(1 EA daily); RX/OTC | PRESERVISION AREDS 2 CAPS                               | C         | QL(1 EA daily); RX/OTC |
| MENS 50+ ADVANCED CAPS                    | C         | QL(1 EA daily); RX/OTC | PRESERVISION AREDS CAPS                                 | C         | QL(1 EA daily); RX/OTC |
| MOOD FOOD ES CAPS                         | C         | QL(1 EA daily); RX/OTC | PRESERVISION/LUTEIN CAPS                                | C         | QL(1 EA daily); RX/OTC |
| MOOD FOOD CAPS                            | C         | QL(1 EA daily); RX/OTC | PROBIOTICS + BARIATRIC MULTI CAPS                       | C         | QL(1 EA daily); RX/OTC |
| MULTIA CAPS                               | C         | QL(1 EA daily); RX/OTC | PRORENAL + D W/ OMEGA-3 CAPS                            | C         | QL(1 EA daily); RX/OTC |
| <i>multiple vitamins w/ minerals CAPS</i> | C         | QL(1 EA daily); RX/OTC | PROTECT CARDIO AF CAPS                                  | C         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION D3000 CAPS       | C         | QL(1 EA daily); RX/OTC | PROTECT PLUS SO CAPS                                    | C         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION D5000 CAPS       | C         | QL(1 EA daily); RX/OTC | PROTEGRA CAPS                                           | C         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION MINIS CAPS       | C         | QL(1 EA daily); RX/OTC | QC OCUHEALTH VISION SUPPORT 2 CAPS                      | C         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION CAPS             | C         | QL(1 EA daily); RX/OTC | REMEDIENT CAPS                                          | C         | QL(1 EA daily); RX/OTC |
| MVW MODULATOR FORMULATION MINI CAPS       | C         | QL(1 EA daily); RX/OTC | SKIN HAIR & NAILS ADVANCED CAPS                         | C         | QL(1 EA daily); RX/OTC |
| MVW MODULATOR FORMULATION CAPS            | C         | QL(1 EA daily); RX/OTC | SUPER ANTIOXIDANT CAPS                                  | C         | QL(1 EA daily); RX/OTC |

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| Drug Name                                 | Drug Tier | Requirements/ Limits      | Drug Name                                 | Drug Tier | Requirements/ Limits      |
|-------------------------------------------|-----------|---------------------------|-------------------------------------------|-----------|---------------------------|
| SUPPORT-500 CAPS                          | C         | QL(1 EA daily);<br>RX/OTC | DERMACINRX<br>MULTIVITAMIN CHEW           | C         | QL(1 EA daily);<br>RX/OTC |
| THERAMILL FORTE<br>CAPS                   | C         | QL(1 EA daily);<br>RX/OTC | ESTROFACTORS TABS                         | C         | QL(1 EA daily);<br>RX/OTC |
| THERANATAL<br>LACTATION ONE CAPS          | C         | QL(1 EA daily);<br>RX/OTC | FOLACHEW CHEW                             | C         | QL(1 EA daily);<br>RX/OTC |
| VISION HEALTH CAPS                        | C         | QL(1 EA daily);<br>RX/OTC | FOLAWISE TABS                             | C         | QL(1 EA daily);<br>RX/OTC |
| VISION OPTIMIZER<br>CAPS                  | C         | QL(1 EA daily);<br>RX/OTC | FOLCYTEINE TABS                           | C         | QL(1 EA daily);<br>RX/OTC |
| VISTA ADVANCED<br>AREDS2 FORMULA<br>CAPS  | C         | QL(1 EA daily);<br>RX/OTC | GENICIN VITA-Q TABS                       | C         | QL(1 EA daily);<br>RX/OTC |
| VISTA ADVANCED DRY<br>EYE FORMULA CAPS    | C         | QL(1 EA daily);<br>RX/OTC | HIGH POTENCY<br>MULTIVITAMIN TABS         | C         | QL(1 EA daily);<br>RX/OTC |
| VITABEX PLUS CAPS                         | C         | QL(1 EA daily);<br>RX/OTC | MINCORA TABS                              | C         | QL(1 EA daily);<br>RX/OTC |
| VITABEX CAPS                              | C         | QL(1 EA daily);<br>RX/OTC | MULTI VITAMIN W/D-3<br>TABS               | C         | QL(1 EA daily);<br>RX/OTC |
| VITEYES AREDS 2<br>FORMULA +MULTI CAPS    | C         | QL(1 EA daily);<br>RX/OTC | MULTI VITAMIN TABS                        | C         | QL(1 EA daily);<br>RX/OTC |
| VITEYES AREDS 2<br>FORMULA CAPS           | C         | QL(1 EA daily);<br>RX/OTC | <i>multiple vitamin TABS</i>              | C         | QL(1 EA daily);<br>RX/OTC |
| VITEYES CLASSIC<br>ADVANCED CAPS          | C         | QL(1 EA daily);<br>RX/OTC | MULTIVITAMIN ADULT<br>TABS                | C         | QL(1 EA daily);<br>RX/OTC |
| VITEYES CLASSIC<br>MACULAR SUPPOR<br>CAPS | C         | QL(1 EA daily);<br>RX/OTC | MULTIVITAMIN TABS                         | C         | QL(1 EA daily);<br>RX/OTC |
| VITEYES<br>CLASSIC+OMEGA-3<br>CAPS        | C         | QL(1 EA daily);<br>RX/OTC | NEOMULTIVITE TABS                         | C         | QL(1 EA daily);<br>RX/OTC |
| Multivitamins                             |           |                           | NEWVITE TABS                              | C         | QL(1 EA daily);<br>RX/OTC |
| ALTRIXA TABS                              | C         | QL(1 EA daily);<br>RX/OTC | OMNICAP TABS                              | C         | QL(1 EA daily);<br>RX/OTC |
| AMLADEX TABS                              | C         | QL(1 EA daily);<br>RX/OTC | ONE DAILY ESSENTIALS<br>TABS              | C         | QL(1 EA daily);<br>RX/OTC |
| CENTRUM MENOPAUSE<br>MIND/MOOD TABS       | C         | QL(1 EA daily);<br>RX/OTC | ONE DAILY ESSENTIAL<br>TABS               | C         | QL(1 EA daily);<br>RX/OTC |
| DAILY MULTIPLE<br>VITAMINS TABS           | C         | QL(1 EA daily);<br>RX/OTC | ONE VITE DAILY<br>MULTIVITAMIN TABS       | C         | QL(1 EA daily);<br>RX/OTC |
| DAVIMET-M CHEW                            | C         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY ADULT<br>VITACRAVES+DHA<br>CHEW | C         | QL(1 EA daily);<br>RX/OTC |
| DERMACINRX DAVIMET<br>CHEW                | C         | QL(1 EA daily);<br>RX/OTC | QUINTABS TABS                             | C         | QL(1 EA daily);<br>RX/OTC |
|                                           |           |                           | RELCARE TABS                              | C         | QL(1 EA daily);<br>RX/OTC |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                    |
|-----------------------------------------------|-----------|---------------------------------------------------------|
| STRESS FORMULA/ZINC/ENERGY TABS               | C         | QL(1 EA daily); RX/OTC                                  |
| THERA TABS                                    | C         | QL(1 EA daily); RX/OTC                                  |
| THEREMS TABS                                  | C         | QL(1 EA daily); RX/OTC                                  |
| TM-DAILY VITE TABS                            | C         | QL(1 EA daily); RX/OTC                                  |
| TRUE MULTIVITAMIN TABS                        | C         | QL(1 EA daily); RX/OTC                                  |
| VIREXA TABS                                   | C         | QL(1 EA daily); RX/OTC                                  |
| VITRAX TABS                                   | C         | QL(1 EA daily); RX/OTC                                  |
| Ped Multi Vitamins w/FI & FE                  |           |                                                         |
| <i>ped multivitamins w/fi &amp; iron SOLN</i> | C         | QL(50 ML per fill retail); AL(Up to 21 yrs old); RX/OTC |
| Ped MV w/ Iron                                |           |                                                         |
| BPROTECTED PEDIA POLY-VITE/FE SOLN            | C         | QL(60 ML per fill retail)                               |
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML        | C         | QL(60 ML per fill retail)                               |
| MULTIVITAMIN DROPS/IRON SOLN                  | C         | QL(60 ML per fill retail)                               |
| MULTIVITAMIN INFANT & TODDLER SOLN            | C         | QL(60 ML per fill retail)                               |
| POLY-VITE/IRON SOLN                           | C         | QL(60 ML per fill retail)                               |
| Pediatric Multiple Vitamins                   |           |                                                         |
| BPROTECTED PEDIA POLY-VITE SOLN PO            | C         | QL(50 ML per fill retail)                               |
| MULTIVITAMIN INFANT & TODDLER SOLN PO         | C         | QL(50 ML per fill retail)                               |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO        | C         | QL(50 ML per fill retail)                               |
| POLY-VI-SOL SOLN PO                           | C         | QL(50 ML per fill retail)                               |
| POLY-VITA SOLN PO                             | C         | QL(50 ML per fill retail)                               |
| POLY-VITE PEDIATRIC SOLN PO                   | C         | QL(50 ML per fill retail)                               |

| Drug Name                                                     | Drug Tier | Requirements/ Limits   |
|---------------------------------------------------------------|-----------|------------------------|
| Prenatal Vitamins                                             |           |                        |
| KPN PRENATAL TABS                                             | C         | QL(1 EA daily)         |
| <i>prenatal vit w/ docusate-iron carbonyl-folic acid TABS</i> | C         | QL(1 EA daily)         |
| SELECT-OB+DHA MISC                                            | C         | QL(1 EA daily)         |
| VITAFOL-ONE CAPS                                              | C         | QL(1 EA daily)         |
| Specialty Vitamins Products                                   |           |                        |
| ADRENAL STRESS CALM TABS                                      | C         | QL(1 EA daily); RX/OTC |
| ALLERWELL ALLERGY FORMULA TABS                                | C         | QL(1 EA daily); RX/OTC |
| BIOTIN PLUS KERATIN TABS                                      | C         | QL(1 EA daily); RX/OTC |
| BRAIN MIGHT/DHA & CO Q10 TABS                                 | C         | QL(1 EA daily); RX/OTC |
| CENTRUM PERFORMANCE TABS                                      | C         | QL(1 EA daily); RX/OTC |
| CENTRUM SPECIALIST ENERGY TABS                                | C         | QL(1 EA daily); RX/OTC |
| CVS HAIR/SKIN/NAILS TABS                                      | C         | QL(1 EA daily); RX/OTC |
| ELON MATRIX 5000 COMPLETE TABS                                | C         | QL(1 EA daily); RX/OTC |
| ELON MATRIX 5000 TABS                                         | C         | QL(1 EA daily); RX/OTC |
| ELON MATRIX COMPLETE TABS                                     | C         | QL(1 EA daily); RX/OTC |
| ELON MATRIX PLUS TABS                                         | C         | QL(1 EA daily); RX/OTC |
| ELON R3 TABS                                                  | C         | QL(1 EA daily); RX/OTC |
| GLP-DLAX TABS                                                 | C         | QL(1 EA daily); RX/OTC |
| HAIR NOURISHING SUPPLEMENT TABS                               | C         | QL(1 EA daily); RX/OTC |
| HEALTHY HEART COMPLEX TABS                                    | C         | QL(1 EA daily); RX/OTC |
| HEART TABS TABS                                               | C         | QL(1 EA daily); RX/OTC |
| LIPIDSHIELD PLUS TABS                                         | C         | QL(1 EA daily); RX/OTC |

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| Drug Name                                                     | Drug Tier | Requirements/ Limits   | Drug Name                                                                     | Drug Tier | Requirements/ Limits         |
|---------------------------------------------------------------|-----------|------------------------|-------------------------------------------------------------------------------|-----------|------------------------------|
| MEMORY COMPLEX BRAIN HEALTH TABS                              | C         | QL(1 EA daily); RX/OTC | <i>methocarbamol TABS 1000 MG</i>                                             | NP        |                              |
| MG PLUS PROTEIN TABS                                          | C         | QL(1 EA daily); RX/OTC | <i>methocarbamol TABS</i>                                                     | P         |                              |
| MIL ADREGEN TABS                                              | C         | QL(1 EA daily); RX/OTC | <i>orphenadrine citrate TB12</i>                                              | P         | QL(2 EA daily)               |
| NERVIVE NERVE RELIEF TABS                                     | C         | QL(1 EA daily); RX/OTC | OZOBAX DS SOLN PO ( <i>baclofen</i> )                                         | NP        | AL(Up to 12 yrs old)         |
| <i>specialty vitamins products TABS</i>                       | C         | QL(1 EA daily); RX/OTC | OZOBAX SOLN PO ( <i>baclofen</i> )                                            | NP        | AL(Up to 12 yrs old)         |
| UPSPRING HE NATAL TABS                                        | C         | QL(1 EA daily); RX/OTC | SOMA TABS ( <i>carisoprodol</i> )                                             | NP        |                              |
| Vitamins w/ Lipotropics                                       |           |                        | <i>tizanidine hcl CAPS</i>                                                    | NP        |                              |
| <i>vitamins w/ lipotropics CAPS</i>                           | C         | QL(1 EA daily)         | <i>tizanidine hcl TABS</i>                                                    | P         |                              |
| <b>MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms</b> |           |                        | ZANAFLEX CAPS ( <i>tizanidine hcl</i> )                                       | NP        |                              |
| Central Muscle Relaxants                                      |           |                        | ZANAFLEX CAPS                                                                 | NP        |                              |
| AMRIX CP24 ( <i>cyclobenzaprine hcl</i> )                     | NP        |                        | ZANAFLEX TABS 4 MG ( <i>tizanidine hcl</i> )                                  | NP        |                              |
| <i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>                   | NP        | AL(Up to 12 yrs old)   | Direct Muscle Relaxants                                                       |           |                              |
| <i>baclofen SUSP</i>                                          | NP        |                        | DANTRIUM CAPS 25 MG ( <i>dantrolene sodium</i> )                              | NP        |                              |
| <i>baclofen TABS</i>                                          | P         |                        | <i>dantrolene sodium CAPS</i>                                                 | P         |                              |
| <i>carisoprodol TABS</i>                                      | NP        |                        | Muscle Relaxant Combinations                                                  |           |                              |
| <i>chlorzoxazone TABS 375 MG, 750 MG</i>                      | NP        |                        | <i>orphenadrine w/ aspirin &amp; caff</i>                                     | NP        |                              |
| <i>chlorzoxazone TABS</i>                                     | P         |                        | <b>NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus</b> |           |                              |
| <i>cyclobenzaprine hcl CP24</i>                               | NP        |                        | Nasal Agent Combinations                                                      |           |                              |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i>                        | NP        | QL(4 EA daily)         | <i>azelastine hcl-fluticasone propionate SUSP</i>                             | NP        |                              |
| <i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>                   | P         | QL(3 EA daily)         | DYMISTA SUSP ( <i>azelastine hcl-fluticasone propionate</i> )                 | NP        |                              |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i>                        | P         | QL(4 EA daily)         | RYALTRIS                                                                      | NP        |                              |
| FLEQSUVY SUSP ( <i>baclofen</i> )                             | NP        |                        | Nasal Agents - Misc.                                                          |           |                              |
| LYVISPAH PACK                                                 | NP        |                        | <i>saline SOLN 0.65 %</i>                                                     | C         | 1 package(s) per fill retail |
| <i>metaxalone</i>                                             | NP        |                        | Nasal Antiallergy                                                             |           |                              |
| METAXALONE 640 MG                                             | NP        |                        |                                                                               |           |                              |

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| Drug Name                                              | Drug Tier | Requirements/Limits                                                |
|--------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>azelastine hcl 0.15 %</i>                           | NP        | 1 package(s) per 31 day(s) retail; RX/OTC                          |
| <i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>             | P         | 1 package(s) per 31 day(s) retail; 1 package(s) per 31 day(s) mail |
| <i>cromolyn sodium (nasal) 5.2 MG/ACT</i>              | C         | QL(26 ML per 31 day(s) retail)                                     |
| <i>olopatadine hcl (nasal)</i>                         | NP        |                                                                    |
| Nasal Anticholinergics                                 |           |                                                                    |
| <i>ipratropium bromide (nasal) 0.03 %</i>              | P         | QL(31 ML per 31 day(s) retail)                                     |
| <i>ipratropium bromide (nasal) 0.06 %</i>              | P         | QL(15 ML per 31 day(s) retail)                                     |
| Nasal Steroids                                         |           |                                                                    |
| <i>budesonide (nasal)</i>                              | C         | QL(9 ML per 31 day(s) retail)                                      |
| <i>flunisolide (nasal)</i>                             | NP        | QL(25 ML per 31 day(s) retail)                                     |
| <i>fluticasone propionate (nasal) SUSP</i>             | P         | 1 package(s) per fill retail; RX/OTC                               |
| <i>mometasone furoate (nasal) SUSP</i>                 | P         | RX/OTC                                                             |
| OMNARIS SUSP                                           | NP        |                                                                    |
| QNASL                                                  | NP        |                                                                    |
| QNASL CHILDRENS                                        | NP        |                                                                    |
| <i>triamcinolone acetonide (nasal) AERO</i>            | C         | QL(17 ML per 31 day(s) retail); AL(At least 2 yrs old)             |
| XHANCE EXHU                                            | NP        |                                                                    |
| Sympathomimetic Decongestants                          |           |                                                                    |
| <i>pseudoephedrine hcl TABS</i>                        | C         |                                                                    |
| <i>pseudoephedrine hcl TB12</i>                        | C         | QL(2 EA daily)                                                     |
| NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles |           |                                                                    |
| ALS Agents                                             |           |                                                                    |

| Drug Name                                                | Drug Tier | Requirements/Limits                |
|----------------------------------------------------------|-----------|------------------------------------|
| <i>riluzole TABS</i>                                     | C         | PA                                 |
| Muscular Dystrophy Agents                                |           |                                    |
| VYONDYS 53                                               | C         | SP; PA                             |
| NUTRIENTS                                                |           |                                    |
| Misc. Nutritional Substances                             |           |                                    |
| <i>omega-3 fatty acids CAPS 1000 MG</i>                  | C         | QL(6 EA daily)                     |
| OPHTHALMIC AGENTS - Drugs to Treat the Eye               |           |                                    |
| Artificial Tears and Lubricants                          |           |                                    |
| <i>polyvinyl alcohol 1.4 %</i>                           | C         |                                    |
| <i>white petrolatum-mineral oil</i>                      | C         | 1 package(s) per fill retail       |
| Beta-blockers - Ophthalmic                               |           |                                    |
| <i>betaxolol hcl (ophth) SOLN</i>                        | P         | 1 package(s) per 31 day(s) retail  |
| BETIMOL                                                  | NP        |                                    |
| BETIMOL ( <i>timolol</i> )                               | NP        |                                    |
| BETOPTIC-S SUSP                                          | NP        |                                    |
| <i>brimonidine tartrate-timolol maleate</i>              | NP        | Brand Preferred                    |
| <i>carteolol hcl (ophth)</i>                             | P         | 1 max fill(s) per 31 day(s) retail |
| COMBIGAN ( <i>brimonidine tartrate-timolol maleate</i> ) | P         | Brand Preferred                    |
| COSOPT ( <i>dorzolamide hcl-timolol maleate</i> )        | NP        | QL(10 ML per 31 day(s) retail)     |
| COSOPT PF ( <i>dorzolamide hcl-timolol maleate</i> )     | NP        |                                    |
| <i>dorzolamide hcl-timolol maleate</i>                   | P         | QL(10 ML per 31 day(s) retail)     |
| <i>dorzolamide hcl-timolol maleate</i>                   | NP        |                                    |
| ISTALOL SOLN ( <i>timolol maleate (ophth)</i> )          | NP        |                                    |
| <i>levobunolol hcl 0.5 %</i>                             | P         | QL(15 ML per 31 day(s) retail)     |
| <i>timolol</i>                                           | NP        |                                    |

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| Drug Name                                                | Drug Tier | Requirements/ Limits              | Drug Name                                | Drug Tier | Requirements/ Limits                                             |
|----------------------------------------------------------|-----------|-----------------------------------|------------------------------------------|-----------|------------------------------------------------------------------|
| <i>timolol maleate (ophth) SOLG</i>                      | P         |                                   | SIMBRINZA                                | NP        |                                                                  |
| <i>timolol maleate (ophth) SOLN</i>                      | P         | QL(15 ML per 31 day(s) retail)    | Ophthalmic Anti-infectives               |           |                                                                  |
| <i>timolol maleate (ophth) SOLN 0.5 %</i>                | NP        |                                   | AZASITE                                  | NP        |                                                                  |
| TIMOPTIC OCUDOSE SOLN ( <i>timolol maleate (ophth)</i> ) | NP        | QL(15 EA per 31 day(s) retail)    | <i>bacitracin (ophthalmic)</i>           | P         | QL(4 GM per 31 day(s) retail)                                    |
| Cholinergic Agonists                                     |           |                                   | <i>bacitracin-polymyxin b (ophth)</i>    | P         | QL(4 GM per 31 day(s) retail)                                    |
| TYRVAYA                                                  | NP        |                                   | BESIVANCE                                | NP        |                                                                  |
| Cycloplegic Mydriatics                                   |           |                                   | CILOXAN OINT                             | NP        | 1 package(s) per fill retail                                     |
| <i>atropine sulfate (ophthalmic) OINT</i>                | C         | QL(4 GM per fill retail)          | <i>ciprofloxacin hcl (ophth) SOLN</i>    | P         | 1 package(s) per fill retail                                     |
| <i>atropine sulfate (ophthalmic) SOLN</i>                | C         |                                   | <i>erythromycin (ophth)</i>              | P         |                                                                  |
| ATROPINE SULFATE SOLN 1 %                                | C         |                                   | <i>gatifloxacin (ophth)</i>              | NP        |                                                                  |
| CYCLOGYL 2 %                                             | C         | 1 package(s) per 31 day(s) retail | <i>gentamicin sulfate (ophth) SOLN</i>   | P         | 2 package(s) per fill retail                                     |
| CYCLOGYL 0.5 %                                           | C         |                                   | <i>levofloxacin (ophth) 0.5 %</i>        | NP        |                                                                  |
| <i>cyclopentolate hcl 1 %</i>                            | C         |                                   | <i>moxifloxacin hcl (ophth) SOLN OP</i>  | P         | QL(3 ML per fill retail)                                         |
| <i>tropicamide SOLN</i>                                  | C         |                                   | <i>neomycin-bacitracin zn-polymyxin</i>  | P         | QL(4 GM per 31 day(s) retail)                                    |
| Miotics                                                  |           |                                   | <i>neomycin-polymyxin-gramicidin</i>     | P         | 1 package(s) per fill retail                                     |
| <i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>                | C         |                                   | OCUFLOX ( <i>ofloxacin (ophth)</i> )     | NP        | QL(10 ML per 31 day(s) retail)                                   |
| Ophthalmic - Angiogenesis Inhibitors                     |           |                                   | <i>ofloxacin (ophth)</i>                 | P         | QL(10 ML per 31 day(s) retail)                                   |
| EYLEA SOSY                                               | C         | SP; PA                            | <i>polymyxin b-trimethoprim</i>          | P         | 1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail |
| Ophthalmic Adrenergic Agents                             |           |                                   | <i>sulfacetamide sodium (ophth) OINT</i> | P         | QL(4 GM per 31 day(s) retail)                                    |
| ALPHAGAN P ( <i>brimonidine tartrate</i> )               | P         | Brand Preferred                   | <i>sulfacetamide sodium (ophth) SOLN</i> | P         | QL(15 ML per 31 day(s) retail)                                   |
| <i>apraclonidine hcl</i>                                 | NP        |                                   | <i>sulfacetamide sodium (ophth) SOLN</i> | C         | QL(15 ML per 31 day(s) retail)                                   |
| <i>brimonidine tartrate 0.2 %</i>                        | P         | 1 package(s) per 31 day(s) retail | <i>tobramycin (ophth) SOLN</i>           | NP        | QL(5 ML per 31 day(s) retail)                                    |
| <i>brimonidine tartrate 0.1 %, 0.15 %</i>                | NP        | Brand Preferred                   | TOBREX OINT                              | NP        |                                                                  |
| IOPIDINE                                                 | NP        |                                   | <i>trifluridine</i>                      | C         | QL(8 ML per 31 day(s) retail)                                    |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                   | Drug Name                                    | Drug Tier | Requirements/ Limits              |
|-----------------------------------------------|-----------|--------------------------------------------------------|----------------------------------------------|-----------|-----------------------------------|
| VIGAMOX SOLN OP<br>(moxifloxacin hcl (ophth)) | NP        | QL(3 ML per fill retail)                               | DUREZOL<br>(difluprednate)                   | P         | Brand Preferred                   |
| Ophthalmic Decongestants                      |           |                                                        | EYSUVIS SUSP                                 | NP        |                                   |
| naphazoline w/<br>pheniramine 0.3 %-0.025 %   | C         | QL(15 ML per 31 day(s) retail)                         | FLAREX                                       | P         |                                   |
| naphazoline w/<br>pheniramine 0.315 %-0.027 % | C         | QL(15 ML per 31 day(s) retail; 15 ML per 31 days mail) | fluorometholone (ophth) SUSP                 | P         | 1 package(s) per 31 day(s) retail |
| tetrahydrozoline hcl (ophth) 0.05 %           | C         | 1 package(s) per 31 day(s) retail                      | FML FORTE SUSP                               | NP        |                                   |
| Ophthalmic Immunomodulators                   |           |                                                        | FML LIQUIFILM SUSP (fluorometholone (ophth)) | NP        | 1 package(s) per 31 day(s) retail |
| CEQUA SOLN                                    | NP        |                                                        | INVELTYS SUSP                                | NP        |                                   |
| cyclosporine (ophth) EMUL                     | NP        | Brand Preferred                                        | LOTEMAX SM GEL                               | NP        |                                   |
| RESTASIS MULTIDOSE EMUL                       | P         | Brand Preferred                                        | LOTEMAX GEL (loteprednol etabonate)          | NP        |                                   |
| RESTASIS EMUL (cyclosporine (ophth))          | P         | Brand Preferred                                        | LOTEMAX OINT                                 | NP        |                                   |
| VERKAZIA EMUL                                 | NP        |                                                        | LOTEMAX SUSP (loteprednol etabonate)         | NP        |                                   |
| VEVYE SOLN                                    | NP        |                                                        | loteprednol etabonate GEL                    | NP        |                                   |
| Ophthalmic Integrin Antagonists               |           |                                                        | loteprednol etabonate SUSP                   | NP        |                                   |
| XIIDRA                                        | P         |                                                        | MAXIDEX SUSP OP                              | P         |                                   |
| Ophthalmic Kinase Inhibitors                  |           |                                                        | MAXITROL OINT (neomycin-polymyx-dexameth)    | NP        | QL(4 GM per 31 day(s) retail)     |
| RHOPRESSA                                     | P         |                                                        | MAXITROL SUSP (neomycin-polymyx-dexameth)    | NP        | QL(10 ML per 31 day(s) retail)    |
| ROCKLATAN                                     | P         |                                                        | MAXITROL SUSP (neomycin-polymyx-dexameth)    | NP        | QL(10 ML per 31 day(s) retail)    |
| Ophthalmic Local Anesthetics                  |           |                                                        | neomycin-polymyx-dexameth OINT               | P         | QL(4 GM per 31 day(s) retail)     |
| tetracaine hcl (ophth)                        | C         |                                                        | neomycin-polymyx-dexameth SUSP               | P         | QL(10 ML per 31 day(s) retail)    |
| Ophthalmic Steroids                           |           |                                                        | neomycin-polymyxin-hc (ophth)                | P         | QL(15 ML per 31 day(s) retail)    |
| ALREX SUSP (loteprednol etabonate)            | NP        |                                                        | PRED FORTE (prednisolone acetate (ophth))    | NP        | QL(15 ML per 31 day(s) retail)    |
| bacitracin-poly-neomycin-hc                   | P         |                                                        |                                              |           |                                   |
| dexamethasone sodium phosphate (ophth)        | P         |                                                        |                                              |           |                                   |
| difluprednate                                 | NP        | Brand Preferred                                        |                                              |           |                                   |

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| Drug Name                                           | Drug Tier | Requirements/ Limits                               | Drug Name                                             | Drug Tier | Requirements/ Limits               |
|-----------------------------------------------------|-----------|----------------------------------------------------|-------------------------------------------------------|-----------|------------------------------------|
| PRED MILD                                           | P         | 1 package(s) per 31 day(s) retail                  | <i>diclofenac sodium (ophth)</i>                      | P         | QL(3 ML per 31 day(s) retail)      |
| <i>prednisolone acetate (ophth)</i>                 | P         | QL(15 ML per 31 day(s) retail)                     | <i>dorzolamide hcl</i>                                | P         | QL(10 ML per 31 day(s) retail)     |
| PREDNISOLONE ACETATE P-F                            | C         | QL(15 ML per 31 day(s) retail)                     | <i>epinastine hcl (ophth)</i>                         | NP        |                                    |
| PREDNISOLONE SODIUM PHOSPHATE                       | NP        | 1 package(s) per 31 day(s) retail                  | <i>flurbiprofen sodium</i>                            | P         | QL(5 ML per 31 day(s) retail)      |
| <i>sulfacetamide sod-prednisolone SOLN</i>          | P         | QL(10 ML per 31 day(s) retail)                     | ILEVRO                                                | NP        |                                    |
| TOBRADEX ST SUSP                                    | NP        |                                                    | <i>ketorolac tromethamine (ophth) 0.4 %</i>           | P         | 1 max fill(s) per 31 day(s) retail |
| TOBRADEX OINT                                       | NP        | QL(4 GM per 31 day(s) retail)                      | <i>ketorolac tromethamine (ophth) 0.5 %</i>           | P         | 1 package(s) per 31 day(s) retail  |
| <i>tobramycin-dexamethasone SUSP</i>                | P         | 1 package(s) per 31 day(s) retail                  | <i>ketotifen fumarate (ophth) 0.035 %</i>             | P         | QL(10 ML per 31 day(s) retail)     |
| ZYLET                                               | NP        |                                                    | MIEBO                                                 | NP        |                                    |
| Ophthalmics - Misc.                                 |           |                                                    | NEVANAC                                               | P         |                                    |
| ACULAR ( <i>ketorolac tromethamine (ophth)</i> )    | NP        | 1 package(s) per 31 day(s) retail                  | <i>olopatadine hcl 0.2 %</i>                          | P         | RX/OTC                             |
| ACULAR LS ( <i>ketorolac tromethamine (ophth)</i> ) | NP        | 1 max fill(s) per 31 day(s) retail                 | PROLENSA ( <i>bromfenac sodium (ophth)</i> )          | NP        |                                    |
| ACUVAIL                                             | NP        |                                                    | TRYPTYR SOLN OP 0.003 %                               | NP        |                                    |
| <i>azelastine hcl (ophth)</i>                       | NP        | QL(6 ML per 31 day(s) retail)                      | ZADITOR 0.035 % ( <i>ketotifen fumarate (ophth)</i> ) | P         | QL(10 ML per 31 day(s) retail)     |
| AZOPT ( <i>brinzolamide</i> )                       | P         | Brand Preferred; 1 package(s) per 31 day(s) retail | ZERVIAE                                               | NP        |                                    |
| <i>bepotastine besilate</i>                         | NP        |                                                    | Prostaglandins - Ophthalmic                           |           |                                    |
| BEPREVE ( <i>bepotastine besilate</i> )             | NP        |                                                    | <i>bimatoprost SOLN</i>                               | NP        |                                    |
| <i>brinzolamide</i>                                 | NP        | Brand Preferred; 1 package(s) per 31 day(s) retail | IYUZEH SOLN                                           | NP        |                                    |
| <i>bromfenac sodium (ophth)</i>                     | NP        |                                                    | <i>latanoprost SOLN</i>                               | P         | QL(5 ML per 31 day(s) retail)      |
| BROMSITE ( <i>bromfenac sodium (ophth)</i> )        | NP        |                                                    | LUMIGAN SOLN 0.01 %                                   | P         | Brand Preferred                    |
| <i>cromolyn sodium (ophth)</i>                      | P         | QL(10 ML per 31 day(s) retail)                     | <i>tafluprost</i>                                     | NP        |                                    |
|                                                     |           |                                                    | TRAVATAN Z SOLN ( <i>travoprost</i> )                 | P         | Brand Preferred                    |
|                                                     |           |                                                    | <i>travoprost SOLN</i>                                | NP        | Brand Preferred                    |
|                                                     |           |                                                    | VYZULTA                                               | NP        |                                    |
|                                                     |           |                                                    | XALATAN SOLN ( <i>latanoprost</i> )                   | NP        | QL(5 ML per 31 day(s) retail)      |
|                                                     |           |                                                    | XELPROS EMUL                                          | NP        |                                    |

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| Drug Name                                                                           | Drug Tier | Requirements/ Limits                                                            |
|-------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| ZIOPTAN ( <i>tafluprost</i> )                                                       | NP        |                                                                                 |
| <b>OTIC AGENTS - Drugs to Treat the Ear</b>                                         |           |                                                                                 |
| Otic Agents - Miscellaneous                                                         |           |                                                                                 |
| <i>acetic acid (otic)</i>                                                           | C         | QL(15 ML per 31 day(s) retail)                                                  |
| <i>carbamide peroxide (otic) 6.5 %</i>                                              | C         | QL(15 ML per 31 day(s) retail)                                                  |
| Otic Anti-infectives                                                                |           |                                                                                 |
| <i>ciprofloxacin hcl (otic)</i>                                                     | NP        |                                                                                 |
| <i>ofloxacin (otic)</i>                                                             | P         | 1 package(s) per fill retail                                                    |
| Otic Combinations                                                                   |           |                                                                                 |
| CIPRO HC                                                                            | NP        |                                                                                 |
| <i>ciprofloxacin-dexamethasone</i>                                                  | P         | Brand Preferred; QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail |
| <i>ciprofloxacin-fluocinolone acetonide</i>                                         | NP        |                                                                                 |
| CORTISPORIN-TC                                                                      | NP        |                                                                                 |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>                                            | P         | QL(10 ML per fill retail)                                                       |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>                                            | P         | 1 package(s) per fill retail                                                    |
| Otic Steroids                                                                       |           |                                                                                 |
| <i>fluocinolone acetonide (otic)</i>                                                | C         | 1 package(s) per 31 day(s) retail                                               |
| <i>hydrocortisone w/acetic acid</i>                                                 | C         | QL(20 ML per 31 day(s) retail)                                                  |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b>                        |           |                                                                                 |
| Oxytocics                                                                           |           |                                                                                 |
| <i>methylergonovine maleate TABS</i>                                                | C         |                                                                                 |
| <b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune</b> |           |                                                                                 |

| Drug Name                                                             | Drug Tier | Requirements/ Limits          |
|-----------------------------------------------------------------------|-----------|-------------------------------|
| <b>System</b>                                                         |           |                               |
| Immune Serums                                                         |           |                               |
| GAMMAGARD                                                             | C         | SP; PA                        |
| GAMMAGARD S/D LESS IGA SOLR                                           | C         | SP; PA                        |
| GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML               | C         | SP; PA                        |
| GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML | C         | SP; PA                        |
| HYPERRHO SOSY IM 1500 UNIT                                            | C         | SP                            |
| OCTAGAM SOLN 30 GM/300ML                                              | C         | SP; PA                        |
| RHOGAM ULTRA-FILTERED PLUS SOSY IM                                    | C         | SP                            |
| XEMBIFY                                                               | C         | SP; PA                        |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b>              |           |                               |
| Aminopenicillins                                                      |           |                               |
| <i>amoxicillin CAPS</i>                                               | P         |                               |
| <i>amoxicillin CAPS</i>                                               | P         |                               |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                                | P         |                               |
| <i>amoxicillin SUSR</i>                                               | P         |                               |
| <i>amoxicillin TABS</i>                                               | P         |                               |
| <i>ampicillin CAPS 500 MG</i>                                         | P         |                               |
| Natural Penicillins                                                   |           |                               |
| EXTENCILLINE SUSR                                                     | C         | QL(1 EA per 28 day(s) retail) |
| LENTOCILIN SUSR                                                       | C         | QL(1 EA per 28 day(s) retail) |
| <i>penicillin v potassium SOLR</i>                                    | P         |                               |
| <i>penicillin v potassium TABS</i>                                    | P         |                               |
| Penicillin Combinations                                               |           |                               |

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| Drug Name                                                                                    | Drug Tier | Requirements/Limits            |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------|
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                                                | P         | QL(20 EA per fill retail)      |
| <i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>   | P         | 2 package(s) per fill retail   |
| <i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>   | P         | 2 package(s) per fill retail   |
| <i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i> | P         | 1 package(s) per fill retail   |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>                   | P         | QL(30 EA per fill retail)      |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-875 MG</i>                                  | P         | QL(20 EA per fill retail)      |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                                                | P         | QL(40 EA per 31 day(s) retail) |
| AUGMENTIN ES-600 SUSR ( <i>amoxicillin &amp; pot clavulanate</i> )                           | NP        | 2 package(s) per fill retail   |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                                       | NP        | 1 package(s) per fill retail   |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                                       | NP        | 1 package(s) per fill retail   |
| AUGMENTIN TABS 125 MG-500 MG ( <i>amoxicillin &amp; pot clavulanate</i> )                    | NP        | QL(30 EA per fill retail)      |
| Penicillinase-Resistant Penicillins                                                          |           |                                |
| <i>dicloxacillin sodium</i>                                                                  | P         |                                |
| PHARMACEUTICAL ADJUVANTS                                                                     |           |                                |
| Liquid Vehicles                                                                              |           |                                |
| SORBITOL XX 70 %                                                                             | C         | RX/OTC                         |
| Semi Solid Vehicles                                                                          |           |                                |
| LANOLIN XX                                                                                   | C         |                                |
| PROGESTINS - Hormone Replacement/Modifying                                                   |           |                                |

| Drug Name                                                                                          | Drug Tier | Requirements/Limits             |
|----------------------------------------------------------------------------------------------------|-----------|---------------------------------|
| Drugs                                                                                              |           |                                 |
| Progestins                                                                                         |           |                                 |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>                                             | C         |                                 |
| <i>megestrol acetate (appetite)</i>                                                                | NP        |                                 |
| <i>norethindrone acetate TABS</i>                                                                  | C         |                                 |
| <i>progesterone CAPS</i>                                                                           | C         | QL(1 EA daily)                  |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions |           |                                 |
| Agents for Chemical Dependency                                                                     |           |                                 |
| <i>disulfiram 250 MG</i>                                                                           | C         |                                 |
| Antidementia Agents                                                                                |           |                                 |
| ADLARITY PTWK                                                                                      | NP        |                                 |
| ARICEPT TABS 23 MG ( <i>donepezil hydrochloride</i> )                                              | NP        |                                 |
| ARICEPT TABS 5 MG, 10 MG ( <i>donepezil hydrochloride</i> )                                        | NP        | QL(1 EA daily)                  |
| <i>donepezil hydrochloride TABS 23 MG</i>                                                          | NP        |                                 |
| <i>donepezil hydrochloride TABS 5 MG, 10 MG</i>                                                    | P         | QL(1 EA daily)                  |
| <i>donepezil hydrochloride TBDP</i>                                                                | P         |                                 |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )                                            | P         | QL(1 EA daily)                  |
| EXELON 13.3 MG/24HR ( <i>rivastigmine</i> )                                                        | P         |                                 |
| EXELON 4.6 MG/24HR, 9.5 MG/24HR ( <i>rivastigmine</i> )                                            | P         | Brand Preferred; QL(1 EA daily) |
| EXELON 13.3 MG/24HR ( <i>rivastigmine</i> )                                                        | P         | Brand Preferred                 |
| <i>galantamine hydrobromide CP24</i>                                                               | NP        | QL(1 EA daily)                  |

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| Drug Name                                                             | Drug Tier | Requirements/ Limits            | Drug Name                                            | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------|-----------|---------------------------------|------------------------------------------------------|-----------|----------------------|
| <i>galantamine hydrobromide SOLN</i>                                  | NP        | QL(6 ML daily)                  | AUSTEDO XR TB24                                      | P         | SP                   |
| <i>galantamine hydrobromide TABS</i>                                  | NP        | QL(2 EA daily)                  | AUSTEDO TABS                                         | P         | SP                   |
| <i>memantine hcl CP24</i>                                             | NP        |                                 | INGREZZA CAPS                                        | P         | SP                   |
| <i>memantine hcl-donepezil hcl CP24</i>                               | NP        |                                 | INGREZZA CPPK                                        | P         | SP                   |
| <i>memantine hcl SOLN</i>                                             | P         | QL(10 ML daily)                 | INGREZZA CPSP                                        | P         | SP                   |
| <i>memantine hcl TABS</i>                                             | P         | QL(2 EA daily)                  | <i>tetrabenazine</i>                                 | P         | SP                   |
| <i>memantine hcl TABS</i>                                             | NP        |                                 | <i>tetrabenazine</i>                                 | P         |                      |
| NAMZARIC CP24                                                         | NP        |                                 | XENAZINE (tetrabenazine)                             | NP        | SP                   |
| NAMZARIC CP24 (memantine hcl-donepezil hcl)                           | NP        |                                 | Multiple Sclerosis Agents                            |           |                      |
| <i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>                          | NP        | Brand Preferred; QL(1 EA daily) | AMPYRA ( <i>dalfampridine</i> )                      | NP        | SP                   |
| <i>rivastigmine 13.3 MG/24HR</i>                                      | NP        | Brand Preferred                 | AUBAGIO ( <i>teriflunomide</i> )                     | NP        | QL(1 EA daily); SP   |
| <i>rivastigmine tartrate CAPS</i>                                     | P         | QL(2 EA daily)                  | AVONEX PEN AJKT                                      | P         | SP                   |
| ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG                                    | NP        |                                 | AVONEX PREFILLED PSKT                                | P         | SP                   |
| Combination Psychotherapeutics                                        |           |                                 | BAFIERTAM                                            | NP        | SP                   |
| LYBALVI                                                               | NP        | AL(At least 18 yrs old); ST     | BETASERON KIT                                        | P         | SP                   |
| <i>olanzapine-fluoxetine hcl 25 MG-3 MG, 25 MG-6 MG</i>               | NP        | AL(At least 10 yrs old); ST     | COPAXONE SOSY 20 MG/ML ( <i>glatiramer acetate</i> ) | P         | Brand Preferred; SP  |
| <i>olanzapine-fluoxetine hcl 25 MG-12 MG, 50 MG-12 MG, 50 MG-6 MG</i> | NP        | ST                              | COPAXONE SOSY 40 MG/ML ( <i>glatiramer acetate</i> ) | NP        | SP                   |
| <i>perphenazine-amitriptyline</i>                                     | C         | QL(4 EA daily)                  | <i>dalfampridine</i>                                 | P         | SP                   |
| Fibromyalgia Agents                                                   |           |                                 | <i>dalfampridine</i>                                 | P         |                      |
| SAVELLA TITRATION PACK MISC                                           | NP        | QL(55 EA per 365 day(s) retail) | <i>dimethyl fumarate CDPK</i>                        | P         | SP                   |
| SAVELLA TABS                                                          | NP        | QL(2 EA daily)                  | <i>dimethyl fumarate CPDR</i>                        | P         | SP                   |
| Movement Disorder Drug Therapy                                        |           |                                 | <i>dimethyl fumarate CPDR</i>                        | P         | SP                   |
| AUSTEDO XR PATIENT TITRATION TEPK                                     | NP        | SP                              | <i> fingolimod hcl</i>                               | P         | QL(1 EA daily); SP   |
|                                                                       |           |                                 | GILENYA ( <i>fingolimod hcl</i> )                    | NP        | QL(1 EA daily); SP   |
|                                                                       |           |                                 | GILENYA 0.25 MG                                      | NP        | SP                   |
|                                                                       |           |                                 | <i>glatiramer acetate SOSY 40 MG/ML</i>              | NP        |                      |
|                                                                       |           |                                 | <i>glatiramer acetate SOSY 20 MG/ML</i>              | NP        | Brand Preferred      |
|                                                                       |           |                                 | <i>glatiramer acetate SOSY 40 MG/ML</i>              | NP        | SP                   |

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| Drug Name                                   | Drug Tier | Requirements/ Limits |
|---------------------------------------------|-----------|----------------------|
| <i>glatiramer acetate SOSY 20 MG/ML</i>     | NP        | Brand Preferred; SP  |
| KESIMPTA                                    | PA        | SP; PA               |
| MAVENCLAD (10 TABS)                         | NP        | SP                   |
| MAVENCLAD (4 TABS)                          | NP        | SP                   |
| MAVENCLAD (5 TABS)                          | NP        | SP                   |
| MAVENCLAD (6 TABS)                          | NP        | SP                   |
| MAVENCLAD (7 TABS)                          | NP        | SP                   |
| MAVENCLAD (8 TABS)                          | NP        | SP                   |
| MAVENCLAD (9 TABS)                          | NP        | SP                   |
| MAYZENT STARTER PACK TBPK 0.25 MG           | NP        | SP                   |
| MAYZENT TABS                                | NP        | SP                   |
| PLEGRIDY STARTER PACK SOAJ                  | NP        | SP                   |
| PLEGRIDY STARTER PACK SOSY SC               | NP        | SP                   |
| PLEGRIDY SOAJ                               | NP        | SP                   |
| PLEGRIDY SOSY IM                            | NP        | SP                   |
| PONVORY STARTER PACK TBPK                   | NP        | SP                   |
| PONVORY STARTER PACK TBPK                   | NP        |                      |
| PONVORY TABS                                | NP        | SP                   |
| PONVORY TABS                                | NP        |                      |
| REBIF REBIDOSE TITRATION PACK SOAJ          | NP        | SP                   |
| REBIF REBIDOSE SOAJ                         | NP        | SP                   |
| REBIF TITRATION PACK SOSY                   | NP        | SP                   |
| REBIF SOSY                                  | NP        | SP                   |
| TASCENSO ODT                                | NP        | SP                   |
| TECFIDERA CDPK ( <i>dimethyl fumarate</i> ) | NP        | SP                   |
| TECFIDERA CPDR ( <i>dimethyl fumarate</i> ) | NP        | SP                   |
| <i>teriflunomide</i>                        | P         | QL(1 EA daily); SP   |
| VUMERITY                                    | NP        | SP                   |

| Drug Name                                                         | Drug Tier | Requirements/ Limits                                                            |
|-------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------|
| ZEPOSIA 7-DAY STARTER PACK CPPK                                   | NP        | SP                                                                              |
| ZEPOSIA STARTER KIT CPPK                                          | NP        | SP                                                                              |
| ZEPOSIA CAPS                                                      | NP        | SP                                                                              |
| Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents              |           |                                                                                 |
| <i>gabapentin (once-daily) TABS</i>                               | NP        |                                                                                 |
| GRALISE TABS ( <i>gabapentin (once-daily)</i> )                   | NP        |                                                                                 |
| LYRICA CR ( <i>pregabalin (once-daily)</i> )                      | NP        |                                                                                 |
| <i>pregabalin (once-daily)</i>                                    | NP        |                                                                                 |
| Premenstrual Dysphoric Disorder (PMDD) Agents                     |           |                                                                                 |
| <i>fluoxetine hcl (pmdd) TABS</i>                                 | P         |                                                                                 |
| Restless Leg Syndrome (RLS) Agents                                |           |                                                                                 |
| HORIZANT                                                          | NP        |                                                                                 |
| Smoking Deterrents                                                |           |                                                                                 |
| APO-VARENICLINE TABS 0.5 MG                                       | C         | QL(2 EA daily)                                                                  |
| APO-VARENICLINE TABS 1 MG                                         | C         | QL(2 EA daily; 56 EA per 30 day(s) retail)                                      |
| <i>bupropion hcl (smoking deterrent)</i>                          | P         | Limit: 2 Smoking Cessation Treatments per Year; QL(2 EA daily)                  |
| CHANTIX CONTINUING MONTH PAK TABS ( <i>varenicline tartrate</i> ) | P         | QL(2 EA daily; 56 EA per 30 day(s) retail)                                      |
| CHANTIX STARTING MONTH PAK TBPK ( <i>varenicline tartrate</i> )   | P         | QL(2 EA daily; 53 EA per 30 day(s) retail); 2 max fill(s) per 365 day(s) retail |
| CHANTIX TABS 0.5 MG ( <i>varenicline tartrate</i> )               | P         | QL(2 EA daily)                                                                  |

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| Drug Name                                                | Drug Tier | Requirements/ Limits                                                                                                                   | Drug Name                                                   | Drug Tier | Requirements/ Limits                                                                           |
|----------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------|
| CHANTIX TABS 1 MG<br>(varenicline tartrate)              | P         | QL(2 EA daily;<br>56 EA per 30<br>day(s) retail)                                                                                       | varenicline tartrate TABS<br>1 MG                           | C         | QL(2 EA daily;<br>56 EA per 30<br>day(s) retail)                                               |
| nicotine polacrilex GUM                                  | P         | Limit: 2<br>Smoking<br>Cessation<br>Treatments per<br>Year; QL(24<br>EA daily)                                                         | varenicline tartrate TABS<br>0.5 MG                         | C         | QL(2 EA daily)                                                                                 |
| nicotine polacrilex GUM                                  | P         | QL(24 EA<br>daily)                                                                                                                     | varenicline tartrate TBPk                                   | C         | QL(2 EA daily;<br>53 EA per 30<br>day(s) retail); 2<br>max fill(s) per<br>365 day(s)<br>retail |
| nicotine polacrilex LOZG                                 | P         | QL(20 EA<br>daily)                                                                                                                     | varenicline tartrate TBPk                                   | P         | QL(2 EA daily;<br>53 EA per 30<br>day(s) retail); 2<br>max fill(s) per<br>365 day(s)<br>retail |
| nicotine polacrilex LOZG                                 | P         | Limit: 2<br>Smoking<br>Cessation<br>Treatments per<br>Year; QL(20<br>EA daily)                                                         | Transthyretin Amyloidosis Agents                            |           |                                                                                                |
| NICOTINE KIT                                             | P         | Limit: 2<br>Smoking<br>Cessation<br>Treatments per<br>Year; QL(56<br>EA per fill<br>retail); 2 max<br>fill(s) per 365<br>day(s) retail | TEGSEDI                                                     | C         | SP; PA                                                                                         |
| nicotine PT24 TD 7<br>MG/24HR, 14 MG/24HR,<br>21 MG/24HR | P         | QL(1 EA daily)                                                                                                                         | Vasomotor Symptom Agents                                    |           |                                                                                                |
| nicotine PT24 TD 7<br>MG/24HR, 14 MG/24HR,<br>21 MG/24HR | P         | Limit: 2<br>Smoking<br>Cessation<br>Treatments per<br>Year; QL(1 EA<br>daily)                                                          | paroxetine mesylate<br>(vasomotor)                          | NP        |                                                                                                |
| NICOTROL NS SOLN                                         | P         | Limit: 2<br>Smoking<br>Cessation<br>Treatments per<br>Year; QL(4 ML<br>daily); SL                                                      | RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions |           |                                                                                                |
| varenicline tartrate TABS<br>0.5 MG                      | P         | QL(2 EA daily)                                                                                                                         | Cystic Fibrosis Agents                                      |           |                                                                                                |
| varenicline tartrate TABS<br>1 MG                        | P         | QL(2 EA daily;<br>56 EA per 30<br>day(s) retail)                                                                                       | ORKAMBI PACK                                                | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | ORKAMBI TABS                                                | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | SYMDEKO                                                     | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | TRIKAFTA TBPk                                               | C         | QL(3 EA daily);<br>SP; PA                                                                      |
|                                                          |           |                                                                                                                                        | Pulmonary Fibrosis Agents                                   |           |                                                                                                |
|                                                          |           |                                                                                                                                        | OFEV                                                        | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | pirfenidone CAPS                                            | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | pirfenidone TABS                                            | C         | SP; PA                                                                                         |
|                                                          |           |                                                                                                                                        | TETRACYCLINES - Drugs to Treat Bacterial Infections         |           |                                                                                                |
|                                                          |           |                                                                                                                                        | Aminomethylcyclines                                         |           |                                                                                                |
|                                                          |           |                                                                                                                                        | NUZYRA TABS                                                 | NP        |                                                                                                |
|                                                          |           |                                                                                                                                        | Tetracyclines                                               |           |                                                                                                |

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| Drug Name                                                   | Drug Tier | Requirements/ Limits | Drug Name                                                                   | Drug Tier | Requirements/ Limits                          |
|-------------------------------------------------------------|-----------|----------------------|-----------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>demeclocycline hcl TABS</i>                              | NP        |                      | RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                          | C         |                                               |
| DORYX MPC TBEC 60 MG                                        | NP        |                      | THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG                             | C         |                                               |
| <i>doxycycline (monohydrate) CAPS</i>                       | NP        |                      | <b>TOXOIDS</b>                                                              |           |                                               |
| <i>doxycycline (monohydrate) SUSR</i>                       | NP        |                      | Toxoid Combinations                                                         |           |                                               |
| <i>doxycycline (monohydrate) TABS</i>                       | NP        |                      | ADACEL SUSP                                                                 | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>doxycycline hyclate CAPS</i>                             | P         |                      | ADACEL SUSY 2 LF/0.5ML-5 LF/0.5ML-15.5 MCG/0.5ML                            | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>doxycycline hyclate TABS</i>                             | P         |                      | BOOSTRIX SUSP                                                               | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>doxycycline hyclate TBEC</i>                             | NP        |                      | BOOSTRIX SUSY                                                               | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>minocycline hcl CAPS</i>                                 | P         |                      | TDVAX SUSP                                                                  | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>minocycline hcl TABS</i>                                 | P         |                      | TENIVAC SUSP 2 LFU-5 LFU                                                    | C         |                                               |
| <i>minocycline hcl TB24</i>                                 | NP        |                      | TETANUS-DIPHThERIA TOXOIDS TD SUSP                                          | C         | QL(0.5 ML per fill retail; 0.5 per fill mail) |
| <i>tetracycline hcl CAPS</i>                                | P         |                      | <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                                               |
| TETRACYCLINE HCL TABS                                       | P         |                      | Antispasmodics                                                              |           |                                               |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b>  |           |                      | <i>dicyclomine hcl CAPS</i>                                                 | C         |                                               |
| Antithyroid Agents                                          |           |                      | <i>dicyclomine hcl SOLN PO</i>                                              | C         | QL(496 ML per 31 day(s) retail)               |
| <i>methimazole TABS</i>                                     | C         |                      | <i>dicyclomine hcl TABS</i>                                                 | C         |                                               |
| <i>propylthiouracil</i>                                     | C         |                      | <i>glycopyrrolate TABS 1 MG, 2 MG</i>                                       | C         | QL(4 EA daily)                                |
| Thyroid Hormones                                            |           |                      | <i>hyoscyamine sulfate ELIX</i>                                             | C         |                                               |
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG             | C         |                      | <i>hyoscyamine sulfate SOLN PO 0.125 MG/ML</i>                              | C         |                                               |
| ARMOUR THYROID TABS                                         | C         |                      | <i>hyoscyamine sulfate SUBL 0.125 MG</i>                                    | C         |                                               |
| EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG | C         |                      |                                                                             |           |                                               |
| <i>levothyroxine sodium TABS</i>                            | C         |                      |                                                                             |           |                                               |
| <i>liothyronine sodium TABS</i>                             | C         |                      |                                                                             |           |                                               |
| NIVA THYROID TABS                                           | C         |                      |                                                                             |           |                                               |
| NP THYROID TABS                                             | C         |                      |                                                                             |           |                                               |

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| Drug Name                                           | Drug Tier | Requirements/ Limits       | Drug Name                                                            | Drug Tier | Requirements/ Limits                       |
|-----------------------------------------------------|-----------|----------------------------|----------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>hyoscyamine sulfate TABS 0.125 MG</i>            | C         |                            | NEXIUM PACK ( <i>esomeprazole magnesium</i> )                        | NP        |                                            |
| <i>hyoscyamine sulfate TB12 0.375 MG</i>            | C         | QL(4 EA daily)             | <i>omeprazole magnesium TBEC</i>                                     | C         | QL(1 EA daily)                             |
| <i>hyoscyamine sulfate TBDD 0.125 MG</i>            | C         |                            | <i>omeprazole CPDR</i>                                               | P         | QL(2 EA daily)                             |
| H-2 Antagonists                                     |           |                            | <i>omeprazole TBEC</i>                                               | C         | QL(1 EA daily)                             |
| <i>cimetidine hcl PO 300 MG/5ML</i>                 | NP        |                            | <i>pantoprazole sodium PACK</i>                                      | NP        | Brand Preferred                            |
| <i>cimetidine TABS</i>                              | NP        | RX/OTC                     | <i>pantoprazole sodium TBEC 20 MG</i>                                | P         | QL(1 EA daily)                             |
| <i>famotidine SUSR</i>                              | P         |                            | <i>pantoprazole sodium TBEC 40 MG</i>                                | P         | QL(2 EA daily)                             |
| <i>famotidine TABS 10 MG</i>                        | C         |                            | PREVACID SOLUTAB TBDD ( <i>lansoprazole</i> )                        | NP        | RX/OTC                                     |
| <i>famotidine TABS 20 MG, 40 MG</i>                 | P         | RX/OTC                     | PREVACID CPDR 30 MG ( <i>lansoprazole</i> )                          | NP        | QL(2 EA daily)                             |
| <i>nizatidine CAPS</i>                              | NP        |                            | PRILOSEC PACK                                                        | NP        |                                            |
| Misc. Anti-Ulcer                                    |           |                            | PROTONIX PACK ( <i>pantoprazole sodium</i> )                         | P         | Brand Preferred                            |
| <i>sucralfate SUSP</i>                              | C         | QL(420 ML per fill retail) | PROTONIX TBEC 20 MG ( <i>pantoprazole sodium</i> )                   | NP        | QL(1 EA daily)                             |
| <i>sucralfate TABS</i>                              | C         | QL(4 EA daily)             | PROTONIX TBEC 40 MG ( <i>pantoprazole sodium</i> )                   | NP        | QL(2 EA daily)                             |
| Proton Pump Inhibitors                              |           |                            | <i>rabeprazole sodium TBEC</i>                                       | NP        |                                            |
| DEXILANT ( <i>dexlansoprazole</i> )                 | P         | Brand Preferred            | Ulcer Drugs - Prostaglandins                                         |           |                                            |
| <i>dexlansoprazole</i>                              | NP        | Brand Preferred            | <i>misoprostol</i>                                                   | C         | PA                                         |
| <i>esomeprazole magnesium CPDR 20 MG</i>            | NP        | QL(2 EA daily); RX/OTC     | Ulcer Therapy Combinations                                           |           |                                            |
| <i>esomeprazole magnesium CPDR 40 MG</i>            | NP        |                            | <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>               | C         | 14 day(s) max supply per 365 day(s) retail |
| <i>esomeprazole magnesium PACK</i>                  | P         |                            | KONVOMEPEP SUSR                                                      | NP        |                                            |
| <i>lansoprazole CPDR 15 MG</i>                      | NP        | QL(4 EA daily); RX/OTC     | <i>omeprazole-sodium bicarbonate CAPS</i>                            | NP        | RX/OTC                                     |
| <i>lansoprazole CPDR 30 MG</i>                      | NP        | QL(2 EA daily)             | <i>omeprazole-sodium bicarbonate PACK</i>                            | NP        |                                            |
| <i>lansoprazole TBDD</i>                            | NP        | RX/OTC                     | URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |                                            |
| NEXIUM CPDR 20 MG ( <i>esomeprazole magnesium</i> ) | NP        | QL(2 EA daily); RX/OTC     | Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |                                            |
| NEXIUM CPDR 40 MG ( <i>esomeprazole magnesium</i> ) | NP        |                            |                                                                      |           |                                            |

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| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>darifenacin hydrobromide</i>                     | NP        |                      |
| DETROL LA CP24 ( <i>tolterodine tartrate</i> )      | NP        | QL(1 EA daily)       |
| DETROL TABS ( <i>tolterodine tartrate</i> )         | NP        | QL(2 EA daily)       |
| <i>fesoterodine fumarate</i>                        | P         |                      |
| <i>oxybutynin chloride SOLN</i>                     | P         |                      |
| <i>oxybutynin chloride TABS 5 MG</i>                | P         | QL(3 EA daily)       |
| <i>oxybutynin chloride TABS 2.5 MG</i>              | P         |                      |
| <i>oxybutynin chloride TB24</i>                     | P         | QL(2 EA daily)       |
| OXYTROL PTTW                                        | NP        | RX/OTC               |
| <i>solifenacin succinate TABS</i>                   | P         |                      |
| <i>tolterodine tartrate CP24</i>                    | NP        | QL(1 EA daily)       |
| <i>tolterodine tartrate TABS</i>                    | NP        | QL(2 EA daily)       |
| TOVIAZ ( <i>fesoterodine fumarate</i> )             | NP        |                      |
| <i>trospium chloride CP24</i>                       | NP        |                      |
| <i>trospium chloride TABS</i>                       | NP        | QL(2 EA daily)       |
| VESICARE LS SUSP                                    | NP        |                      |
| VESICARE TABS ( <i>solifenacin succinate</i> )      | NP        |                      |
| Urinary Antispasmodics - Beta-3 Adrenergic Agonists |           |                      |
| GEMTESA                                             | NP        |                      |
| <i>mirabegron TB24</i>                              | NP        | Brand Preferred      |
| MYRBETRIQ SRER                                      | NP        |                      |
| MYRBETRIQ TB24 ( <i>mirabegron</i> )                | P         | Brand Preferred      |
| Urinary Antispasmodics - Cholinergic Agonists       |           |                      |
| <i>bethanechol chloride</i>                         | C         |                      |
| Urinary Antispasmodics - Direct Muscle Relaxants    |           |                      |
| <i>flavoxate hcl</i>                                | NP        |                      |
| <b>VACCINES</b>                                     |           |                      |
| Bacterial Vaccines                                  |           |                      |

| Drug Name         | Drug Tier | Requirements/ Limits                                                                                                                                               |
|-------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTHIB SOLR IM    | C         |                                                                                                                                                                    |
| BCG VACCINE       | C         |                                                                                                                                                                    |
| BEXSERO 0.5 ML    | C         |                                                                                                                                                                    |
| BIOTHRAX          | C         | AL(Up to 65 yrs old)                                                                                                                                               |
| CAPVAXIVE         | C         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) |
| HIBERIX SOLR IJ   | C         |                                                                                                                                                                    |
| MENACTRA          | C         | AL(Up to 55 yrs old)                                                                                                                                               |
| MENQUADFI 0.5 ML  | C         |                                                                                                                                                                    |
| MENVEO SOLN       | C         | AL(Up to 55 yrs old)                                                                                                                                               |
| MENVEO SOLR       | C         | AL(Up to 55 yrs old)                                                                                                                                               |
| PEDVAX HIB SUSP   | C         |                                                                                                                                                                    |
| PENBRAYA          | C         | AL(Up to 25 yrs old)                                                                                                                                               |
| PENMENVY SUSR IM  | C         |                                                                                                                                                                    |
| PNEUMOVAX 23 SOLN | P         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) |

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| Drug Name         | Drug Tier | Requirements/ Limits                                                                                                                                               | Drug Name                              | Drug Tier | Requirements/ Limits                                                                                                                                               |
|-------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PNEUMOVAX 23 SOSY | C         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) | VAXNEUVANCE                            | C         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) |
| PREVNAR 13        | C         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) | VIVOTIF                                | C         |                                                                                                                                                                    |
| PREVNAR 20        | C         | Max 1 per lifetime; QL(0.5 ML per fill retail; 0.5 per fill mail); 1 max fill(s) per 720 day(s) retail; 1 max fill(s) per 720 day(s) mail; AL(At least 19 yrs old) | Viral Vaccines                         |           |                                                                                                                                                                    |
| TRUMENBA 0.5 ML   | C         |                                                                                                                                                                    | ABRYSVO                                | C         | AL(At least 60 yrs old)                                                                                                                                            |
| TYPHIM VI SOLN    | C         |                                                                                                                                                                    | ACAM2000                               | C         |                                                                                                                                                                    |
| TYPHIM VI SOSY    | C         |                                                                                                                                                                    | AFLURIA PRESERVATIVE FREE SUSY         | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                                                                                             |
| VAXCHORA          | C         |                                                                                                                                                                    | AFLURIA SUSP                           | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                                                                                             |
|                   |           |                                                                                                                                                                    | AREXVY                                 | C         | AL(At least 60 yrs old)                                                                                                                                            |
|                   |           |                                                                                                                                                                    | COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML | C         |                                                                                                                                                                    |
|                   |           |                                                                                                                                                                    | COMIRNATY SUSY                         | C         |                                                                                                                                                                    |
|                   |           |                                                                                                                                                                    | ENGRIX-B SUSP 20 MCG/ML                | C         | 3 max fill(s) per 999 day(s) retail                                                                                                                                |
|                   |           |                                                                                                                                                                    | ENGRIX-B SUSY                          | C         | 3 max fill(s) per 999 day(s) retail                                                                                                                                |
|                   |           |                                                                                                                                                                    | ERVEBO                                 | C         |                                                                                                                                                                    |
|                   |           |                                                                                                                                                                    | FLUAD                                  | C         | QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                                                                 |

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| Drug Name              | Drug Tier | Requirements/ Limits                                                                               | Drug Name                                   | Drug Tier | Requirements/ Limits                                      |
|------------------------|-----------|----------------------------------------------------------------------------------------------------|---------------------------------------------|-----------|-----------------------------------------------------------|
| FLUARIX SUSY           | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | GARDASIL 9 SUSY 0.5 ML                      | C         | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| FLUBLOK SOSY           | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | HAVRIX IM 720 EL U/0.5ML, 1440 EL U/ML      | C         |                                                           |
| FLUCELVAX SUSP         | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | HEPLISAV-B SOSY                             | C         | 3 max fill(s) per 999 day(s) retail                       |
| FLUCELVAX SUSY         | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | IMOVAX RABIES SUSR                          | C         |                                                           |
| FLULAVAL SUSY          | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | IPOL IJ                                     | C         |                                                           |
| FLUMIST                | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | IXIARO                                      | C         |                                                           |
| FLUZONE HIGH-DOSE SUSY | C         | QL(0.5 ML per fill retail); 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail | JYNNEOS                                     | C         |                                                           |
| FLUZONE SUSP           | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | M-M-R II SOLR                               | C         |                                                           |
| FLUZONE SUSY           | C         | 1 max fill(s) per 180 day(s) retail; 1 max fill(s) per 180 day(s) mail                             | MNEXSPIKE SUSY 10 MCG/0.2ML                 | C         |                                                           |
| GARDASIL 9 SUSP 0.5 ML | C         | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)                                          | MODERNA COVID-19 BIVALENT                   | C         |                                                           |
|                        |           |                                                                                                    | MODERNA COVID-19 VACCINE SUSP               | C         |                                                           |
|                        |           |                                                                                                    | MRESVIA                                     | C         | AL(Up to 60 yrs old)                                      |
|                        |           |                                                                                                    | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | C         | 1 max fill(s) per 180 day(s) mail                         |
|                        |           |                                                                                                    | PFIZER COVID-19 VAC BIVALENT                | C         |                                                           |
|                        |           |                                                                                                    | PFIZER COVID-19 VAC-TRIS 5-11Y SUSP         | C         |                                                           |
|                        |           |                                                                                                    | PFIZER-BIONT COVID-19 VAC-TRIS SUSP         | C         |                                                           |
|                        |           |                                                                                                    | PFIZER-BIONTECH COVID-19 VACC SUSP          | C         |                                                           |
|                        |           |                                                                                                    | PREHEVBRIO                                  | C         | 3 max fill(s) per 999 day(s) retail                       |
|                        |           |                                                                                                    | PRIORIX SUSR                                | C         |                                                           |
|                        |           |                                                                                                    | RABAVERT                                    | C         |                                                           |
|                        |           |                                                                                                    | RECOMBIVAX HB SUSP                          | C         | 3 max fill(s) per 999 day(s) retail                       |
|                        |           |                                                                                                    | RECOMBIVAX HB SUSY                          | C         | 3 max fill(s) per 999 day(s) retail                       |

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| Drug Name                                     | Drug Tier | Requirements/ Limits                                         | Drug Name                                                      | Drug Tier | Requirements/ Limits                                            |
|-----------------------------------------------|-----------|--------------------------------------------------------------|----------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| SHINGRIX                                      | C         | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old) | <i>tioconazole vaginal 6.5 %</i>                               | C         |                                                                 |
| SPIKEVAX 6M-11Y SUSY 25 MCG/0.25ML            | C         |                                                              | VANDAZOLE                                                      | C         |                                                                 |
| SPIKEVAX SUSY                                 | C         |                                                              | Vaginal Estrogens                                              |           |                                                                 |
| STAMARIL SUSR                                 | C         |                                                              | <i>estradiol vaginal CREA</i>                                  | C         | QL(43 GM per 31 day(s) retail)                                  |
| TICOVAC                                       | C         |                                                              | <i>estradiol vaginal TABS</i>                                  | C         |                                                                 |
| TWINRIX SUSY                                  | C         |                                                              | PREMARIN                                                       | C         |                                                                 |
| VAQTA                                         | C         |                                                              | VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions |           |                                                                 |
| VAQTA IM 25 UNIT/0.5ML, 50 UNIT/ML            | C         |                                                              | Anaphylaxis Therapy Agents                                     |           |                                                                 |
| VARIVAX SUSR                                  | C         | 2 max fill(s) per 999 day(s) retail                          | AUVI-Q SOAJ 0.3 MG/0.3ML                                       | NP        | QL(0.067 EA daily; 4 EA per 365 day(s) retail)                  |
| YF-VAX SUSR                                   | C         |                                                              | AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15 MG/0.15ML                       | NP        |                                                                 |
| VAGINAL AND RELATED PRODUCTS                  |           |                                                              | <i>epinephrine (anaphylaxis) SOAJ</i>                          | P         | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) |
| Vaginal Anti-infectives                       |           |                                                              | <i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>           | NP        |                                                                 |
| <i>clindamycin phosphate vaginal CREA</i>     | C         |                                                              | <i>epinephrine (anaphylaxis) SOAJ</i>                          | NP        | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) |
| <i>clotrimazole vaginal CREA 2 %</i>          | C         | QL(21 GM per 31 day(s) retail)                               | <i>epinephrine (anaphylaxis) SOAJ 0.3 MG/0.3ML</i>             | NP        | QL(0.067 EA daily; 4 EA per 365 day(s) retail)                  |
| <i>clotrimazole vaginal CREA 1 %</i>          | C         | QL(45 GM per 31 day(s) retail)                               | EPIPEN 2-PAK SOAJ ( <i>epinephrine (anaphylaxis)</i> )         | P         | Brand Preferred; QL(0.067 EA daily; 4 EA per 365 day(s) retail) |
| GYNAZOLE-1                                    | C         |                                                              |                                                                |           |                                                                 |
| <i>metronidazole vaginal</i>                  | C         |                                                              |                                                                |           |                                                                 |
| MICONAZOLE 7 SUPP 100 MG                      | C         | QL(7 EA per 31 day(s) retail)                                |                                                                |           |                                                                 |
| <i>miconazole nitrate vaginal CREA 2 %</i>    | C         | QL(45 GM per 31 day(s) retail)                               |                                                                |           |                                                                 |
| <i>miconazole nitrate vaginal KIT</i>         | C         | 1 package(s) per fill retail                                 |                                                                |           |                                                                 |
| <i>miconazole nitrate vaginal SUPP 100 MG</i> | C         | QL(7 EA per 31 day(s) retail)                                |                                                                |           |                                                                 |
| <i>miconazole nitrate vaginal SUPP 200 MG</i> | C         | QL(3 EA per fill retail; 3 EA per 31 day(s) retail)          |                                                                |           |                                                                 |
| <i>terconazole vaginal CREA</i>               | C         |                                                              |                                                                |           |                                                                 |
| <i>terconazole vaginal SUPP</i>               | C         |                                                              |                                                                |           |                                                                 |

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| Drug Name                                                       | Drug Tier | Requirements/ Limits                                               |
|-----------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| EPIPEN JR 2-PAK SOAJ<br>(epinephrine<br>(anaphylaxis))          | P         | Brand Preferred;<br>QL(0.067 EA daily; 4 EA per 365 day(s) retail) |
| Vasopressors                                                    |           |                                                                    |
| midodrine hcl                                                   | C         |                                                                    |
| VITAMINS                                                        |           |                                                                    |
| Oil Soluble Vitamins                                            |           |                                                                    |
| cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT              | C         | QL(8 EA per 31 day(s) retail)                                      |
| cholecalciferol CAPS                                            | C         | QL(100 EA per fill retail)                                         |
| cholecalciferol LIQD PO 10 MCG/ML                               | C         |                                                                    |
| ergocalciferol CAPS                                             | C         |                                                                    |
| ergocalciferol SOLN PO 200 MCG/ML                               | C         | QL(60 ML per 90 day(s) retail)                                     |
| phytonadione TABS 5 MG                                          | C         |                                                                    |
| vitamin e CAPS 180 MG, 200 UNIT, 400 UNIT, 90 MG, 90 MG, 180 MG | C         | QL(2 EA daily)                                                     |
| Water Soluble Vitamins                                          |           |                                                                    |
| ascorbic acid TABS                                              | C         | QL(3.34 EA daily)                                                  |
| B-1 TABS                                                        | C         | QL(3.34 EA daily)                                                  |
| niacin CPCR 250 MG, 500 MG                                      | C         |                                                                    |
| niacin TABS 500 MG                                              | C         |                                                                    |
| niacin TBCR                                                     | C         |                                                                    |
| pyridoxine hcl TABS 25 MG, 50 MG, 100 MG                        | C         |                                                                    |
| riboflavin TABS                                                 | C         | QL(3.34 EA daily)                                                  |
| thiamine hcl TABS 100 MG                                        | C         | QL(3.34 EA daily)                                                  |
| thiamine hcl TABS 50 MG, 250 MG                                 | C         |                                                                    |

| Drug Name                           | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|
| thiamine mononitrate<br>TABS 100 MG | C         | QL(3.34 EA daily)    |

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|                                                                          |                                                                 |                                                              |
|--------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------|
| aspirin TBEC 81 MG, 325 MG ..... 7                                       | AUSTEDO XR PATIENT TITRATION<br>TEPK ..... 87                   | AZOR (amlodipine besylate-<br>olmesartan medoxomil) ..... 34 |
| aspirin-dipyridamole ..... 64                                            | AUSTEDO XR TB24 ..... 87                                        | AZSTARYS ..... 2                                             |
| ASSURE ID INSULIN SAFETY SYR<br>69                                       | AUVELITY ..... 21                                               | AZULFIDINE EN-TABS TBEC<br>(sulfasalazine) ..... 62          |
| ASTAGRAF XL CP24 ..... 74                                                | AUVI-Q SOAJ 0.1 MG/0.1ML, 0.15<br>MG/0.15ML ..... 95            | AZULFIDINE TABS (sulfasalazine)<br>62                        |
| ATACAND (candesartan cilexetil) .33                                      | AUVI-Q SOAJ 0.3 MG/0.3ML ..... 95                               | b complex w/ c CAPS ..... 76                                 |
| ATACAND HCT (candesartan<br>cilexetil-hydrochlorothiazide) ..... 33      | AVALIDE (irbesartan-<br>hydrochlorothiazide) ..... 33           | B-1 TABS ..... 96                                            |
| atazanavir sulfate CAPS 150 MG,<br>200 MG ..... 41                       | AVAPRO 150 MG, 300 MG<br>(irbesartan) ..... 33                  | bacitracin (ophthalmic) ..... 82                             |
| atazanavir sulfate CAPS 200 MG . 41                                      | AVAR LS CLEANSER LIQD<br>(sulfacetamide sodium w/ sulfur) .. 51 | bacitracin (topical) OINT ..... 52                           |
| atazanavir sulfate CAPS 300 MG . 41                                      | AVONEX PEN AJKT ..... 87                                        | bacitracin zinc OINT ..... 52                                |
| ATELVIA TBEC (risedronate sodium)<br>..... 60                            | AVONEX PREFILLED PSKT ..... 87                                  | bacitracin-polymyxin b (ophth) .... 82                       |
| atenolol & chlorthalidone ..... 33                                       | AVSOLA ..... 62                                                 | bacitracin-poly-neomycin-hc ..... 83                         |
| atenolol TABS ..... 45                                                   | AZASITE ..... 82                                                | baclofen SOLN PO 5 MG/5ML, 10<br>MG/5ML ..... 80             |
| atomoxetine hcl ..... 2                                                  | azathioprine TABS ..... 74                                      | baclofen SUSP ..... 80                                       |
| ATORVALIQ SUSP ..... 32                                                  | azelaic acid GEL ..... 58                                       | baclofen TABS ..... 80                                       |
| atorvastatin calcium TABS ..... 32                                       | azelastine hcl (ophth) ..... 84                                 | BAFIERTAM ..... 87                                           |
| atropine sulfate (ophthalmic) OINT 82                                    | azelastine hcl 0.1 %, 137<br>MCG/SPRAY ..... 81                 | balsalazide disodium CAPS ..... 62                           |
| atropine sulfate (ophthalmic) SOLN<br>82                                 | azelastine hcl 0.15 % ..... 81                                  | BANZEL SUSP (rufinamide) ..... 17                            |
| ATROPINE SULFATE SOLN 1 % .82                                            | azelastine hcl-fluticasone propionate<br>SUSP ..... 80          | BANZEL TABS (rufinamide) ..... 17                            |
| ATROVENT HFA ..... 13                                                    | azithromycin PACK ..... 67                                      | BAQSIMI ONE PACK POWD ..... 24                               |
| AUBAGIO (teriflunomide) ..... 87                                         | azithromycin SUSR 100 MG/5ML . 67                               | BAQSIMI TWO PACK POWD ..... 24                               |
| AUGMENTIN ES-600 SUSR<br>(amoxicillin & pot clavulanate) ..... 86        | azithromycin SUSR 200 MG/5ML . 67                               | BARACLUDE SOLN ..... 44                                      |
| AUGMENTIN SUSR 31.25 MG/5ML-<br>125 MG/5ML ..... 86                      | azithromycin TABS 250 MG ..... 67                               | BARACLUDE TABS (entecavir) ... 44                            |
| AUGMENTIN TABS 125 MG-500 MG<br>(amoxicillin & pot clavulanate) ..... 86 | azithromycin TABS 500 MG ..... 67                               | BARIATRIC MULTIVITAMINS CAPS<br>76                           |
| AURYXIA 210 MG (ferric citrate) .. 63                                    | azithromycin TABS 600 MG ..... 67                               | BARIATRIC MULTIVITAMINS/IRON<br>CAPS ..... 76                |
| AUSTEDO TABS ..... 87                                                    | AZOPT (brinzolamide) ..... 84                                   | BASAGLAR KWIKPEN SOPN .... 26                                |
|                                                                          |                                                                 | BAXDELA TABS ..... 62                                        |

|                                                            |    |                                                         |     |                                                                    |    |
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| BCG VACCINE .....                                          | 92 | benzoyl peroxide LIQD 5 %, 10 %                         | .51 | betaxolol hcl (ophth) SOLN .....                                   | 81 |
| b-complex vitamins CAPS .....                              | 76 | benzoyl peroxide LOTN 5 %, 10 %                         | 51  | betaxolol hcl .....                                                | 45 |
| b-complex vitamins TABS .....                              | 76 | BENZOYL PEROXIDE LOTN 5 %, 10 % .....                   | .51 | bethanechol chloride .....                                         | 92 |
| b-complex w/ c & folic acid CAPS .                         | 76 | benzoyl peroxide-erythromycin GEL .                     | 51  | BETHKIS NEBU (tobramycin) .....                                    | 3  |
| BD AUTOSHIELD DUO .....                                    | 69 | benztropine mesylate TABS .....                         | 37  | BETIMOL (timolol) .....                                            | 81 |
| BD PEN NEEDLE MICRO ULTRAFINE .....                        | 69 | bepotastine besilate .....                              | 84  | BETIMOL .....                                                      | 81 |
| BD PEN NEEDLE MINI ULTRAFINE .....                         | 69 | BEPREVE (bepotastine besilate) .                        | 84  | BETOPTIC-S SUSP .....                                              | 81 |
| BD PEN NEEDLE NANO 2ND GEN .                               | 69 | BESIVANCE .....                                         | 82  | BEVESPI AEROSPHERE .....                                           | 15 |
| BD PEN NEEDLE NANO ULTRAFINE .....                         | 69 | betamethasone dipropionate (topical) CREA .....         | .55 | BEXSERO 0.5 ML .....                                               | 92 |
| BD PEN NEEDLE ORIG ULTRAFINE .....                         | 69 | betamethasone dipropionate (topical) LOTN .....         | .55 | bicalutamide .....                                                 | 37 |
| BD PEN NEEDLE SHORT ULTRAFINE .....                        | 69 | betamethasone dipropionate (topical) OINT .....         | .55 | BIKTARVY .....                                                     | 41 |
| BD VEO INSULIN SYR ULTRAFINE .....                         | 69 | betamethasone dipropionate augmented CREA .....         | .55 | bimatoprost SOLN .....                                             | 84 |
| BELBUCA FILM .....                                         | 10 | betamethasone dipropionate augmented GEL 0.05 % .....   | .55 | BIMZELX SOAJ .....                                                 | 54 |
| BELSOMRA .....                                             | 66 | betamethasone dipropionate augmented LOTN .....         | .55 | BIMZELX SOSY .....                                                 | 54 |
| benazepril & hydrochlorothiazide .                         | 34 | betamethasone dipropionate augmented OINT .....         | .55 | BINOSTO TBEF .....                                                 | 60 |
| benazepril hcl 40 MG .....                                 | 32 | betamethasone dipropionate augmented CREA ...           | .55 | BIO-35 GLUTEN-FREE CAPS ....                                       | 76 |
| benazepril hcl 5 MG, 10 MG, 20 MG .                        | 32 | betamethasone dipropionate augmented FOAM ...           | .55 | BIO-35 IRON FREE CAPS .....                                        | 76 |
| BENICAR (olmesartan medoxomil)                             | 33 | betamethasone dipropionate augmented LOTN ...           | .55 | BIOCAL CAPS .....                                                  | 76 |
| BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide) ... | 34 | betamethasone valerate CREA ...                         | .55 | BIOLYTE SOLN .....                                                 | 74 |
| benzonatate 100 MG .....                                   | 50 | betamethasone valerate LOTN ...                         | .55 | BIOTECT PLUS CAPS .....                                            | 76 |
| benzonatate 200 MG .....                                   | 50 | betamethasone valerate OINT ....                        | .55 | BIOTHRAX .....                                                     | 92 |
| benzoyl peroxide GEL 2.5 %, 5 %, 10 % .....                | 51 | BETAPACE AF (sotalol hcl (afib/af)) .....               | .45 | BIOTIN PLUS KERATIN TABS ....                                      | 79 |
| BENZOYL PEROXIDE GEL .....                                 | 51 | BETAPACE TABS 80 MG, 120 MG, 160 MG (sotalol hcl) ..... | .45 | bisacodyl SUPP .....                                               | 67 |
|                                                            |    | BETASERON KIT .....                                     | .87 | bisacodyl TBEC .....                                               | 67 |
|                                                            |    |                                                         |     | bismuth subsalicylate CHEW 262 MG .....                            | 29 |
|                                                            |    |                                                         |     | bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML .....         | 29 |
|                                                            |    |                                                         |     | bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG ..... | 34 |
|                                                            |    |                                                         |     | bisoprolol & hydrochlorothiazide 6.25                              |    |

|                                                       |                                                                |                                                                                            |
|-------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| MG-2.5 MG .....34                                     | BREXAFEMME .....30                                             | budesonide-formoterol fumarate dihydrate .....15                                           |
| bisoprolol fumarate .....45                           | BREZTRI AEROSPHERE .....15                                     | bumetanide TABS .....60                                                                    |
| bisoprolol fumarate 2.5 MG .....45                    | BRILINTA 60 MG, 90 MG (ticagrelor) 65                          | buprenorphine hcl SUBL .....10                                                             |
| BONEUP 3 PER DAY CAPS .....76                         | brimonidine tartrate (topical) .....58                         | buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG .....10 |
| BONEUP CAPS .....76                                   | brimonidine tartrate 0.1 %, 0.15 % 82                          | buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG ...10                          |
| BONJESTA TBCR .....30                                 | brimonidine tartrate 0.2 % .....82                             | buprenorphine hcl-naloxone hcl dihydrate FILM SL .....10                                   |
| BONSITY SOPN 560 MCG/2.24ML 60                        | brimonidine tartrate-timolol maleate . 81                      | buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG .....10                          |
| BOOSTNOW IMMUNE SUPPORT CAPS .....76                  | brinzolamide .....84                                           | buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG .....10                            |
| BOOSTRIX SUSP .....90                                 | BRIVIACT SOLN PO 10 MG/ML ...18                                | buprenorphine PTWK .....11                                                                 |
| BOOSTRIX SUSY .....90                                 | BRIVIACT TABS .....18                                          | bupropion hcl (smoking deterrent) 88                                                       |
| bosentan TABS .....47                                 | BRIXADI (WEEKLY) SOSY .....10                                  | bupropion hcl TABS .....21                                                                 |
| bosentan TBSO 32 MG .....47                           | BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML .....10 | bupropion hcl TB12 100 MG .....21                                                          |
| BPROTECTED PEDIA POLY-VITE SOLN PO .....79            | bromfenac sodium (ophth) .....84                               | bupropion hcl TB12 150 MG .....21                                                          |
| BPROTECTED PEDIA POLY-VITE/FE SOLN .....79            | bromocriptine mesylate CAPS ....37                             | bupropion hcl TB12 200 MG .....21                                                          |
| BRAFTOVI 75 MG .....37                                | bromocriptine mesylate TABS 2.5 MG .....37                     | bupropion hcl TB24 150 MG .....21                                                          |
| BRAIN MIGHT/DHA & CO Q10 TABS .....79                 | brompheniramine & phenyleph ELIX . 50                          | bupropion hcl TB24 300 MG .....21                                                          |
| BREATHE COMFORT CHAMBER/ADULT DEVI .....70            | BROMSITE (bromfenac sodium (ophth)) .....84                    | bupropion hcl TB24 450 MG .....21                                                          |
| BREATHE COMFORT CHAMBER/CHILD DEVI .....70            | BROVANA (arformoterol tartrate) .15                            | buspirone hcl 15 MG .....12                                                                |
| BREATHE EASE LARGE DEVI ...70                         | BRYNOVIN SOLN PO 25 MG/ML .25                                  | buspirone hcl 5 MG, 10 MG .....12                                                          |
| BREATHE EASE MEDIUM DEVI .70                          | budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML .....14   | buspirone hcl 7.5 MG, 30 MG .....12                                                        |
| BREATHE EASE SMALL DEVI ...70                         | budesonide (inhalation) SUSP 1 MG/2ML .....14                  | butalbital-acetaminophen TABS 50 MG-325 MG .....7                                          |
| BREATHERITE VALVED MDI CHAMBER DEVI .....70           | budesonide (intrarectal) .....11                               | butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG .....7                           |
| BREO ELLIPTA (fluticasone furoate-vilanterol) .....15 | budesonide (nasal) .....81                                     | butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG .....7                           |
| BREO ELLIPTA .....15                                  | budesonide CPEP .....49                                        |                                                                                            |
|                                                       | budesonide TB24 .....49                                        |                                                                                            |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-300<br>MG .....9                                                                                       | calcitriol CAPS .....61                                                                           | carbamazepine TB12 .....18                       |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-325<br>MG .....9                                                                                       | calcium acetate (phosphate binder)<br>CAPS .....63                                                | carbamide peroxide (otic) 6.5 % ...85            |
| butalbital-aspirin-caffeine CAPS ....7                                                                                                                                   | calcium acetate (phosphate binder)<br>TABS .....63                                                | CARBATROL CP12 (carbamazepine)<br>.....18        |
| butalbital-aspirin-caffeine w/cod ....9                                                                                                                                  | calcium carbonate (antacid) CHEW<br>500 MG .....12                                                | carbidopa .....37                                |
| butorphanol tartrate NA 10 MG/ML<br>11                                                                                                                                   | calcium carbonate-cholecalciferol<br>TABS 10 MCG-600 MG, 400 UNIT-<br>600 MG .....74              | carbidopa-levodopa TABS .....37                  |
| BUTRANS PTWK (buprenorphine)<br>11                                                                                                                                       | calcium carbonate-cholecalciferol<br>TABS 200 UNIT-500 MG, 5 MCG-<br>500 MG, 500 MG-5 MCG .....74 | carbidopa-levodopa TBCR .....37                  |
| BYDUREON BCISE AUIJ .....25                                                                                                                                              | calcium polycarbophil TABS .....66                                                                | CARDURA (doxazosin mesylate) .33                 |
| BYETTA 10 MCG PEN SOPN 10<br>MCG/0.04ML (exenatide) .....25                                                                                                              | camphor & menthol LOTN .....54                                                                    | CARDURA XL .....64                               |
| BYETTA 5 MCG PEN SOPN 5<br>MCG/0.02ML (exenatide) .....25                                                                                                                | CANASA SUPP (mesalamine) ....62                                                                   | carisoprodol TABS .....80                        |
| BYSTOLIC (nebivolol hcl) .....45                                                                                                                                         | candesartan cilexetil .....33                                                                     | carteolol hcl (ophth) .....81                    |
| CADUET 10 MG-10 MG, 10 MG-20<br>MG, 10 MG-40 MG, 10 MG-80 MG, 5<br>MG-10 MG, 5 MG-20 MG, 5 MG-40<br>MG, 5 MG-80 MG (amlodipine<br>besylate-atorvastatin calcium) .....47 | candesartan cilexetil-<br>hydrochlorothiazide .....34                                             | carvedilol 25 MG .....45                         |
| caffeine citrate SOLN PO .....1                                                                                                                                          | CAPEX SHAM .....55                                                                                | carvedilol 3.125 MG, 6.25 MG, 12.5<br>MG .....45 |
| calcipotriene CREA .....54                                                                                                                                               | CAPLYTA .....38                                                                                   | carvedilol phosphate .....45                     |
| CALCIPOTRIENE FOAM .....54                                                                                                                                               | capsaicin CREA 0.025 %, 0.035 %, 0.075 %, 0.1 % .....58                                           | CASGEVY .....65                                  |
| calcipotriene OINT .....54                                                                                                                                               | captopril & hydrochlorothiazide 15<br>MG-25 MG, 15 MG-50 MG, 25 MG-<br>25 MG .....34              | CAYSTON .....35                                  |
| calcipotriene SOLN .....54                                                                                                                                               | captopril & hydrochlorothiazide 25<br>MG-50 MG .....34                                            | cefaclor CAPS .....48                            |
| calcipotriene-betamethasone<br>dipropionate OINT .....55                                                                                                                 | captopril .....32                                                                                 | CEFACLOR ER TB12 .....48                         |
| calcipotriene-betamethasone<br>dipropionate SUSP .....55                                                                                                                 | CAPVAXIVE .....92                                                                                 | cefadroxil CAPS .....47                          |
| calcitonin (salmon) IJ .....60                                                                                                                                           | carbamazepine CHEW .....18                                                                        | cefadroxil SUSR .....47                          |
| calcitonin (salmon) NA .....60                                                                                                                                           | carbamazepine CP12 .....18                                                                        | cefadroxil TABS .....47                          |
| calcitriol (topical) .....54                                                                                                                                             | carbamazepine SUSP .....18                                                                        | cefdinir CAPS .....48                            |
|                                                                                                                                                                          | carbamazepine TABS .....18                                                                        | cefdinir SUSR .....48                            |
|                                                                                                                                                                          |                                                                                                   | cefixime CAPS .....48                            |
|                                                                                                                                                                          |                                                                                                   | cefixime SUSR .....48                            |
|                                                                                                                                                                          |                                                                                                   | cefpodoxime proxetil SUSR .....48                |
|                                                                                                                                                                          |                                                                                                   | cefpodoxime proxetil TABS .....48                |
|                                                                                                                                                                          |                                                                                                   | cefprozil SUSR 125 MG/5ML .....48                |
|                                                                                                                                                                          |                                                                                                   | cefprozil SUSR 250 MG/5ML .....48                |
|                                                                                                                                                                          |                                                                                                   | cefprozil TABS .....48                           |

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|---------------------------------------------------|----|--------------------------------------------------------------|----|----------------------------------------------------------|----|
| ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....  | 48 | cephalexin TABS .....                                        | 47 | chlorthalidone 25 MG, 50 MG .....                        | 60 |
| cefuroxime axetil TABS 250 MG ..                  | 48 | CEQUA SOLN .....                                             | 83 | chlorzoxazone TABS 375 MG, 750 MG .....                  | 80 |
| cefuroxime axetil TABS 500 MG ..                  | 48 | CERASPORT EX1 SOLN .....                                     | 74 | chlorzoxazone TABS .....                                 | 80 |
| CELEBRATE MULTI-COMPLETE 18 CAPS .....            | 76 | CERASPORT SOLN .....                                         | 74 | CHOICEFUL MULTIVITAMIN CAPS .                            | 76 |
| CELEBRATE MULTI-COMPLETE 36 CAPS .....            | 76 | CERDELGA .....                                               | 65 | cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT ..... | 96 |
| CELEBRATE MULTI-COMPLETE 45 CAPS .....            | 76 | CEREZYME 400 UNIT .....                                      | 65 | cholecalciferol CAPS .....                               | 96 |
| CELEBRATE MULTI-COMPLETE 60 CAPS .....            | 76 | cetirizine hcl CHEW .....                                    | 31 | cholecalciferol LIQD PO 10 MCG/ML                        | 96 |
| celecoxib .....                                   | 5  | cetirizine hcl SOLN PO .....                                 | 31 | cholestyramine light PACK .....                          | 31 |
| CELEXA TABS 10 MG (citalopram hydrobromide) ..... | 21 | cetirizine hcl TABS .....                                    | 31 | cholestyramine light POWD .....                          | 31 |
| CELEXA TABS 20 MG (citalopram hydrobromide) ..... | 21 | cetirizine-pseudoephedrine .....                             | 50 | cholestyramine PACK .....                                | 31 |
| CELEXA TABS 40 MG (citalopram hydrobromide) ..... | 21 | CHANTIX CONTINUING MONTH PAK TABS (varenicline tartrate) ... | 88 | cholestyramine POWD .....                                | 31 |
| CELLCEPT CAPS (mycophenolate mofetil) .....       | 74 | CHANTIX STARTING MONTH PAK TBPK (varenicline tartrate) ..... | 88 | choline fenofibrate .....                                | 32 |
| CELLCEPT SUSR (mycophenolate mofetil) .....       | 75 | CHANTIX TABS 0.5 MG (varenicline tartrate) .....             | 88 | CIBINQO .....                                            | 57 |
| CELLCEPT TABS (mycophenolate mofetil) .....       | 75 | CHANTIX TABS 1 MG (varenicline tartrate) .....               | 89 | ciclopirox GEL .....                                     | 53 |
| CELONTIN (methsuximide) .....                     | 20 | CHEMET .....                                                 | 29 | ciclopirox KIT .....                                     | 53 |
| CENTANY AT KIT .....                              | 52 | CHEMSTRIP K STRP .....                                       | 59 | ciclopirox olamine CREA .....                            | 53 |
| CENTRUM MENOPAUSE MIND/MOOD TABS .....            | 78 | chlordiazepoxide hcl CAPS .....                              | 12 | ciclopirox olamine SUSP .....                            | 53 |
| CENTRUM PERFORMANCE TABS .                        | 79 | chlorhexidine gluconate (mouth-throat) .....                 | 75 | ciclopirox SHAM .....                                    | 53 |
| CENTRUM SPECIALIST ENERGY TABS .....              | 79 | chlorhexidine gluconate SOLN EX 4 % .....                    | 41 | ciclopirox SOLN .....                                    | 53 |
| cephalexin CAPS .....                             | 47 | chloroquine phosphate TABS 250 MG .....                      | 36 | cilostazol .....                                         | 65 |
| cephalexin SUSR .....                             | 47 | chloroquine phosphate TABS 500 MG .....                      | 36 | CILOXAN OINT .....                                       | 82 |
|                                                   |    | chlorpheniramine maleate SYRP ..                             | 30 | CIMDUO .....                                             | 41 |
|                                                   |    | chlorpromazine hcl TABS 10 MG ..                             | 40 | cimetidine hcl PO 300 MG/5ML ...                         | 91 |
|                                                   |    | chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG .....   | 40 | cimetidine TABS .....                                    | 91 |
|                                                   |    |                                                              |    | CIMZIA (1 SYRINGE) PSKT 200 MG/ML .....                  | 62 |
|                                                   |    |                                                              |    | CIMZIA (2 SYRINGE) PSKT .....                            | 63 |
|                                                   |    |                                                              |    | CIMZIA KIT .....                                         | 63 |

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|----------------------------------------|----|---------------------------------------|----|---------------------------------------|
| CIMZIA-STARTER PSKT .....              | 63 | clindamycin hcl 150 MG, 300 MG .      | 35 | 56                                    |
| CIPRO HC .....                         | 85 | clindamycin palmitate hydrochloride . |    | clobetasol propionate SHAM ..... 56   |
| CIPRO SUSR .....                       | 62 | 35                                    |    | clobetasol propionate SOLN 0.05 % .   |
| CIPRO TABS 250 MG, 500 MG              |    | clindamycin phosphate (topical)       |    | 56                                    |
| (ciprofloxacin hcl) .....              | 62 | FOAM .....                            | 51 | CLOBEX SHAM (clobetasol               |
| ciprofloxacin hcl (ophth) SOLN ....    | 82 | clindamycin phosphate (topical) GEL   |    | propionate) ..... 56                  |
| ciprofloxacin hcl (otic) .....         | 85 | 51                                    |    | CLOBEX SPRAY LIQD (clobetasol         |
| ciprofloxacin hcl TABS 250 MG, 500     |    | clindamycin phosphate (topical)       |    | propionate) ..... 56                  |
| MG, 750 MG .....                       | 62 | LOTN .....                            | 51 | clocortolone pivalate ..... 56        |
| ciprofloxacin-dexamethasone ..... 85   |    | clindamycin phosphate (topical)       |    | clomipramine hcl 75 MG ..... 23       |
| ciprofloxacin-fluocinolone acetonide . |    | SOLN .....                            | 51 | clonazepam TABS ..... 17              |
| 85                                     |    | clindamycin phosphate (topical)       |    | clonidine hcl (adhd) TB12 ..... 2     |
| CITALOPRAM HYDROBROMIDE                |    | SWAB .....                            | 51 | clonidine hcl TABS ..... 33           |
| CAPS .....                             | 21 | clindamycin phosphate vaginal CREA    |    | clonidine PTWK ..... 33               |
| citalopram hydrobromide SOLN ... 21    |    | .....                                 | 95 | clonidine TB24 ..... 33               |
| citalopram hydrobromide TABS 10        |    | clindamycin phosphate-benzoyl         |    | clopidogrel bisulfate 300 MG ..... 65 |
| MG .....                               | 21 | peroxide (refrigerate) .....          | 51 | clopidogrel bisulfate 75 MG ..... 65  |
| citalopram hydrobromide TABS 20        |    | clindamycin phosphate-benzoyl         |    | clorazepate dipotassium TABS .... 12  |
| MG .....                               | 21 | peroxide GEL .....                    | 51 | clotrimazole (topical) CREA ..... 53  |
| citalopram hydrobromide TABS 40        |    | clindamycin phosphate-tretinoin .. 51 |    | clotrimazole (topical) SOLN ..... 53  |
| MG .....                               | 21 | clobazam SUSP .....                   | 17 | clotrimazole vaginal CREA 1 % ... 95  |
| CLARINEX TABS (desloratadine) . 31     |    | clobazam TABS .....                   | 17 | clotrimazole vaginal CREA 2 % ... 95  |
| CLARINEX-D 12 HOUR TB12 .... 50        |    | clobetasol propionate CREA 0.025 %    |    | clotrimazole w/ betamethasone         |
| clarithromycin SUSR 125 MG/5ML 67      |    | .....                                 | 55 | CREA ..... 53                         |
| clarithromycin SUSR 250 MG/5ML 67      |    | clobetasol propionate CREA 0.05 % .   |    | clotrimazole w/ betamethasone         |
| clarithromycin TABS .....              | 68 | 55                                    |    | LOTN ..... 53                         |
| clarithromycin TB24 .....              | 68 | clobetasol propionate emollient base  |    | clozapine TABS 100 MG ..... 39        |
| CLENPIQ SOLN 12 GM/175ML-3.5           |    | 0.05 % .....                          | 55 | clozapine TABS 25 MG, 50 MG, 200      |
| GM/175ML-10 MG/175ML .....             | 66 | clobetasol propionate emulsion ... 55 |    | MG ..... 39                           |
| CLEOCIN-T LOTN (clindamycin            |    | clobetasol propionate FOAM ..... 56   |    | clozapine TBDP ..... 39               |
| phosphate (topical)) .....             | 51 | clobetasol propionate GEL 0.05 % 56   |    | CLOZARIL TABS 100 MG                  |
| CLEVER CHOICE HOLDING                  |    | clobetasol propionate LIQD ..... 56   |    | (clozapine) ..... 39                  |
| CHAMBER DEVI .....                     | 71 | clobetasol propionate LOTN ..... 56   |    |                                       |
|                                        |    | clobetasol propionate OINT 0.05 %     |    |                                       |

|                                                       |    |                                                                                              |    |                                                                                                                            |    |
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| CLOZARIL TABS 25 MG, 50 MG, 200 MG (clozapine) .....  | 39 | MASK DEVI .....                                                                              | 71 | UNIT-24000 UNIT, 180000 UNIT-114000 UNIT-36000 UNIT, 30000 UNIT-19000 UNIT-6000 UNIT, 60000 UNIT-38000 UNIT-12000 UNIT ... | 59 |
| coal tar extract SHAM 0.5 % .....                     | 59 | COMPACT SPACE CHAMBER/SM MASK DEVI .....                                                     | 71 | CREON CPEP 15000 UNIT-9500 UNIT-3000 UNIT .....                                                                            | 59 |
| COARTEM .....                                         | 36 | COMPLERA 200 MG-300 MG-25 MG (emtricitabine-rilpivirine-tenofovir disoproxil fumarate) ..... | 41 | CRESEMBA CAPS .....                                                                                                        | 30 |
| COBENFY CAPS .....                                    | 40 | CONCERTA TBCR 18 MG, 27 MG, 54 MG (methylphenidate hcl) .....                                | 2  | CRESTOR TABS (rosuvastatin calcium) .....                                                                                  | 32 |
| COBENFY STARTER PACK CPPK 40                          |    | CONCERTA TBCR 36 MG (methylphenidate hcl) .....                                              | 2  | cromolyn sodium (nasal) 5.2 MG/ACT .....                                                                                   | 81 |
| codeine sulfate TABS 30 MG .....                      | 7  | CONDYLOX GEL (podofilox) .....                                                               | 58 | cromolyn sodium (ophth) .....                                                                                              | 84 |
| CODEINE SULFATE TABS .....                            | 7  | CONZIP CP24 (tramadol hcl) .....                                                             | 7  | cromolyn sodium NEBU .....                                                                                                 | 13 |
| colchicine CAPS .....                                 | 64 | COPAXONE SOSY 20 MG/ML (glatiramer acetate) .....                                            | 87 | crotamiton LOTN .....                                                                                                      | 59 |
| colchicine TABS .....                                 | 64 | COPAXONE SOSY 40 MG/ML (glatiramer acetate) .....                                            | 87 | CTEXLI TABS PO 250 MG .....                                                                                                | 62 |
| colchicine w/ probenecid .....                        | 64 | CORTEF TABS (hydrocortisone) ..                                                              | 49 | CULTURELLE PROBIOTIC MEN DAILY CAPS .....                                                                                  | 76 |
| COLCRYS TABS (colchicine) .....                       | 64 | CORTISONE ACETATE TABS ...                                                                   | 49 | CVS ADULT 50+ EYE HEALTH CAPS .....                                                                                        | 76 |
| colesevelam hcl PACK .....                            | 31 | CORTISPORIN-TC .....                                                                         | 85 | CVS EYE HEALTH ADULT 50+ CAPS .....                                                                                        | 76 |
| colesevelam hcl TABS .....                            | 31 | COSENTYX (300 MG DOSE) SOSY .                                                                | 54 | CVS HAIR/SKIN/NAILS TABS ....                                                                                              | 79 |
| COLESTID GRAN (colestipol hcl) .                      | 31 | COSENTYX SENSOREADY (300 MG) SOAJ .....                                                      | 54 | CVS IMMUNE SUPPORT CAPS ..                                                                                                 | 76 |
| COLESTID TABS (colestipol hcl) ..                     | 31 | COSENTYX SENSOREADY PEN SOAJ .....                                                           | 54 | CVS VISION HEALTH CAPS .....                                                                                               | 76 |
| colestipol hcl GRAN .....                             | 31 | COSENTYX SOSY .....                                                                          | 54 | cyanocobalamin SOLN IJ 1000 MCG/ML .....                                                                                   | 65 |
| colestipol hcl PACK .....                             | 31 | COSENTYX UNOREADY SOAJ ..                                                                    | 54 | cyclobenzaprine hcl CP24 .....                                                                                             | 80 |
| colestipol hcl TABS .....                             | 31 | COSOPT (dorzolamide hcl-timolol maleate) .....                                               | 81 | cyclobenzaprine hcl TABS 5 MG, 10 MG .....                                                                                 | 80 |
| COMBIGAN (brimonidine tartrate-timolol maleate) ..... | 81 | COSOPT PF (dorzolamide hcl-timolol maleate) .....                                            | 81 | cyclobenzaprine hcl TABS 7.5 MG                                                                                            | 80 |
| COMBIPATCH PTTW .....                                 | 61 | COTEMPLA XR-ODT TBED .....                                                                   | 2  | CYCLOGYL 0.5 % .....                                                                                                       | 82 |
| COMBIVENT RESPIMAT AERS ..                            | 15 | COZAAR (losartan potassium) ...                                                              | 33 | CYCLOGYL 2 % .....                                                                                                         | 82 |
| COMIRNATY 5-11 YEARS SUSP 10 MCG/0.3ML .....          | 93 | CREON CPEP 120000 UNIT-76000                                                                 |    | cyclopentolate hcl 1 % .....                                                                                               | 82 |
| COMIRNATY SUSY .....                                  | 93 |                                                                                              |    | cyclosporine (ophth) EMUL .....                                                                                            | 83 |
| COMPACT SPACE CHAMBER DEVI .....                      | 71 |                                                                                              |    |                                                                                                                            |    |
| COMPACT SPACE CHAMBER/LG MASK DEVI .....              | 71 |                                                                                              |    |                                                                                                                            |    |
| COMPACT SPACE CHAMBER/MED                             |    |                                                                                              |    |                                                                                                                            |    |

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| cyclosporine CAPS .....                                 | 75 | DAYPRO TABS (oxaprozin) .....                        | 5  | DERMACINRX MULTIVITAMIN<br>CHEW .....                             | 78 |
| cyclosporine modified (for<br>microemulsion) CAPS ..... | 75 | DAYTRANA PTCH<br>(methylphenidate) .....             | 2  | DERMA-SMOOTH/FS BODY OIL<br>(fluocinolone acetonide) .....        | 56 |
| cyclosporine modified (for<br>microemulsion) SOLN ..... | 75 | DAYVIGO .....                                        | 66 | DERMA-SMOOTH/FS SCALP OIL<br>(fluocinolone acetonide) .....       | 56 |
| CYLTEZO (2 PEN) AJKT .....                              | 4  | DECUBI-VITE CAPS .....                               | 76 | DESCOVY 120 MG-15 MG .....                                        | 41 |
| CYLTEZO (2 SYRINGE) PSKT .....                          | 4  | deferasirox PACK .....                               | 29 | DESCOVY 200 MG-25 MG .....                                        | 41 |
| CYLTEZO-CD/UC/HS STARTER<br>AJKT .....                  | 4  | deferasirox TABS .....                               | 29 | desipramine hcl TABS 10 MG, 50<br>MG, 75 MG, 100 MG, 150 MG ..... | 23 |
| CYLTEZO-PSORIASIS/UV<br>STARTER AJKT .....              | 4  | deferasirox TBSO .....                               | 29 | desipramine hcl TABS 25 MG .....                                  | 23 |
| CYMBALTA CPEP (duloxetine hcl)<br>23                    |    | deflazacort SUSP .....                               | 49 | desloratadine TABS .....                                          | 31 |
| cyproheptadine hcl SYRP .....                           | 31 | deflazacort TABS .....                               | 49 | desloratadine TBDP .....                                          | 31 |
| cyproheptadine hcl TABS .....                           | 31 | DEKAS PLUS CAPS .....                                | 76 | desmopressin acetate spray .....                                  | 61 |
| dabigatran etexilate mesylate CAPS .<br>17              |    | DEKAS PLUS OCEAN CAPS .....                          | 76 | desmopressin acetate spray<br>refrigerated 0.01 % .....           | 61 |
| DAILY MULTIPLE VITAMINS TABS .<br>78                    |    | DELSTRIGO .....                                      | 41 | desmopressin acetate TABS .....                                   | 61 |
| dalfampridine .....                                     | 87 | demeclocycline hcl TABS .....                        | 90 | desogestrel & ethinyl estradiol<br>.....48                        |    |
| DALIRESP (roflumilast) .....                            | 13 | DENAVIR (penciclovir) .....                          | 55 | desogestrel-ethinyl estradiol<br>(biphasic) .....                 | 48 |
| DANTRIUM CAPS 25 MG<br>(dantrolene sodium) .....        | 80 | DEPAKOTE ER TB24 250 MG<br>(divalproex sodium) ..... | 20 | desogestrel-ethinyl estradiol<br>(triphasic) .....                | 48 |
| dantrolene sodium CAPS .....                            | 80 | DEPAKOTE ER TB24 500 MG<br>(divalproex sodium) ..... | 20 | desonide CREA .....                                               | 56 |
| dapagliflozin propanediol .....                         | 28 | DEPAKOTE SPRINKLES CSDR<br>(divalproex sodium) ..... | 20 | desonide LOTN .....                                               | 56 |
| dapagliflozin propanediol-metformin<br>hcl .....        | 24 | DEPAKOTE TBEC 125 MG<br>(divalproex sodium) .....    | 20 | desonide OINT .....                                               | 56 |
| dapsone (topical) .....                                 | 51 | DEPAKOTE TBEC 250 MG<br>(divalproex sodium) .....    | 20 | desoximetasone CREA .....                                         | 56 |
| dapsone .....                                           | 35 | DEPAKOTE TBEC 500 MG<br>(divalproex sodium) .....    | 20 | desoximetasone GEL .....                                          | 56 |
| darifenacin hydrobromide .....                          | 92 | DEPLIN MA CAPS .....                                 | 76 | desoximetasone LIQD .....                                         | 56 |
| darunavir TABS 600 MG .....                             | 41 | DEPLINPRO MOOD HEALTH CAPS<br>76                     |    | desoximetasone OINT .....                                         | 56 |
| darunavir TABS 800 MG .....                             | 41 | DEPO-SUBQ PROVERA 104 SUSY<br>SC .....               | 49 | DESVENLAFAXINE ER .....                                           | 23 |
| DAVIMET-M CHEW .....                                    | 78 | DERMACINRX DAVIMET CHEW .                            | 78 | desvenlafaxine succinate 100 MG .                                 | 23 |
|                                                         |    |                                                      |    | desvenlafaxine succinate 25 MG, 50<br>MG .....                    | 23 |

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| DETROL LA CP24 (tolterodine tartrate) .....                                  | 92 | dexmethylphenidate hcl TABS .....                                                                                                    | 2  | diazepam (anticonvulsant) GEL 10 MG, 20 MG ..... | 17 |
| DETROL TABS (tolterodine tartrate) .                                         | 92 | dextroamphetamine sulfate CP24 10 MG, 15 MG .....                                                                                    | 1  | diazepam SOLN PO 5 MG/5ML ...                    | 12 |
| dexamethasone ELIX .....                                                     | 49 | dextroamphetamine sulfate CP24 5 MG .....                                                                                            | 1  | diazepam TABS .....                              | 12 |
| DEXAMETHASONE INTENSOL CONC .....                                            | 49 | dextroamphetamine sulfate SOLN ..                                                                                                    | 1  | diazoxide .....                                  | 24 |
| dexamethasone sodium phosphate (ophth) .....                                 | 83 | dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG .....                                                                             | 1  | dibucaine .....                                  | 58 |
| dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML ..... | 49 | dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG .                                                                 | 1  | DICLEGIS TBEC (doxylamine-pyridoxine) .....      | 30 |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..                            | 49 | dextroamphetamine sulfate TABS 5 MG, 10 MG .....                                                                                     | 1  | diclofenac epolamine PTCH EX ...                 | 53 |
| dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....                         | 49 | dextromethorphan polistirex SUER 50                                                                                                  |    | diclofenac potassium CAPS .....                  | 5  |
| dexamethasone SOLN .....                                                     | 49 | dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML ..... | 50 | diclofenac potassium TABS .....                  | 5  |
| dexamethasone TABS .....                                                     | 49 | dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML .....                            | 50 | diclofenac sodium (ophth) .....                  | 84 |
| dexamethasone TBPk .....                                                     | 49 | dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML .....                                                 | 50 | diclofenac sodium (topical) GEL EX               | 53 |
| DEXATran CAPS .....                                                          | 76 | dextromethorphan-guaifenesin TB12 600 MG-30 MG .....                                                                                 | 50 | diclofenac sodium (topical) SOLN EX .....        | 53 |
| dexchlorpheniramine maleate SOLN .                                           | 30 | dextromethorphan-phenylephrine-acetaminophen CAPS .....                                                                              | 50 | diclofenac sodium TB24 .....                     | 5  |
| DEXCOM G6 RECEIVER .....                                                     | 68 | DHIVY TABS .....                                                                                                                     | 37 | diclofenac sodium TBEC .....                     | 5  |
| DEXCOM G6 SENSOR .....                                                       | 68 | DIACOMIT CAPS 250 MG .....                                                                                                           | 18 | diclofenac w/ misoprostol TBEC ....              | 5  |
| DEXCOM G6 TRANSMITTER ....                                                   | 68 | DIACOMIT CAPS 500 MG .....                                                                                                           | 18 | dicloxacin sodium .....                          | 86 |
| DEXCOM G7 15 DAY SENSOR ..                                                   | 68 | DIACOMIT PACK 250 MG .....                                                                                                           | 18 | dicyclomine hcl CAPS .....                       | 90 |
| DEXCOM G7 RECEIVER .....                                                     | 68 | DIACOMIT PACK 500 MG .....                                                                                                           | 18 | dicyclomine hcl SOLN PO .....                    | 90 |
| DEXCOM G7 SENSOR .....                                                       | 68 |                                                                                                                                      |    | dicyclomine hcl TABS .....                       | 90 |
| DEXEDRINE CP24 10 MG, 15 MG (dextroamphetamine sulfate) .....                | 1  |                                                                                                                                      |    | DIFFERIN CREA (adapalene) .....                  | 51 |
| DEXILANT (dexlansoprazole) ....                                              | 91 |                                                                                                                                      |    | DIFFERIN GEL (adapalene) .....                   | 52 |
| dexlansoprazole .....                                                        | 91 |                                                                                                                                      |    | DIFFERIN LOTN .....                              | 52 |
| dexmethylphenidate hcl CP24 .....                                            | 2  |                                                                                                                                      |    | DIFICID SUSR .....                               | 68 |
|                                                                              |    |                                                                                                                                      |    | DIFICID TABS 200 MG (fidaxomicin)                | 68 |
|                                                                              |    |                                                                                                                                      |    | diflorasone diacetate CREA .....                 | 56 |
|                                                                              |    |                                                                                                                                      |    | diflorasone diacetate OINT .....                 | 56 |
|                                                                              |    |                                                                                                                                      |    | DIFLUCAN SUSR 40 MG/ML                           |    |

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| (fluconazole) ..... 30                                                               | diltiazem hcl TABS .....46                                         | docusate sodium CAPS 50 MG .... 67                  |
| diflunisal TABS .....7                                                               | diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ..... 46 | docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....67 |
| difluprednate .....83                                                                | diltiazem hcl TB24 ..... 46                                        | DOCUSATE SODIUM SYRP .....67                        |
| digoxin SOLN PO 0.05 MG/ML .... 46                                                   | dimethyl fumarate CDPK ..... 87                                    | docusate sodium TABS .....67                        |
| digoxin TABS 125 MCG, 250 MCG 46                                                     | dimethyl fumarate CPDR ..... 87                                    | dofetilide .....13                                  |
| DILANTIN (phenytoin sodium extended) ..... 20                                        | DIOVAN HCT (valsartan-hydrochlorothiazide) ..... 34                | donepezil hydrochloride TABS 23 MG ..... 86         |
| DILANTIN ..... 20                                                                    | DIOVAN TABS (valsartan) .....33                                    | donepezil hydrochloride TABS 5 MG, 10 MG .....86    |
| DILANTIN INFATABS CHEW (phenytoin) .....20                                           | DIPENTUM .....63                                                   | donepezil hydrochloride TBDP .... 86                |
| DILANTIN-125 SUSP (phenytoin) . 20                                                   | diphenhydramine hcl (sleep) TABS 25 MG .....66                     | DORAL (quazepam) .....66                            |
| DILAUDID LIQD (hydromorphone hcl) .....7                                             | diphenhydramine hcl CAPS .....31                                   | DORYX MPC TBEC 60 MG ..... 90                       |
| DILAUDID TABS 2 MG (hydromorphone hcl) .....8                                        | diphenhydramine hcl ELIX 12.5 MG/5ML .....31                       | dorzolamide hcl ..... 84                            |
| DILAUDID TABS 4 MG (hydromorphone hcl) .....8                                        | diphenhydramine hcl TABS 25 MG 31                                  | dorzolamide hcl-timolol maleate .. 81               |
| DILAUDID TABS 8 MG (hydromorphone hcl) .....8                                        | diphenoxylate w/ atropine LIQD ... 29                              | DOVATO ..... 41                                     |
| diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG ..... 46                      | diphenoxylate w/ atropine TABS ..29                                | doxazosin mesylate .....33                          |
| diltiazem hcl coated beads CP24 240 MG ..... 46                                      | DIPROLENE OINT (betamethasone dipropionate augmented) ..... 56     | doxepin hcl (sleep) .....66                         |
| diltiazem hcl coated beads CP24 360 MG ..... 46                                      | dipyridamole .....65                                               | doxepin hcl CAPS .....23                            |
| diltiazem hcl CP12 .....46                                                           | disopyramide phosphate CAPS ... 12                                 | doxepin hcl CONC .....23                            |
| diltiazem hcl CP24 120 MG, 180 MG 46                                                 | disulfiram 250 MG .....86                                          | doxycycline (monohydrate) CAPS .90                  |
| diltiazem hcl CP24 240 MG .....46                                                    | divalproex sodium CSDR .....20                                     | doxycycline (monohydrate) SUSR .90                  |
| diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG ..... 46 | divalproex sodium TB24 250 MG ..20                                 | doxycycline (monohydrate) TABS .90                  |
| diltiazem hcl extended release beads 240 MG .....46                                  | divalproex sodium TB24 500 MG ..20                                 | doxycycline (rosacea) .....58                       |
|                                                                                      | divalproex sodium TBEC 125 MG .20                                  | doxycycline hyclate CAPS .....90                    |
|                                                                                      | divalproex sodium TBEC 250 MG .20                                  | doxycycline hyclate TABS .....90                    |
|                                                                                      | divalproex sodium TBEC 500 MG .20                                  | doxycycline hyclate TBEC .....90                    |
|                                                                                      | docusate sodium CAPS 100 MG, 250 MG ..... 67                       | doxylamine succinate (sleep) .....66                |
|                                                                                      |                                                                    | doxylamine-pyridoxine TBEC .....30                  |
|                                                                                      |                                                                    | DRIZALMA SPRINKLE CSDR .... 23                      |
|                                                                                      |                                                                    | dronabinol CAPS .....30                             |

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| DROPLET INSULIN SYRINGE ...69                                     | EBGLYSS SOSY .....57                                             | ELIQUIS TABS .....16                                               |
| drospirenone-ethinyl estradiol 0.02<br>MG-3 MG .....48            | econazole nitrate CREA ..... 53                                  | ELIQUIS TBSO PO 0.5 MG .....16                                     |
| drospirenone-ethinyl estradiol 0.03<br>MG-3 MG .....48            | ECONAZOLE NITRATE FOAM 1 % .<br>53                               | ELLA ..... 49                                                      |
| DROXIA CAPS .....65                                               | ED BRON GP LIQD .....50                                          | ELON MATRIX 5000 COMPLETE<br>TABS .....79                          |
| DUAKLIR PRESSAIR .....15                                          | EDARBI .....33                                                   | ELON MATRIX 5000 TABS .....79                                      |
| DUETACT (pioglitazone hcl-<br>glimepiride) .....24                | EDARBYCLOR .....34                                               | ELON MATRIX COMPLETE TABS<br>79                                    |
| DULERA .....15                                                    | EDLUAR SUBL ..... 66                                             | ELON MATRIX PLUS TABS .....79                                      |
| DULERA 100 MCG/ACT-5<br>MCG/ACT, 200 MCG/ACT-5<br>MCG/ACT .....15 | EDURANT .....41                                                  | ELON R3 TABS .....79                                               |
| duloxetine hcl CPEP 20 MG, 30 MG,<br>60 MG .....23                | EDURANT PED PO 2.5 MG .....41                                    | EMBECTA AUTOSHIELD DUO ...69                                       |
| duloxetine hcl CPEP 40 MG .....23                                 | efavirenz CAPS 200 MG .....41                                    | EMBECTA INSULIN SYR<br>ULTRAFINE .....69                           |
| DUPIXENT SOAJ .....57                                             | efavirenz CAPS 50 MG .....41                                     | EMBECTA PEN NEEDLE NANO .69                                        |
| DUPIXENT SOSY 200 MG/1.14ML,<br>300 MG/2ML .....57                | efavirenz TABS ..... 42                                          | EMBECTA PEN NEEDLE NANO 2<br>GEN ..... 69                          |
| DUREZOL (difluprednate) .....83                                   | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate .....41 | EMBECTA PEN NEEDLE<br>ULTRAFINE .....69                            |
| dutasteride .....64                                               | efavirenz-lamivudine-tenofovir<br>disoproxil fumarate .....42    | EMEND BIPACK CAPS 80 MG<br>(aprepitant) .....30                    |
| dutasteride-tamsulosin hcl ..... 64                               | EFFEXOR XR CP24 150 MG<br>(venlafaxine hcl) .....23              | EMEND SUSR .....30                                                 |
| DYANAVAL XR SUER ..... 1                                          | EFFEXOR XR CP24 37.5 MG<br>(venlafaxine hcl) .....23             | EMEND TRIPACK CAPS (aprepitant)<br>.....30                         |
| DYANAVAL XR TBCR ..... 1                                          | EFFEXOR XR CP24 75 MG<br>(venlafaxine hcl) .....23               | EMFLAZA SUSP (deflazacort) ....49                                  |
| DYMISTA SUSP (azelastine hcl-<br>fluticasone propionate) .....80  | EFFIENT (prasugrel hcl) .....65                                  | EMFLAZA TABS (deflazacort) ....49                                  |
| E.E.S. GRANULES SUSR<br>(erythromycin ethylsuccinate) .....68     | ELEPSIA XR TB24 .....18                                          | EMGALITY (300 MG DOSE) SOSY<br>72                                  |
| EASIVENT MASK LARGE MISC ..71                                     | eletriptan hydrobromide .....72                                  | EMGALITY SOAJ .....72                                              |
| EASIVENT MASK MEDIUM MISC 71                                      | ELIMITE CREA (permethrin) ..... 59                               | EMGALITY SOSY .....72                                              |
| EASIVENT MASK SMALL MISC ..71                                     | ELIQUIS (1.5 MG PACK) TBSO PO .<br>16                            | EMSAM .....21                                                      |
| EASIVENT MISC .....71                                             | ELIQUIS (2 MG PACK) TBSO PO .16                                  | emtricitabine CAPS .....42                                         |
| EBGLYSS SOAJ .....57                                              | ELIQUIS CPSP PO 0.15 MG .....16                                  | emtricitabine-rilpivirine-tenofovir<br>disoproxil fumarate .....42 |
|                                                                   | ELIQUIS DVT/PE STARTER PACK<br>TBPk .....16                      |                                                                    |

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| emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG | MG/0.6ML                                                                    | 16 | EPIVIR TABS 150 MG (lamivudine)                                               | 42 |
| emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG                               | ENSPRYNG                                                                    | 75 | EPIVIR TABS 300 MG (lamivudine)                                               | 42 |
| EMTRIVA CAPS (emtricitabine)                                                            | ENSTILAR FOAM                                                               | 56 | EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML | 65 |
| EMTRIVA SOLN                                                                            | entecavir TABS                                                              | 44 | EPRONTIA SOLN 25 MG/ML (topiramate)                                           | 18 |
| EMVERM CHEW                                                                             | ENTRESTO CPSP                                                               | 47 | EPSOLAY CREA                                                                  | 52 |
| enalapril maleate & hydrochlorothiazide                                                 | ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (sacubitril-valsartan) | 47 | EQ SPACE CHAMBER ANTI-STATIC DEVI                                             | 71 |
| enalapril maleate SOLN                                                                  | ENTYVIO PEN SOAJ                                                            | 63 | EQ SPACE CHAMBER ANTI-STATIC L DEVI                                           | 71 |
| enalapril maleate TABS                                                                  | ENVARUSUS XR TB24                                                           | 75 | EQ SPACE CHAMBER ANTI-STATIC M DEVI                                           | 71 |
| ENBREL MINI SOCT                                                                        | EOHILIA SUSP                                                                | 49 | EQ SPACE CHAMBER ANTI-STATIC S DEVI                                           | 71 |
| ENBREL SOLN                                                                             | EPANED SOLN (enalapril maleate)                                             | 32 | EQUETRO                                                                       | 38 |
| ENBREL SOSY 25 MG/0.5ML                                                                 | EPCLUSA PACK                                                                | 44 | ergocalciferol CAPS                                                           | 96 |
| ENBREL SOSY 50 MG/ML                                                                    | EPCLUSA TABS 100 MG-400 MG                                                  | 44 | ergocalciferol SOLN PO 200 MCG/ML                                             | 96 |
| ENBREL SURECLICK SOAJ                                                                   | EPCLUSA TABS 50 MG-200 MG                                                   | 44 | ERTACZO                                                                       | 53 |
| ENDARI (glutamine (sickle cell))                                                        | EPIDIOLEX                                                                   | 18 | ERVEBO                                                                        | 93 |
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| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML                                                  | EPIFOAM FOAM                                                                | 56 | ERYPED 400 SUSR (erythromycin ethylsuccinate)                                 | 68 |
| ENERGIX-B SUSP 20 MCG/ML                                                                | epinastine hcl (ophth)                                                      | 84 | erythromycin (acne aid) GEL                                                   | 52 |
| ENERGIX-B SUSY                                                                          | epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML                               | 95 | erythromycin (acne aid) PADS                                                  | 52 |
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| enoxaparin sodium SOLN IJ 300 MG/3ML                                                    | epinephrine (anaphylaxis) SOAJ                                              | 95 | erythromycin (ophth)                                                          | 82 |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML                                             | EPIPEN 2-PAK SOAJ (epinephrine (anaphylaxis))                               | 95 | erythromycin base CPEP                                                        | 68 |
| enoxaparin sodium SOSY 30 MG/0.3ML                                                      | EPIPEN JR 2-PAK SOAJ (epinephrine (anaphylaxis))                            | 96 | erythromycin base TABS                                                        | 68 |
| enoxaparin sodium SOSY 40 MG/0.4ML                                                      | EPIVIR SOLN (lamivudine)                                                    | 42 |                                                                               |    |
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| erythromycin base TBEC .....                                                       | 68 | estradiol PTWK .....                                                              | 62 | EXELON 13.3 MG/24HR<br>(rivastigmine) .....                     | 86 |
| erythromycin ethylsuccinate SUSR<br>68                                             |    | estradiol TABS .....                                                              | 62 | EXELON 4.6 MG/24HR, 9.5<br>MG/24HR (rivastigmine) .....         | 86 |
| erythromycin ethylsuccinate TABS 68                                                |    | estradiol vaginal CREA .....                                                      | 95 | exemestane .....                                                | 37 |
| erythromycin stearate TABS 250 MG<br>68                                            |    | estradiol vaginal TABS .....                                                      | 95 | exenatide SOPN 10 MCG/0.04ML                                    | 25 |
| ERZOFRI 117 MG/0.75ML .....                                                        | 38 | ESTROFACTORS TABS .....                                                           | 78 | exenatide SOPN 5 MCG/0.02ML                                     | 25 |
| ERZOFRI 156 MG/ML .....                                                            | 38 | estrogens, conjugated TABS 0.3 MG,<br>0.45 MG, 0.625 MG, 0.9 MG, 1.25<br>MG ..... | 62 | EXFORGE (amlodipine besylate-<br>valsartan) .....               | 34 |
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| escitalopram oxalate SOLN .....                                                    | 21 | ethynodiol diacet & eth estrad 50<br>MCG-1 MG .....                               | 48 | EYE HEALTH CAPS .....                                           | 77 |
| escitalopram oxalate TABS 10 MG<br>21                                              |    | etodolac CAPS .....                                                               | 5  | EYLEA SOSY .....                                                | 82 |
| escitalopram oxalate TABS 20 MG<br>21                                              |    | etodolac TABS .....                                                               | 5  | EYSUVIS SUSP .....                                              | 83 |
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| .....                              | 29    | MG | .....                              | 65    | flecainide acetate              | ..... | 13 |
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| FASENRA SOSY                       | ..... | 13 | MG/ML                              | ..... | FLEXICHAMBER ADULT              |       |    |
| febuxostat                         | ..... | 64 | ferrous sulfate SOLN 220 MG/5ML,   | ..... | MASK/SMALL                      | ..... | 71 |
| felbamate SUSP                     | ..... | 19 | 300 MG/6.8ML                       | ..... | FLEXICHAMBER CHILD              |       |    |
| felbamate TABS                     | ..... | 19 | MG, 325 MG                         | ..... | MASK/LARGE                      | ..... | 71 |
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| felodipine                         | ..... | 46 | ferrous sulfate TBEC               | ..... | MASK/SMALL                      | ..... | 71 |
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| MG                                 | ..... | 32 | FETZIMA TITRATION C4PK             | ..... | FLUARIX SUSY                    | ..... | 94 |
| fenofibrate micronized 43 MG, 130  | ..... | 32 | FEVERALL JUNIOR STRENGTH           | ..... | FLUBLOK SOSY                    | ..... | 94 |
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| fenofibrate micronized 67 MG       | ..... | 32 | fexofenadine hcl TABS 180 MG       | ..... | FLUCELVAX SUSY                  | ..... | 94 |
| fenofibrate TABS 160 MG            | ..... | 32 | fexofenadine hcl TABS 60 MG        | ..... | fluconazole SUSR                | ..... | 30 |
| fenofibrate TABS 40 MG, 120 MG     | ..... | 32 | FIASP FLEXTOUCH SOPN               | ..... | fluconazole TABS 100 MG, 200 MG | ..... | 30 |
| fenofibrate TABS 48 MG, 145 MG     | ..... | 32 | FIASP PENFILL SOCT                 | ..... | fluconazole TABS 150 MG         | ..... | 30 |
| fenofibrate TABS 54 MG             | ..... | 32 | FIASP SOLN                         | ..... | fluconazole TABS 50 MG          | ..... | 30 |
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| fenoprofen calcium TABS            | ..... | 6  | FINACEA FOAM                       | ..... | FLUMIST                         | ..... | 94 |
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| fentanyl citrate TABS 200 MCG, 400 | ..... | 8  | FINTEPLA                           | ..... | fluocinolone acetoneide CREA    | ..... | 56 |
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| fentanyl PT72 12 MCG/HR, 25        | ..... | 8  | 50 MG-300 MG (butalbital-          | ..... | fluocinolone acetoneide OINT    | ..... | 56 |
| MCG/HR, 50 MCG/HR, 75 MCG/HR,      | ..... | 8  | acetaminophen-caffeine w/ codeine) | ..... | fluocinolone acetoneide SOLN    | ..... | 56 |
| 100 MCG/HR                         | ..... | 8  | 9                                  | ..... | fluocinonide CREA 0.05 %        | ..... | 56 |
| fentanyl PT72 37.5 MCG/HR, 62.5    | ..... | 8  | FIRVANQ SOLR PO (vancomycin        | ..... | fluocinonide CREA 0.1 %         | ..... | 56 |
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| fluocinonide GEL .....56                                                             | fluticasone propionate CREA 0.05 %<br>56                                                                            | FOLAGENT DHA CAPS .....77                                |
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| fluoxetine hcl CAPS 10 MG, 20 MG<br>21                                               | fluticasone-salmeterol AEPB 113<br>MCG/ACT-14 MCG/ACT, 232<br>MCG/ACT-14 MCG/ACT, 55<br>MCG/ACT-14 MCG/ACT .....15  | formoterol fumarate NEBU .....15                         |
| fluoxetine hcl CAPS 40 MG .....21                                                    |                                                                                                                     | FORTEO SOPN (teriparatide) .....60                       |
| fluoxetine hcl CPDR ..... 21                                                         |                                                                                                                     | FORTEO SOPN (teriparatide) .....61                       |
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| guaifenesin-codeine SYRP .....50                            | HEALTHY EYES SUPERVISION 2<br>CAPS .....77                                                                                  | HUMALOG SOCT .....26                                       |
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| guanfacine hcl .....33                                      | HEART TABS TABS .....79                                                                                                     | HUMALOG TEMPO PEN SOPN ..26                                |
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| GVOKE HYPOPEN 2-PACK SOAJ<br>25                             | HEMANGEOL SOLN PO .....45                                                                                                   | HUMIRA (2 PEN) AJKT 40<br>MG/0.4ML .....4                  |
| GVOKE KIT SOLN .....25                                      | heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML .....16 | HUMIRA (2 PEN) AJKT 40<br>MG/0.8ML .....4                  |
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| HYDRALYTE SOLN ..... 74                                                                                       | hydrocortisone (topical) LOTN 2.5 % . 57           | hyoscyamine sulfate SOLN PO 0.125 MG/ML ..... 90           |
| hydrochlorothiazide CAPS ..... 60                                                                             | hydrocortisone (topical) OINT 1 % . 57             | hyoscyamine sulfate SUBL 0.125 MG ..... 90                 |
| hydrochlorothiazide TABS 25 MG, 50 MG ..... 60                                                                | hydrocortisone (topical) OINT 2.5 % . 57           | hyoscyamine sulfate TABS 0.125 MG ..... 91                 |
| hydrocodone bitartrate CP12 ..... 8                                                                           | hydrocortisone (topical) SOLN 2.5 % 57             | hyoscyamine sulfate TB12 0.375 MG 91                       |
| hydrocodone bitartrate T24A ..... 8                                                                           | hydrocortisone butyrate CREA .... 57               | hyoscyamine sulfate TBDP 0.125 MG ..... 91                 |
| hydrocodone bitartrate-homatropine methylbromide SOLN ..... 50                                                | hydrocortisone butyrate LOTN .... 57               | HYPERRHO SOSY IM 1500 UNIT 85                              |
| hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML ..... 10 | hydrocortisone butyrate OINT ..... 57              | HYRIMOZ SOAJ ..... 5                                       |
| hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML ..... 9                                                 | hydrocortisone butyrate SOLN .... 57               | HYRIMOZ SOSY ..... 5                                       |
| hydrocodone-acetaminophen SOLN . 10                                                                           | hydrocortisone TABS ..... 49                       | HYRIMOZ-CROHNS/UC STARTER SOAJ ..... 5                     |
| hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG ..... 10                              | hydrocortisone valerate CREA .... 57               | HYRIMOZ-PED<40KG CROHN STARTER SOSY ..... 5                |
| hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG ..... 10                              | hydrocortisone valerate OINT ..... 57              | HYRIMOZ-PED>=40KG CROHN START SOSY ..... 5                 |
| hydrocodone-acetaminophen TABS 325 MG-2.5 MG ..... 10                                                         | hydrocortisone w/acetic acid ..... 85              | HYRIMOZ-PLAQ PSOR/UEIT START SOAJ ..... 5                  |
| hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG . 10                                           | hydromorphone hcl LIQD ..... 8                     | HYSINGLA ER T24A ..... 8                                   |
| hydrocortisone (intrarectal) ..... 11                                                                         | HYDROMORPHONE HCL SUPP .. 8                        | HYZAAR (losartan potassium & hydrochlorothiazide) ..... 34 |
| hydrocortisone (rectal) EX 1 % .... 11                                                                        | hydromorphone hcl TABS 2 MG ... 8                  | ibandronate sodium TABS ..... 61                           |
| hydrocortisone (rectal) EX 2.5 % .. 11                                                                        | hydromorphone hcl TABS 4 MG .... 8                 | IBRANCE CAPS ..... 37                                      |
| hydrocortisone (topical) CREA 0.5 % 56                                                                        | hydromorphone hcl TABS 8 MG .... 8                 | IBRANCE TABS ..... 37                                      |
| hydrocortisone (topical) CREA 1 % 57                                                                          | hydromorphone hcl TB24 ..... 8                     | IBSRELA ..... 63                                           |
| hydrocortisone (topical) CREA 2.5 % 56                                                                        | hydroxychloroquine sulfate 100 MG, 200 MG ..... 36 | ibuprofen CHEW ..... 6                                     |
|                                                                                                               | HYDROXYM GEL ..... 57                              | ibuprofen SUSP 100 MG/5ML, 200 MG/10ML ..... 6             |
|                                                                                                               | hydroxyurea ..... 37                               | ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML ..... 6              |
|                                                                                                               | HYDROXYUREA ..... 48                               | ibuprofen TABS 200 MG ..... 6                              |
|                                                                                                               | hydroxyzine hcl SYRP ..... 12                      |                                                            |
|                                                                                                               | hydroxyzine hcl TABS ..... 12                      |                                                            |
|                                                                                                               | hydroxyzine pamoate CAPS ..... 12                  |                                                            |
|                                                                                                               | HYFTOR ..... 58                                    |                                                            |
|                                                                                                               | hyoscyamine sulfate ELIX ..... 90                  |                                                            |

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| ibuprofen TABS 300 MG .....6                                                  | IMURAN TABS (azathioprine) .....75                     | INSULIN DEGLUDEC FLEXTOUCH<br>SOPN 200 UNIT/ML .....27 |
| ibuprofen TABS 400 MG, 600 MG,<br>800 MG .....6                               | INCRELEX .....61                                       | INSULIN DEGLUDEC SOLN .....27                          |
| ibuprofen-famotidine .....6                                                   | INCRUSE ELLIPTA .....13                                | INSULIN GLARGINE MAX<br>SOLOSTAR SOPN .....27          |
| icatibant acetate SOSY .....64                                                | indapamide TABS 1.25 MG, 2.5 MG .<br>60                | INSULIN GLARGINE SOLOSTAR<br>SOPN 300 UNIT/ML .....27  |
| ICLUSIG .....37                                                               | INDERAL LA CP24 (propranolol hcl) .<br>45              | INSULIN GLARGINE-YFGN SOLN<br>27                       |
| icosapent ethyl .....31                                                       | INDERAL XL .....45                                     | INSULIN GLARGINE-YFGN SOPN<br>27                       |
| IDACIO (2 PEN) AJKT .....5                                                    | indomethacin CAPS 25 MG, 50 MG 6                       | INSULIN LISPRO (1 UNIT DIAL)<br>SOPN .....27           |
| IDACIO-CROHNS/UC STARTER<br>AJKT .....5                                       | indomethacin CPCR .....6                               | INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN .....27          |
| IDACIO-PSORIASIS STARTER<br>AJKT .....5                                       | indomethacin SUPP .....6                               | INSULIN LISPRO PROT & LISPRO<br>SUPN .....27           |
| IGALMI FILM .....66                                                           | indomethacin SUSP .....6                               | INSULIN LISPRO SOLN IJ .....27                         |
| ILEVRO .....84                                                                | INFLECTRA SOLR .....63                                 | INTELENCE (etravirine) .....42                         |
| imipramine hcl TABS .....23                                                   | INGREZZA CAPS .....87                                  | INTELENCE .....42                                      |
| imiquimod 3.75 % .....58                                                      | INGREZZA CPPK .....87                                  | INTELENCE 200 MG (etravirine) ..42                     |
| imiquimod 5 % .....58                                                         | INGREZZA CPSP .....87                                  | INTUNIV (guanfacine hcl (adhd)) ..2                    |
| IMITREX STATDOSE REFILL SOCT<br>4 MG/0.5ML .....72                            | INNOPRAN XL .....45                                    | INVEGA 3 MG, 6 MG, 9 MG<br>(paliperidone) .....38      |
| IMITREX STATDOSE REFILL SOCT<br>6 MG/0.5ML .....72                            | INPEFA .....47                                         | INVEGA HAFYERA .....38                                 |
| IMITREX STATDOSE SYSTEM<br>SOAJ 4 MG/0.5ML .....73                            | INREBIC .....37                                        | INVEGA SUSTENNA 117<br>MG/0.75ML .....38               |
| IMITREX STATDOSE SYSTEM<br>SOAJ 6 MG/0.5ML (sumatriptan<br>succinate) .....73 | INSPIREASE MISC .....71                                | INVEGA SUSTENNA 156 MG/ML .38                          |
| IMITREX TABS (sumatriptan<br>succinate) .....73                               | INSPIREASE RESERVOIR BAGS<br>71                        | INVEGA SUSTENNA 234 MG/1.5ML<br>38                     |
| IMMUNE ESSENTIALS DAILY CAPS<br>.....77                                       | INSULIN ASP PROT & ASP<br>FLEXPEN SUPN .....26         | INVEGA SUSTENNA 39 MG/0.25ML<br>38                     |
| IMOVAX RABIES SUSR .....94                                                    | INSULIN ASPART FLEXPEN SOPN .<br>26                    | INVEGA SUSTENNA 78 MG/0.5ML<br>38                      |
| IMULDOSA SOSY SC 45 MG/0.5ML<br>54                                            | INSULIN ASPART PENFILL SOCT<br>26                      |                                                        |
| IMULDOSA SOSY SC 90 MG/ML .54                                                 | INSULIN ASPART PROT & ASPART<br>SUSP .....26           |                                                        |
|                                                                               | INSULIN ASPART SOLN IJ .....27                         |                                                        |
|                                                                               | INSULIN DEGLUDEC FLEXTOUCH<br>SOPN 100 UNIT/ML .....27 |                                                        |

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| INVEGA TRINZA 273 MG/0.88ML 38                                  | isosorbide mononitrate TB24 ..... 12                        | KENALOG AERS (triamcinolone<br>acetonide (topical)) ..... 57 |
| INVEGA TRINZA 410 MG/1.32ML 39                                  | isotretinoin 10 MG, 20 MG, 30 MG,<br>40 MG ..... 52         | KEPPRA SOLN PO 100 MG/ML<br>(levetiracetam) ..... 18         |
| INVEGA TRINZA 546 MG/1.75ML 39                                  | isradipine CAPS ..... 46                                    | KEPPRA TABS 1000 MG<br>(levetiracetam) ..... 18              |
| INVEGA TRINZA 819 MG/2.63ML 39                                  | ISTALOL SOLN (timolol maleate<br>(ophth)) ..... 81          | KEPPRA TABS 250 MG, 750 MG<br>(levetiracetam) ..... 18       |
| INVELTYS SUSP ..... 83                                          | itraconazole CAPS ..... 30                                  | KEPPRA TABS 500 MG<br>(levetiracetam) ..... 18               |
| INVOKAMET TABS ..... 24                                         | itraconazole SOLN ..... 30                                  | KEPPRA XR TB24 (levetiracetam) 18                            |
| INVOKAMET XR TB24 ..... 24                                      | ivermectin (rosacea) ..... 58                               | KESIMPTA ..... 88                                            |
| INVOKANA ..... 29                                               | IXIARO ..... 94                                             | ketoconazole (topical) CREA ..... 53                         |
| IOPIDINE ..... 82                                               | IYUZEH SOLN ..... 84                                        | ketoconazole (topical) FOAM ..... 53                         |
| IPOL IJ ..... 94                                                | JANUMET TABS ..... 24                                       | ketoconazole (topical) SHAM 2 % .53                          |
| ipratropium bromide (nasal) 0.03 %<br>81                        | JANUMET XR TB24 ..... 24                                    | ketoconazole ..... 30                                        |
| ipratropium bromide (nasal) 0.06 %<br>81                        | JANUVIA ..... 25                                            | KETODAN ..... 53                                             |
| ipratropium bromide SOLN 0.02 % 13                              | JARDIANCE ..... 29                                          | KETONE TEST STRP ..... 59                                    |
| ipratropium-albuterol SOLN ..... 15                             | JENTADUETO TABS ..... 24                                    | ketoprofen CAPS 25 MG ..... 6                                |
| irbesartan ..... 33                                             | JENTADUETO XR TB24 ..... 24                                 | ketoprofen CAPS 50 MG ..... 6                                |
| irbesartan-hydrochlorothiazide .... 34                          | JORNAY PM CP24 ..... 2                                      | ketoprofen CP24 ..... 6                                      |
| IRON CHEWS PEDIATRIC CHEW<br>65                                 | JOURNAVX ..... 7                                            | ketorolac tromethamine (ophth) 0.4<br>% ..... 84             |
| ISENTRESS CHEW 100 MG ..... 42                                  | JULUCA ..... 42                                             | ketorolac tromethamine (ophth) 0.5<br>% ..... 84             |
| ISENTRESS CHEW 25 MG ..... 42                                   | JYLAMVO SOLN PO ..... 36                                    | ketorolac tromethamine TABS ..... 6                          |
| ISENTRESS HD TABS ..... 42                                      | JYNNEOS ..... 94                                            | KETOSTIX STRP ..... 59                                       |
| ISENTRESS PACK ..... 42                                         | KALETRA SOLN ..... 42                                       | ketotifen fumarate (ophth) 0.035 %<br>84                     |
| ISENTRESS TABS ..... 42                                         | KALETRA TABS 25 MG-100 MG<br>(lopinavir-ritonavir) ..... 42 | KEVZARA SOAJ ..... 5                                         |
| isoniazid SYRP ..... 36                                         | KALETRA TABS 50 MG-200 MG<br>(lopinavir-ritonavir) ..... 42 | KEVZARA SOSY ..... 5                                         |
| isoniazid TABS ..... 36                                         | KANJINTI ..... 36                                           | KHINDIVI SOLN PO 1 MG/ML .... 49                             |
| isosorbide dinitrate TABS 5 MG, 10<br>MG, 20 MG, 30 MG ..... 12 | KAPSPARGO SPRINKLE CS24 .. 45                               | KINDERLYTE PREMAX SOLN .... 74                               |
| isosorbide mononitrate TABS ..... 12                            | KATERZIA ..... 46                                           |                                                              |
| ISOSORBIDE MONONITRATE<br>TABS ..... 12                         | KAZANO (alogliptin-metformin hcl)<br>24                     |                                                              |

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| KINDERLYTE SOLN .....                                          | 74 | LAMICTAL XR TB24 (lamotrigine) .             | 18 | levalbuterol hcl .....                                              | 15 |
| KINERET SOSY .....                                             | 5  | lamivudine (hbv) TABS .....                  | 44 | levalbuterol tartrate .....                                         | 15 |
| KIRSTY SOLN IJ 100 UNIT/ML ...                                 | 27 | lamivudine SOLN .....                        | 42 | levamlodipine maleate .....                                         | 46 |
| KIRSTY SOPN SC 100 UNIT/ML ..                                  | 27 | lamivudine TABS 150 MG .....                 | 42 | LEVEMIR SOLN .....                                                  | 27 |
| KITABIS PAK (W/ NEBULIZER)<br>NEBU 300 MG/5ML (tobramycin) ... | 3  | lamivudine TABS 300 MG .....                 | 42 | levetiracetam SOLN PO 100 MG/ML,<br>500 MG/5ML .....                | 18 |
| KLOXXADO LIQD .....                                            | 29 | lamivudine-zidovudine .....                  | 42 | levetiracetam TABS 1000 MG .....                                    | 18 |
| KONVOMEK SUSR .....                                            | 91 | lamotrigine CHEW .....                       | 18 | levetiracetam TABS 250 MG, 750<br>MG .....                          | 18 |
| KPN PRENATAL TABS .....                                        | 79 | lamotrigine KIT 25 MG .....                  | 18 | levetiracetam TABS 500 MG .....                                     | 18 |
| KRINTAFEL .....                                                | 36 | lamotrigine TABS .....                       | 18 | levetiracetam TB24 .....                                            | 18 |
| labetalol hcl TABS 100 MG .....                                | 45 | lamotrigine TB24 .....                       | 18 | LEVETIRACETAM TB3D .....                                            | 18 |
| labetalol hcl TABS 200 MG .....                                | 45 | lamotrigine TBDP .....                       | 18 | levobunolol hcl 0.5 % .....                                         | 81 |
| labetalol hcl TABS 300 MG .....                                | 45 | LANOLIN XX .....                             | 86 | levocarnitine (metabolic modifiers)<br>SOLN PO 1 GM/10ML .....      | 61 |
| labetalol hcl TABS 400 MG .....                                | 45 | lansoprazole CPDR 15 MG .....                | 91 | levocarnitine (metabolic modifiers)<br>TABs .....                   | 61 |
| lacosamide SOLN PO 10 MG/ML, 50<br>MG/5ML, 100 MG/10ML .....   | 18 | lansoprazole CPDR 30 MG .....                | 91 | levocetirizine dihydrochloride SOLN<br>31                           |    |
| lacosamide TABS .....                                          | 18 | lansoprazole TBDD .....                      | 91 | levocetirizine dihydrochloride TABS<br>31                           |    |
| lactic acid (ammonium lactate) CREA<br>.....                   | 58 | lanthanum carbonate CHEW .....               | 64 | levofloxacin (ophth) 0.5 % .....                                    | 82 |
| lactic acid (ammonium lactate) LOTN<br>12 % .....              | 58 | LANTUS SOLN .....                            | 27 | levofloxacin SOLN PO .....                                          | 62 |
| lactulose (encephalopathy) .....                               | 63 | LANTUS SOLOSTAR SOPN .....                   | 27 | levofloxacin TABS .....                                             | 62 |
| lactulose PACK .....                                           | 67 | latanoprost SOLN .....                       | 84 | levonorgestrel & eth estradiol TABS<br>48                           |    |
| lactulose SOLN .....                                           | 67 | LATUDA (lurasidone hcl) .....                | 38 | levonorgestrel (emergency oc) 1.5<br>MG .....                       | 49 |
| LAMICTAL CHEW (lamotrigine) ...                                | 18 | LEDIPASVIR-SOFOSBUVIR TABS<br>44             |    | levonorgestrel-eth estradiol<br>(triphasic) .....                   | 48 |
| LAMICTAL ODT KIT (lamotrigine) .                               | 18 | leflunomide .....                            | 6  | levonorgestrel-ethinyl estradiol (91-<br>day) 0.03 MG-0.15 MG ..... | 48 |
| LAMICTAL ODT TBDP (lamotrigine) .<br>18                        |    | LENTOCILIN SUSR .....                        | 85 | levorphanol tartrate TABS 2 MG ....                                 | 8  |
| LAMICTAL STARTER KIT 25 MG<br>(lamotrigine) .....              | 18 | LEQSELVI TABS PO 8 MG .....                  | 58 |                                                                     |    |
| LAMICTAL TABS (lamotrigine) ....                               | 18 | LESCOL XL TB24 (fluvastatin<br>sodium) ..... | 32 |                                                                     |    |
| LAMICTAL XR KIT .....                                          | 18 | LETAIRIS (ambrisentan) .....                 | 47 |                                                                     |    |
|                                                                |    | letrozole .....                              | 37 |                                                                     |    |
|                                                                |    | leucovorin calcium TABS .....                | 37 |                                                                     |    |
|                                                                |    | LEUKERAN .....                               | 36 |                                                                     |    |

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| levorphanol tartrate TABS .....                    | 8  | lisinopril TABS 2.5 MG, 5 MG, 10<br>MG, 20 MG, 30 MG, 40 MG ..... | 33 | losartan potassium &<br>hydrochlorothiazide .....                                                    | 34 |
| levothyroxine sodium TABS .....                    | 90 | LITFULO .....                                                     | 58 | losartan potassium .....                                                                             | 33 |
| LEXAPRO TABS 10 MG<br>(escitalopram oxalate) ..... | 22 | lithium .....                                                     | 37 | LOTEMAX GEL (loteprednol<br>etabonate) .....                                                         | 83 |
| LEXAPRO TABS 20 MG<br>(escitalopram oxalate) ..... | 22 | lithium carbonate CAPS .....                                      | 37 | LOTEMAX OINT .....                                                                                   | 83 |
| LEXAPRO TABS 5 MG (escitalopram<br>oxalate) .....  | 22 | LITHIUM CARBONATE POWD ...                                        | 37 | LOTEMAX SM GEL .....                                                                                 | 83 |
| LEXIVA SUSP .....                                  | 42 | lithium carbonate TABS .....                                      | 37 | LOTEMAX SUSP (loteprednol<br>etabonate) .....                                                        | 83 |
| LIALDA TBEC (mesalamine) .....                     | 63 | lithium carbonate TBCR .....                                      | 37 | LOTENSIN 10 MG, 20 MG<br>(benazepril hcl) .....                                                      | 33 |
| LIBERVANT FILM .....                               | 17 | LIVALO (pitavastatin calcium) ....                                | 32 | LOTENSIN 40 MG (benazepril hcl)<br>33                                                                |    |
| lidocaine CREA 4 % .....                           | 58 | LOHIST-D LIQD .....                                               | 50 | LOTENSIN HCT 12.5 MG-10 MG,<br>12.5 MG-20 MG, 25 MG-20 MG<br>(benazepril & hydrochlorothiazide)      | 34 |
| lidocaine hcl (mouth-throat) 2 % ...               | 75 | LOKELMA .....                                                     | 75 | loteprednol etabonate GEL .....                                                                      | 83 |
| lidocaine hcl CREA 3 %, 4 % .....                  | 58 | loperamide hcl CAPS .....                                         | 29 | loteprednol etabonate SUSP .....                                                                     | 83 |
| lidocaine hcl GEL 2 % .....                        | 58 | loperamide hcl TABS .....                                         | 29 | LOTREL 10 MG-5 MG, 20 MG-10<br>MG, 20 MG-5 MG, 40 MG-10 MG<br>(amlodipine besylate-benazepril hcl) . | 34 |
| LIDOCAINE HCL<br>URETHRAL/MUCOSAL GEL 2 % .        | 58 | LOPID TABS (gemfibrozil) .....                                    | 32 | LOTRONEX (alosetron hcl) .....                                                                       | 63 |
| lidocaine-prilocaine CREA .....                    | 58 | lopinavir-ritonavir SOLN .....                                    | 42 | lovastatin TABS 10 MG, 20 MG ...                                                                     | 32 |
| LIKMEZ SUSP .....                                  | 35 | lopinavir-ritonavir TABS 25 MG-100<br>MG .....                    | 42 | lovastatin TABS 40 MG .....                                                                          | 32 |
| LINZESS .....                                      | 63 | lopinavir-ritonavir TABS 50 MG-200<br>MG .....                    | 42 | LOVENOX SOLN IJ 300 MG/3ML<br>(enoxaparin sodium) .....                                              | 16 |
| liothyronine sodium TABS .....                     | 90 | LOPRESSOR SOLN PO 10 MG/ML .                                      | 45 | LOVENOX SOSY 100 MG/ML, 150<br>MG/ML (enoxaparin sodium) .....                                       | 17 |
| LIPIDSHIELD PLUS TABS .....                        | 79 | LOPRESSOR TABS 100 MG<br>(metoprolol tartrate) .....              | 45 | LOVENOX SOSY 30 MG/0.3ML<br>(enoxaparin sodium) .....                                                | 16 |
| LIPITOR TABS (atorvastatin calcium)<br>.....       | 32 | LOPRESSOR TABS 50 MG<br>(metoprolol tartrate) .....               | 45 | LOVENOX SOSY 30 MG/0.3ML<br>(enoxaparin sodium) .....                                                | 17 |
| LIPOFEN CAPS (fenofibrate) .....                   | 32 | loratadine & pseudoephedrine TB12 .<br>50                         |    | LOVENOX SOSY 40 MG/0.4ML<br>(enoxaparin sodium) .....                                                | 17 |
| liraglutide (weight management) 18<br>MG/3ML ..... | 1  | loratadine CHEW .....                                             | 31 |                                                                                                      |    |
| liraglutide .....                                  | 25 | loratadine TABS .....                                             | 31 |                                                                                                      |    |
| lisdexamphetamine dimesylate CAPS 1                |    | loratadine TBDP 10 MG .....                                       | 31 |                                                                                                      |    |
| lisdexamphetamine dimesylate CHEW .<br>1           |    | lorazepam TABS 0.5 MG, 2 MG ...                                   | 12 |                                                                                                      |    |
| lisinopril & hydrochlorothiazide ....              | 34 | lorazepam TABS 1 MG .....                                         | 12 |                                                                                                      |    |

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| LOVENOX SOSY 60 MG/0.6ML<br>(enoxaparin sodium) .....17                               | MARPLAN .....21                                         | (methylprednisolone) .....49                                   |
| LOVENOX SOSY 80 MG/0.8ML, 120<br>MG/0.8ML (enoxaparin sodium) ...17                   | MASK VORTEX/CHILD/FROG ...71                            | medroxyprogesterone acetate<br>(contraceptive) SUSP IM .....49 |
| loxapine succinate .....39                                                            | MASK<br>VORTEX/TODDLER/LADYBUG ..71                     | medroxyprogesterone acetate<br>(contraceptive) SUSY IM .....49 |
| lubiprostone .....62                                                                  | MAVENCLAD (10 TABS) .....88                             | medroxyprogesterone acetate 2.5<br>MG, 5 MG, 10 MG .....86     |
| LUMIGAN SOLN 0.01 % .....84                                                           | MAVENCLAD (4 TABS) .....88                              | mefenamic acid CAPS .....6                                     |
| lurasidone hcl .....38                                                                | MAVENCLAD (5 TABS) .....88                              | mefloquine hcl .....36                                         |
| LURBIRO TABS 100 MG<br>(flurbiprofen) .....6                                          | MAVENCLAD (6 TABS) .....88                              | megestrol acetate (appetite) .....86                           |
| LYBALVI .....87                                                                       | MAVENCLAD (7 TABS) .....88                              | megestrol acetate SUSP .....37                                 |
| LYFGENIA .....65                                                                      | MAVENCLAD (8 TABS) .....88                              | megestrol acetate TABS .....37                                 |
| LYRICA CAPS (pregabalin) .....18                                                      | MAVENCLAD (9 TABS) .....88                              | MEKTOVI .....37                                                |
| LYRICA CR (pregabalin (once-<br>daily)) .....88                                       | MAVYRET PACK .....44                                    | meloxicam CAPS .....6                                          |
| LYRICA SOLN (pregabalin) .....18                                                      | MAVYRET TABS .....44                                    | meloxicam TABS .....6                                          |
| LYUMJEV KWIKPEN SOPN .....27                                                          | MAXALT TABS 10 MG (rizatriptan<br>benzoate) .....73     | memantine hcl CP24 .....87                                     |
| LYUMJEV SOLN .....27                                                                  | MAXALT-MLT TBDP 10 MG<br>(rizatriptan benzoate) .....73 | memantine hcl SOLN .....87                                     |
| LYUMJEV TEMPO PEN SOPN ...27                                                          | MAXIDEX SUSP OP .....83                                 | memantine hcl TABS .....87                                     |
| LYVISPAH PACK .....80                                                                 | MAXITROL OINT (neomycin-polymy-<br>dexameth) .....83    | memantine hcl-donepezil hcl CP24<br>87                         |
| magnesium citrate 1.745 GM/30ML<br>67                                                 | MAXITROL SUSP (neomycin-<br>polymy-dexameth) .....83    | MEMORY COMPLEX BRAIN<br>HEALTH TABS .....80                    |
| magnesium hydroxide SUSP 7.75 %,<br>400 MG/5ML, 1200 MG/15ML, 2400<br>MG/30ML .....67 | MAXI-TUSS PE MAX LIQD .....50                           | MENACTRA .....92                                               |
| magnesium oxide (mg supplement)<br>TABS .....74                                       | MAYZENT STARTER PACK TBPK<br>0.25 MG .....88            | MENATROL CAPS .....77                                          |
| magnesium oxide TABS 400 MG ..12                                                      | MAYZENT TABS .....88                                    | MENQUADFI 0.5 ML .....92                                       |
| malathion .....59                                                                     | meclizine hcl TABS 12.5 MG, 25 MG,<br>50 MG .....30     | MENS 50+ ADVANCED CAPS ....77                                  |
| maraviroc TABS 150 MG .....42                                                         | meclofenamate sodium CAPS .....6                        | MENVEO SOLN .....92                                            |
| maraviroc TABS 300 MG .....42                                                         | MEDROL TABS<br>(methylprednisolone) .....49             | MENVEO SOLR .....92                                            |
| MARINOL CAPS 2.5 MG<br>(dronabinol) .....30                                           | MEDROL TABS .....49                                     | meperidine hcl SOLN PO 50<br>MG/5ML .....8                     |
|                                                                                       | MEDROL TBPK                                             | meperidine hcl TABS 50 MG .....8                               |
|                                                                                       |                                                         | meprobamate .....12                                            |

|                                                 |                                                                                        |                                                                               |
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| mercaptopurine SUSP 2000<br>MG/100ML .....36    | methenamine mandelate .....35                                                          | methylphenidate hcl TBCR 18 MG,<br>27 MG, 54 MG .....2                        |
| mercaptopurine TABS .....36                     | methenamine-hyosc-methylene blue-<br>sod phos-phenyl sal TABS 81.6 MG .<br>35          | methylphenidate hcl TBCR 45 MG,<br>63 MG, 72 MG .....2                        |
| MERILOG SOLN SC 100 UNIT/ML<br>27               | methimazole TABS .....90                                                               | methylphenidate PTCH .....2                                                   |
| MERILOG SOLOSTAR SOPN SC<br>100 UNIT/ML .....27 | methocarbamol TABS 1000 MG ..80                                                        | methylprednisolone TABS .....49                                               |
| mesalamine CP24 .....63                         | methocarbamol TABS .....80                                                             | methylprednisolone TBPK .....49                                               |
| mesalamine CPCR .....63                         | methotrexate sodium SOLN 1<br>GM/40ML, 50 MG/2ML, 250<br>MG/10ML, 1000 MG/40ML .....36 | methyltestosterone TABS .....11                                               |
| mesalamine CPDR .....63                         | methotrexate sodium SOLR .....36                                                       | metoclopramide hcl SOLN PO 5<br>MG/5ML, 10 MG/10ML .....62                    |
| mesalamine ENEM .....63                         | methotrexate sodium TABS 2.5 MG<br>36                                                  | metoclopramide hcl TABS .....62                                               |
| mesalamine SUPP .....63                         | methsuximide .....20                                                                   | metolazone .....60                                                            |
| mesalamine TBEC 1.2 GM .....63                  | methylphenidate hcl CHEW .....2                                                        | metoprolol & hydrochlorothiazide<br>TABS 25 MG-100 MG, 25 MG-50 MG<br>.....34 |
| mesalamine TBEC 800 MG .....63                  | methylphenidate hcl CP24 10 MG, 20<br>MG, 30 MG, 40 MG, 60 MG .....2                   | metoprolol & hydrochlorothiazide<br>TABS 50 MG-100 MG .....34                 |
| mesalamine w/ cleanser .....63                  | methylphenidate hcl CP24 .....2                                                        | metoprolol succinate TB24 200 MG<br>45                                        |
| metaxalone .....80                              | methylphenidate hcl CPCR .....2                                                        | metoprolol succinate TB24 25 MG,<br>50 MG, 100 MG .....45                     |
| METAXALONE 640 MG .....80                       | methylphenidate hcl SOLN .....2                                                        | metoprolol tartrate TABS 100 MG .45                                           |
| metformin hcl SOLN .....24                      | methylphenidate hcl TABS 10 MG,<br>20 MG .....2                                        | metoprolol tartrate TABS 25 MG, 50<br>MG .....45                              |
| metformin hcl TABS 1000 MG .....24              | methylphenidate hcl TABS 5 MG ...2                                                     | metoprolol tartrate TABS 37.5 MG,<br>75 MG .....45                            |
| metformin hcl TABS 500 MG .....24               | methylphenidate hcl TB24 18 MG, 27<br>MG, 54 MG .....2                                 | METROCREAM CREA<br>(metronidazole (topical)) .....58                          |
| metformin hcl TABS 625 MG .....24               | methylphenidate hcl TB24 36 MG ..2                                                     | METROGEL GEL 1 %<br>(metronidazole (topical)) .....59                         |
| metformin hcl TABS 750 MG .....24               | methylphenidate hcl TBCR 10 MG,<br>20 MG, 36 MG .....2                                 | metronidazole (topical) CREA .....59                                          |
| metformin hcl TABS 850 MG .....24               |                                                                                        | metronidazole (topical) GEL 0.75 %<br>59                                      |
| metformin hcl TB24 500 MG, 1000<br>MG .....24   |                                                                                        | metronidazole (topical) GEL 1 % ..59                                          |
| metformin hcl TB24 500 MG .....24               |                                                                                        |                                                                               |
| metformin hcl TB24 750 MG .....24               |                                                                                        |                                                                               |
| methadone hcl TABS 10 MG .....8                 |                                                                                        |                                                                               |
| methadone hcl TABS 5 MG .....8                  |                                                                                        |                                                                               |
| methamphetamine hcl .....1                      |                                                                                        |                                                                               |
| methazolamide TABS .....60                      |                                                                                        |                                                                               |

|                                                             |                                                      |                                                                                      |
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| metronidazole (topical) LOTN ..... 59                       | minocycline hcl TB24 ..... 90                        | MOOD FOOD CAPS ..... 77                                                              |
| metronidazole CAPS ..... 35                                 | minoxidil 10 MG ..... 35                             | MOOD FOOD ES CAPS ..... 77                                                           |
| metronidazole TABS ..... 35                                 | minoxidil 2.5 MG ..... 35                            | morphine sulfate beads ..... 8                                                       |
| metronidazole vaginal ..... 95                              | mirabegron TB24 ..... 92                             | morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG ..... 8 |
| mexiletine hcl ..... 13                                     | MIRCERA ..... 65                                     | morphine sulfate SOLN PO 10<br>MG/5ML, 20 MG/5ML ..... 8                             |
| MG PLUS PROTEIN TABS ..... 80                               | mirtazapine TABS 15 MG ..... 20                      | morphine sulfate SOLN PO 10<br>MG/5ML ..... 8                                        |
| MICARDIS (telmisartan) ..... 33                             | mirtazapine TABS 30 MG ..... 20                      | morphine sulfate SOLN PO 100<br>MG/5ML ..... 8                                       |
| MICARDIS HCT (telmisartan-<br>hydrochlorothiazide) ..... 34 | mirtazapine TABS 7.5 MG, 45 MG 20                    | morphine sulfate SUPP ..... 8                                                        |
| MICONAZOLE 7 SUPP 100 MG .. 95                              | mirtazapine TBDP 15 MG ..... 20                      | morphine sulfate TABS ..... 8                                                        |
| miconazole nitrate (topical) CREA .53                       | mirtazapine TBDP 30 MG ..... 20                      | morphine sulfate TBCR ..... 8                                                        |
| miconazole nitrate vaginal CREA 2 %<br>..... 95             | mirtazapine TBDP 45 MG ..... 20                      | MOTEGRITY (prucalopride<br>succinate) ..... 62                                       |
| miconazole nitrate vaginal KIT ..... 95                     | MIRVASO (brimonidine tartrate<br>(topical)) ..... 59 | MOTPOLY XR CP24 ..... 18                                                             |
| miconazole nitrate vaginal SUPP 100<br>MG ..... 95          | misoprostol ..... 91                                 | MOUNJARO ..... 25                                                                    |
| miconazole nitrate vaginal SUPP 200<br>MG ..... 95          | MITIGARE CAPS (colchicine) ..... 64                  | MOVANTIK ..... 63                                                                    |
| miconazole-zinc oxide-white<br>petrolatum ..... 53          | M-M-R II SOLR ..... 94                               | moxifloxacin hcl (ophth) SOLN OP 82                                                  |
| MICROCHAMBER DEVI ..... 71                                  | MNEXSPIKE SUSY 10 MCG/0.2ML .<br>94                  | moxifloxacin hcl TABS ..... 62                                                       |
| MICROCHAMBER MISC ..... 71                                  | modafinil ..... 2                                    | MRESVIA ..... 94                                                                     |
| MICROSPACER MISC ..... 71                                   | MODERNA COVID-19 BIVALENT<br>94                      | MS CONTIN TBCR (morphine<br>sulfate) ..... 8                                         |
| midazolam hcl SOLN IJ ..... 66                              | MODERNA COVID-19 VACCINE<br>SUSP ..... 94            | MULTI VITAMIN TABS ..... 78                                                          |
| MIDAZOLAM HCL SOLN IJ ..... 66                              | moexipril hcl ..... 33                               | MULTI VITAMIN W/D-3 TABS ..... 78                                                    |
| midodrine hcl ..... 96                                      | mometasone furoate (nasal) SUSP<br>81                | MULTIA CAPS ..... 77                                                                 |
| MIEBO ..... 84                                              | mometasone furoate CREA ..... 57                     | multiple vitamin TABS ..... 78                                                       |
| miglitol ..... 23                                           | mometasone furoate OINT ..... 57                     | multiple vitamins w/ calcium TABS 76                                                 |
| MIL ADREGEN TABS ..... 80                                   | mometasone furoate SOLN ..... 57                     | multiple vitamins w/ minerals CAPS<br>77                                             |
| MINCORA TABS ..... 78                                       | montelukast sodium CHEW ..... 13                     | MULTIVITAMIN ADULT TABS .... 78                                                      |
| minocycline hcl CAPS ..... 90                               | montelukast sodium PACK ..... 13                     |                                                                                      |
| minocycline hcl TABS ..... 90                               | montelukast sodium TABS ..... 13                     |                                                                                      |

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| MULTIVITAMIN DROPS/IRON SOLN<br>.....79                  | nabumetone ..... 6                                       | naproxen TBEC ..... 6                                              |
| MULTIVITAMIN INFANT &<br>TODDLER SOLN PO .....79         | nadolol TABS 20 MG, 40 MG, 80 MG<br>.....45              | naproxen-esomeprazole magnesium<br>..... 6                         |
| MULTIVITAMIN INFANT &<br>TODDLER SOLN ..... 79           | naftifine hcl CREA .....53                               | naratriptan hcl .....73                                            |
| MULTIVITAMIN TABS .....78                                | naftifine hcl GEL 2 % .....53                            | NARCAN LIQD (naloxone hcl) ....29                                  |
| mupirocin calcium (topical) .....52                      | NAFTIN GEL 2 % (naftifine hcl) ... 53                    | NARDIL (phenelzine sulfate) .....21                                |
| mupirocin OINT .....53                                   | NALFON CAPS (fenoprofen calcium)<br>.....6               | nateglinide .....28                                                |
| MVASI .....36                                            | NALFON TABS 600 MG ..... 6                               | NATESTO GEL NA ..... 11                                            |
| MVW COMPLETE FORMULATION<br>CAPS .....77                 | NALOCET TABS .....10                                     | NATROBA (spinosad) .....59                                         |
| MVW COMPLETE FORMULATION<br>D3000 CAPS .....77           | naloxone hcl LIQD .....29                                | NAYZILAM ..... 17                                                  |
| MVW COMPLETE FORMULATION<br>D5000 CAPS .....77           | naloxone hcl SOCT .....29                                | nebivolol hcl .....45                                              |
| MVW COMPLETE FORMULATION<br>MINIS CAPS .....77           | naloxone hcl SOLN 0.4 MG/ML, 4<br>MG/10ML .....29        | nefazodone hcl .....22                                             |
| MVW MODULATOR FORMULATION<br>CAPS .....77                | naloxone hcl SOSY 0.4 MG/ML ... 29                       | NEMLUVIO .....58                                                   |
| MVW MODULATOR FORMULATION<br>MINI CAPS .....77           | naloxone hcl SOSY 2 MG/2ML ... 29                        | NEOMULTIVITE TABS ..... 78                                         |
| mycophenolate mofetil CAPS .....75                       | naltrexone hcl ..... 29                                  | neomycin sulfate TABS ..... 3                                      |
| mycophenolate mofetil SUSR ..... 75                      | NAMZARIC CP24 (memantine hcl-<br>donepezil hcl) ..... 87 | neomycin-bacitracin zn-polymyxin 82                                |
| mycophenolate mofetil TABS .....75                       | NAMZARIC CP24 .....87                                    | neomycin-bacitracin-polymyxin OINT<br>53                           |
| mycophenolate sodium .....75                             | naphazoline w/ pheniramine 0.3 %-<br>0.025 % ..... 83    | neomycin-polymy-dexameth OINT 83                                   |
| MYDAYIS CP24 (amphetamine-<br>dextroamphetamine) ..... 1 | naphazoline w/ pheniramine 0.315<br>%-0.027 % ..... 83   | neomycin-polymy-dexameth SUSP<br>83                                |
| MYFORTIC (mycophenolate<br>sodium) .....75               | NAPRELAN TB24 (naproxen sodium)<br>..... 6               | neomycin-polymyxin w/ pramoxine<br>53                              |
| MYHIBBIN SUSP .....75                                    | NAPROSYN SUSP (naproxen) ....6                           | neomycin-polymyxin-gramicidin ...82                                |
| MYLERAN TABS .....36                                     | naproxen sodium TABS 220 MG ...6                         | neomycin-polymyxin-hc (ophth) ...83                                |
| MYRBETRIQ SRER ..... 92                                  | naproxen sodium TABS 275 MG, 550<br>MG .....6            | neomycin-polymyxin-hc (otic) SOLN .<br>85                          |
| MYRBETRIQ TB24 (mirabegron) ..92                         | naproxen sodium TB24 ..... 6                             | neomycin-polymyxin-hc (otic) SUSP .<br>85                          |
|                                                          | naproxen SUSP .....6                                     | NEORAL CAPS (cyclosporine<br>modified (for microemulsion)) .....75 |
|                                                          | naproxen TABS ..... 6                                    | NEORAL SOLN (cyclosporine<br>modified (for microemulsion)) .....75 |

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| NERVIVE NERVE RELIEF TABS . 80                                 | NICOTROL NS SOLN ..... 89                                                            | norethindrone acetate-ethinyl<br>estradiol-fe ..... 48   |
| NESINA (alogliptin benzoate) ..... 25                          | nifedipine CAPS ..... 46                                                             | norethindrone-eth estradiol (triphasic)<br>..... 48      |
| NEUPRO ..... 37                                                | nifedipine TB24 30 MG, 90 MG ... 46                                                  | norgestimate-ethinyl estradiol<br>(triphasic) ..... 48   |
| NEURONTIN CAPS (gabapentin) . 19                               | nifedipine TB24 60 MG ..... 46                                                       | norgestimate-ethinyl estradiol<br>..... 48               |
| NEURONTIN SOLN (gabapentin) . 19                               | nimodipine CAPS ..... 46                                                             | norgestimate-ethinyl estradiol ..... 48                  |
| NEURONTIN TABS 600 MG<br>(gabapentin) ..... 19                 | nimodipine SOLN ..... 46                                                             | norgestrel & ethinyl estradiol 30<br>MCG-0.3 MG ..... 48 |
| NEURONTIN TABS 800 MG<br>(gabapentin) ..... 19                 | nisoldipine ..... 46                                                                 | NORLIQVA SOLN ..... 46                                   |
| NEVANAC ..... 84                                               | nitazoxanide TABS ..... 35                                                           | NORPACE CR CP12 150 MG ..... 12                          |
| nevirapine SUSP ..... 42                                       | NITRO-BID OINT ..... 12                                                              | nortriptyline hcl CAPS ..... 23                          |
| nevirapine TABS ..... 43                                       | nitrofurantoin ..... 35                                                              | nortriptyline hcl SOLN ..... 23                          |
| nevirapine TB24 400 MG ..... 43                                | nitrofurantoin macrocrystal 50 MG,<br>100 MG ..... 36                                | NORVASC TABS (amlodipine<br>besylate) ..... 46           |
| NEWWITE TABS ..... 78                                          | nitrofurantoin monohyd macro .... 36                                                 | NORVIR PACK ..... 43                                     |
| NEXICLON XR TB24 (clonidine) .. 33                             | nitroglycerin CPCR ..... 12                                                          | NORVIR TABS (ritonavir) ..... 43                         |
| NEXIUM CPDR 20 MG<br>(esomeprazole magnesium) ..... 91         | nitroglycerin PT24 ..... 12                                                          | NOVOLIN 70/30 FLEXPEN RELION<br>SUPN ..... 27            |
| NEXIUM CPDR 40 MG<br>(esomeprazole magnesium) ..... 91         | nitroglycerin SUBL ..... 12                                                          | NOVOLIN 70/30 FLEXPEN SUPN 27                            |
| NEXIUM PACK (esomeprazole<br>magnesium) ..... 91               | NIVA THYROID TABS ..... 90                                                           | NOVOLIN 70/30 RELION SUSP .. 27                          |
| NGENLA ..... 61                                                | nizatidine CAPS ..... 91                                                             | NOVOLIN 70/30 SUSP ..... 27                              |
| niacin (antihyperlipidemic) TBCR .. 32                         | NORDITROPIN FLEXPEN SOPN . 61                                                        | NOVOLIN N FLEXPEN RELION<br>SUPN ..... 27                |
| niacin CPCR 250 MG, 500 MG .... 96                             | norelgestromin-ethinyl estradiol .. 48                                               | NOVOLIN N FLEXPEN SUPN .... 27                           |
| niacin TABS 500 MG ..... 96                                    | norethin acet & estrad-fe TABS 1<br>MG-20 MCG-75 MG, 1.5 MG-30<br>MCG-75 MG ..... 48 | NOVOLIN N RELION SUSP ..... 27                           |
| niacin TBCR ..... 96                                           | norethindrone & eth estradiol ..... 48                                               | NOVOLIN N SUSP ..... 27                                  |
| nicardipine hcl CAPS ..... 46                                  | norethindrone & ethinyl estradiol-fe<br>48                                           | NOVOLIN R FLEXPEN RELION<br>SOPN IJ ..... 27             |
| NICOTINE KIT ..... 89                                          | norethindrone (contraceptive) .... 49                                                | NOVOLIN R FLEXPEN SOPN IJ .. 28                          |
| nicotine polacrilex GUM ..... 89                               | norethindrone acet & eth estra TABS<br>48                                            | NOVOLIN R RELION SOLN IJ .... 28                         |
| nicotine polacrilex LOZG ..... 89                              | norethindrone acetate TABS ..... 86                                                  | NOVOLIN R SOLN IJ ..... 28                               |
| nicotine PT24 TD 7 MG/24HR, 14<br>MG/24HR, 21 MG/24HR ..... 89 | norethindrone acetate-ethinyl<br>estradiol ..... 62                                  | NOVOLOG 70/30 FLEXPEN RELION                             |

|                                                      |    |                                                                       |    |                                                               |    |
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| SUPN .....                                           | 28 | nystatin (topical) CREA .....                                         | 53 | olanzapine-fluoxetine hcl 25 MG-3<br>MG, 25 MG-6 MG .....     | 87 |
| NOVOLOG FLEXPEN RELION<br>SOPN .....                 | 28 | nystatin (topical) OINT .....                                         | 53 | olmesartan medoxomil .....                                    | 33 |
| NOVOLOG FLEXPEN SOPN .....                           | 28 | nystatin (topical) POWD EX .....                                      | 53 | olmesartan medoxomil-amlodipine-<br>hydrochlorothiazide ..... | 34 |
| NOVOLOG MIX 70/30 FLEXPEN<br>SUPN .....              | 28 | nystatin TABS .....                                                   | 30 | olmesartan medoxomil-<br>hydrochlorothiazide .....            | 34 |
| NOVOLOG MIX 70/30 RELION<br>SUSP .....               | 28 | nystatin-triamcinolone CREA .....                                     | 53 | olopatadine hcl (nasal) .....                                 | 81 |
| NOVOLOG MIX 70/30 SUSP .....                         | 28 | nystatin-triamcinolone OINT .....                                     | 53 | olopatadine hcl 0.2 % .....                                   | 84 |
| NOVOLOG PENFILL SOCT .....                           | 28 | OCTAGAM SOLN 30 GM/300ML .....                                        | 85 | OLUMIANT .....                                                | 3  |
| NOVOLOG RELION SOLN IJ .....                         | 28 | octreotide acetate KIT .....                                          | 61 | omega-3 fatty acids CAPS 1000 MG .<br>81                      |    |
| NOVOLOG SOLN IJ .....                                | 28 | OCUFLOX (ofloxacin (ophth)) ....                                      | 82 | omega-3-acid ethyl esters .....                               | 31 |
| NP THYROID TABS .....                                | 90 | OCUVEL CAPS 250 MG-0.5 MG-5<br>MG-1 MG-40 MG-1 MG-200 UNIT            | 77 | omeprazole CPDR .....                                         | 91 |
| NUCALA SOAJ .....                                    | 13 | OCUVITE ADULT 50+ CAPS .....                                          | 77 | omeprazole magnesium TBEC ....                                | 91 |
| NUCALA SOLR .....                                    | 13 | OCUVITE ADULT FORMULA CAPS .<br>77                                    |    | omeprazole TBEC .....                                         | 91 |
| NUCALA SOSY .....                                    | 13 | OCUVITE EYE PERFORMANCE<br>CAPS .....                                 | 77 | omeprazole-sodium bicarbonate<br>CAPS .....                   | 91 |
| NUPLAZID CAPS .....                                  | 38 | OCUVITE-LUTEIN CAPS .....                                             | 77 | omeprazole-sodium bicarbonate<br>PACK .....                   | 91 |
| NUPLAZID TABS 10 MG .....                            | 38 | ODEFSEY .....                                                         | 43 | OMNARIS SUSP .....                                            | 81 |
| NURTEC .....                                         | 72 | OFEV .....                                                            | 89 | OMNICAP TABS .....                                            | 78 |
| NUTROPIN AQ NUSPIN 10 SOPN<br>61                     |    | ofloxacin (ophth) .....                                               | 82 | OMNIPOD 5 DEXG7G6 INTRO GEN<br>5 KIT .....                    | 69 |
| NUTROPIN AQ NUSPIN 20 SOPN<br>61                     |    | ofloxacin (otic) .....                                                | 85 | OMNIPOD 5 DEXG7G6 PODS GEN<br>5 MISC .....                    | 69 |
| NUTROPIN AQ NUSPIN 5 SOPN .61                        |    | ofloxacin 300 MG .....                                                | 62 | OMNIPOD 5 G7 INTRO (GEN 5) KIT<br>69                          |    |
| NUVAXOVID COVID-19 VACCINE<br>SUSY 5 MCG/0.5ML ..... | 94 | ofloxacin 400 MG .....                                                | 62 | OMNIPOD 5 G7 PODS (GEN 5)<br>MISC .....                       | 69 |
| NUVIGIL (armodafinil) .....                          | 2  | OGIVRI .....                                                          | 36 | OMNIPOD 5 LIBRE2 G6 INTRO<br>GEN5 KIT .....                   | 69 |
| NUZYRA TABS .....                                    | 89 | OHTUVAYRE .....                                                       | 13 | OMNIPOD 5 LIBRE2 PLUS G6<br>PODS MISC .....                   | 69 |
| NYMALIZE SOLN 6 MG/ML .....                          | 46 | olanzapine TABS 15 MG, 20 MG ..                                       | 39 |                                                               |    |
| NYSTATIN (nystatin (mouth-throat)) .<br>75           |    | olanzapine TABS 2.5 MG, 5 MG ..                                       | 39 |                                                               |    |
| nystatin (mouth-throat) .....                        | 75 | olanzapine TABS 7.5 MG, 10 MG .40                                     |    |                                                               |    |
|                                                      |    | olanzapine TBDP .....                                                 | 40 |                                                               |    |
|                                                      |    | olanzapine-fluoxetine hcl 25 MG-12<br>MG, 50 MG-12 MG, 50 MG-6 MG .87 |    |                                                               |    |

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| OMNIPOD DASH PODS (GEN 4)       | MASK DEVI .....                    | 71 | OTREXUP SOAJ 10 MG/0.4ML, 12.5    |
| MISC .....                      | OPTICHAMBER DIAMOND-MD             |    | MG/0.4ML, 15 MG/0.4ML, 17.5       |
| OMNITROPE SOCT .....            | MASK MISC .....                    | 71 | MG/0.4ML, 20 MG/0.4ML, 22.5       |
| OMNITROPE SOLR SC .....         | OPTICHAMBER DIAMOND-SM             |    | MG/0.4ML, 25 MG/0.4ML .....       |
| OMVOH (300 MG DOSE) SOAJ ..     | MASK MISC .....                    | 71 | OTULFI SOLN SC 45 MG/0.5ML ..     |
| OMVOH (300 MG DOSE) SOSY ..     | OPVEE NA .....                     | 29 | OTULFI SOSY SC 45 MG/0.5ML, 90    |
| OMVOH SOAJ .....                | OPZELURA .....                     | 57 | MG/ML .....                       |
| OMVOH SOSY .....                | ORACEA (doxycycline (rosacea))     | 59 | OVACE PLUS CREA .....             |
| ondansetron hcl SOLN IJ .....   | oral electrolytes SOLN .....       | 74 | OVACE PLUS LOTN .....             |
| ondansetron hcl SOLN PO 4       | ORENCIA CLICKJECT SOAJ .....       | 6  | OVACE PLUS SHAM (sulfacetamide    |
| MG/5ML .....                    | ORENCIA SOSY .....                 | 6  | sodium) .....                     |
| ondansetron hcl SOSY .....      | ORENITRAM MONTH 1 TEPK ...         | 47 | OVACE PLUS WASH GEL               |
| ondansetron hcl TABS 4 MG, 8 MG | ORENITRAM MONTH 2 TEPK ...         | 47 | (sulfacetamide sodium) .....      |
| 29                              | ORENITRAM MONTH 3 TEPK ...         | 47 | OVACE PLUS WASH LIQD              |
| ondansetron TBDP 16 MG .....    | ORENITRAM TBCR .....               | 47 | (sulfacetamide sodium) .....      |
| ondansetron TBDP 4 MG, 8 MG ... | ORKAMBI PACK .....                 | 89 | OVACE WASH LIQD (sulfacetamide    |
| ONE DAILY ESSENTIAL TABS ...    | ORKAMBI TABS .....                 | 89 | sodium) .....                     |
| ONE DAILY ESSENTIALS TABS ..    | orphenadrine citrate TB12 .....    | 80 | OVIDE (malathion) .....           |
| ONE VITE DAILY MULTIVITAMIN     | orphenadrine w/ aspirin & caff ... | 80 | oxaprozin TABS .....              |
| TABS .....                      | oseltamivir phosphate CAPS 30 MG . | 45 | oxazepam CAPS .....               |
| ONE-A-DAY ADULT                 | oseltamivir phosphate CAPS 45 MG,  |    | oxcarbazepine SUSP .....          |
| VITACRAVES+DHA CHEW .....       | 75 MG .....                        | 44 | oxcarbazepine TABS .....          |
| ONE-DAILY MULTI CAPS CAPS ..    | oseltamivir phosphate SUSR .....   | 45 | oxcarbazepine TB24 .....          |
| ONFI SUSP (clobazam) .....      | OSENI 15 MG-25 MG, 30 MG-12.5      |    | oxiconazole nitrate CREA .....    |
| ONFI TABS (clobazam) .....      | MG, 30 MG-25 MG, 45 MG-25 MG       |    | OXISTAT LOTN .....                |
| ONYDA XR SUER .....             | (alogliptin-pioglitazone) .....    | 24 | OXTELLAR XR TB24                  |
| OPIPZA FILM .....               | OTEZLA TABS .....                  | 6  | (oxcarbazepine) .....             |
| OPSUMIT .....                   | OTEZLA TBPK .....                  | 6  | oxybutynin chloride SOLN .....    |
| OPSYNVI .....                   | OTEZLA XR TB24 PO 75 MG .....      | 6  | oxybutynin chloride TABS 2.5 MG . |
| OPTICHAMBER DIAMOND DEVI .      | OTEZLA/OTEZLA XR INITIATION        |    | oxybutynin chloride TABS 5 MG ... |
| OPTICHAMBER DIAMOND MISC .      | PK TBPK .....                      | 6  | oxybutynin chloride TB24 .....    |
| OPTICHAMBER DIAMOND-LG          |                                    |    | oxycodone hcl CAPS .....          |
|                                 |                                    |    | oxycodone hcl CONC 100 MG/5ML 8   |

|                                                                                        |                                                                    |                                                                                                  |
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| oxycodone hcl SOLN .....8                                                              | 91                                                                 | chloride-sod sulfate SOLR .....67                                                                |
| oxycodone hcl T12A 20 MG, 40 MG .<br>8                                                 | PARI VORTEX ADULT MASK ....72                                      | peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride .....67                              |
| oxycodone hcl TABS .....9                                                              | PARI VORTEX PEDIATRIC MASK<br>72                                   | PEGASYS SOLN ..... 44                                                                            |
| oxycodone w/ acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG .....10 | paroxetine hcl SUSP .....22                                        | PEGASYS SOSY ..... 44                                                                            |
| oxycodone w/ acetaminophen TABS<br>325 MG-2.5 MG .....10                               | paroxetine hcl TABS 10 MG .....22                                  | PENBRAYA ..... 92                                                                                |
| oxycodone w/ acetaminophen TABS .<br>10                                                | paroxetine hcl TABS 20 MG .....22                                  | penciclovir .....55                                                                              |
| OXYCONTIN T12A .....9                                                                  | paroxetine hcl TABS 30 MG, 40 MG .<br>22                           | penicillamine TABS .....74                                                                       |
| oxymorphone hcl TABS .....9                                                            | paroxetine hcl TB24 .....22                                        | penicillin v potassium SOLR .....85                                                              |
| oxymorphone hcl TB12 .....9                                                            | paroxetine mesylate (vasomotor) .89                                | penicillin v potassium TABS .....85                                                              |
| OXYTROL PTTW .....92                                                                   | PAXIL CR TB24 (paroxetine hcl) ..22                                | PENMENVY SUSR IM .....92                                                                         |
| oyster shell .....74                                                                   | PAXIL SUSP (paroxetine hcl) .....22                                | PENNSAID SOLN EX 2 %<br>(diclofenac sodium (topical)) .....53                                    |
| OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....25                                          | PAXIL TABS 10 MG (paroxetine hcl) .<br>22                          | PENTASA CPCR (mesalamine) ...63                                                                  |
| OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....25                                           | PAXIL TABS 20 MG (paroxetine hcl) .<br>22                          | PENTASA CPCR ..... 63                                                                            |
| OZEMPIC (2 MG/DOSE) SOPN ...25                                                         | PAXIL TABS 30 MG, 40 MG<br>(paroxetine hcl) ..... 22               | pentazocine w/ naloxone hcl .....11                                                              |
| OZOBAX DS SOLN PO (baclofen) 80                                                        | PAXLOVID (150/100) ..... 44                                        | pentoxifylline ..... 64                                                                          |
| OZOBAX SOLN PO (baclofen) ....80                                                       | PAXLOVID (300/100 & 150/100) .44                                   | perampanel TABS 2 MG, 4 MG, 6<br>MG, 8 MG, 10 MG, 12 MG .....17                                  |
| PADCEV .....36                                                                         | PAXLOVID (300/100) ..... 44                                        | PERCOCET TABS 325 MG-10 MG,<br>325 MG-5 MG, 325 MG-7.5 MG<br>(oxycodone w/ acetaminophen) ... 10 |
| paliperidone .....39                                                                   | PC PEDIATRIC POLY-VITAMIN<br>DROP SOLN PO .....79                  | PERCOCET TABS 325 MG-2.5 MG<br>(oxycodone w/ acetaminophen) ... 10                               |
| PANDA MASK LARGE .....71                                                               | ped multivitamins w/fl & iron SOLN<br>79                           | PERFOROMIST NEBU (formoterol<br>fumarate) .....15                                                |
| PANDA MASK MEDIUM .....71                                                              | PEDIALYTE IMMUNE SUPPORT<br>SOLN .....74                           | perindopril erbumine ..... 33                                                                    |
| PANDA MASK SMALL .....71                                                               | PEDIATRIC PANDA MASK .....72                                       | permethrin CREA .....59                                                                          |
| PANDEL .....57                                                                         | PEDVAX HIB SUSP ..... 92                                           | permethrin LIQD EX ..... 59                                                                      |
| pantoprazole sodium PACK ..... 91                                                      | peg 3350-kcl-nacl-na sulfate-na<br>ascorbate-ascorbic acid .....66 | perphenazine TABS ..... 40                                                                       |
| pantoprazole sodium TBEC 20 MG<br>91                                                   | peg 3350-kcl-sod bicarb-sod                                        | perphenazine-amitriptyline .....87                                                               |
| pantoprazole sodium TBEC 40 MG                                                         |                                                                    | PERSERIS PRSY .....39                                                                            |

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| PERTZYE CPEP .....                   | 59 | pioglitazone hcl-metformin hcl TABS . | 88                 |                                        |    |
| PFIZER COVID-19 VAC BIVALENT .       | 94 | 24                                    | PONVORY TABS ..... | 88                                     |    |
| PFIZER COVID-19 VAC-TRIS 5-11Y       |    | pirfenidone CAPS .....                | 89                 | pot phosphate monobasic w/ sod         |    |
| SUSP .....                           | 94 | pirfenidone TABS .....                | 89                 | phosphate dibasic & monobasic ..       | 74 |
| PFIZER-BIONT COVID-19 VAC-           |    | piroxicam CAPS .....                  | 6                  | potassium bicarbonate TBEF .....       | 74 |
| TRIS SUSP .....                      | 94 | pitavastatin calcium .....            | 32                 | potassium chloride CPCR 10 MEQ         | 74 |
| PFIZER-BIONTECH COVID-19             |    | PLAVIX 75 MG (clopidogrel bisulfate)  |                    | 74                                     |    |
| VACC SUSP .....                      | 94 | .....                                 | 65                 | potassium chloride CPCR 8 MEQ .        | 74 |
| phenazopyridine hcl TABS 100 MG,     |    | PLEGRIDY SOAJ .....                   | 88                 | potassium chloride                     |    |
| 200 MG .....                         | 64 | PLEGRIDY SOSY IM .....                | 88                 | microencapsulated crystals er ....     | 74 |
| phenelzine sulfate .....             | 21 | PLEGRIDY STARTER PACK SOAJ .          | 88                 | potassium chloride PACK PO 20          |    |
| phenobarbital ELIX .....             | 66 | 88                                    |                    | MEQ .....                              | 74 |
| phenobarbital TABS .....             | 66 | PLEGRIDY STARTER PACK SOSY            |                    | potassium chloride SOLN PO 10 %,       |    |
| phenylephrine-chlorphen-dm LIQD      |    | SC .....                              | 88                 | 20 %, 10 % .....                       | 74 |
| 10 MG/5ML-4 MG/5ML-15 MG/5ML         |    | PNEUMOVAX 23 SOLN .....               | 92                 | potassium chloride TBCR .....          | 74 |
| 50                                   |    | PNEUMOVAX 23 SOSY .....               | 93                 | potassium citrate (alkalinizer) TBCR . |    |
| phenytoin CHEW .....                 | 20 | POCKET CHAMBER DEVI .....             | 72                 | 64                                     |    |
| phenytoin sodium extended 100 MG,    |    | POCKET SPACER DEVI .....              | 72                 | potassium iodide (expectorant) SOLN    |    |
| 200 MG, 300 MG .....                 | 20 | podofilox GEL .....                   | 58                 | .....                                  | 51 |
| phenytoin sodium extended 200 MG,    |    | podofilox SOLN .....                  | 58                 | PRADAXA CAPS (dabigatran               |    |
| 300 MG .....                         | 20 | polyethylene glycol 3350 PACK ...     | 67                 | etexilate mesylate) .....              | 17 |
| phenytoin SUSP 125 MG/5ML ....       | 20 | polyethylene glycol 3350 POWD ..      | 67                 | PRADAXA PACK .....                     | 17 |
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| phytonadione TABS 5 MG .....         | 96 | polysaccharide iron complex CAPS      |                    | 37                                     |    |
| PIFELTRO .....                       | 43 | 65                                    |                    | pramipexole dihydrochloride TB24       | 37 |
| pilocarpine hcl (oral) 5 MG .....    | 75 | polyvinyl alcohol 1.4 % .....         | 81                 | prasugrel hcl .....                    | 65 |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % . |    | POLY-VI-SOL SOLN PO .....             | 79                 | pravastatin sodium .....               | 32 |
| 82                                   |    | POLY-VITA SOLN PO .....               | 79                 | prazosin hcl CAPS .....                | 33 |
| pimecrolimus .....                   | 58 | POLY-VITE SOLN PO .....               | 79                 | PRED FORTE (prednisolone acetate       |    |
| pindolol TABS .....                  | 45 | POLY-VITE PEDIATRIC SOLN PO           |                    | (ophth)) .....                         | 83 |
| pioglitazone hcl .....               | 28 | 79                                    |                    | PRED MILD .....                        | 84 |
| pioglitazone hcl-glimepiride .....   | 24 | POLY-VITE/IRON SOLN .....             | 79                 | prednisolone acetate (ophth) .....     | 84 |
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| prednisolone sodium phosphate<br>SOLN 20 MG/5ML .....                                    | 49 | PRESERVISION/LUTEIN CAPS ..                              | 77 | PROCARDIA XL TB24 60 MG<br>(nifedipine) .....               | 46 |
| prednisolone sodium phosphate<br>SOLN 5 MG/5ML, 10 MG/5ML, 15<br>MG/5ML, 25 MG/5ML ..... | 49 | PREVACID CPDR 30 MG<br>(lansoprazole) .....              | 91 | PROCARE SPACER/ADULT MASK<br>DEVI .....                     | 72 |
| PREDNISOLONE SODIUM<br>PHOSPHATE TBDP 10 MG, 15 MG,<br>30 MG .....                       | 49 | PREVACID SOLUTAB TBDD<br>(lansoprazole) .....            | 91 | PROCARE SPACER/CHILD MASK<br>DEVI .....                     | 72 |
| prednisolone SOLN .....                                                                  | 50 | PREVNAR 13 .....                                         | 93 | PROCHAMBER VHC DEVI .....                                   | 72 |
| prednisolone TABS .....                                                                  | 50 | PREVNAR 20 .....                                         | 93 | prochlorperazine .....                                      | 40 |
| PREDNISONE INTENSOL CONC ..                                                              | 50 | PREZCOBIX .....                                          | 43 | prochlorperazine maleate TABS ...                           | 40 |
| prednisone SOLN .....                                                                    | 50 | PREZISTA SUSP .....                                      | 43 | PROCRIT .....                                               | 65 |
| prednisone TABS .....                                                                    | 50 | PREZISTA TABS (darunavir) .....                          | 43 | progesterone CAPS .....                                     | 86 |
| prednisone TBPK .....                                                                    | 50 | PREZISTA TABS 150 MG .....                               | 43 | PROGLYCEM (diazoxide) .....                                 | 25 |
| pregabalin (once-daily) .....                                                            | 88 | PREZISTA TABS 75 MG, 600 MG                              | 43 | PROGRAF CAPS (tacrolimus) ....                              | 75 |
| pregabalin CAPS .....                                                                    | 19 | PREZISTA TABS 800 MG<br>(darunavir) .....                | 43 | PROGRAF PACK .....                                          | 75 |
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| PREHEVBRIO .....                                                                         | 94 | primaquine phosphate TABS .....                          | 36 | PROLENSA (bromfenac sodium<br>(ophth)) .....                | 84 |
| PREMARIN .....                                                                           | 95 | primidone .....                                          | 19 | promethazine & phenylephrine SYRP<br>.....                  | 50 |
| PREMPRO .....                                                                            | 62 | PRIORIX SUSR .....                                       | 94 | promethazine hcl SOLN PO 6.25<br>MG/5ML, 12.5 MG/10ML ..... | 31 |
| prenatal vit w/ docusate-iron<br>carbonyl-folic acid TABS .....                          | 79 | PRISTIQ 100 MG (desvenlafaxine<br>succinate) .....       | 23 | promethazine hcl SUPP .....                                 | 31 |
| PREPARATION H EX 1 % .....                                                               | 11 | PRISTIQ 25 MG, 50 MG<br>(desvenlafaxine succinate) ..... | 23 | promethazine hcl TABS .....                                 | 31 |
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| PRESCRIPTION SUPPORT<br>MULTIVIT CAPS .....                                              | 77 | PRO COMFORT SPACER CHILD<br>MISC .....                   | 72 | promethazine w/codeine SYRP ...                             | 51 |
| PRESERVISION AREDS 2 CAPS ..                                                             | 77 | PRO COMFORT SPACER INFANT<br>DEVI .....                  | 72 | promethazine-dm SYRP .....                                  | 51 |
| PRESERVISION AREDS 2+COQ10<br>CAPS .....                                                 | 77 | PROAIR RESPICLICK AEPB .....                             | 15 | promethazine-phenylephrine-codeine<br>.....                 | 51 |
| PRESERVISION AREDS 2+MULTI<br>VIT CAPS .....                                             | 77 | probenecid .....                                         | 64 | propafenone hcl CP12 .....                                  | 13 |
|                                                                                          |    | PROBIOTICS + BARIATRIC MULTI<br>CAPS .....               | 77 | propafenone hcl TABS .....                                  | 13 |
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| propranolol hcl SOLN PO 20<br>MG/5ML, 40 MG/5ML .....              | 45 | (inhalation)) .....                                        | 14 | MG, 100 MG, 200 MG .....                                                                      | 40 |
| propranolol hcl TABS .....                                         | 45 | PULMICORT SUSP 1 MG/2ML<br>(budesonide (inhalation)) ..... | 14 | quetiapine fumarate TABS 300 MG,<br>400 MG .....                                              | 40 |
| propylthiouracil .....                                             | 90 | PURE COMFORT SPACER<br>CHAMBER DEVI .....                  | 72 | quetiapine fumarate TB24 .....                                                                | 40 |
| PRORENAL + D W/ OMEGA-3<br>CAPS .....                              | 77 | pyrazinamide .....                                         | 36 | QUILLICHEW ER CHER .....                                                                      | 3  |
| PROSCAR (finasteride) .....                                        | 64 | pyrethrins-piperonyl butoxide SHAM<br>4 %-0.33 % .....     | 59 | QUILLIVANT XR SRER .....                                                                      | 3  |
| PROTECT CARDIO AF CAPS ....                                        | 77 | pyridostigmine bromide TABS 60 MG<br>.....                 | 36 | quinapril hcl .....                                                                           | 33 |
| PROTECT PLUS SO CAPS .....                                         | 77 | pyridostigmine bromide TBCR ....                           | 36 | quinapril-hydrochlorothiazide 12.5<br>MG-10 MG .....                                          | 34 |
| PROTEGRA CAPS .....                                                | 77 | pyridostigmine bromide TBCR ....                           | 36 | quinapril-hydrochlorothiazide 12.5<br>MG-20 MG .....                                          | 34 |
| PROTONIX PACK (pantoprazole<br>sodium) .....                       | 91 | pyridoxine hcl TABS 25 MG, 50 MG,<br>100 MG .....          | 96 | quinapril-hydrochlorothiazide 25 MG-<br>20 MG .....                                           | 34 |
| PROTONIX TBEC 20 MG<br>(pantoprazole sodium) .....                 | 91 | PYZCHIVA 45 MG/0.5ML, 90 MG/ML<br>.....                    | 54 | quinidine gluconate TBCR .....                                                                | 13 |
| PROTONIX TBEC 40 MG<br>(pantoprazole sodium) .....                 | 91 | PYZCHIVA SC 45 MG/0.5ML .....                              | 54 | quinidine sulfate TABS .....                                                                  | 13 |
| PROVIGIL (modafinil) .....                                         | 3  | QBRELIS SOLN .....                                         | 33 | QUINTABS TABS .....                                                                           | 78 |
| PROZAC CAPS 10 MG, 20 MG<br>(fluoxetine hcl) .....                 | 22 | QC OCUHEALTH VISION<br>SUPPORT 2 CAPS .....                | 77 | QULIPTA .....                                                                                 | 72 |
| PROZAC CAPS 40 MG (fluoxetine<br>hcl) .....                        | 22 | QELBREE .....                                              | 2  | QUVIVIQ .....                                                                                 | 66 |
| prucalopride succinate .....                                       | 62 | QNASL .....                                                | 81 | QVAR REDHALER 40 MCG/ACT .14                                                                  |    |
| pseudoephed-bromphen-dm SYRP<br>10 MG/5ML-30 MG/5ML-2 MG/5ML<br>51 |    | QNASL CHILDRENS .....                                      | 81 | QVAR REDHALER 80 MCG/ACT .14                                                                  |    |
| pseudoephedrine hcl TABS .....                                     | 81 | QTERN .....                                                | 24 | RABAVERT .....                                                                                | 94 |
| pseudoephedrine hcl TB12 .....                                     | 81 | quazepam .....                                             | 66 | rabeprazole sodium TBEC .....                                                                 | 91 |
| pseudoephedrine-guaifenesin TB12<br>1200 MG-120 MG .....           | 51 | QUDEXY XR CS24 (topiramate) ..                             | 19 | RAGWITEK SUBL .....                                                                           | 3  |
| pseudoephedrine-guaifenesin TB12<br>600 MG-60 MG .....             | 51 | QUESTRAN LIGHT POWD<br>(cholestyramine light) .....        | 31 | RALDESY SOLN PO 10 MG/ML ..                                                                   | 22 |
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| PULMICORT SUSP 0.25 MG/2ML,<br>0.5 MG/2ML (budesonide              |    | QUESTRAN POWD (cholestyramine)<br>.....                    | 31 | ramelteon .....                                                                               | 66 |
|                                                                    |    | quetiapine fumarate TABS 150 MG<br>40                      |    | ramipril CAPS .....                                                                           | 33 |
|                                                                    |    | quetiapine fumarate TABS 25 MG, 50                         |    | ranolazine TB12 .....                                                                         | 12 |
|                                                                    |    |                                                            |    | RAPAFLO (silodosin) .....                                                                     | 64 |
|                                                                    |    |                                                            |    | RASUVO SOAJ 7.5 MG/0.15ML, 10<br>MG/0.2ML, 12.5 MG/0.25ML, 15<br>MG/0.3ML, 17.5 MG/0.35ML, 20 |    |

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| MG/0.4ML, 22.5 MG/0.45ML, 25<br>MG/0.5ML, 30 MG/0.6ML .....3      | REMERON SOLTAB TBDP 30 MG<br>(mirtazapine) .....21                    | REYATAZ PACK .....43                                                  |
| REBIF REBIDOSE SOAJ .....88                                       | REMERON SOLTAB TBDP 45 MG<br>(mirtazapine) .....20                    | REZUROCK .....74                                                      |
| REBIF REBIDOSE TITRATION<br>PACK SOAJ .....88                     | REMERON TABS 15 MG<br>(mirtazapine) .....21                           | REZVOGLAR KWIKPEN .....28                                             |
| REBIF SOSY .....88                                                | REMERON TABS 30 MG<br>(mirtazapine) .....21                           | RHAPSIDO TABS PO 25 MG .....74                                        |
| REBIF TITRATION PACK SOSY ..88                                    | RENFLEXIS .....63                                                     | RHOFADE .....59                                                       |
| REBLOZYL .....65                                                  | RENTHYROID TABS 15 MG, 30 MG,<br>60 MG, 90 MG, 120 MG .....90         | RHOGAM ULTRA-FILTERED PLUS<br>SOSY IM .....85                         |
| RECOMBIVAX HB SUSP .....94                                        | RENVELA PACK (sevelamer<br>carbonate) .....64                         | RHOPRESSA .....83                                                     |
| RECOMBIVAX HB SUSY .....94                                        | RENVELA TABS (sevelamer<br>carbonate) .....64                         | ribavirin (hepatitis c) CAPS .....44                                  |
| REGLAN TABS (metoclopramide hcl)<br>.....62                       | repaglinide .....28                                                   | ribavirin (hepatitis c) TABS 200 MG<br>44                             |
| RELAFEN DS .....6                                                 | RESTASIS EMUL (cyclosporine<br>(ophth)) .....83                       | riboflavin TABS .....96                                               |
| RELCARE TABS .....78                                              | RESTASIS MULTIDOSE EMUL ...83                                         | rifabutin .....36                                                     |
| RELENZA DISKHALER .....45                                         | RESTORIL 15 MG, 30 MG<br>(temazepam) .....66                          | rifampin CAPS .....36                                                 |
| RELEXXII TBCR 18 MG, 27 MG, 54<br>MG .....3                       | RESTORIL 7.5 MG, 22.5 MG<br>(temazepam) .....66                       | riluzole TABS .....81                                                 |
| RELEXXII TBCR 36 MG .....3                                        | RETACRIT .....65                                                      | RINVOQ LQ SOLN .....3                                                 |
| RELEXXII TBCR 45 MG, 63 MG, 72<br>MG (methylphenidate hcl) .....3 | RETROVIR CAPS (zidovudine) ...43                                      | RINVOQ TB24 .....3                                                    |
| RELEXXII TBCR 45 MG, 63 MG, 72<br>MG .....3                       | RETROVIR SYRP (zidovudine) ...43                                      | RIOMET SOLN (metformin hcl) ...24                                     |
| RELION INSULIN SYRINGE .....70                                    | REVATIO TABS (sildenafil citrate<br>(pulmonary hypertension)) .....47 | risedronate sodium TABS 150 MG 61                                     |
| RELION KETONE TEST STRP ...59                                     | REXTOVY LIQD .....29                                                  | risedronate sodium TABS 35 MG .61                                     |
| RELION TRUE MET AIR GLUC<br>METER KIT .....69                     | REXULTI .....41                                                       | risedronate sodium TABS 5 MG, 30<br>MG .....61                        |
| RELION TRUE METRIX TEST<br>STRIPS STRP .....59                    | REYATAZ CAPS 200 MG (atazanavir<br>sulfate) .....43                   | risedronate sodium TBEC .....61                                       |
| RELPAKX (eletriptan hydrobromide)<br>73                           | REYATAZ CAPS 300 MG (atazanavir<br>sulfate) .....43                   | RISPERDAL CONSTA (risperidone<br>microspheres) .....39                |
| REMEDIENT CAPS .....77                                            |                                                                       | RISPERDAL SOLN (risperidone) ..39                                     |
| REMERON SOLTAB TBDP 15 MG<br>(mirtazapine) .....21                |                                                                       | RISPERDAL TABS 0.5 MG, 1 MG, 2<br>MG, 3 MG, 4 MG (risperidone) ....39 |
|                                                                   |                                                                       | risperidone SOLN .....39                                              |
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|                                                                   |                                                                       | risperidone TABS 0.5 MG, 1 MG, 2<br>MG, 3 MG, 4 MG .....39            |

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| risperidone TABS 2 MG, 3 MG, 4 MG<br>.....39                       | ROZLYTREK CAPS ..... 37                                        | SELECT-OB+DHA MISC .....79                                                     |
| risperidone TBDP .....39                                           | rufinamide SUSP .....19                                        | selegiline hcl CAPS .....37                                                    |
| RITALIN LA CP24 (methylphenidate<br>hcl) .....3                    | rufinamide TABS .....19                                        | selegiline hcl TABS ..... 37                                                   |
| RITALIN TABS 10 MG, 20 MG<br>(methylphenidate hcl) ..... 3         | RUKOBIA .....43                                                | selenium sulfide LOTN 1 % .....55                                              |
| RITALIN TABS 5 MG<br>(methylphenidate hcl) ..... 3                 | RUXIENCE .....36                                               | selenium sulfide LOTN 2.5 % .....55                                            |
| RITEFLO DEVI .....72                                               | RYALTRIS .....80                                               | selenium sulfide SHAM 1 % ..... 55                                             |
| ritonavir TABS .....43                                             | RYKINDO SRER .....39                                           | SELZENTRY SOLN ..... 43                                                        |
| rivaroxaban SUSR 1 MG/ML ..... 16                                  | SABRIL PACK (vigabatrin) ..... 19                              | SELZENTRY TABS 150 MG<br>(maraviroc) .....43                                   |
| rivaroxaban TABS 2.5 MG .....16                                    | SABRIL TABS (vigabatrin) .....20                               | SELZENTRY TABS 300 MG<br>(maraviroc) .....43                                   |
| rivastigmine 13.3 MG/24HR ..... 87                                 | sacubitril-valsartan TABS .....47                              | SEMGLEE (YFGN) SOLN .....28                                                    |
| rivastigmine 4.6 MG/24HR, 9.5<br>MG/24HR ..... 87                  | salicylic acid GEL 6 % ..... 58                                | SEMGLEE (YFGN) SOPN .....28                                                    |
| rivastigmine tartrate CAPS .....87                                 | SALICYLIC ACID OINT .....58                                    | sennosides TABS 8.6 MG ..... 67                                                |
| rizatriptan benzoate TABS .....73                                  | saline SOLN 0.65 % ..... 80                                    | sennosides-docusate sodium TABS<br>67                                          |
| rizatriptan benzoate TBDP .....73                                  | salsalate ..... 7                                              | SEREVENT DISKUS .....15                                                        |
| ROCKLATAN .....83                                                  | SANCUSO PTCH .....30                                           | SEROQUEL TABS 25 MG, 50 MG,<br>100 MG, 200 MG (quetiapine<br>fumarate) .....40 |
| roflumilast .....13                                                | SANDIMMUNE CAPS (cyclosporine)<br>75                           | SEROQUEL TABS 300 MG, 400 MG<br>(quetiapine fumarate) .....40                  |
| ropinirole hydrochloride TABS 0.25<br>MG, 3 MG, 4 MG .....37       | SAPHRIS (asenapine maleate) ...40                              | SEROQUEL XR TB24 (quetiapine<br>fumarate) .....40                              |
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| timolol maleate TABS .....           | 46 | (topiramate) .....                | 19 | 19                                 |
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| TRANSDERM-SCOP (scopolamine) 30                  |    | triamcinolone acetonide (topical) AERS .....                | 57 | trimethobenzamide hcl CAPS .....                                      | 30 |
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| travoprost SOLN .....                            | 84 | triamcinolone acetonide (topical) CREA 0.5 % .....          | 57 | TRIUMEQ PD TBSO .....                                                 | 43 |
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