



## Preferred Drug List

The Preferred Drug List (PDL) includes a list of drugs covered by your prescription benefit. The PDL is updated regularly and may change. To get the most up-to-date information, you may view the latest formulary on our website at [silversummithealthplan.com](https://www.silversummithealthplan.com) or call us at 1-844-366-2880 (TTY/TDD: 1-844-804-6086).

This Preferred Drug List is searchable. Here is how to search for a drug:

1. Press Control F to open the search tool
2. Type the drug name into the text box
3. Press Enter

# SilverSummit Healthplan: Preferred Drug List (PDL)



## Pharmacy Program

SilverSummit pays for prescription drugs and some Over-The-Counter (OTC) medicines. Your doctor must write a prescription. Not all drugs are covered. Some drugs need Prior Authorization (PA). Some drugs have limits on age, dose, or quantity.

You can get help by:

- Calling Member Services at 1-844-366-2880
- Using the Drug Lookup Tool at [SSHP Drug Lookup Tool](#)

## Pharmacy Benefit Manager (PBM)

SilverSummit works with Express Scripts to process pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

## Prior Authorizations (PA)

Some drugs on the PDL need PA. Your doctor can send the PA request through Cover My Meds ([www.covermymeds.com](http://www.covermymeds.com)) or by fax to 1-833-645-2736.

SilverSummit will cover the medicine if:

- You need the drug for medical reasons
- Other drugs on the PDL didn't work
- The drug is not a benefit exclusion

PA requests are reviewed by a licensed pharmacist within 24 hours. If approved, your doctor is sent a fax. If the PA is denied, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

## Transition Period

New members can get most prescription drugs without PA for 2 fills (up to 68 days) in the first 90 days. Controlled drugs have a 30-day limit. This will give you and your doctor time to switch to drugs on the PDL or request a PA.

## 96-Hour Emergency Supply Policy

State and Federal Law allows a pharmacy to give up to 4 days of medicine if you are waiting for a PA. Pharmacies will be paid for the 4 day supply even if PA is not approved. Controlled drugs are not included. The pharmacy must call 1-866-399-0928 for approval.

## Step Therapy

In Step Therapy, for some drugs to be covered, you may need to try another drug first. If you have already tried it, the drug will be covered. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

## Dispensing Limits

The pharmacy can give you:

- Up to 34 days per new prescription or refill
- Up to 100 days per maintenance medicine
- 80% of the medicine supply or 25 days must pass before the medicine can be refilled
- 90% for controlled drugs. And you may need a new prescription for some controlled medicines.

## Quantity Limits

Some drugs have limits on how much medicine you can get at one time. Your doctor can request PA if needed. If not, your doctor must send a PA. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

## Age Limit

Some medicines on the PDL have age limits. These limits are based on Food and Drug Administration (FDA) rules to keep you safe. If your doctor decides you still need the medicine, they can send a PA request to Pharmacy Services. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

## Medical Necessity Requests

If a drug is not on the PDL, your doctor can make a medical necessity (MN) PA with notes showing:

- You tried 2 PDL drugs in the same class and used for the same diagnosis
- You can't take PDL drugs due to allergy or other reasons
- You can't take any of the PDL agents for your diagnosis

All requests are checked by a licensed clinical pharmacist. Most reviews are finished within 24 hours unless more information is needed. The pharmacist follows rules from the Pharmacy & Therapeutics Committee. If your request is approved, a fax will be sent to your doctor. If the PA is not approved, a fax will be sent to your doctor. You will receive a letter from us with the list of medicines that are covered. The letter will also tell you about the appeal process.

## Appropriate Use and Safety Edits

Your safety is very important to us. One way we help keep you safe is by using point-of-sale (POS) edits when the pharmacy sends your medicine claim. These edits follow Food and Drug Administration (FDA) rules. For example, you can only get one drug from the same therapy group each month.

## Generic Drugs

Generic drugs have the same active ingredient and work the same as brand-name drugs. If you or your doctor decide you need a brand-name drug that is not preferred, your doctor can request a PA. We will cover the brand-name drug if there is a medical reason you need it. If the PA is not approved, a fax will be sent to your doctor. And you will get a letter with a list of generic medicines that are covered. The letter will tell you about the appeal process.

## Over-the-Counter (OTC) Medicines

Some OTC drugs are covered if your doctor writes a prescription. These drugs are listed in the PDL.

## Filling a Prescription

You can get your medicine at an in-network pharmacy. To find one, call SilverSummit Member Services or use the Provider Lookup tool on our website. Bring your prescription and your SilverSummit ID card to the pharmacy. The pharmacy may also ask for another ID, like a driver's license or state ID.

## Maintenance Medications

Some drugs are called maintenance medications because they treat long-term health problems. If your medicine is part of the Maintenance Drug List, you can get up to a 100-day supply at certain retail pharmacies.

## Exclusions

Below you will find a list of things that are not part of the PDL. The 96-hour emergency supply policy does not cover these drugs either.

- Drugs that are experimental
- Drugs without Federal rebates
- Drug Efficacy Study and Implementation (DESI) drugs
- Drugs prescribed for anorexia, weight loss or weight gain
- Drugs prescribed for infertility
- Drugs prescribed for erectile dysfunction
- Drugs prescribed for cosmetic purposes or hair growth
- Bulk powders

## Drug Efficacy Study and Implementation Drugs

Drug Efficacy Study and Implementation (DESI) drugs are said to be less effective by the Food and Drug Administration. DESI products are not covered by SilverSummit.

## Medical Benefits

Some drugs and medical services are part of SilverSummit's medical benefit and are not covered at retail pharmacies:

- Injectable drugs given at a doctor's office or outpatient clinic.
- Home health products and home infusion therapy, like:
  - Durable medical equipment (DME)
  - Nebulizers and tubing
  - Blood pressure monitors
  - Enteral and parenteral nutrition
  - Injectable antibiotic therapy
  - Chemotherapy
  - Other medical supplies

If a prescriber asks Pharmacy Services for a medical prior authorization, they will be told to contact SilverSummit directly.

# SilverSummit Healthplan: Preferred Drug List (PDL)



## Newly Approved Products

New drugs are reviewed before they are added to the PDL. These medicines will need a PA review until they are added to the PDL. If it is not approved, Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines that are covered. It will also tell you about the appeal process.

## Contact Information

SilverSummit Healthplan Member Services: 1-844-366-2880

SilverSummit Healthplan Member Services TTY/TDD: 1-844-804-6086

Pharmacy Services Prior Authorizations: 1-855-565-9520

Pharmacy Services ESI Pharmacy Help Desk: 1-833-750-4490

AcariaHealth: 1-855-535-1815

## Language Assistance

Do you need this document translated? Do you need help understanding this document? If you do, call SilverSummit Healthplan's Member Service line at 1-844-366-2880. If you are hearing impaired, call our TDD/TTY at 1-844-804-6086. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. SilverSummit Healthplan has a telephone language line available 24 hours a day, 7 days a week.

## Preferred Drug List ABBREVIATIONS

| PREFERRED DRUG LIST TIER ABBREVIATIONS |   |
|--|---|
| Tier                                   | Tier Definitions  |
| <b>P</b>                               | Preferred: This drug is covered on the drug list.   |
| <b>NP</b>                              | Non-Preferred: This drug needs prior authorization.   |
| <b>PA</b>                              | Preferred with Prior Authorization: This drug needs prior authorization.  |
| <b>NF</b>                              | Non-Formulary: This drug needs prior authorization. Use preferred drug.   |
| REQUIREMENT or LIMITS                  |   |
| Requirement/Limit                      | Requirement/Limit Description   |
| <b>AL</b>                              | <b>Age Limit:</b> Drug is limited to a specific age.  |
| <b>MP</b>                              | <b>Maintenance Program:</b> Drug can be filled for up to 100 days' supply (3 months' supply) per fill.  |
| <b>PA</b>                              | <b>Prior Authorization:</b> Review required before prescription can be filled   |
| <b>QL</b>                              | <b>Quantity Limit:</b> There is a limit on the amount covered per prescription or within a set time frame.  |
| <b>Rx/OTC</b>                          | Product has both <b>prescription and over the counter</b> coverage  |
| <b>SP</b>                              | <b>Specialty Drug:</b> High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.   |
| <b>ST</b>                              | <b>Step Therapy:</b> Requires trial and failure of one or more preferred products prior to coverage.  |
| CLINICAL EDIT DESCRIPTIONS             |   |
| Edit Name                              | Edit Description  |
| <b>Opioid</b>                          | <p>Opioid medicines can only be filled for 7 days at a time without Prior Authorization. This limit is extended to 30-day fills when a member has a medical history of cancer or palliative care in their records. Opioid fills are limited to 13 fills within 12 month rolling period without Prior Authorization.</p> <p>Additional restrictions may apply for members under the age of 18 years.</p> <p>Limits:</p> <ul style="list-style-type: none"> <li>• Daily Dose Max = 60 MME**</li> <li>• Day Supply Max = 7 days</li> <li>• Must use Short-acting opioids before Long-acting opioids</li> </ul> <p style="text-align: right;">**MME = Morphine Milligram Equivalent</p> |
| <b>Test Strips</b>                     | Insulin users are limited to 200 strips per month.  |

| STANDARD ABBREVIATIONS |                                 |             |                                  |
|------------------------|---------------------------------|-------------|----------------------------------|
| Dose Form              | Dose Form Description           | Dose Form   | Dose Form Description            |
| <b>AEPB</b>            | Aerosol Powder Breath Activated | <b>CSDR</b> | Capsule Delayed Release Sprinkle |
| <b>AERB</b>            | Aerosol, breath activated       | <b>DEVI</b> | Device                           |
| <b>AERO</b>            | Aerosol                         | <b>ELIX</b> | Elixir                           |
| <b>AJKT</b>            | Auto-injector Kit               | <b>EMUL</b> | Emulsion                         |
| <b>AUIJ</b>            | Auto-injector                   | <b>ENEM</b> | Enema                            |
| <b>CAPS</b>            | Capsule                         | <b>GRAN</b> | Granules                         |
| <b>CHEW</b>            | Tablet Chewable                 | <b>IJ</b>   | Injection                        |

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| <b>Dose Form</b> | <b>Dose Form Description</b>     | <b>Dose Form</b> | <b>Dose Form Description</b> |
|------------------|----------------------------------|------------------|------------------------------|
| <b>CONC</b>      | Concentrate                      | <b>IMPL</b>      | Implant                      |
| <b>CP12</b>      | Capsule ER 12 HR                 | <b>INHA</b>      | Inhaler                      |
| <b>CP24</b>      | Capsule ER 24 HR                 | <b>INJ</b>       | Injectable                   |
| <b>CPCR</b>      | Capsule ER                       | <b>IUD</b>       | Intrauterine Device          |
| <b>CPDR</b>      | Capsule Delayed Release          | <b>IV</b>        | Intravenous                  |
| <b>CPEP</b>      | Capsule Enteric Coated Particles | <b>LIQD</b>      | Liquid                       |
| <b>CPSP</b>      | Capsule Sprinkle                 | <b>LOTN</b>      | Lotion                       |
| <b>CREA</b>      | Cream                            | <b>SOPN</b>      | Solution Pen-injector        |
| <b>LOZG</b>      | Lozenge                          | <b>SOSY</b>      | Solution Prefilled Syringe   |
| <b>MISC</b>      | Miscellaneous                    | <b>SRER</b>      | Suspension Reconstituted ER  |
| <b>NEBU</b>      | Nebulization solution            | <b>STRP</b>      | Strip                        |
| <b>OINT</b>      | Ointment                         | <b>SUBL</b>      | Tablet Sublingual            |
| <b>OPHT</b>      | Ophthalmic                       | <b>SUER</b>      | Suspension Extended Release  |
| <b>OR</b>        | Oral                             | <b>SUPN</b>      | Suspension Pen-injector      |
| <b>PACK</b>      | Packet                           | <b>SUPP</b>      | Suppository                  |
| <b>PEN</b>       | Pen-injector                     | <b>SUSP</b>      | Suspension                   |
| <b>PNKT</b>      | Pen-injector Kit                 | <b>SUSR</b>      | Suspension Reconstituted     |
| <b>POT</b>       | Potassium                        | <b>SUSY</b>      | Suspension Prefilled Syringe |
| <b>POWD</b>      | Powder                           | <b>SYRP</b>      | Syrup                        |
| <b>PRSY</b>      | Prefilled Syringe                | <b>TABS</b>      | Tablets                      |
| <b>PSKT</b>      | Prefilled Syringe Kit            | <b>TB12</b>      | Tablet ER 12 Hour            |
| <b>PSTE</b>      | Paste                            | <b>TB24</b>      | Tablet ER 24 Hour            |
| <b>PT24</b>      | Patch 24 Hour                    | <b>TBCR</b>      | Tablet ER                    |
| <b>PT72</b>      | Patch 72 Hour                    | <b>TBDP</b>      | Tablet Dispersible           |
| <b>PTCH</b>      | Patch                            | <b>TBEC</b>      | Tablet Enteric Coated        |
| <b>PTTW</b>      | Patch Biweekly                   | <b>TBEF</b>      | Tablet Effervescent          |
| <b>PTWK</b>      | Patch Weekly                     | <b>TBPK</b>      | Tablet Therapy Pack          |
| <b>S.O.P.</b>    | Sterile Ophthalmic Preparation   | <b>TBSO</b>      | Tablet Soluble               |
| <b>SHAM</b>      | Shampoo                          | <b>TEST</b>      | Diagnostic Test              |
| <b>SOAJ</b>      | Solution Auto-injector           | <b>TBSO</b>      | Tablet Soluble               |
| <b>SOCT</b>      | Solution Cartridge               | <b>TEST</b>      | Diagnostic Test              |
| <b>SOLN</b>      | Solution                         | <b>WAFR</b>      | Wafer                        |
| <b>SOLR</b>      | Solution Reconstituted           | <b>XR</b>        | Extended Release             |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| <b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders</b> |           |   |
| <b>Amphetamines</b>  |           |   |
| ADDERALL XR CP24<br>(Use amphetamine-dextroamphetamine)  | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)     |
| ADDERALL TABS (Use amphetamine-dextroamphetamine)  | NP        | 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 (Use amphetamine)                | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)     |
| amphetamine sulfate TABS   | NP        | AL(At least 3 yrs old)                        |
| amphetamine-dextroamphetamine CP24 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                             | PA        | QL(1 EA daily);<br>AL(At least 6 yrs old); PA |
| amphetamine-dextroamphetamine CP24 12.5 MG, 25 MG, 37.5 MG, 50 MG                                      | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)     |
| amphetamine-dextroamphetamine TABS   | PA        | AL(At least 3 yrs old); PA                    |
| amphetamine TBED 3.1 MG, 6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG                                     | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)     |
| ARYNTA SOLN PO 10 MG/ML  | NP        | QL(1 ML daily);<br>AL(At least 6 yrs old)     |
| DESOXYN (Use methamphetamine hcl)  | NF        | AL(At least 3 yrs old)                        |
| DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)  | NP        | QL(2 EA daily);<br>AL(At least 6 yrs old)     |
| dextroamphetamine sulfate CP24   | PA        | QL(2 EA daily);<br>AL(At least 6 yrs old); PA |
| dextroamphetamine sulfate SOLN   | NP        | AL(At least 3 yrs old)                        |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| dextroamphetamine sulfate TABS                   | NP        | AL(At least 3 yrs old)  |
| dextroamphetamine sulfate TABS                   | PA        | AL(At least 3 yrs old); PA  |
| DYANAVEL XR SUER                                 | NP        | QL(8 ML daily);<br>AL(At least 6 yrs old)   |
| DYANAVEL XR TBCR                                 | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)   |
| EVEKEO TABS (Use amphetamine sulfate)            | NP        | AL(At least 3 yrs old)  |
| lisdexamfetamine dimesylate CAPS                 | PA        | QL(1 EA daily);<br>AL(At least 6 yrs old); PA   |
| lisdexamfetamine dimesylate CHEW                 | PA        | QL(1 EA daily);<br>AL(At least 6 yrs old); PA   |
| methamphetamine hcl                              | NP        | AL(At least 3 yrs old)  |
| MYDAYIS CP24 (Use amphetamine-dextroamphetamine) | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)   |
| VYVANSE CAPS (Use lisdexamfetamine dimesylate)   | PA        | QL(1 EA daily);<br>AL(At least 6 yrs old); PA   |
| VYVANSE CHEW (Use lisdexamfetamine dimesylate)   | NP        | QL(1 EA daily);<br>AL(At least 6 yrs old)   |
| XELSTRYM   | NP        | AL(At least 6 yrs old)  |
| <b>Analeptics</b>                                |           |   |
| caffeine citrate SOLN PO 60 MG/3ML               | P         | QL(45 ML per fill retail; 45 per fill mail)   |
| <b>Anti-Obesity Agents</b>                       |           |   |
| WEGOVY PO 1.5 MG, 4 MG, 9 MG, 25 MG              | PA        | QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old); PA |

| Drug Name  | Drug Tier | Requirements/Limits   | Drug Name  | Drug Tier | Requirements/Limits                        |
|--|-----------|---|--|-----------|--|
| WEGOVY 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML   | PA        | QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA   | INTUNIV (Use <i>guanfacine hcl (adhd)</i> )                | NP        | QL(1 EA daily); AL(At least 6 yrs old)     |
| WEGOVY 1.7 MG/0.75ML, 2.4 MG/0.75ML  | PA        | QL(0.108 ML daily; 3 ML per 28 day(s) retail; 3 ML per 28 days mail); AL(At least 18 yrs old); PA   | ONYDA XR SUER  | NP        | QL(4 ML daily); AL(At least 6 yrs old)     |
| ZEPBOUND KWIKPEN SOPN SC 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML, 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML | PA        | QL(0.072 ML daily; 2.4 ML per 30 day(s) retail; 2 ML per 30 days mail); AL(At least 18 yrs old); PA | QELBREE  | PA        | AL(At least 6 yrs old); PA                 |
| ZEPBOUND SOAJ  | PA        | QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA   | STRATTERA (Use <i>atomoxetine hcl</i> )                    | NP        | QL(2 EA daily); AL(At least 6 yrs old)     |
| ZEPBOUND SOLN  | PA        | QL(0.072 ML daily; 2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); PA   | Dopamine and Norepinephrine Reuptake Inhibitors (DNRIs)    |           |  |
| Attention-Deficit/Hyperactivity Disorder (ADHD) Agents   |           |   | SUNOSI   | NP        |  |
| <i>atomoxetine hcl</i>   | PA        | QL(2 EA daily); AL(At least 6 yrs old); PA  | Histamine H3-Receptor Antagonist/Inverse Agonists          |           |  |
| ATONCY PO 4 MG/ML  | NP        | AL(At least 6 yrs old)  | WAKIX  | PA        | SP; PA                                     |
| <i>clonidine hcl (adhd) TB12</i>   | PA        | QL(4 EA daily); AL(At least 6 yrs old); PA  | Stimulants - Misc.   |           |  |
| <i>guanfacine hcl (adhd)</i>   | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA  | APTENSIO XR CP24 (Use <i>methylphenidate hcl</i> )         | NP        | QL(1 EA daily); AL(At least 6 yrs old)     |
|  |           |   | <i>armodafinil</i>   | PA        | QL(1 EA daily); PA                         |
|  |           |   | AZSTARYS   | NP        | AL(At least 6 yrs old)                     |
|  |           |   | CONCERTA TBCR (Use <i>methylphenidate hcl</i> )            | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA |
|  |           |   | COTEMPLA XR-ODT TBED                                       | NP        | AL(At least 6 yrs old)                     |
|  |           |   | DAYTRANA PTCH (Use <i>methylphenidate</i> )                | NF        |  |
|  |           |   | <i>dexmethylphenidate hcl CP24</i>                         | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA |
|  |           |   | <i>dexmethylphenidate hcl TABS</i>                         | PA        | AL(At least 3 yrs old); PA                 |
|  |           |   | FOCALIN XR CP24 40 MG (Use <i>dexmethylphenidate hcl</i> ) | NF        |  |
|  |           |   | FOCALIN XR CP24 (Use <i>dexmethylphenidate hcl</i> )       | NP        | QL(1 EA daily); AL(At least 6 yrs old)     |

| Drug Name  | Drug Tier | Requirements/Limits                        | Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|--|-----------|--|
| FOCALIN TABS 10 MG<br>(Use dexmethylphenidate hcl)         | NF        |  | NUVIGIL (Use armodafinil)                                    | NP        | QL(1 EA daily)   |
| FOCALIN TABS (Use dexmethylphenidate hcl)                  | NP        | AL(At least 3 yrs old)                     | PROVIGIL (Use modafinil)                                     | PA        | QL(1 EA daily); PA   |
| FOCALIN TABS 2.5 MG<br>(Use dexmethylphenidate hcl)        | NF        | AL(At least 3 yrs old)                     | QUILLICHEW ER CHER   | NP        | QL(1 EA daily); AL(At least 6 yrs old)                     |
| JORNAY PM CP24   | PA        | AL(At least 6 yrs old); PA                 | QUILLIVANT XR SRER   | NP        | QL(12 ML daily); AL(At least 6 yrs old)                    |
| METADATE CD CPCR<br>(Use methylphenidate hcl)              | NF        | QL(1 EA daily); AL(At least 6 yrs old)     | RELEXXII TBCR (Use methylphenidate hcl)                      | NP        | QL(1 EA daily); AL(At least 6 yrs old)                     |
| METHYLIN SOLN (Use methylphenidate hcl)                    | NP        | AL(At least 3 yrs old)                     | RELEXXII TBCR  | NP        | QL(1 EA daily); AL(At least 6 yrs old)                     |
| methylphenidate hcl CHEW                                   | NP        | AL(At least 3 yrs old)                     | RITALIN LA CP24 (Use methylphenidate hcl)                    | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA                 |
| methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA | RITALIN TABS (Use methylphenidate hcl)                       | NP        | AL(At least 3 yrs old)                                     |
| methylphenidate hcl CP24                                   | NP        | QL(1 EA daily); AL(At least 6 yrs old)     | <b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>                  |           |  |
| methylphenidate hcl CPCR                                   | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA | Allergenic Extracts  |           |  |
| methylphenidate hcl SOLN                                   | PA        | AL(At least 3 yrs old); PA                 | GRASTEK SUBL   | P         | QL(1 EA daily); AL(At least 5 yrs old - Up to 65 yrs old)  |
| methylphenidate hcl TABS                                   | PA        | AL(At least 3 yrs old); PA                 | ORALAIR SUBL   | P         | QL(1 EA daily); AL(At least 10 yrs old - Up to 65 yrs old) |
| methylphenidate hcl TB24                                   | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA | RAGWITEK SUBL  | P         | QL(1 EA daily); AL(At least 18 yrs old - Up to 65 yrs old) |
| methylphenidate hcl TBCR 10 MG, 20 MG                      | PA        | QL(2 EA daily); AL(At least 6 yrs old); PA | <b>ALTERNATIVE MEDICINES</b>                                 |           |  |
| methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG        | PA        | QL(1 EA daily); AL(At least 6 yrs old); PA | Alternative Medicine - M's                                   |           |  |
| methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG               | NP        | QL(1 EA daily); AL(At least 6 yrs old)     | melatonin TABS 3 MG, 5 MG                                    | P         | QL(1 EA daily)   |
| methylphenidate PTCH                                       | NP        | QL(1 EA daily); AL(At least 6 yrs old)     | <b>AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections</b> |           |  |
| modafinil  | NP        | QL(1 EA daily)                             | Aminoglycosides  |           |  |
|  |           |  | ARIKAYCE   | P         | SP; PA   |

| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| BETHKIS NEBU ( <i>Use tobramycin</i> )   | P         | SP                     |
| KITABIS PAK (W/ NEBULIZER) NEBU 300 MG/5ML ( <i>Use tobramycin</i> )                               | P         | SP                     |
| <i>neomycin sulfate</i> TABS   | P         |                        |
| TOBI PODHALER CAPS   | NP        | SP                     |
| TOBI NEBU ( <i>Use tobramycin</i> )  | NP        | SP                     |
| <i>tobramycin sulfate</i> SOLN IJ 1.2 GM/30ML, 2 GM/50ML, 10 MG/ML, 80 MG/2ML                      | P         |                        |
| <i>tobramycin sulfate</i> SOLR   | P         |                        |
| <i>tobramycin</i> NEBU   | P         | SP                     |
| <i>tobramycin</i> NEBU   | NP        | SP                     |
| <b>ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions</b> |           |                        |
| Antirheumatic - Enzyme Inhibitors  |           |                        |
| OLUMIANT   | PA        | QL(1 EA daily); SP; PA |
| RINVOQ LQ SOLN   | PA        | QL(1 ML daily); SP; PA |
| RINVOQ TB24  | PA        | QL(1 EA daily); SP; PA |
| <i>tofacitinib citrate</i> SOLN 1 MG/ML  | NP        |                        |
| <i>tofacitinib citrate</i> TABS 5 MG, 10 MG  | NP        | QL(2 EA daily)         |
| <i>tofacitinib citrate</i> TB24 11 MG, 22 MG   | NP        | QL(1 EA daily); SP     |
| <i>tofacitinib citrate</i> TB24 11 MG  | NP        | QL(1 EA daily)         |
| XELJANZ XR TB24  | NP        | QL(1 EA daily); SP     |
| XELJANZ XR TB24 11 MG, 22 MG ( <i>Use tofacitinib citrate</i> )                                    | NP        | QL(1 EA daily); SP     |
| XELJANZ SOLN 1 MG/ML ( <i>Use tofacitinib citrate</i> )  | PA        | SP; PA                 |

| Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|
| XELJANZ TABS 5 MG, 10 MG ( <i>Use tofacitinib citrate</i> )  | PA        | QL(2 EA daily); SP; PA |
| 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                               | P         | 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                     |
| ABRILADA (2 PEN) AJKT  | NP        | SP                     |
| ABRILADA (2 SYRINGE) PSKT  | NP        | SP                     |
| ADALIMUMAB-AACF (2 PEN) AJKT   | NP        | SP                     |
| ADALIMUMAB-AACF (2 SYRINGE) PSKT   | NP        | SP                     |
| ADALIMUMAB-AACF(CD/UC/HS STRT) AJKT  | NP        | SP                     |
| ADALIMUMAB-AACF(PS/UV STARTER) AJKT  | NP        | SP                     |
| ADALIMUMAB-AATY (1 PEN) AJKT   | NP        | SP                     |
| ADALIMUMAB-AATY (2 PEN) AJKT   | NP        | SP                     |
| ADALIMUMAB-AATY (2 SYRINGE) PSKT   | NP        | SP                     |
| ADALIMUMAB-AATY CD/UC/HS START AJKT 80 MG/0.8ML  | NP        | SP                     |

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name                                | Drug Tier | Requirements/Limits        |
|---|-----------|------------------------|--|-----------|----------------------------|
| ADALIMUMAB-ADAZ SOAJ                                      | PA        | SP; PA                 | HULIO (2 SYRINGE) PSKT                   | NP        | SP                         |
| ADALIMUMAB-ADAZ SOSY                                      | PA        | SP; PA                 | HUMIRA (2 PEN) AJKT                      | PA        | QL(0.072 EA daily); SP; PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT                              | NP        | SP                     | HUMIRA (2 SYRINGE) PSKT                  | PA        | QL(0.072 EA daily); SP; PA |
| ADALIMUMAB-ADBM (2 PEN) AJKT                              | PA        | SP; PA                 | HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML | PA        | QL(0.108 EA daily); SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT                          | PA        | SP; PA                 | HUMIRA-PSORIASIS/UEIT STARTER AJKT       | PA        | QL(0.108 EA daily); SP; PA |
| ADALIMUMAB-ADBM (2 SYRINGE) PSKT 40 MG/0.4ML, 40 MG/0.8ML | NP        | SP                     | HYRIMOZ-CROHNS/UC STARTER SOAJ           | NP        | SP                         |
| ADALIMUMAB-FKJP (2 PEN) AJKT                              | NP        | SP                     | HYRIMOZ-PED<40KG CROHN STARTER SOSY      | NP        | SP                         |
| ADALIMUMAB-FKJP (2 SYRINGE) PSKT                          | NP        | SP                     | HYRIMOZ-PED>/=40KG CROHN START SOSY      | NP        | SP                         |
| ADALIMUMAB-RYVK (1 PEN) AJKT 80 MG/0.8ML                  | NP        | SP                     | HYRIMOZ-PLAQ PSOR/UEIT START SOAJ        | NP        | SP                         |
| ADALIMUMAB-RYVK (2 PEN) AJKT                              | NP        | SP                     | HYRIMOZ SOAJ                             | NP        | SP                         |
| ADALIMUMAB-RYVK (2 SYRINGE) PSKT                          | NP        | SP                     | HYRIMOZ SOSY                             | NP        | SP                         |
| AMJEVITA-PED 10KG TO <15KG SOSY                           | NP        | QL(0.058 ML daily); SP | IDACIO-CROHNS/UC STARTER AJKT            | NP        | SP                         |
| AMJEVITA-PED 15KG TO <30KG SOSY                           | NP        | QL(0.015 ML daily); SP | IDACIO-PSORIASIS STARTER AJKT            | NP        | SP                         |
| AMJEVITA SOAJ 40 MG/0.4ML                                 | NP        | QL(0.029 ML daily); SP | SIMLANDI (1 PEN) AJKT                    | NP        | SP                         |
| AMJEVITA SOAJ   | NP        | QL(0.058 ML daily); SP | SIMLANDI (1 SYRINGE) PSKT                | NP        | SP                         |
| AMJEVITA SOSY   | NP        | QL(0.029 ML daily); SP | SIMLANDI (2 PEN) AJKT                    | NP        | SP                         |
| AMJEVITA SOSY   | NP        | QL(0.058 ML daily); SP | SIMLANDI (2 SYRINGE) PSKT                | NP        | SP                         |
| CYLTEZO (2 PEN) AJKT                                      | NP        | SP                     | SIMPONI ARIA SOLN                        | PA        | SP; PA                     |
| CYLTEZO (2 SYRINGE) PSKT                                  | NP        | SP                     | SIMPONI SOAJ                             | PA        | SP; PA                     |
| HADLIMA PUSHTOUCH SOAJ                                    | NP        | SP                     | SIMPONI SOSY                             | PA        | SP; PA                     |
| HADLIMA SOSY  | NP        | SP                     | YUFLYMA (1 PEN) AJKT                     | NP        | SP                         |
| HULIO (2 PEN) AJKT  | NP        | SP                     | YUFLYMA (2 PEN) AJKT                     | NP        | SP                         |
|   |           |                        | YUFLYMA (2 SYRINGE) PSKT                 | NP        | SP                         |
|   |           |                        | YUFLYMA-CD/UC/HS STARTER AJKT            | NP        | SP                         |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name                                  | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| YUSIMRY   | NP        | SP                  | CELEBREX 100 MG ( <i>Use celecoxib</i> )   | NP        | QL(4 EA daily)      |
| Interleukin-1 Blockers                                  |           |                     | CELEBREX 50 MG ( <i>Use celecoxib</i> )    | NP        | QL(8 EA daily)      |
| ARCALYST  | NP        | SP                  | CELEBREX 100 MG ( <i>Use celecoxib</i> )   | NF        | QL(4 EA daily)      |
| Interleukin-1 Receptor Antagonist (IL-1Ra)              |           |                     | CELEBREX 400 MG ( <i>Use celecoxib</i> )   | NP        | QL(1 EA daily)      |
| KINERET SOSY  | PA        | SP; PA              | CELEBREX 200 MG ( <i>Use celecoxib</i> )   | NF        | QL(2 EA daily)      |
| Interleukin-1beta Blockers                              |           |                     | CELEBREX 50 MG ( <i>Use celecoxib</i> )    | NF        | QL(8 EA daily)      |
| ILARIS SOLN   | NP        | SP                  | <i>celecoxib 50 MG</i>                     | P         | QL(8 EA daily)      |
| Interleukin-6 Receptor Inhibitors                       |           |                     | <i>celecoxib 400 MG</i>                    | P         | QL(1 EA daily)      |
| ACTEMRA ACTPEN SOAJ                                     | PA        | SP; PA              | <i>celecoxib 100 MG</i>                    | P         | QL(4 EA daily)      |
| ACTEMRA SOLN  | PA        | SP; PA              | <i>celecoxib 200 MG</i>                    | P         | QL(2 EA daily)      |
| ACTEMRA SOSY  | PA        | SP; PA              | COXANTO CAPS ( <i>Use oxaprozin</i> )      | NP        |                     |
| AVTOZMA SOAJ SC 162 MG/0.9ML                            | NP        | SP                  | COXANTO CAPS ( <i>Use oxaprozin</i> )      | NF        |                     |
| AVTOZMA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML     | NP        | SP                  | DAYPRO TABS ( <i>Use oxaprozin</i> )       | NF        |                     |
| AVTOZMA SOSY SC 162 MG/0.9ML                            | NP        | SP                  | <i>diclofenac potassium TABS 50 MG</i>     | NP        |                     |
| KEVZARA SOAJ  | PA        | SP; PA              | <i>diclofenac sodium TB24</i>              | P         |                     |
| KEVZARA SOSY  | PA        | SP; PA              | <i>diclofenac sodium TBEC</i>              | P         |                     |
| TOFIDENCE   | NP        | SP                  | <i>diclofenac w/ misoprostol TBEC</i>      | NP        |                     |
| TYENNE SOAJ   | NP        | SP                  | DUEXIS ( <i>Use ibuprofen-famotidine</i> ) | NF        | QL(3 EA daily)      |
| TYENNE SOLN   | NP        | SP                  | EC-NAPROSYN TBEC ( <i>Use naproxen</i> )   | NF        |                     |
| TYENNE SOSY   | NP        | SP                  | <i>etodolac CAPS</i>                       | NP        |                     |
| Nonsteroidal Anti-inflammatory Agents (NSAIDs)          |           |                     | <i>etodolac TABS</i>                       | NP        |                     |
| ALEVE CAPS ( <i>Use naproxen sodium</i> )               | NF        |                     | <i>etodolac TB24</i>                       | NP        |                     |
| ALEVE TABS ( <i>Use naproxen sodium</i> )               | NF        |                     | <i>flurbiprofen TABS 100 MG</i>            | NP        |                     |
| ANAPROX DS TABS ( <i>Use naproxen sodium</i> )          | NF        |                     | <i>flurbiprofen TABS 50 MG</i>             | P         |                     |
| ARTHROTEC TBEC ( <i>Use diclofenac w/ misoprostol</i> ) | NP        |                     | <i>ibuprofen-acetaminophen TABS</i>        | P         |                     |
| CELEBREX 400 MG ( <i>Use celecoxib</i> )                | NF        | QL(1 EA daily)      | <i>ibuprofen CAPS</i>                      | P         |                     |
| CELEBREX 200 MG ( <i>Use celecoxib</i> )                | NP        | QL(2 EA daily)      |  |           |                     |

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|--|---|-----------|---|
| <i>ibuprofen CHEW</i>                                       | P         |  | NAPRELAN TB24 375 MG, 500 MG ( <i>Use naproxen sodium</i> ) | NP        |   |
| <i>ibuprofen-famotidine</i>                                 | NP        | QL(3 EA daily)   | NAPRELAN TB24 500 MG, 750 MG ( <i>Use naproxen sodium</i> ) | NF        |   |
| <i>ibuprofen SUSP 50 MG/1.25ML, 100 MG/5ML, 200 MG/10ML</i> | P         | RX/OTC   | NAPROSYN SUSP ( <i>Use naproxen</i> )                       | NF        |   |
| <i>ibuprofen TABS 600 MG</i>                                | P         | QL(5 EA daily)   | NAPROSYN TABS 500 MG ( <i>Use naproxen</i> )                | NF        |   |
| <i>ibuprofen TABS 800 MG</i>                                | P         | QL(4 EA daily)   | <i>naproxen sodium CAPS</i>                                 | P         |   |
| <i>ibuprofen TABS 400 MG</i>                                | P         | QL(8 EA daily)   | <i>naproxen sodium TABS</i>                                 | NP        |   |
| <i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>        | P         |  | <i>naproxen sodium TABS 220 MG</i>                          | P         |   |
| <i>ibuprofen TABS 200 MG, 300 MG, 400 MG, 600 MG</i>        | P         |  | <i>naproxen sodium TB24</i>                                 | NP        |   |
| INDOCIN SUSP ( <i>Use indomethacin</i> )                    | NF        |  | <i>naproxen-esomeprazole magnesium</i>                      | NP        |   |
| <i>indomethacin CAPS 25 MG, 50 MG</i>                       | P         |  | <i>naproxen SUSP</i>  | NP        | QL(200 ML per fill retail; 200 per fill mail) |
| <i>indomethacin CPCR</i>                                    | NP        |  | <i>naproxen TABS</i>  | P         |   |
| <i>indomethacin SUPP</i>                                    | NP        |  | <i>naproxen TBEC</i>  | P         |   |
| <i>indomethacin SUSP</i>                                    | NP        |  | ORUDIS CAPS 75 MG   | NP        |   |
| <i>ketoprofen CAPS 50 MG, 75 MG</i>                         | NP        |  | <i>oxaprozin CAPS</i>                                       | NP        |   |
| <i>ketoprofen CP24</i>                                      | NP        |  | <i>oxaprozin TABS</i>                                       | NP        |   |
| <i>ketorolac tromethamine TABS</i>                          | PA        | QL(4 EA daily; 20 EA per 180 day(s) retail; 20 EA per 180 days mail); PA | <i>piroxicam CAPS</i>                                       | P         |   |
| LODINE TABS ( <i>Use etodolac</i> )                         | NF        |  | <i>sulindac TABS</i>  | P         |   |
| LURBIPR TABS 100 MG ( <i>Use flurbiprofen</i> )             | NF        |  | TOLECTIN DS CAPS 400 MG ( <i>Use tolmetin sodium</i> )      | NP        |   |
| LURBIRO TABS 100 MG ( <i>Use flurbiprofen</i> )             | NP        |  | <i>tolmetin sodium CAPS</i>                                 | NP        |   |
| <i>meclofenamate sodium CAPS</i>                            | NP        |  | <i>tolmetin sodium TABS</i>                                 | NP        |   |
| <i>mefenamic acid CAPS</i>                                  | NP        | MP   | VIMOVO ( <i>Use naproxen-esomeprazole magnesium</i> )       | NF        |   |
| <i>meloxicam TABS</i>                                       | P         |  | VYSCOXA PO 10 MG/ML   | NP        | QL(8 ML daily)                                |
| MOTRIN CHILDRENS CHEW ( <i>Use ibuprofen</i> )              | NF        |  | ZYBIC SUSP 7.5 MG/5ML ( <i>Use meloxicam</i> )              | NP        |   |
| <i>nabumetone</i>   | P         |  | Phosphodiesterase 4 (PDE4) Inhibitors                       |           |   |
|   |           |  | OTEZLA XR TB24 PO 75 MG                                     | NP        | QL(2 EA daily); SP                            |

| Drug Name  | Drug Tier | Requirements/Limits        | Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|----------------------------|--|-----------|---|
| OTEZLA/OTEZLA XR INITIATION PK TBPk  | NP        | QL(2 EA daily); SP         | Analgesics - Sodium Channel Pain Signal Inhibitors                     |           |   |
| OTEZLA TABS  | PA        | QL(2 EA daily); SP; PA     | JOURNAVX   | P         | QL(3 EA daily; 29 EA per fill retail; 29 per fill mail ; 29 EA per 60 day(s) retail; 29 EA per 60 days mail); AL(At least 18 yrs old) |
| OTEZLA TBPk  | PA        | QL(2 EA daily); SP; PA     | Analgesics Other   |           |   |
| Selective Costimulation Modulators   |           |                            | <i>acetaminophen CAPS 500 MG</i>                                       | P         |   |
| ORENCIA CLICKJECT SOAJ   | PA        | QL(0.143 ML daily); SP; PA | <i>acetaminophen CHEW</i>  | P         |   |
| ORENCIA SOLR   | PA        | SP; PA                     | <i>acetaminophen LIQD 160 MG/5ML</i>                                   | P         |   |
| ORENCIA SOSY 50 MG/0.4ML   | PA        | QL(0.058 ML daily); SP; PA | <i>acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i> | P         |   |
| ORENCIA SOSY 125 MG/ML   | PA        | QL(0.143 ML daily); SP; PA | <i>acetaminophen SUPP 120 MG, 650 MG</i>                               | P         | QL(12 EA per fill retail; 12 per fill mail)   |
| ORENCIA SOSY 87.5 MG/0.7ML   | PA        | QL(0.1 ML daily); SP; PA   | <i>acetaminophen SUSP 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>    | P         |   |
| Soluble Tumor Necrosis Factor Receptor Agents                                      |           |                            | <i>acetaminophen TABS 325 MG, 500 MG</i>                               | P         |   |
| ENBREL MINI SOCT   | PA        | QL(0.143 ML daily); SP; PA | FEVERALL INFANTS SUPP  | P         |   |
| ENBREL SURECLICK SOAJ  | PA        | QL(0.143 ML daily); SP; PA | FEVERALL JUNIOR STRENGTH SUPP  | P         | QL(12 EA per fill retail; 12 per fill mail)   |
| ENBREL SOLN  | PA        | QL(0.143 ML daily); SP; PA | Salicylates  |           |   |
| ENBREL SOSY  | PA        | QL(0.143 ML daily); SP; PA | <i>aspirin buffered (cal carb-mag carb-mag oxide)</i>                  | P         |   |
| <b>ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions</b> |           |                            | <i>aspirin CHEW</i>  | P         |   |
| Analgesic Combinations   |           |                            | ASPIRIN SUPP 300 MG  | P         |   |
| <i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>                   | P         | QL(4 EA daily)             | <i>aspirin TABS 325 MG</i>   | P         |   |
| <i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>                   | P         | QL(4 EA daily)             |  |           |   |
| <i>butalbital-acetaminophen TABS 50 MG-325 MG</i>                                  | P         |                            |  |           |   |
| <i>butalbital-aspirin-caffeine CAPS</i>  | P         | QL(4 EA daily)             |  |           |   |
| ESGIC TABS (Use <i>butalbital-acetaminophen-caffeine</i> )                         | NF        | QL(4 EA daily)             |  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>aspirin TBEC 81 MG, 325 MG</i>  | P         |   |
| <i>diflunisal TABS</i>   | P         |   |
| DOLOBID TABS   | P         |   |
| <i>salsalate</i>   | NP        |   |
| <b>ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions</b>                                      |           |   |
| <b>Opioid Agonists</b>   |           |   |
| ACTIQ LPOP 400 MCG<br>(Use <i>fentanyl citrate</i> )   | NF        | QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old)     |
| <i>codeine sulfate TABS 30 MG</i>  | P         | QL(2 EA daily); AL(At least 12 yrs old)   |
| CODEINE SULFATE TABS   | P         | QL(2 EA daily); AL(At least 12 yrs old)   |
| CONZIP CP24 (Use <i>tramadol hcl</i> )   | NP        | AL(At least 18 yrs old)   |
| DEMEROL SOLN IJ (Use <i>meperidine hcl</i> )   | NF        |   |
| DILAUDID TABS (Use <i>hydromorphone hcl</i> )  | NF        | QL(8 EA daily)  |
| DISKETS TBSO 40 MG<br>(Use <i>methadone hcl</i> )  | NP        |   |
| <i>fentanyl citrate LPOP 400 MCG, 800 MCG</i>  | PA        | QL(120 EA per 30 day(s) retail; 120 EA per 30 days mail); AL(At least 16 yrs old); PA |
| <i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 37.5 MCG/HR, 50 MCG/HR, 62.5 MCG/HR, 75 MCG/HR, 87.5 MCG/HR, 100 MCG/HR</i> | PA        | QL(0.34 EA daily); PA   |
| <i>hydrocodone bitartrate CP12</i>   | NP        | QL(2 EA daily)  |
| <i>hydrocodone bitartrate T24A</i>   | NP        | QL(1 EA daily)  |

| Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|
| HYDROMORPHONE HCL SUPP  | P         | QL(12 EA per fill retail; 12 per fill mail)   |
| <i>hydromorphone hcl TABS</i>   | P         | QL(8 EA daily)                                |
| <i>hydromorphone hcl TB24</i>   | NP        | QL(1 EA daily)                                |
| HYSINGLA ER T24A 20 MG, 30 MG, 40 MG, 60 MG, 80 MG, 100 MG                    | NP        | QL(1 EA daily)                                |
| <i>meperidine hcl SOLN PO 50 MG/5ML</i>                                       | P         | QL(500 ML per fill retail; 500 per fill mail) |
| <i>meperidine hcl TABS 50 MG</i>  | P         | QL(6 EA daily)                                |
| <i>methadone hcl CONC</i>   | NP        |   |
| <i>methadone hcl SOLN PO</i>  | NP        |   |
| <i>methadone hcl TABS</i>   | NP        |   |
| <i>methadone hcl TBSO</i>   | NP        |   |
| METHADOSE SUGAR-FREE CONC (Use <i>methadone hcl</i> )                         | NP        |   |
| METHADOSE CONC (Use <i>methadone hcl</i> )                                    | NP        |   |
| <i>morphine sulfate beads</i>   | P         | QL(1 EA daily)                                |
| <i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i> | P         | QL(2 EA daily)                                |
| <i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>                          | P         | QL(16.67 ML daily)                            |
| <i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>                          | P         | QL(240 ML per fill retail; 240 per fill mail) |
| <i>morphine sulfate SUPP</i>  | P         | QL(24 EA per fill retail; 24 per fill mail)   |
| <i>morphine sulfate TABS 30 MG</i>  | P         |   |
| <i>morphine sulfate TABS 15 MG</i>  | P         | QL(6 EA daily)                                |
| <i>morphine sulfate TBCR</i>  | P         | QL(3 EA daily)                                |
| MS CONTIN TBCR 100 MG (Use <i>morphine sulfate</i> )                          | NF        | QL(3 EA daily)                                |

| Drug Name   | Drug Tier | Requirements/Limits                      | Drug Name  | Drug Tier | Requirements/Limits                     |
|---|-----------|--|--|-----------|---|
| MS CONTIN TBCR 15 MG, 30 MG, 60 MG, 200 MG (Use morphine sulfate) | NP        | QL(3 EA daily)                           | acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG                               | P         | QL(6 EA daily); AL(At least 12 yrs old) |
| NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use tapentadol hcl)            | NF        |  | butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG                                | P         | QL(4 EA daily); AL(At least 12 yrs old) |
| oxycodone hcl CAPS  | P         | QL(6 EA daily)                           | butalbital-aspirin-caffeine w/cod  | P         | QL(4 EA daily); AL(At least 12 yrs old) |
| oxycodone hcl CONC 100 MG/5ML                                     | P         | QL(6 ML daily)                           | FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)         | NF        |   |
| oxycodone hcl SOLN  | P         |  | hydrocodone-acetaminophen SOLN 325 MG/15ML-10 MG/15ML  | P         | QL(135 ML daily)                        |
| oxycodone hcl T12A 20 MG, 40 MG                                   | NP        | QL(3 EA daily)                           | hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML | P         | QL(180 ML daily)                        |
| oxycodone hcl TABS  | P         | QL(6 EA daily)                           | hydrocodone-acetaminophen TABS 325 MG-10 MG  | P         | QL(6 EA daily)                          |
| OXYCONTIN T12A  | P         | QL(3 EA daily)                           | hydrocodone-acetaminophen TABS 325 MG-5 MG   | P         | QL(12 EA daily)                         |
| oxymorphone hcl TB12  | NP        | QL(2 EA daily)                           | hydrocodone-acetaminophen TABS 325 MG-7.5 MG   | P         | QL(8 EA daily)                          |
| QDOLO SOLN (Use tramadol hcl)                                     | NF        | AL(At least 18 yrs old)                  | oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG                             | P         | QL(6 EA daily)                          |
| ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)                  | NF        | QL(6 EA daily)                           | PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)   | NF        |   |
| TAPENTADOL HCL ER TB12 50 MG, 100 MG, 150 MG, 200 MG, 250 MG      | NP        |  |  |           |   |
| tapentadol hcl TABS 50 MG, 75 MG, 100 MG                          | NP        |  |  |           |   |
| tramadol hcl CP24 100 MG, 200 MG, 300 MG                          | NP        | AL(At least 18 yrs old)                  |  |           |   |
| tramadol hcl SOLN   | NP        | AL(At least 18 yrs old)                  |  |           |   |
| TRAMADOL HCL SOLN (Use tramadol hcl)                              | NP        | AL(At least 18 yrs old)                  |  |           |   |
| tramadol hcl TABS 50 MG   | P         | AL(At least 18 yrs old)                  |  |           |   |
| tramadol hcl TABS 25 MG, 75 MG, 100 MG                            | NP        | AL(At least 18 yrs old)                  |  |           |   |
| tramadol hcl TB24   | NP        | AL(At least 18 yrs old)                  |  |           |   |
| Opioid Combinations   |           |  |  |           |   |
| acetaminophen w/ codeine SOLN                                     | P         | QL(30 ML daily); AL(At least 12 yrs old) |  |           |   |

| Drug Name   | Drug Tier | Requirements/Limits                      |
|---|-----------|--|
| PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen) | NF        | QL(6 EA daily)                           |
| PROLATE SOLN  | PA        | QL(20 ML daily); PA                      |
| PROLATE TABS  | PA        | QL(13 EA daily); PA                      |
| <i>tramadol-acetaminophen</i>   | P         | QL(12 EA daily); AL(At least 18 yrs old) |
| <b>Opioid Partial Agonists</b>  |           |  |
| BELBUCA FILM  | NP        |  |
| BRIXADI (WEEKLY) SOSY   | P         | SP                                       |
| BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML                                  | P         | SP                                       |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 2 MG-8 MG</i>          | NP        | QL(3 EA daily)                           |
| <i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 1 MG-4 MG, 3 MG-12 MG</i>           | NP        | QL(2 EA daily)                           |
| <i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>                                    | P         | QL(3 EA daily)                           |
| <i>buprenorphine hcl SUBL</i>   | P         | QL(3 EA daily)                           |
| <i>buprenorphine PTWK</i>   | NP        |  |
| BUTRANS PTWK (Use buprenorphine)  | P         |  |
| SUBLOCADE SOSY  | P         | SP                                       |
| SUBOXONE FILM SL 0.5 MG-2 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)  | P         | QL(3 EA daily)                           |
| SUBOXONE FILM SL 1 MG-4 MG, 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)   | P         | QL(2 EA daily)                           |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ZUBSOLV SUBL 2.9 MG-11.4 MG   | NP        | QL(1 EA daily)      |
| ZUBSOLV SUBL 0.18 MG-0.7 MG, 0.36 MG-1.4 MG, 0.71 MG-2.9 MG, 1.4 MG-5.7 MG                        | NP        | QL(3 EA daily)      |
| ZUBSOLV SUBL 2.1 MG-8.6 MG  | NP        | QL(2 EA daily)      |
| <b>ANDROGENS-ANABOLIC - Drugs to Regulate Hormones</b>  |           |                     |
| <b>Androgens</b>  |           |                     |
| ANDROGEL PUMP GEL TD (Use testosterone)   | NF        |                     |
| ANDROGEL PUMP GEL TD (Use testosterone)   | NP        |                     |
| JATENZO CAPS  | PA        | PA                  |
| <i>methyltestosterone TABS</i>  | P         |                     |
| NATESTO GEL NA  | NP        |                     |
| TESTIM GEL TD (Use testosterone)  | NP        |                     |
| <i>testosterone cypionate SOLN IM 100 MG/ML</i>   | P         | QL(0.2858 ML daily) |
| <i>testosterone cypionate SOLN IM 200 MG/ML</i>   | P         | QL(0.1429 ML daily) |
| <i>testosterone enanthate SOLN IM</i>   | P         | QL(0.1429 ML daily) |
| <i>testosterone GEL TD 1 %, 1.62 %, 1.62 %</i>  | PA        | PA                  |
| <i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i> | NP        |                     |
| <i>testosterone SOLN</i>  | NP        |                     |
| TLANDO CAPS   | PA        | PA                  |
| VOGELXO PUMP GEL TD (Use testosterone)  | NP        |                     |
| VOGELXO GEL TD (Use testosterone)   | NF        |                     |
| VOGELXO GEL TD (Use testosterone)   | NP        |                     |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| XYOSTED SOAJ   | PA        | PA  |
| <b>ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching</b> |           |   |
| Intrarectal Steroids   |           |   |
| <i>budesonide (intrarectal)</i>  | NP        |   |
| CORTENEMA (Use hydrocortisone (intrarectal))   | NF        | QL(420 ML per fill retail; 420 per fill mail) |
| <i>hydrocortisone (intrarectal)</i>  | P         | QL(420 ML per fill retail; 420 per fill mail) |
| UCERIS (Use budesonide (intrarectal))  | NF        |   |
| Rectal Combinations  |           |   |
| HEMORRHOIDAL 0.25 %-85.5 %-3 %   | P         | QL(12 EA per fill retail; 12 per fill mail)   |
| <i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>                                 | NP        |   |
| <i>lidocaine-hydrocortisone acetate (rectal) KIT 0.5 %-3 %, 2.5 %-3 %</i>                | NP        |   |
| LIDOCORT CREA EX 0.5 %-3 % (Use lidocaine-hydrocortisone acetate (rectal))               | NF        |   |
| SB HEMORRHOID 0.25 %-71.9 %-14 %-3 %   | P         | QL(30 GM per fill retail; 30 per fill mail)   |
| Rectal Local Anesthetics   |           |   |
| <i>pramoxine hcl (rectal) FOAM EX</i>  | P         | QL(15 GM per fill retail; 15 per fill mail)   |
| PROCTOFOAM FOAM EX 1 %   | P         | QL(15 GM per fill retail; 15 per fill mail)   |
| Rectal Steroids  |           |   |
| ANUSOL-HC EX (Use hydrocortisone (rectal))   | NF        |   |
| <i>hydrocortisone (rectal) EX</i>  | P         |   |
| <b>ANTACIDS</b>  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| Antacid Combinations   |           |                     |
| <i>alum &amp; mag hydrox-simethicone CHEW</i>  | P         |                     |
| <i>alum &amp; mag hydrox-simethicone LIQD 400 MG/5ML-40 MG/5ML-400 MG/5ML</i>  | P         |                     |
| <i>alum &amp; mag hydrox-simethicone LIQD</i>  | P         | QL(24 ML daily)     |
| <i>alum &amp; mag hydrox-simethicone SUSP 2400 MG/30ML-240 MG/30ML, 400 MG/5ML-40 MG/5ML-400 MG/5ML, 400 MG/5ML-400 MG/5ML-40 MG/5ML, 800 MG/10ML-80 MG/10ML-800 MG/10ML</i> | P         |                     |
| Antacids - Aluminum Salts  |           |                     |
| ALUMINUM HYDROXIDE GEL SUSP  | P         |                     |
| Antacids - Bicarbonate   |           |                     |
| <i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>  | P         | QL(16.54 EA daily)  |
| Antacids - Calcium Salts   |           |                     |
| <i>calcium carbonate (antacid) CHEW 500 MG, 750 MG, 1000 MG</i>  | P         |                     |
| Antacids - Magnesium Salts   |           |                     |
| <i>magnesium oxide TABS 400 MG</i>   | P         |                     |
| <b>ANTIANGINAL AGENTS - Drugs to Treat Chest Pain</b>  |           |                     |
| Nitrates   |           |                     |
| ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)   | NF        |                     |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i> | P         |                     |
| <i>isosorbide mononitrate TABS</i>                         | P         | QL(2 EA daily)      |
| <i>isosorbide mononitrate TB24</i>                         | P         | QL(1 EA daily)      |
| <i>NITRO-DUR PT24 (Use nitroglycerin)</i>                  | NF        |                     |
| <i>nitroglycerin OINT</i>                                  | P         |                     |
| <i>nitroglycerin PT24</i>                                  | P         |                     |
| <i>nitroglycerin SUBL</i>                                  | P         |                     |
| <i>NITROSTAT SUBL (Use nitroglycerin)</i>                  | NF        |                     |
| <i>NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG</i>                | P         |                     |
| <b>ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety</b>        |           |                     |
| Antianxiety Agents - Misc.                                 |           |                     |
| <i>buspirone hcl 7.5 MG, 30 MG</i>                         | P         | QL(3 EA daily)      |
| <i>buspirone hcl 15 MG</i>                                 | P         | QL(4 EA daily)      |
| <i>buspirone hcl 5 MG, 10 MG</i>                           | P         | QL(6 EA daily)      |
| <i>droperidol SOLN 2.5 MG/ML</i>                           | P         |                     |
| <i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>             | P         |                     |
| <i>hydroxyzine hcl SYRP</i>                                | P         |                     |
| <i>hydroxyzine hcl TABS</i>                                | P         |                     |
| <i>hydroxyzine pamoate CAPS</i>                            | P         |                     |
| <i>meprobamate</i>   | P         |                     |
| <i>VISTARIL CAPS 25 MG (Use hydroxyzine pamoate)</i>       | NF        |                     |
| Benzodiazepines  |           |                     |
| <i>alprazolam TABS</i>                                     | P         | QL(4 EA daily)      |
| <i>ATIVAN SOLN (Use lorazepam)</i>                         | NF        |                     |

| Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|
| <i>ATIVAN TABS 1 MG (Use lorazepam)</i>                        | NF        | QL(4 EA daily)          |
| <i>ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)</i>                | NF        | QL(3 EA daily)          |
| <i>chlordiazepoxide hcl CAPS</i>                               | P         | QL(4 EA daily)          |
| <i>clorazepate dipotassium TABS</i>                            | P         |                         |
| <i>diazepam CONC</i>   | P         |                         |
| <i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML</i>                     | P         |                         |
| <i>diazepam SOLN PO 5 MG/5ML</i>                               | P         |                         |
| <i>DIAZEPAM SOLN IJ 5 MG/ML</i>                                | P         |                         |
| <i>diazepam TABS</i>   | P         | AL(At least 18 yrs old) |
| <i>lorazepam CONC</i>  | P         |                         |
| <i>lorazepam SOLN</i>  | P         |                         |
| <i>LORAZEPAM SOLN 2 MG/ML</i>                                  | P         |                         |
| <i>lorazepam TABS 0.5 MG, 2 MG</i>                             | P         | QL(3 EA daily)          |
| <i>lorazepam TABS 1 MG</i>                                     | P         | QL(4 EA daily)          |
| <i>oxazepam CAPS 10 MG, 30 MG</i>                              | P         | QL(4 EA daily)          |
| <i>VALIUM TABS (Use diazepam)</i>                              | NF        | AL(At least 18 yrs old) |
| <i>XANAX TABS (Use alprazolam)</i>                             | NF        | QL(4 EA daily)          |
| <b>ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms</b> |           |                         |
| Antiarrhythmics Type I-A                                       |           |                         |
| <i>disopyramide phosphate CAPS</i>                             | P         |                         |
| <i>NORPACE CR CP12 150 MG</i>                                  | P         |                         |
| <i>NORPACE CAPS (Use disopyramide phosphate)</i>               | NF        |                         |
| <i>quinidine gluconate TBCR</i>                                | P         |                         |
| <i>quinidine sulfate TABS</i>                                  | P         |                         |

| Drug Name   | Drug Tier | Requirements/Limits                            |
|---|-----------|--|
| Antiarrhythmics Type I-B  |           |  |
| <i>mexiletine hcl</i>   | P         |  |
| Antiarrhythmics Type I-C  |           |  |
| <i>flecainide acetate</i>   | P         |  |
| <i>propafenone hcl TABS</i>   | P         |  |
| Antiarrhythmics Type III  |           |  |
| <i>amiodarone hcl TABS 200 MG</i>   | P         |  |
| <i>dofetilide</i>   | P         |  |
| TIKOSYN ( <i>Use dofetilide</i> )   | NF        |  |
| <b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions</b> |           |  |
| Antiasthmatic - Monoclonal Antibodies   |           |  |
| CINQAIR   | NP        | AL(At least 18 yrs old); SP                    |
| EXDENSUR SOSY SC 100 MG/ML  | NP        | AL(At least 12 yrs old); SP                    |
| FASENRA PEN SOAJ  | PA        | SP; PA   |
| FASENRA SOSY  | PA        | SP; PA   |
| NUCALA SOAJ   | PA        | AL(At least 6 yrs old); SP; PA                 |
| NUCALA SOLR   | PA        | AL(At least 6 yrs old); SP; PA                 |
| NUCALA SOSY   | PA        | AL(At least 6 yrs old); SP; PA                 |
| TEZSPIRE SOAJ   | NP        | QL(0.07 ML daily); AL(At least 12 yrs old); SP |
| TEZSPIRE SOSY   | NP        | QL(0.07 ML daily); AL(At least 12 yrs old); SP |
| XOLAIR SOAJ 75 MG/0.5ML, 300 MG/2ML   | NP        | QL(0.215 ML daily); SP                         |
| XOLAIR SOAJ 150 MG/ML   | NP        | QL(0.215 ML daily); AL(At least 6 yrs old); SP |

| Drug Name  | Drug Tier | Requirements/Limits                                |
|--|-----------|--|
| XOLAIR SOLR  | NP        | QL(0.215 EA daily); AL(At least 6 yrs old); SP     |
| XOLAIR SOSY  | PA        | QL(0.215 ML daily); AL(At least 6 yrs old); SP; PA |
| Anti-Inflammatory Agents                                       |           |  |
| <i>cromolyn sodium NEBU</i>                                    | P         | QL(8 ML daily)                                     |
| Bronchodilators - Anticholinergics                             |           |  |
| ATROVENT HFA 17 MCG/ACT ( <i>Use ipratropium bromide hfa</i> ) | P         |  |
| INCRUSE ELLIPTA  | P         | MP   |
| <i>ipratropium bromide hfa 17 MCG/ACT</i>                      | NP        |  |
| <i>ipratropium bromide SOLN 0.02 %</i>                         | P         |  |
| SPIRIVA HANDIHALER CAPS IN ( <i>Use tiotropium bromide</i> )   | P         | MP   |
| SPIRIVA RESPIMAT AERS IN                                       | P         | MP   |
| <i>tiotropium bromide CAPS IN 18 MCG</i>                       | NP        | MP   |
| TUDORZA PRESSAIR   | NP        | MP   |
| <i>umeclidinium bromide 62.5 MCG/INH</i>                       | NP        |  |
| YUPELRI IN 175 MCG/3ML   | NP        | MP   |
| Leukotriene Modulators   |           |  |
| ACCOLATE ( <i>Use zafirlukast</i> )                            | NF        |  |
| <i>montelukast sodium CHEW</i>                                 | P         |  |
| <i>montelukast sodium PACK</i>                                 | P         |  |
| <i>montelukast sodium TABS</i>                                 | P         |  |
| SINGULAIR CHEW 5 MG ( <i>Use montelukast sodium</i> )          | NP        |  |

| Drug Name   | Drug Tier | Requirements/Limits                          | Drug Name   | Drug Tier | Requirements/Limits                          |
|---|-----------|--|---|-----------|--|
| SINGULAIR CHEW 4 MG<br>(Use montelukast sodium)   | NF        |  | FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)               | NF        | QL(0.36 GM daily)                            |
| SINGULAIR PACK (Use montelukast sodium)   | NF        |  | fluticasone furoate (inhalation) 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT | NP        | MP   |
| SINGULAIR TABS (Use montelukast sodium)   | NP        |  | fluticasone propionate (inhalation) AEPB                              | P         | QL(2 EA daily); MP                           |
| zafirlukast   | P         |  | fluticasone propionate hfa 44 MCG/ACT                                 | P         | QL(0.36 GM daily); MP                        |
| zileuton TB12   | NP        |  | fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT                   | P         | QL(0.4 GM daily); MP                         |
| ZYFLO TABS  | NP        |  | PULMICORT FLEXHALER AEPB  | P         | MP   |
| Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors  |           |  | PULMICORT FLEXHALER AEPB  | P         | MP   |
| OHTUVAYRE   | NP        | QL(5 ML daily); AL(At least 18 yrs old); SP  | PULMICORT SUSP (Use budesonide (inhalation))                          | NP        | AL(At least 1 yrs old - Up to 8 yrs old); MP |
| Selective Phosphodiesterase 4 (PDE4) Inhibitors   |           |  | QVAR REDHALER   | NP        | MP   |
| DALIRESP (Use roflumilast)  | NP        | QL(1 EA daily)                               | Sympathomimetics  |           |  |
| roflumilast   | PA        | QL(1 EA daily); PA                           | ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)                       | NF        |  |
| Steroid Inhalants   |           |  | ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)                       | P         | MP   |
| ALVESCO   | NP        | MP   | ADVAIR HFA AERO (Use fluticasone-salmeterol)                          | P         | MP   |
| ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) | P         | MP   | AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)            | NP        | MP   |
| ASMANEX (120 METERED DOSES) AEPB  | P         | MP   | AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)            | NP        | MP   |
| ASMANEX (14 METERED DOSES) AEPB   | P         | MP   | AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)             | NF        |  |
| ASMANEX (30 METERED DOSES) AEPB   | P         | MP   | AIRSUPRA  | NP        | QL(1.07 GM daily)                            |
| ASMANEX (60 METERED DOSES) AEPB   | P         | MP   |   |           |  |
| ASMANEX HFA AERO  | P         | MP   |   |           |  |
| beclomethasone dipropionate 40 MCG/ACT, 80 MCG/ACT  | NP        | MP   |   |           |  |
| budesonide (inhalation) SUSP  | P         | AL(At least 1 yrs old - Up to 8 yrs old); MP |   |           |  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---------------------|--|-----------|---|
| <i>albuterol sulfate AERS</i>  | NP        | QL(1.2 GM daily)    | <i>levalbuterol hcl 1.25 MG/0.5ML</i>                    | NP        | QL(3 EA daily)                                |
| <i>albuterol sulfate AERS</i>  | P         | QL(0.567 GM daily)  | <i>levalbuterol hcl</i>                                  | PA        | QL(9.6 ML daily); PA                          |
| <i>albuterol sulfate AERS</i>  | P         | QL(0.447 GM daily)  | <i>levalbuterol tartrate</i>                             | PA        | QL(1 GM daily); PA                            |
| <i>albuterol sulfate NEBU</i>  | P         | QL(12 ML daily)     | PERFORMIST NEBU<br>(Use formoterol fumarate)             | NP        | MP  |
| <i>albuterol sulfate NEBU</i>  | P         | QL(2 EA daily)      | PROAIR RESPICLIK AEPB                                    | NP        | QL(0.067 EA daily)                            |
| <i>albuterol sulfate SYRP</i>  | P         |                     | PROVENTIL HFA AERS<br>(Use albuterol sulfate)            | NF        | QL(1.2 GM daily)                              |
| <i>albuterol sulfate TABS</i>  | P         |                     | SEREVENT DISKUS  | P         | QL(2 EA daily); MP                            |
| ANORO ELLIPTA 25 MCG/ACT-62.5 MCG/ACT<br>(Use umeclidinium-vilanterol) | P         | MP                  | STIOLTO RESPIMAT   | P         | MP  |
| <i>arformoterol tartrate</i>   | NP        | MP                  | STRIVERDI RESPIMAT                                       | P         | MP  |
| BEVESPI AEROSPHERE   | NP        | MP                  | SYMBICORT (Use budesonide-formoterol fumarate dihydrate) | P         | MP  |
| BREO ELLIPTA (Use fluticasone furoate-vilanterol)                      | P         | MP                  | <i>terbutaline sulfate TABS</i>                          | P         |   |
| BREO ELLIPTA   | P         | MP                  | TRELEGY ELLIPTA  | NP        | MP  |
| BREZTRI AEROSPHERE   | NP        | MP                  | <i>umeclidinium-vilanterol</i>                           | NP        | MP  |
| BROVANA (Use arformoterol tartrate)                                    | NF        |                     | VENTOLIN HFA AERS<br>(Use albuterol sulfate)             | P         | QL(1.2 GM daily)                              |
| BROVANA (Use arformoterol tartrate)                                    | NP        | MP                  | VENTOLIN HFA AERS<br>(Use albuterol sulfate)             | P         | QL(0.534 GM daily)                            |
| <i>budesonide-formoterol fumarate dihydrate</i>                        | NP        | MP                  | XOPENEX HFA (Use levalbuterol tartrate)                  | NP        | QL(1 GM daily)                                |
| COMBIVENT RESPIMAT AERS  | P         |                     | <b>Xanthines</b>   |           |   |
| DUAKLIR PRESSAIR   | NP        | MP                  | THEO-24 CP24   | P         |   |
| DULERA   | P         | MP                  | <i>theophylline ELIX</i>                                 | P         |   |
| <i>fluticasone furoate-vilanterol</i>                                  | NP        | MP                  | <i>theophylline SOLN</i>                                 | P         | QL(475 ML per fill retail; 475 per fill mail) |
| <i>fluticasone-salmeterol AEPB</i>                                     | NP        | MP                  | <i>theophylline TB12</i>                                 | P         |   |
| <i>fluticasone-salmeterol AERO</i>                                     | NP        | MP                  | <i>theophylline TB24</i>                                 | P         |   |
| <i>formoterol fumarate NEBU</i>  | NP        | MP                  | <b>ANTICOAGULANTS - Blood Thinners</b>                   |           |   |
| <i>ipratropium-albuterol SOLN</i>                                      | P         | QL(12 ML daily)     | <b>Coumarin Anticoagulants</b>                           |           |   |
|  |           |                     | <i>warfarin sodium TABS</i>                              | P         |   |
|  |           |                     | <b>Direct Factor Xa Inhibitors</b>                       |           |   |

| Drug Name   | Drug Tier | Requirements/Limits                             | Drug Name   | Drug Tier | Requirements/Limits                             |
|---|-----------|---|---|-----------|---|
| ELIQUIS (1.5 MG PACK) TBSO PO                                       | NP        |   | <i>fondaparinux sodium</i>  | P         | SP  |
| ELIQUIS (2 MG PACK) TBSO PO   | NP        |   | FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML   | P         | SP  |
| ELIQUIS DVT/PE STARTER PACK TBPBK                                   | P         |   | FRAGMIN SOSY  | P         | SP  |
| ELIQUIS CPSP PO 0.15 MG   | NP        |   | <i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i> | P         |   |
| ELIQUIS TABS  | P         |   | LOVENOX SOLN IJ 300 MG/3ML ( <i>Use enoxaparin sodium</i> )   | NP        | SP  |
| ELIQUIS TBSO PO 0.5 MG  | NP        |   | LOVENOX SOSY 30 MG/0.3ML ( <i>Use enoxaparin sodium</i> )   | NP        | QL(18 ML per fill retail; 18 per fill mail); SP |
| <i>rivaroxaban SUSR 1 MG/ML</i>                                     | NP        |   | LOVENOX SOSY 100 MG/ML, 150 MG/ML ( <i>Use enoxaparin sodium</i> )  | NP        | QL(60 ML per fill retail; 60 per fill mail); SP |
| <i>rivaroxaban TABS 2.5 MG</i>                                      | NP        |   | LOVENOX SOSY 60 MG/0.6ML ( <i>Use enoxaparin sodium</i> )   | NP        | QL(36 ML per fill retail; 36 per fill mail); SP |
| SAVAYSA   | NP        | AL(At least 18 yrs old)                         | LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML ( <i>Use enoxaparin sodium</i> )   | NP        | QL(48 ML per fill retail; 48 per fill mail); SP |
| XARELTO STARTER PACK TBPBK  | P         |   | LOVENOX SOSY 40 MG/0.4ML ( <i>Use enoxaparin sodium</i> )   | NP        | QL(24 ML per fill retail; 24 per fill mail); SP |
| XARELTO SUSR 1 MG/ML ( <i>Use rivaroxaban</i> )                     | NP        |   | <b>Thrombin Inhibitors</b>  |           |   |
| XARELTO TABS  | P         |   | <i>dabigatran etexilate mesylate CAPS</i>   | NP        | QL(2 EA daily)                                  |
| XARELTO TABS 2.5 MG, 10 MG, 15 MG, 20 MG ( <i>Use rivaroxaban</i> ) | P         |   | PRADAXA CAPS 75 MG ( <i>Use dabigatran etexilate mesylate</i> )   | NF        | QL(2 EA daily)                                  |
| <b>Heparins And Heparinoid-Like Agents</b>                          |           |   | PRADAXA CAPS ( <i>Use dabigatran etexilate mesylate</i> )   | P         | QL(2 EA daily)                                  |
| ARIXTRA ( <i>Use fondaparinux sodium</i> )                          | NP        | SP  | PRADAXA PACK  | NP        | QL(2 EA daily); SP                              |
| <i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>                         | P         | SP  | <b>ANTICONVULSANTS - Drugs to Treat Seizures</b>  |           |   |
| <i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>             | P         | QL(48 ML per fill retail; 48 per fill mail); SP | <b>AMPA Glutamate Receptor Antagonists</b>  |           |   |
| <i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>                  | P         | QL(60 ML per fill retail; 60 per fill mail); SP | FYCOMPA SUSP 0.5 MG/ML ( <i>Use perampanel</i> )  | NP        |   |
| <i>enoxaparin sodium SOSY 30 MG/0.3ML</i>                           | P         | QL(18 ML per fill retail; 18 per fill mail); SP |   |           |   |
| <i>enoxaparin sodium SOSY 40 MG/0.4ML</i>                           | P         | QL(24 ML per fill retail; 24 per fill mail); SP |   |           |   |
| <i>enoxaparin sodium SOSY 60 MG/0.6ML</i>                           | P         | QL(36 ML per fill retail; 36 per fill mail); SP |   |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                      |
|--|-----------|--|
| FYCOMPA TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG (Use perampanel) | NP        |  |
| perampanel SUSP 0.5 MG/ML  | NP        |  |
| perampanel TABS 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG               | P         |  |
| Anticonvulsants - Benzodiazepines                                  |           |  |
| clobazam SUSP  | P         |  |
| clobazam TABS  | P         |  |
| clonazepam TABS  | P         | AL(At least 18 yrs old)                  |
| clonazepam TBDP  | P         |  |
| DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))              | NF        |  |
| diazepam (anticonvulsant) GEL                                      | P         |  |
| KLONOPIN TABS (Use clonazepam)                                     | NP        | AL(At least 18 yrs old)                  |
| LIBERVANT FILM   | NP        | AL(At least 2 yrs old - Up to 5 yrs old) |
| NAYZILAM   | PA        | PA                                       |
| ONFI SUSP (Use clobazam)   | NP        |  |
| ONFI TABS (Use clobazam)   | NP        |  |
| SYMPAZAN FILM  | NP        |  |
| VALTOCO 10 MG DOSE LIQD  | PA        | PA                                       |
| VALTOCO 15 MG DOSE LQPK 7.5 MG/0.1ML                               | PA        | PA                                       |
| VALTOCO 20 MG DOSE LQPK 10 MG/0.1ML                                | PA        | PA                                       |
| VALTOCO 5 MG DOSE LIQD   | PA        | PA                                       |
| Anticonvulsants - Misc.  |           |  |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| APTIOM 200 MG, 400 MG, 600 MG, 800 MG (Use eslicarbazepine acetate) | NP        |                     |
| BANZEL SUSP (Use rufinamide)  | NP        | SP                  |
| BANZEL TABS (Use rufinamide)  | NP        | SP                  |
| brivaracetam SOLN IV 50 MG/5ML                                      | NP        | SP                  |
| brivaracetam TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG                | NP        | SP                  |
| BRIVIACT SOLN PO 10 MG/ML (Use brivaracetam)                        | NP        | SP                  |
| BRIVIACT SOLN IV 50 MG/5ML (Use brivaracetam)                       | NF        | SP                  |
| BRIVIACT TABS 10 MG, 25 MG, 50 MG, 75 MG, 100 MG (Use brivaracetam) | NP        | SP                  |
| carbamazepine CHEW  | P         |                     |
| carbamazepine CP12  | P         |                     |
| carbamazepine SUSP  | P         |                     |
| carbamazepine TABS  | P         |                     |
| carbamazepine TB12  | P         |                     |
| CARBATROL CP12 (Use carbamazepine)                                  | NP        |                     |
| DIACOMIT CAPS   | NP        | SP                  |
| DIACOMIT PACK   | NP        | SP                  |
| ELEPSIA XR TB24   | NP        |                     |
| EPIDIOLEX   | PA        | SP; PA              |
| EPRONTIA SOLN 25 MG/ML (Use topiramate)                             | NP        |                     |
| eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG              | NP        |                     |
| FINTEPLA  | NP        | SP                  |
| gabapentin CAPS   | P         |                     |
| gabapentin SOLN   | P         |                     |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| <i>gabapentin TABS 600 MG, 800 MG</i>                  | P         |                     | LYRICA CAPS ( <i>Use pregabalin</i> )                                     | P         |                     |
| KEPPRA XR TB24 ( <i>Use levetiracetam</i> )            | NP        |                     | LYRICA CAPS 25 MG, 50 MG, 100 MG, 150 MG ( <i>Use pregabalin</i> )        | NF        |                     |
| KEPPRA SOLN IV 500 MG/5ML ( <i>Use levetiracetam</i> ) | NF        |                     | LYRICA SOLN ( <i>Use pregabalin</i> )                                     | NF        |                     |
| KEPPRA SOLN PO 100 MG/ML ( <i>Use levetiracetam</i> )  | NP        |                     | LYRICA SOLN ( <i>Use pregabalin</i> )                                     | P         |                     |
| KEPPRA TABS ( <i>Use levetiracetam</i> )               | NP        |                     | MOTPOLY XR CP24   | NP        |                     |
| <i>lacosamide SOLN IV 200 MG/20ML</i>                  | P         |                     | MYSOLINE ( <i>Use primidone</i> )   | NF        |                     |
| <i>lacosamide TABS</i>                                 | P         |                     | NEURONTIN CAPS ( <i>Use gabapentin</i> )                                  | P         |                     |
| LAMICTAL ODT KIT ( <i>Use lamotrigine</i> )            | NP        |                     | NEURONTIN SOLN ( <i>Use gabapentin</i> )                                  | P         |                     |
| LAMICTAL ODT TBDP ( <i>Use lamotrigine</i> )           | NP        |                     | NEURONTIN SOLN ( <i>Use gabapentin</i> )                                  | NF        |                     |
| LAMICTAL STARTER KIT 25 MG ( <i>Use lamotrigine</i> )  | NP        |                     | NEURONTIN TABS ( <i>Use gabapentin</i> )                                  | P         |                     |
| LAMICTAL XR KIT  | NP        |                     | <i>oxcarbazepine SUSP</i>   | P         |                     |
| LAMICTAL XR TB24 ( <i>Use lamotrigine</i> )            | NP        |                     | <i>oxcarbazepine TABS</i>   | P         |                     |
| LAMICTAL CHEW ( <i>Use lamotrigine</i> )               | NP        |                     | <i>oxcarbazepine TB24</i>   | NP        |                     |
| LAMICTAL TABS ( <i>Use lamotrigine</i> )               | NP        |                     | OXTELLAR XR TB24 ( <i>Use oxcarbazepine</i> )                             | NP        |                     |
| <i>lamotrigine CHEW</i>                                | P         |                     | <i>pregabalin CAPS</i>  | NP        |                     |
| <i>lamotrigine KIT 25 MG</i>                           | P         |                     | <i>pregabalin SOLN</i>  | NP        |                     |
| <i>lamotrigine TABS</i>                                | P         |                     | <i>primidone</i>  | P         |                     |
| <i>lamotrigine TB24</i>                                | P         |                     | QUDEXY XR CS24 ( <i>Use topiramate</i> )                                  | NF        |                     |
| <i>lamotrigine TBDP</i>                                | P         |                     | <i>rufinamide SUSP</i>  | P         | SP                  |
| <i>levetiracetam SOLN IV 500 MG/5ML</i>                | P         |                     | <i>rufinamide TABS</i>  | P         | SP                  |
| <i>levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML</i>     | P         |                     | SPRITAM TB3D  | NP        |                     |
| <i>levetiracetam TABS</i>                              | P         |                     | SPRITAM TB3D 250 MG, 500 MG, 750 MG, 1000 MG ( <i>Use levetiracetam</i> ) | NP        |                     |
| <i>levetiracetam TB24</i>                              | P         |                     | SUBVENITE SUSP PO 10 MG/ML  | NP        |                     |
| <i>levetiracetam TB3D 250 MG, 500 MG</i>               | NP        |                     | TEGRETOL SUSP ( <i>Use carbamazepine</i> )                                | NP        |                     |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| TEGRETOL TABS ( <i>Use carbamazepine</i> )                       | NP        |   |
| TEGRETOL-XR TB12 ( <i>Use carbamazepine</i> )                    | NP        |   |
| TOPAMAX SPRINKLE CPSP ( <i>Use topiramate</i> )                  | NP        |   |
| TOPAMAX TABS 100 MG ( <i>Use topiramate</i> )                    | NP        | QL(300 EA per fill retail; 300 per fill mail) |
| TOPAMAX TABS 25 MG, 50 MG, 200 MG ( <i>Use topiramate</i> )      | NP        |   |
| <i>topiramate CP24</i>   | NP        |   |
| <i>topiramate CPSP 50 MG</i>                                     | NP        |   |
| <i>topiramate CPSP 15 MG, 25 MG</i>                              | P         |   |
| <i>topiramate CS24</i>   | NP        |   |
| <i>topiramate SOLN 25 MG/ML</i>                                  | NP        |   |
| <i>topiramate TABS 25 MG, 50 MG, 200 MG</i>                      | P         |   |
| <i>topiramate TABS 100 MG</i>                                    | P         | QL(300 EA per fill retail; 300 per fill mail) |
| TRILEPTAL SUSP ( <i>Use oxcarbazepine</i> )                      | NP        |   |
| TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )                      | NF        |   |
| TRILEPTAL TABS ( <i>Use oxcarbazepine</i> )                      | NP        |   |
| TROKENDI XR CP24 ( <i>Use topiramate</i> )                       | NP        |   |
| TROKENDI XR CP24 25 MG, 100 MG, 200 MG ( <i>Use topiramate</i> ) | NF        |   |
| VIMPAT SOLN PO 10 MG/ML ( <i>Use lacosamide</i> )                | NP        |   |
| VIMPAT TABS ( <i>Use lacosamide</i> )                            | NP        |   |
| ZONEGRAN CAPS 25 MG, 100 MG ( <i>Use zonisamide</i> )            | NF        |   |
| ZONISADE SUSP  | NP        |   |

| Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|
| <i>zonisamide CAPS</i>                                    | P         |   |
| ZTALMY  | PA        | QL(36 ML daily); AL(At least 2 yrs old); PA   |
| <b>Carbamates</b>   |           |   |
| <i>felbamate SUSP</i>                                     | NP        |   |
| <i>felbamate TABS</i>                                     | NP        |   |
| FELBATOL SUSP ( <i>Use felbamate</i> )                    | NF        |   |
| FELBATOL TABS ( <i>Use felbamate</i> )                    | P         |   |
| XCOPRI (250 MG DAILY DOSE) TBPK                           | NP        |   |
| XCOPRI (350 MG DAILY DOSE) TBPK                           | NP        |   |
| XCOPRI TABS   | NP        |   |
| XCOPRI TBPK   | NP        |   |
| <b>GABA Modulators</b>                                    |           |   |
| SABRIL PACK ( <i>Use vigabatrin</i> )                     | NP        | SP  |
| SABRIL TABS ( <i>Use vigabatrin</i> )                     | NP        | SP  |
| <i>tiagabine hcl</i>                                      | NP        |   |
| <i>vigabatrin PACK</i>                                    | NP        | SP  |
| <i>vigabatrin TABS</i>                                    | NP        | SP  |
| VIGAFYDE SOLN   | NP        | SP  |
| <b>Hydantoins</b>   |           |   |
| CEREBYX 100 MG PE/2ML ( <i>Use fosphenytoin sodium</i> )  | P         |   |
| CEREBYX 500 MG PE/10ML ( <i>Use fosphenytoin sodium</i> ) | P         | QL(100 ML per fill retail; 100 per fill mail) |
| DILANTIN ( <i>Use phenytoin sodium extended</i> )         | P         |   |
| DILANTIN  | P         |   |

| Drug Name  | Drug Tier | Requirements/Limits                           | Drug Name  | Drug Tier | Requirements/Limits     |
|--|-----------|---|--|-----------|-------------------------|
| DILANTIN (Use phenytoin sodium extended)         | NF        |   | DEPAKOTE ER TB24 (Use divalproex sodium)           | NP        |                         |
| DILANTIN INFATABS CHEW (Use phenytoin)           | P         |   | DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)    | NP        |                         |
| DILANTIN INFATABS CHEW (Use phenytoin)           | NF        |   | DEPAKOTE TBEC (Use divalproex sodium)              | NP        |                         |
| DILANTIN-125 SUSP (Use phenytoin)                | P         |   | divalproex sodium CSDR                             | P         |                         |
| DILANTIN SUSP (Use phenytoin)                    | NF        |   | divalproex sodium TB24                             | P         |                         |
| fosphenytoin sodium 100 MG PE/2ML                | P         |   | divalproex sodium TBEC                             | P         |                         |
| fosphenytoin sodium 500 MG PE/10ML               | P         | QL(100 ML per fill retail; 100 per fill mail) | valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML     | P         |                         |
| phenytoin sodium extended 200 MG, 300 MG         | NP        |   | valproic acid CAPS                                 | P         |                         |
| phenytoin sodium extended 100 MG, 200 MG, 300 MG | P         |   | <b>ANTIDEPRESSANTS - Drugs to Treat Depression</b> |           |                         |
| phenytoin sodium SOLN                            | P         |   | Alpha-2 Receptor Antagonists (Tetracyclics)        |           |                         |
| phenytoin CHEW                                   | P         |   | mirtazapine TABS                                   | P         | AL(At least 18 yrs old) |
| phenytoin SUSP 125 MG/5ML                        | P         |   | mirtazapine TBDP                                   | P         | AL(At least 18 yrs old) |
| <b>Succinimides</b>                              |           |   | REMERON SOLTAB TBDP (Use mirtazapine)              | NP        | AL(At least 18 yrs old) |
| CELONTIN (Use methsuximide)                      | P         |   | REMERON TABS 15 MG, 30 MG (Use mirtazapine)        | NP        | AL(At least 18 yrs old) |
| ethosuximide CAPS                                | P         |   | <b>Antidepressant Combinations</b>                 |           |                         |
| ethosuximide SOLN                                | P         |   | AUVELITY   | NP        | AL(At least 18 yrs old) |
| methsuximide                                     | NP        |   | AUVELITY TITRATION PACK PO                         | NP        | AL(At least 18 yrs old) |
| ZARONTIN CAPS (Use ethosuximide)                 | NP        |   | <b>Antidepressants - Misc.</b>                     |           |                         |
| ZARONTIN SOLN (Use ethosuximide)                 | NP        |   | bupropion hcl TABS                                 | P         | AL(At least 18 yrs old) |
| <b>Valproic Acid</b>                             |           |   | bupropion hcl TB12                                 | P         | AL(At least 18 yrs old) |
| DEPAKOTE ER TB24 250 MG (Use divalproex sodium)  | NF        |   | bupropion hcl TB24 150 MG, 300 MG                  | P         | AL(At least 18 yrs old) |
|  |           |   | bupropion hcl TB24 300 MG, 450 MG                  | NP        | AL(At least 18 yrs old) |
|  |           |   | FORFIVO XL TB24 (Use bupropion hcl)                | NP        | AL(At least 18 yrs old) |

| Drug Name   | Drug Tier | Requirements/Limits             | Drug Name  | Drug Tier | Requirements/Limits     |
|---|-----------|---------------------------------|--|-----------|-------------------------|
| FORFIVO XL TB24 ( <i>Use bupropion hcl</i> )                              | NF        | AL(At least 18 yrs old)         | ESCITALOPRAM OXALATE CAPS PO 15 MG                               | NP        | AL(At least 18 yrs old) |
| WELLBUTRIN SR TB12 ( <i>Use bupropion hcl</i> )                           | NP        | AL(At least 18 yrs old)         | <i>escitalopram oxalate SOLN</i>                                 | P         | AL(At least 18 yrs old) |
| WELLBUTRIN XL TB24 ( <i>Use bupropion hcl</i> )                           | NF        | AL(At least 18 yrs old)         | <i>escitalopram oxalate TABS</i>                                 | P         | AL(At least 18 yrs old) |
| GABA Receptor Modulator - Neuroactive Steroid                             |           |                                 | <i>fluoxetine hcl CAPS</i>                                       | P         | AL(At least 18 yrs old) |
| ZURZUVAE  | P         | AL(At least 18 yrs old); SP     | <i>fluoxetine hcl CPDR</i>                                       | P         | AL(At least 18 yrs old) |
| Monoamine Oxidase Inhibitors (MAOIs)                                      |           |                                 | <i>fluoxetine hcl SOLN</i>                                       | P         | AL(At least 18 yrs old) |
| EMSAM   | P         |                                 | <i>fluoxetine hcl TABS</i>                                       | P         | AL(At least 18 yrs old) |
| MARPLAN   | P         |                                 | FLUOXETINE HCL TABS ( <i>Use fluoxetine hcl</i> )                | NF        |                         |
| NARDIL ( <i>Use phenelzine sulfate</i> )                                  | NF        |                                 | <i>fluvoxamine maleate CP24</i>                                  | NP        | AL(At least 18 yrs old) |
| PARNATE ( <i>Use tranylcypromine sulfate</i> )                            | NF        |                                 | <i>fluvoxamine maleate TABS</i>                                  | P         | AL(At least 18 yrs old) |
| <i>phenelzine sulfate</i>   | P         |                                 | LEXAPRO TABS ( <i>Use escitalopram oxalate</i> )                 | NP        | AL(At least 18 yrs old) |
| <i>tranylcypromine sulfate</i>  | P         |                                 | <i>paroxetine hcl SUSP</i>                                       | P         | AL(At least 18 yrs old) |
| N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists                      |           |                                 | <i>paroxetine hcl TABS</i>                                       | P         | AL(At least 18 yrs old) |
| SPRAVATO (56 MG DOSE)   | PA        | AL(At least 18 yrs old); SP; PA | <i>paroxetine hcl TB24</i>                                       | NP        | AL(At least 18 yrs old) |
| SPRAVATO (84 MG DOSE)   | PA        | AL(At least 18 yrs old); SP; PA | PAXIL CR TB24 ( <i>Use paroxetine hcl</i> )                      | NP        | AL(At least 18 yrs old) |
| Selective Serotonin Reuptake Inhibitors (SSRIs)                           |           |                                 | PAXIL SUSP ( <i>Use paroxetine hcl</i> )                         | NF        | AL(At least 18 yrs old) |
| CELEXA TABS ( <i>Use citalopram hydrobromide</i> )                        | NP        | AL(At least 18 yrs old)         | PAXIL TABS ( <i>Use paroxetine hcl</i> )                         | NP        | AL(At least 18 yrs old) |
| <i>citalopram hydrobromide CAPS 30 MG</i>                                 | P         | AL(At least 18 yrs old)         | PROZAC CAPS ( <i>Use fluoxetine hcl</i> )                        | NP        | AL(At least 18 yrs old) |
| CITALOPRAM HYDROBROMIDE CAPS 30 MG ( <i>Use citalopram hydrobromide</i> ) | P         | AL(At least 18 yrs old)         | <i>sertraline hcl CAPS 150 MG, 200 MG</i>                        | P         | AL(At least 18 yrs old) |
| <i>citalopram hydrobromide SOLN</i>                                       | P         | AL(At least 18 yrs old)         | SERTRALINE HCL CAPS 150 MG, 200 MG ( <i>Use sertraline hcl</i> ) | P         | AL(At least 18 yrs old) |
| <i>citalopram hydrobromide TABS</i>                                       | P         | AL(At least 18 yrs old)         | <i>sertraline hcl CONC</i>                                       | P         | AL(At least 18 yrs old) |

| Drug Name  | Drug Tier | Requirements/Limits     | Drug Name   | Drug Tier | Requirements/Limits     |
|--|-----------|-------------------------|---|-----------|-------------------------|
| <i>sertraline hcl TABS</i>                               | P         | AL(At least 18 yrs old) | EFFEXOR XR CP24 75 MG ( <i>Use venlafaxine hcl</i> )            | NF        |                         |
| ZOLOFT CONC ( <i>Use sertraline hcl</i> )                | NP        | AL(At least 18 yrs old) | EFFEXOR XR CP24 ( <i>Use venlafaxine hcl</i> )                  | NF        | AL(At least 18 yrs old) |
| ZOLOFT TABS 25 MG ( <i>Use sertraline hcl</i> )          | NF        | AL(At least 18 yrs old) | FETZIMA TITRATION C4PK  | NP        | AL(At least 18 yrs old) |
| ZOLOFT TABS ( <i>Use sertraline hcl</i> )                | NP        | AL(At least 18 yrs old) | FETZIMA CP24  | NP        | AL(At least 18 yrs old) |
| Serotonin Modulators                                     |           |                         | PRISTIQ 50 MG ( <i>Use desvenlafaxine succinate</i> )           | NF        | AL(At least 18 yrs old) |
| EXXUA TITRATION PACK TB24 PO 18.2 MG                     | NP        | AL(At least 18 yrs old) | PRISTIQ ( <i>Use desvenlafaxine succinate</i> )                 | NP        | AL(At least 18 yrs old) |
| EXXUA TB24 PO 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG         | NP        | AL(At least 18 yrs old) | VENLAFAXINE BESYLATE ER   | NP        | AL(At least 18 yrs old) |
| <i>nefazodone hcl</i>                                    | NP        | AL(At least 18 yrs old) | <i>venlafaxine hcl CP24</i>                                     | P         | AL(At least 18 yrs old) |
| RALDESY SOLN PO 10 MG/ML                                 | NP        | AL(At least 18 yrs old) | <i>venlafaxine hcl TABS</i>                                     | P         | AL(At least 18 yrs old) |
| <i>trazodone hcl TABS</i>                                | P         | AL(At least 18 yrs old) | <i>venlafaxine hcl TB24</i>                                     | P         | AL(At least 18 yrs old) |
| TRINTELLIX   | NP        | AL(At least 18 yrs old) | Tricyclic Agents  |           |                         |
| VIIBRYD TABS ( <i>Use vilazodone hcl</i> )               | NP        | AL(At least 18 yrs old) | <i>amitriptyline hcl TABS</i>                                   | P         |                         |
| <i>vilazodone hcl TABS</i>                               | P         | AL(At least 18 yrs old) | <i>amoxapine</i>  | P         |                         |
| Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)     |           |                         | ANAFRANIL ( <i>Use clomipramine hcl</i> )                       | NF        |                         |
| CYMBALTA CPEP 30 MG, 60 MG ( <i>Use duloxetine hcl</i> ) | NF        |                         | <i>clomipramine hcl</i>   | P         |                         |
| CYMBALTA CPEP 20 MG ( <i>Use duloxetine hcl</i> )        | NP        | AL(At least 18 yrs old) | <i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i> | P         |                         |
| DESVENLAFAXINE ER  | NP        | AL(At least 18 yrs old) | <i>desipramine hcl TABS 25 MG</i>                               | P         | QL(2 EA daily)          |
| <i>desvenlafaxine succinate</i>                          | P         | AL(At least 18 yrs old) | <i>doxepin hcl CAPS</i>   | P         |                         |
| DRIZALMA SPRINKLE CSDR                                   | NP        | AL(At least 18 yrs old) | <i>doxepin hcl CONC</i>   | P         |                         |
| <i>duloxetine hcl CPEP</i>                               | P         | AL(At least 18 yrs old) | <i>imipramine hcl TABS</i>                                      | P         |                         |
| EFFEXOR XR CP24 ( <i>Use venlafaxine hcl</i> )           | NP        | AL(At least 18 yrs old) | <i>imipramine pamoate</i>                                       | P         |                         |
|  |           |                         | NORPRAMIN TABS 25 MG ( <i>Use desipramine hcl</i> )             | NF        | QL(2 EA daily)          |
|  |           |                         | NORPRAMIN TABS 10 MG ( <i>Use desipramine hcl</i> )             | NF        |                         |
|  |           |                         | <i>nortriptyline hcl CAPS</i>                                   | P         |                         |
|  |           |                         | <i>nortriptyline hcl SOLN</i>                                   | P         | QL(20 ML daily)         |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| PAMELOR CAPS ( <i>Use nortriptyline hcl</i> )   | NF        |                     |
| <i>protriptyline hcl</i>  | P         |                     |
| <i>trimipramine maleate CAPS</i>  | P         |                     |
| <b>ANTIDIABETICS - Drugs to Regulate Blood Sugar</b>  |           |                     |
| Alpha-Glucosidase Inhibitors  |           |                     |
| <i>acarbose</i>   | P         | MP                  |
| <i>miglitol</i>   | P         | MP                  |
| Antidiabetic - Amylin Analogs   |           |                     |
| SYMLINPEN 120 SOPN  | PA        | MP; PA              |
| SYMLINPEN 60 SOPN   | PA        | MP; PA              |
| Antidiabetic Combinations   |           |                     |
| ACTOPLUS MET TABS 850 MG-15 MG ( <i>Use pioglitazone hcl-metformin hcl</i> )                | NP        | MP                  |
| <i>alogliptin-metformin hcl</i>   | NP        | MP                  |
| <i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>         | NP        | MP                  |
| <i>dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG</i>            | NP        | MP                  |
| <i>dapagliflozin-saxagliptin</i>  | NP        | MP                  |
| DUETACT ( <i>Use pioglitazone hcl-glimepiride</i> )   | NP        | MP                  |
| <i>glipizide-metformin hcl</i>  | NP        | MP                  |
| <i>glyburide-metformin</i>  | NP        | MP                  |
| GLYXAMBI  | P         | MP                  |
| INVOKAMET XR TB24   | NP        | MP                  |
| INVOKAMET TABS  | P         | MP                  |
| JANUMET XR TB24   | NP        | MP                  |
| JANUMET TABS 1000 MG-50 MG, 500 MG-50 MG ( <i>Use sitagliptin phosphate-metformin hcl</i> ) | NP        | MP                  |

| Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|
| JENTADUETO XR TB24  | P         | MP  |
| JENTADUETO TABS   | P         | MP  |
| <i>pioglitazone hcl-glimepiride</i>   | NP        | MP  |
| <i>pioglitazone hcl-metformin hcl TABS</i>  | NP        | MP  |
| <i>saxagliptin-metformin hcl</i>  | NP        | MP  |
| SEGLUROMET  | NP        | MP  |
| <i>sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG</i>                   | NP        | MP  |
| <i>sitagliptin free base-metformin hcl TB24</i>   | NP        | MP  |
| <i>sitagliptin phosphate-metformin hcl TABS</i>   | NP        | MP  |
| SOLIQUA   | NP        | QL(0.6 ML daily); AL(At least 18 yrs old); MP |
| STEGLUJAN   | NP        | MP  |
| SYNJARDY XR TB24  | P         | MP  |
| SYNJARDY TABS   | P         | MP  |
| TRIJARDY XR   | NP        | MP  |
| XIGDUO XR TB24 PO ( <i>Use dapagliflozin free base-metformin hcl</i> )                        | P         | MP  |
| XIGDUO XR TB24 PO   | P         | MP  |
| XULTOPHY  | NP        | QL(0.5 ML daily); AL(At least 18 yrs old); MP |
| ZITUVIMET XR TB24   | P         | MP  |
| ZITUVIMET TABS 1000 MG-50 MG, 500 MG-50 MG ( <i>Use sitagliptin free base-metformin hcl</i> ) | P         | MP  |
| Antidiabetic-Antibodies   |           |   |

| Drug Name                                      | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| TZIELD   | PA        | QL(48 ML per 14 day(s) retail; 48 ML per 14 days mail); AL(At least 8 yrs old); SP; PA |
| <b>Biguanides</b>                              |           |  |
| GLUMETZA TB24 (Use metformin hcl)              | NF        |  |
| metformin hcl SOLN                             | PA        | MP; PA   |
| metformin hcl TABS 500 MG, 850 MG, 1000 MG     | P         | MP   |
| metformin hcl TB24 500 MG, 1000 MG             | NP        | MP   |
| metformin hcl TB24                             | P         | MP   |
| RIOMET SOLN (Use metformin hcl)                | NP        | MP   |
| <b>Diabetic Other</b>                          |           |  |
| BAQSIMI ONE PACK POWD                          | P         |  |
| BAQSIMI TWO PACK POWD                          | P         |  |
| dextrose (diabetic use) CHEW 4 GM              | P         | QL(1.67 EA daily)  |
| dextrose (diabetic use) GEL                    | P         |  |
| diazoxide                                      | P         |  |
| GLUCAGON EMERGENCY                             | NP        |  |
| GLUCAGON EMERGENCY SOLR IJ 1 MG (Use glucagon) | NF        |  |
| glucagon SOLR IJ 1 MG                          | P         |  |
| glucagon SOLR IJ 1 MG                          | NP        |  |
| GVOKE HYPOPEN 1-PACK SOAJ                      | NP        |  |
| GVOKE HYPOPEN 2-PACK SOAJ                      | NP        |  |
| GVOKE KIT SOLN                                 | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| GVOKE PFS SOSY 1 MG/0.2ML                                | P         |  |
| PROGLYCEM (Use diazoxide)                                | NF        |  |
| TRUEPLUS GLUCOSE ON THE GO CHEW                          | P         | QL(1.67 EA daily)  |
| TRUEPLUS GLUCOSE CHEW                                    | P         | QL(1.67 EA daily)  |
| ZEGALOGUE SOAJ   | P         |  |
| ZEGALOGUE SOSY   | P         |  |
| <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>         |           |  |
| alogliptin benzoate                                      | NP        | MP   |
| BRYNOVIN SOLN PO 25 MG/ML                                | NP        |  |
| JANUVIA 25 MG, 50 MG, 100 MG (Use sitagliptin phosphate) | NP        | MP   |
| ONGLYZA 5 MG (Use saxagliptin hcl)                       | NF        |  |
| saxagliptin hcl  | NP        | MP   |
| sitagliptin 25 MG, 50 MG, 100 MG                         | P         | MP   |
| sitagliptin phosphate 25 MG, 50 MG, 100 MG               | NP        | MP   |
| TRADJENTA  | P         | MP   |
| ZITUVIO 25 MG, 50 MG, 100 MG (Use sitagliptin)           | NP        | MP   |
| <b>Dopamine Receptor Agonists - Antidiabetic</b>         |           |  |
| CYCLOSET   | NP        | MP   |
| <b>Incretin Mimetic Agents</b>                           |           |  |
| BYETTA 10 MCG PEN SOPN 10 MCG/0.04ML (Use exenatide)     | PA        | QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP; PA |

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits   |
|--|-----------|--|------------------------------------|-----------|---|
| BYETTA 5 MCG PEN<br>SOPN 5 MCG/0.02ML<br>(Use exenatide)     | PA        | QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP; PA | OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN | PA        | QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA |
| exenatide SOPN 10<br>MCG/0.04ML                              | NP        | QL(0.08 ML daily; 7.2 ML per 90 day(s) retail; 7 ML per 90 days mail); AL(At least 18 yrs old); MP     | OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML  | PA        | QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA |
| exenatide SOPN 5<br>MCG/0.02ML                               | NP        | QL(0.04 ML daily; 3.6 ML per 90 day(s) retail; 4 ML per 90 days mail); AL(At least 18 yrs old); MP     | OZEMPIC (2 MG/DOSE) SOPN           | PA        | QL(0.108 ML daily; 9 ML per 84 day(s) retail; 9 ML per 84 days mail); AL(At least 18 yrs old); MP; PA |
| liraglutide  | NP        | QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old)          | OZEMPIC TABS 1.5 MG, 4 MG, 9 MG    | NP        | QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP       |
| MOUNJARO 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML | NP        | QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP      | RYBELSUS TABS                      | PA        | QL(1 EA daily; 90 EA per 90 day(s) retail; 90 EA per 90 days mail); AL(At least 18 yrs old); MP; PA   |
| MOUNJARO 12.5 MG/0.5ML, 15 MG/0.5ML                          | NP        | QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 18 yrs old); MP      | TRULICITY                          | PA        | QL(0.072 ML daily; 6 ML per 84 day(s) retail; 6 ML per 84 days mail); AL(At least 10 yrs old); MP; PA |

| Drug Name                            | Drug Tier | Requirements/Limits   | Drug Name                                  | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---|--|-----------|---------------------|
| VICTOZA (Use liraglutide)            | PA        | QL(0.3 ML daily; 27 ML per 90 day(s) retail; 27 ML per 90 days mail); AL(At least 10 yrs old); MP; PA | HUMULIN 70/30 SUSP                         | P         | MP                  |
|                                      |           |   | HUMULIN N KWIKPEN SUPN                     | P         | MP                  |
|                                      |           |   | HUMULIN N SUSP                             | P         | MP                  |
|                                      |           |   | HUMULIN R U-500 KWIKPEN SOPN SC            | P         | MP                  |
|                                      |           |   | HUMULIN R SOLN IJ                          | P         | MP                  |
| Insulin                              |           |   | INSULIN ASPART FLEXPEN SOPN                | P         | MP                  |
| ADMELOG SOLOSTAR SOPN                | NP        | MP  | INSULIN ASPART SOLN IJ                     | P         | MP                  |
| ADMELOG SOLN IJ                      | NP        | MP  | INSULIN DEGLUDEC FLEXTOUCH SOPN            | NP        | MP                  |
| AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT | NP        |   | INSULIN DEGLUDEC SOLN                      | NP        | MP                  |
| APIDRA SOLOSTAR SOPN                 | NP        | MP  | INSULIN GLARGINE MAX SOLOSTAR SOPN         | NP        | MP                  |
| APIDRA SOLN                          | NP        | MP  | INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML | NP        | MP                  |
| BASAGLAR KWIKPEN SOPN                | NP        | MP  | INSULIN GLARGINE-YFGN SOLN                 | NP        | MP                  |
| BASAGLAR TEMPO PEN SOPN              | NP        | MP  | INSULIN GLARGINE-YFGN SOPN                 | NP        | MP                  |
| FIASP FLEXTOUCH SOPN                 | NP        | MP  | INSULIN LISPRO (1 UNIT DIAL) SOPN          | P         | MP                  |
| FIASP PENFILL SOCT                   | NP        | MP  | INSULIN LISPRO JUNIOR KWIKPEN SOPN         | P         | MP                  |
| FIASP PUMPCART SOCT                  | NP        |   | INSULIN LISPRO PROT & LISPRO SUPN          | P         | MP                  |
| FIASP SOLN                           | NP        | MP  | INSULIN LISPRO SOLN IJ                     | P         | MP                  |
| HUMALOG JUNIOR KWIKPEN SOPN          | NP        | MP  | KIRSTY SOLN IJ 100 UNIT/ML                 | NP        | MP                  |
| HUMALOG KWIKPEN SOPN                 | NP        | MP  | KIRSTY SOPN SC 100 UNIT/ML                 | NP        | MP                  |
| HUMALOG MIX 50/50 KWIKPEN SUPN       | P         | MP  | LANTUS SOLOSTAR SOPN                       | P         | MP                  |
| HUMALOG MIX 75/25 KWIKPEN SUPN       | NP        | MP  | LANTUS SOLN                                | P         | MP                  |
| HUMALOG MIX 75/25 SUSP               | P         | MP  | LEVEMIR FLEXPEN SOPN                       | NP        | MP                  |
| HUMALOG TEMPO PEN SOPN               | NP        | MP  | LEVEMIR SOLN                               | NP        | MP                  |
| HUMALOG SOCT                         | NP        | MP  |  |           |                     |
| HUMALOG SOLN IJ                      | NP        | MP  |  |           |                     |
| HUMULIN 70/30 KWIKPEN SUPN           | P         | MP  |  |           |                     |

| Drug Name                            | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--------------------------------------|-----------|---------------------|--|-----------|---------------------|
| LYUMJEV KWIKPEN SOPN                 | NP        | MP                  | NOVOLOG MIX 70/30 SUSP                             | P         | MP                  |
| LYUMJEV TEMPO PEN SOPN               | NP        | MP                  | NOVOLOG PENFILL SOCT                               | P         | MP                  |
| LYUMJEV SOLN                         | NP        | MP                  | NOVOLOG RELION SOLN IJ                             | P         | MP                  |
| MERILOG SOLOSTAR SOPN SC 100 UNIT/ML | NP        | MP                  | NOVOLOG SOLN IJ                                    | P         | MP                  |
| MERILOG SOLN SC 100 UNIT/ML          | NP        | MP                  | REZVOGLAR KWIKPEN                                  | NP        |                     |
| MYXREDLIN                            | P         |                     | SEMGLEE (YFGN) SOLN                                | NP        | MP                  |
| NOVOLIN 70/30 FLEXPEN RELION SUPN    | P         | MP                  | SEMGLEE (YFGN) SOPN                                | NP        | MP                  |
| NOVOLIN 70/30 FLEXPEN SUPN           | P         | MP                  | TOUJEO MAX SOLOSTAR SOPN                           | P         | MP                  |
| NOVOLIN 70/30 RELION SUSP            | P         | MP                  | TOUJEO SOLOSTAR SOPN                               | P         | MP                  |
| NOVOLIN 70/30 SUSP                   | P         | MP                  | TRESIBA FLEXTOUCH SOPN                             | P         | MP                  |
| NOVOLIN N FLEXPEN RELION SUPN        | P         | MP                  | TRESIBA SOLN                                       | P         | MP                  |
| NOVOLIN N FLEXPEN SUPN               | P         | MP                  | Insulin Sensitizing Agents                         |           |                     |
| NOVOLIN N RELION SUSP                | P         | MP                  | ACTOS ( <i>Use pioglitazone hcl</i> )              | NP        | MP                  |
| NOVOLIN N SUSP                       | P         | MP                  | <i>pioglitazone hcl</i>                            | P         | MP                  |
| NOVOLIN R FLEXPEN RELION SOPN IJ     | P         | MP                  | Meglitinide Analogues                              |           |                     |
| NOVOLIN R FLEXPEN SOPN IJ            | P         | MP                  | <i>nateglinide</i>                                 | NP        | MP                  |
| NOVOLIN R RELION SOLN IJ             | P         | MP                  | <i>repaglinide</i>                                 | P         | MP                  |
| NOVOLIN R SOLN IJ                    | P         | MP                  | Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors |           |                     |
| NOVOLOG 70/30 FLEXPEN RELION SUPN    | P         | MP                  | <i>dapagliflozin TABS PO 5 MG, 10 MG</i>           | NP        | MP                  |
| NOVOLOG FLEXPEN RELION SOPN          | P         | MP                  | FARXIGA TABS PO ( <i>Use dapagliflozin</i> )       | P         | MP                  |
| NOVOLOG FLEXPEN SOPN                 | P         | MP                  | INVOKANA   | P         | MP                  |
| NOVOLOG MIX 70/30 FLEXPEN SUPN       | P         | MP                  | JARDIANCE  | P         | MP                  |
| NOVOLOG MIX 70/30 RELION SUSP        | P         | MP                  | STEGLATRO  | NP        | MP                  |
|                                      |           |                     | Sulfonylureas                                      |           |                     |
|                                      |           |                     | <i>glimepiride 1 MG, 2 MG, 4 MG</i>                | P         | MP                  |
|                                      |           |                     | <i>glipizide TABS</i>                              | P         | MP                  |
|                                      |           |                     | <i>glipizide TB24</i>                              | P         | MP                  |

| Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| GLUCOTROL XL TB24 10 MG (Use glipizide)   | NF        |                        |
| GLUCOTROL XL TB24 5 MG (Use glipizide)  | NP        | MP                     |
| glyburide micronized 1.5 MG, 3 MG, 6 MG   | P         | MP                     |
| glyburide TABS  | P         | MP                     |
| <b>ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea</b>                             |           |                        |
| Antidiarrheal/Probiotic Agents - Misc.  |           |                        |
| bismuth subsalicylate CHEW 262 MG   | P         |                        |
| bismuth subsalicylate SUSP 262 MG/15ML, 525 MG/15ML, 525 MG/30ML, 527 MG/30ML, 1050 MG/30ML | P         |                        |
| bismuth subsalicylate TABS  | P         |                        |
| Antiperistaltic Agents  |           |                        |
| diphenoxylate w/ atropine LIQD  | P         |                        |
| diphenoxylate w/ atropine TABS  | P         |                        |
| LOMOTIL TABS (Use diphenoxylate w/ atropine)  | NF        |                        |
| loperamide hcl CAPS   | P         | QL(8 EA daily); RX/OTC |
| loperamide hcl TABS   | P         | QL(8 EA daily)         |
| <b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>   |           |                        |
| Antidotes - Chelating Agents  |           |                        |
| CHEMET  | P         |                        |
| deferasirox TABS  | P         | SP; PA                 |
| JADENU TABS (Use deferasirox)   | NF        | SP; PA                 |
| Antidotes and Specific Antagonists  |           |                        |
| SM IPECAC SYRUP   | P         |                        |
| Opioid Antagonists  |           |                        |

| Drug Name   | Drug Tier | Requirements/Limits                                  |
|---|-----------|--|
| KLOXXADO LIQD   | P         |  |
| naloxone hcl LIQD                                       | P         | RX/OTC   |
| naloxone hcl SOCT                                       | P         | QL(5 ML per fill retail; 5 per fill mail)            |
| naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML                  | P         | QL(5 ML per fill retail; 5 per fill mail)            |
| naloxone hcl SOSY 2 MG/2ML                              | P         |  |
| naloxone hcl SOSY 0.4 MG/ML                             | P         | QL(5 ML per fill retail; 5 per fill mail)            |
| naltrexone hcl  | P         |  |
| NARCAN LIQD (Use naloxone hcl)                          | NF        | RX/OTC   |
| OPVEE NA  | NP        |  |
| REXTOVY LIQD  | NP        |  |
| VIVITROL  | PA        | SP; PA   |
| ZURNAI IJ 1.5 MG/0.5ML                                  | NP        |  |
| <b>ANTIEMETICS - Drugs to Treat Nausea and Vomiting</b> |           |  |
| 5-HT3 Receptor Antagonists                              |           |  |
| granisetron hcl TABS                                    | P         | QL(2 EA per fill retail; 2 per fill mail)            |
| GRANISOL SOLN PO  | NP        | QL(30 ML per fill retail; 30 per fill mail)          |
| ondansetron hcl SOLN IJ 40 MG/20ML                      | P         | QL(20 ML per fill retail; 20 per fill mail)          |
| ondansetron hcl SOLN PO 4 MG/5ML                        | P         | QL(50 ML per fill retail; 50 per fill mail)          |
| ondansetron hcl SOLN IJ 4 MG/2ML                        | P         | QL(8 ML per fill retail; 8 per fill mail)            |
| ondansetron hcl SOSY                                    | P         | QL(8 ML per fill retail; 8 per fill mail)            |
| ondansetron hcl TABS 24 MG                              | P         | QL(1 EA per 14 day(s) retail; 1 EA per 14 days mail) |

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <i>ondansetron hcl TABS 8 MG</i>                   | P         | QL(6 EA per fill retail; 6 per fill mail)   |
| <i>ondansetron hcl TABS 4 MG</i>                   | P         | QL(12 EA per fill retail; 12 per fill mail) |
| <i>ondansetron TBDP 4 MG</i>                       | P         | QL(12 EA per fill retail; 12 per fill mail) |
| <i>ondansetron TBDP 8 MG</i>                       | P         | QL(6 EA per fill retail; 6 per fill mail)   |
| <i>ondansetron TBDP 16 MG</i>                      | NP        | QL(3 EA per fill retail; 3 per fill mail)   |
| SANCUSO PTCH                                       | NP        | QL(1 EA per fill retail; 1 per fill mail)   |
| <b>Antiemetics - Anticholinergic</b>               |           |   |
| ANTIVERT CHEW ( <i>Use meclizine hcl</i> )         | NF        | RX/OTC                                      |
| ANTIVERT TABS 50 MG ( <i>Use meclizine hcl</i> )   | NF        |   |
| <i>dimenhydrinate TABS</i>                         | P         |   |
| <i>meclizine hcl CHEW</i>                          | P         | RX/OTC                                      |
| <i>meclizine hcl TABS 12.5 MG, 25 MG</i>           | P         | RX/OTC                                      |
| <b>Antiemetics - Miscellaneous</b>                 |           |   |
| AKYNZEO  | NP        |   |
| BONJESTA TBCR                                      | P         |   |
| DICLEGIS TBEC ( <i>Use doxylamine-pyridoxine</i> ) | P         |   |
| <i>doxylamine-pyridoxine TBEC</i>                  | NP        |   |
| <i>dronabinol CAPS</i>                             | PA        | PA  |
| DRONABINOL SOLN 5 MG/ML                            | PA        | PA  |
| MARINOL CAPS 2.5 MG ( <i>Use dronabinol</i> )      | PA        | PA  |
| MARINOL CAPS 5 MG, 10 MG ( <i>Use dronabinol</i> ) | NF        |   |
| <b>Substance P/Neurokinin 1 (NK1) Receptor</b>     |           |   |

| Drug Name   | Drug Tier | Requirements/Limits                       |
|---|-----------|---|
| <b>Antagonists</b>                                    |           |   |
| APONVIE EMUL  | NP        | QL(1 ML per fill retail; 1 per fill mail) |
| <i>aprepitant CAPS 125 MG</i>                         | P         | QL(1 EA per fill retail; 1 per fill mail) |
| <i>aprepitant CAPS 40 MG, 80 MG</i>                   | P         | QL(2 EA per fill retail; 2 per fill mail) |
| <i>aprepitant CPPK PO</i>                             | NP        | QL(3 EA per fill retail; 3 per fill mail) |
| CINVANTI EMUL   | NP        | QL(1 ML per fill retail; 1 per fill mail) |
| EMEND BIPACK CAPS 80 MG ( <i>Use aprepitant</i> )     | NP        | QL(2 EA per fill retail; 2 per fill mail) |
| EMEND TRIPACK CPPK PO ( <i>Use aprepitant</i> )       | NP        | QL(3 EA per fill retail; 3 per fill mail) |
| EMEND SOLR ( <i>Use fosaprepitant dimeglumine</i> )   | NP        | QL(1 EA per fill retail; 1 per fill mail) |
| EMEND SUSR  | NP        | QL(1 EA per fill retail; 1 per fill mail) |
| FOCINVEZ SOLN   | NP        | QL(1 ML per fill retail; 1 per fill mail) |
| <i>fosaprepitant dimeglumine SOLR</i>                 | P         | QL(1 EA per fill retail; 1 per fill mail) |
| <b>ANTIFUNGALS - Drugs to Treat Fungal Infections</b> |           |   |
| <b>Antifungals</b>                                    |           |   |
| <i>griseofulvin microsize SUSP</i>                    | P         |   |
| <i>griseofulvin microsize TABS</i>                    | P         |   |
| <i>griseofulvin ultramicrosize</i>                    | P         |   |
| GRISEOFULVIN ULTRAMICROSIZE 165 MG                    | P         |   |
| <i>nystatin TABS</i>                                  | P         | QL(6 EA daily)                            |

| Drug Name   | Drug Tier | Requirements/Limits                             | Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|---|-----------|---|
| Imidazole-Related Antifungals                           |           |   | <i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i> | P         | QL(240 ML per fill retail; 240 per fill mail) |
| DIFLUCAN SUSR ( <i>Use fluconazole</i> )                | NF        | QL(70 ML per fill retail; 70 per fill mail)     | Antihistamines - Non-Sedating                                       |           |   |
| DIFLUCAN TABS 200 MG ( <i>Use fluconazole</i> )         | NF        | QL(2 EA daily)                                  | ALLEGRA ALLERGY TABS ( <i>Use fexofenadine hcl</i> )                | NF        |   |
| DIFLUCAN TABS 100 MG ( <i>Use fluconazole</i> )         | NF        | QL(1 EA daily)                                  | <i>cetirizine hcl CAPS</i>  | NP        |   |
| <i>fluconazole SUSR</i>                                 | P         | QL(70 ML per fill retail; 70 per fill mail)     | <i>cetirizine hcl CHEW</i>  | P         |   |
| <i>fluconazole TABS 100 MG</i>                          | P         | QL(1 EA daily)                                  | <i>cetirizine hcl SOLN PO</i>                                       | P         | RX/OTC  |
| <i>fluconazole TABS 200 MG</i>                          | P         | QL(2 EA daily)                                  | <i>cetirizine hcl TABS</i>  | P         |   |
| <i>fluconazole TABS 150 MG</i>                          | P         | QL(2 EA per fill retail; 2 per fill mail)       | CLARINEX TABS ( <i>Use desloratadine</i> )                          | NP        |   |
| <i>fluconazole TABS 50 MG</i>                           | P         | QL(7 EA per fill retail; 7 per fill mail)       | CLARINEX TABS ( <i>Use desloratadine</i> )                          | NF        |   |
| VIVJOA  | PA        | QL(18 EA per fill retail; 18 per fill mail); PA | CLARITIN ALLERGY CHILDRENS SOLN ( <i>Use loratadine</i> )           | NF        |   |
| <b>ANTIHISTAMINES - Drugs to Treat Allergies</b>        |           |   | CLARITIN CHILDRENS CHEW ( <i>Use loratadine</i> )                   | NF        |   |
| Antihistamines - Alkylamines                            |           |   | CLARITIN REDITABS TBDP ( <i>Use loratadine</i> )                    | NF        |   |
| <i>chlorpheniramine maleate SYRP</i>                    | P         | QL(60 ML daily)                                 | CLARITIN REDITABS TBDP ( <i>Use loratadine</i> )                    | NF        |   |
| <i>chlorpheniramine maleate TABS</i>                    | P         | QL(120 EA per fill retail; 120 per fill mail)   | CLARITIN CHEW ( <i>Use loratadine</i> )                             | NF        |   |
| <i>dexchlorpheniramine maleate SOLN</i>                 | P         |   | CLARITIN SOLN ( <i>Use loratadine</i> )                             | NF        |   |
| Antihistamines - Ethanolamines                          |           |   | CLARITIN TABS ( <i>Use loratadine</i> )                             | NF        |   |
| CLEMASZ TABS 2.68 MG ( <i>Use clemastine fumarate</i> ) | NF        |   | DESLORATADINE SOLN PO 0.5 MG/ML                                     | NP        |   |
| DAYHIST ALLERGY 12 HOUR RELIEF TABS                     | P         | QL(2 EA daily)                                  | <i>desloratadine TABS</i>   | NP        |   |
| <i>diphenhydramine hcl CAPS</i>                         | P         | QL(4 EA daily)                                  | <i>desloratadine TBDP</i>   | NP        |   |
| <i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>             | P         | QL(240 ML per fill retail; 240 per fill mail)   | <i>fexofenadine hcl SUSP</i>  | NP        |   |
|   |           |   | <i>fexofenadine hcl TABS 60 MG, 180 MG</i>                          | NP        |   |
|   |           |   | <i>levocetirizine dihydrochloride SOLN</i>                          | P         | RX/OTC  |
|   |           |   | <i>levocetirizine dihydrochloride TABS</i>                          | P         | RX/OTC  |

| Drug Name  | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---|---|-----------|---------------------|
| <i>loratadine CHEW</i>                                       | P         |   | <i>ezetimibe-simvastatin</i>                            | P         | MP                  |
| <i>loratadine SOLN</i>                                       | P         |   | NEXLIZET  | NP        |                     |
| <i>loratadine TABS</i>                                       | P         |   | VYTORIN ( <i>Use ezetimibe-simvastatin</i> )            | NP        | MP                  |
| <i>loratadine TBDP 10 MG</i>                                 | P         |   | <b>Antihyperlipidemics - Misc.</b>                      |           |                     |
| ZYRTEC ALLERGY CAPS ( <i>Use cetirizine hcl</i> )            | NF        |   | <i>icosapent ethyl</i>                                  | NP        |                     |
| ZYRTEC ALLERGY TABS ( <i>Use cetirizine hcl</i> )            | NF        |   | LOVAZA ( <i>Use omega-3-acid ethyl esters</i> )         | NF        |                     |
| <b>Antihistamines - Phenothiazines</b>                       |           |   | <i>omega-3-acid ethyl esters</i>                        | P         |                     |
| <i>promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML</i>    | P         | QL(240 ML per fill retail; 240 per fill mail); AL(At least 2 yrs old)         | VASCEPA ( <i>Use icosapent ethyl</i> )                  | NF        |                     |
| <i>promethazine hcl SUPP</i>                                 | P         | QL(12 EA per fill retail; 12 per fill mail); AL(At least 2 yrs old)           | <b>Bile Acid Sequestrants</b>                           |           |                     |
| <i>promethazine hcl TABS</i>                                 | P         | AL(At least 2 yrs old)  | <i>cholestyramine light PACK</i>                        | P         |                     |
| <b>Antihistamines - Piperidines</b>                          |           |   | <i>cholestyramine light PACK</i>                        | NP        |                     |
| <i>cyproheptadine hcl SYRP</i>                               | P         |   | <i>cholestyramine light POWD</i>                        | NP        |                     |
| <i>cyproheptadine hcl TABS</i>                               | P         |   | <i>cholestyramine light POWD</i>                        | P         |                     |
| <b>ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol</b> |           |   | <i>cholestyramine PACK</i>                              | P         |                     |
| <b>Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors</b> |           |   | <i>cholestyramine POWD</i>                              | P         |                     |
| NEXLETOL   | NP        |   | <i>cholestyramine POWD</i>                              | P         |                     |
| <b>Angiotensin-like Protein Inhibitors</b>                   |           |   | <i>cholestyramine PACK</i>                              | P         |                     |
| EVKEEZA 1200 MG/8ML  | PA        | QL(8 ML per fill retail; 8 per fill mail); AL(At least 5 yrs old); SP; PA     | <i>cholestyramine POWD</i>                              | P         |                     |
| EVKEEZA 345 MG/2.3ML   | PA        | QL(4.6 ML per fill retail; 4.6 per fill mail); AL(At least 5 yrs old); SP; PA | <i>cholestyramine POWD</i>                              | P         |                     |
| <b>Antihyperlipidemics - Combinations</b>                    |           |   | <i>cholestyramine POWD</i>                              | P         |                     |
|  |           |   | <i>colesevelam hcl PACK</i>                             | P         |                     |
|  |           |   | <i>colesevelam hcl TABS</i>                             | P         |                     |
|  |           |   | COLESTID GRAN ( <i>Use colestipol hcl</i> )             | NP        |                     |
|  |           |   | COLESTID PACK ( <i>Use colestipol hcl</i> )             | NF        |                     |
|  |           |   | COLESTID TABS ( <i>Use 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>Use cholestyramine light</i> ) | NP        |                     |
|  |           |   | QUESTRAN PACK ( <i>Use cholestyramine</i> )             | NP        |                     |
|  |           |   | QUESTRAN POWD ( <i>Use cholestyramine</i> )             | NP        |                     |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits                             |
|---|-----------|---------------------|---|-----------|---|
| WELCHOL PACK (Use colesevelam hcl)                          | NP        |                     | CRESTOR TABS 5 MG (Use rosuvastatin calcium)              | NP        | MP  |
| WELCHOL TABS (Use colesevelam hcl)                          | NP        |                     | CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium)      | NP        | QL(1 EA daily); MP                              |
| Fibric Acid Derivatives                                     |           |                     | Intestinal Cholesterol Absorption Inhibitors              |           |   |
| choline fenofibrate   | P         |                     | ezetimibe   | P         |   |
| fenofibrate micronized 43 MG, 67 MG, 130 MG, 134 MG, 200 MG | P         |                     | ZETIA (Use ezetimibe)                                     | NP        |   |
| fenofibrate CAPS  | NP        |                     | Microsomal Triglyceride Transfer Protein (MTP) Inhibitors |           |   |
| fenofibrate TABS 48 MG, 54 MG, 145 MG, 160 MG               | P         |                     | JUXTAPID 2 MG, 5 MG, 10 MG, 20 MG, 30 MG                  | PA        | QL(1 EA daily); AL(At least 18 yrs old); SP; PA |
| fenofibrate TABS 40 MG, 120 MG                              | NP        |                     |   |           |   |
| fenofibric acid   | NP        |                     |   |           |   |
| FENOGLIDE TABS (Use fenofibrate)                            | NF        |                     |   |           |   |
| FIBRICOR 105 MG (Use fenofibric acid)                       | NP        |                     |   |           |   |
| FIBRICOR 35 MG (Use fenofibric acid)                        | NF        |                     |   |           |   |
| gemfibrozil TABS  | P         |                     |   |           |   |
| LIPOFEN CAPS 50 MG (Use fenofibrate)                        | NF        |                     |   |           |   |
| LIPOFEN CAPS (Use fenofibrate)                              | P         |                     |   |           |   |
| LOPID TABS (Use gemfibrozil)                                | NP        |                     |   |           |   |
| TRICOR TABS (Use fenofibrate)                               | NF        |                     |   |           |   |
| TRILIPIX (Use choline fenofibrate)                          | NF        |                     |   |           |   |
| HMG CoA Reductase Inhibitors                                |           |                     |   |           |   |
| ALTOPREV TB24 20 MG, 40 MG, 60 MG                           | NP        | MP                  |   |           |   |
| ATORVALIQ SUSP  | NP        | MP                  |   |           |   |
| atorvastatin calcium TABS                                   | P         | MP                  |   |           |   |
| CRESTOR TABS 10 MG (Use rosuvastatin calcium)               | NP        | QL(2 EA daily); MP  |   |           |   |

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|--|---|-----------|---------------------|
| Nicotinic Acid Derivatives                                    |           |  | <i>lisinopril</i> TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG | P         | MP                  |
| <i>niacin (antihyperlipidemic)</i> TABS                       | P         |  | LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i> )       | NP        | MP                  |
| <i>niacin (antihyperlipidemic)</i> TBCR                       | P         |  | <i>moexipril hcl</i>  | NP        | MP                  |
| Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors      |           |  | <i>perindopril erbumine</i>                                     | NP        | MP                  |
| LEQVIO  | NP        | SP   | QBRELIS SOLN  | NP        | MP                  |
| PRALUENT SOAJ   | PA        | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); SP; PA   | <i>quinapril hcl</i>  | NP        | MP                  |
| REPATHA PUSHTRONEX SYSTEM SOCT                                | PA        | QL(3.5 ML per 28 day(s) retail; 4 ML per 28 days mail); SP; PA | <i>ramipril CAPS</i>  | P         | MP                  |
| REPATHA SURECLICK SOAJ  | PA        | QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA   | <i>trandolapril</i>   | NP        | MP                  |
| REPATHA SOSY  | PA        | QL(3 ML per 28 day(s) retail; 3 ML per 28 days mail); SP; PA   | VASOTEC TABS (Use <i>enalapril maleate</i> )                    | NF        |                     |
| <b>ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure</b> |           |  | ZESTRIL TABS (Use <i>lisinopril</i> )                           | NF        |                     |
|   |           |  | ZESTRIL TABS (Use <i>lisinopril</i> )                           | NP        | MP                  |
| ACE Inhibitors  |           |  | Angiotensin II Receptor Antagonists                             |           |                     |
| ACCUPRIL (Use <i>quinapril hcl</i> )                          | NP        | MP   | ARBLI PO 10 MG/ML   | NP        | MP                  |
| ALTACE CAPS 1.25 MG, 5 MG (Use <i>ramipril</i> )              | NP        | MP   | ATACAND (Use <i>candesartan cilexetil</i> )                     | NP        | MP                  |
| ALTACE CAPS 10 MG (Use <i>ramipril</i> )                      | NF        |  | AVAPRO 150 MG, 300 MG (Use <i>irbesartan</i> )                  | NP        | MP                  |
| <i>benazepril hcl</i>   | P         | MP   | <i>azilsartan medoxomil</i> 40 MG, 80 MG                        | NP        | MP                  |
| <i>captopril</i>  | P         | MP   | BENICAR (Use <i>olmesartan medoxomil</i> )                      | NP        | MP                  |
| <i>enalapril maleate SOLN</i>                                 | P         | AL(Up to 10 yrs old); MP                                       | <i>candesartan cilexetil</i>                                    | NP        | MP                  |
| <i>enalapril maleate TABS</i>                                 | P         | MP   | COZAAR (Use <i>losartan potassium</i> )                         | NP        | MP                  |
| EPANED SOLN (Use <i>enalapril maleate</i> )                   | NP        | AL(Up to 10 yrs old); MP                                       | DIOVAN TABS (Use <i>valsartan</i> )                             | NP        | MP                  |
| <i>fosinopril sodium</i>                                      | NP        | MP   | EDARBI 40 MG, 80 MG (Use <i>azilsartan medoxomil</i> )          | NP        | MP                  |
|   |           |  | <i>irbesartan</i>   | NP        | MP                  |
|   |           |  | <i>losartan potassium</i>                                       | P         | MP                  |
|   |           |  | MICARDIS 40 MG, 80 MG (Use <i>telmisartan</i> )                 | NP        | MP                  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|---|-----------|---------------------|
| MICARDIS 20 MG (Use telmisartan)   | NF        |                     | ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) | NP        | MP                  |
| olmesartan medoxomil   | P         | MP                  | atenolol & chlorthalidone                                   | P         | MP                  |
| telmisartan  | NP        | MP                  | AVALIDE (Use irbesartan-hydrochlorothiazide)                | NP        | MP                  |
| valsartan SOLN   | P         | MP                  | AZOR (Use amlodipine besylate-olmesartan medoxomil)         | NP        | MP                  |
| valsartan TABS   | P         | MP                  | benazepril & hydrochlorothiazide                            | P         | MP                  |
| <b>Antiadrenergic Antihypertensives</b>                                    |           |                     | BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide)  | NP        | MP                  |
| CARDURA 1 MG, 8 MG (Use doxazosin mesylate)                                | NF        |                     | bisoprolol & hydrochlorothiazide                            | P         | MP                  |
| CARDURA (Use doxazosin mesylate)   | NP        | MP                  | candesartan cilexetil-hydrochlorothiazide                   | NP        | MP                  |
| CATAPRES-TTS-1 PTWK (Use clonidine)  | NF        |                     | captopril & hydrochlorothiazide                             | P         | MP                  |
| CATAPRES-TTS-2 PTWK (Use clonidine)  | NF        |                     | DIOVAN HCT (Use valsartan-hydrochlorothiazide)              | NP        | MP                  |
| CATAPRES-TTS-3 PTWK (Use clonidine)  | NF        |                     | EDARBYCLOR  | NP        | MP                  |
| clonidine hcl TABS   | P         |                     | enalapril maleate & hydrochlorothiazide                     | P         | MP                  |
| clonidine PTWK   | P         |                     | EXFORGE (Use amlodipine besylate-valsartan)                 | NP        | MP                  |
| doxazosin mesylate   | P         | MP                  | EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)  | NP        | MP                  |
| guanfacine hcl   | P         |                     | fosinopril sodium & hydrochlorothiazide                     | NP        | MP                  |
| methyldopa TABS  | P         |                     | HYZAAR (Use losartan potassium & hydrochlorothiazide)       | NP        | MP                  |
| prazosin hcl CAPS  | NP        | MP                  | irbesartan-hydrochlorothiazide                              | NP        | MP                  |
| terazosin hcl  | P         | MP                  | lisinopril & hydrochlorothiazide                            | P         | MP                  |
| TEZRULY PO 1 MG/ML   | NP        | MP                  |   |           |                     |
| <b>Antihypertensive Combinations</b>                                       |           |                     |   |           |                     |
| ACCURETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) | NP        | MP                  |   |           |                     |
| amlodipine besylate-benazepril hcl   | P         | MP                  |   |           |                     |
| amlodipine besylate-olmesartan medoxomil                                   | P         | MP                  |   |           |                     |
| amlodipine besylate-valsartan  | P         | MP                  |   |           |                     |
| amlodipine-valsartan-hydrochlorothiazide                                   | NP        | MP                  |   |           |                     |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|---|-----------|---------------------|
| <i>losartan potassium &amp; hydrochlorothiazide</i>   | P         | MP                  | <i>valsartan-hydrochlorothiazide</i>  | P         | MP                  |
| LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril &amp; hydrochlorothiazide</i> ) | NP        | MP                  | VASERETIC 25 MG-10 MG (Use <i>enalapril maleate &amp; hydrochlorothiazide</i> ) | NF        |                     |
| LOTREL 20 MG-10 MG, 20 MG-5 MG (Use <i>amlodipine besylate-benazepril hcl</i> )                           | NF        |                     | ZESTORETIC (Use <i>lisinopril &amp; hydrochlorothiazide</i> )                   | NP        | MP                  |
| LOTREL 10 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i> )                           | NP        | MP                  | Direct Renin Inhibitors   |           |                     |
| <i>metoprolol &amp; hydrochlorothiazide TABS</i>  | NP        | MP                  | <i>aliskiren fumarate</i>   | P         |                     |
| MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i> )  | NP        | MP                  | TEKTURNA (Use <i>aliskiren fumarate</i> )                                       | NF        |                     |
| <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>  | NP        | MP                  | Vasodilators  |           |                     |
| <i>olmesartan medoxomil-hydrochlorothiazide</i>   | P         | MP                  | <i>hydralazine hcl TABS</i>   | P         |                     |
| <i>quinapril-hydrochlorothiazide</i>  | NP        | MP                  | <i>minoxidil 2.5 MG, 10 MG</i>  | P         |                     |
| <i>telmisartan-amlodipine</i>   | NP        | MP                  | <b>ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections</b>      |           |                     |
| <i>telmisartan-hydrochlorothiazide</i>  | NP        | MP                  | Anti-infective Agents - Misc.   |           |                     |
| TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )   | NF        |                     | <i>metronidazole TABS</i>   | P         |                     |
| TENORETIC 100 (Use <i>atenolol &amp; chlorthalidone</i> )   | NF        |                     | <i>trimethoprim TABS</i>  | P         |                     |
| TENORETIC 50 (Use <i>atenolol &amp; chlorthalidone</i> )  | NP        | MP                  | Anti-infective Misc. - Combinations   |           |                     |
| TENORETIC 50 (Use <i>atenolol &amp; chlorthalidone</i> )  | NF        |                     | BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i> )                     | NF        |                     |
| <i>trandolapril-verapamil hcl</i>   | NP        | MP                  | BACTRIM TABS (Use <i>sulfamethoxazole-trimethoprim</i> )                        | NF        |                     |
| TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i> )                               | NP        | MP                  | <i>methenamine-hyosc-methylene blue-sod phospheryl sal TABS 81.6 MG</i>         | P         |                     |
|   |           |                     | <i>sulfamethoxazole-trimethoprim SUSP</i>                                       | P         |                     |
|   |           |                     | <i>sulfamethoxazole-trimethoprim TABS</i>                                       | P         |                     |
|   |           |                     | URETRON D/S TABS 81.6 MG  | P         |                     |
|   |           |                     | Glycopeptides   |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| FIRVANQ SOLR PO ( <i>Use vancomycin hcl</i> )                | NF        | QL(300 ML per fill retail; 300 per fill mail) |
| VANCOGIN CAPS 250 MG ( <i>Use vancomycin hcl</i> )           | NF        | QL(8 EA daily)                                |
| VANCOGIN CAPS 125 MG ( <i>Use vancomycin hcl</i> )           | NF        | QL(4 EA daily)                                |
| <i>vancomycin hcl CAPS 250 MG</i>                            | P         | QL(8 EA daily)                                |
| <i>vancomycin hcl CAPS 125 MG</i>                            | P         | QL(4 EA daily)                                |
| <i>vancomycin hcl SOLR IV 500 MG</i>                         | P         | QL(0.467 EA daily)                            |
| <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) |
| <i>vancomycin hcl SOLR IV 1 GM</i>                           | P         | QL(14 EA per fill retail; 14 per fill mail)   |
| VANCOMYCIN HCL SOLR IV 1 GM                                  | P         | QL(14 EA per fill retail; 14 per fill mail)   |
| VANCOMYCIN HCL SOLR IV 500 MG                                | P         | QL(0.467 EA daily)                            |
| Leprostotics   |           |   |
| <i>dapsone</i>   | P         |   |
| Lincosamides   |           |   |
| CLEOCIN ( <i>Use clindamycin palmitate hydrochloride</i> )   | NF        | QL(100 ML per fill retail; 100 per fill mail) |
| <i>clindamycin hcl 150 MG, 300 MG</i>                        | P         |   |
| <i>clindamycin palmitate hydrochloride</i>                   | P         | QL(100 ML per fill retail; 100 per fill mail) |
| Monobactams  |           |   |
| CAYSTON  | PA        | AL(At least 7 yrs old); SP; PA                |
| Oxazolidinones   |           |   |
| <i>linezolid SOLN</i>  | PA        | PA  |
| <i>linezolid SUSR</i>  | PA        | PA  |

| Drug Name   | Drug Tier | Requirements/Limits                                  |
|---|-----------|--|
| <i>linezolid TABS</i>   | PA        | PA   |
| SIVEXTRO SOLR   | PA        | PA   |
| SIVEXTRO TABS   | PA        | PA   |
| ZYVOX SOLN ( <i>Use linezolid</i> )                           | NF        |  |
| ZYVOX SUSR ( <i>Use linezolid</i> )                           | NF        |  |
| ZYVOX SUSR ( <i>Use linezolid</i> )                           | PA        | PA   |
| ZYVOX TABS ( <i>Use linezolid</i> )                           | PA        | PA   |
| Urinary Anti-infectives                                       |           |  |
| MACROBID ( <i>Use nitrofurantoin monohyd macro</i> )          | NF        |  |
| MACRODANTIN ( <i>Use nitrofurantoin macrocrystal</i> )        | NF        |  |
| <i>methenamine mandelate</i>                                  | P         |  |
| <i>nitrofurantoin 25 MG/5ML</i>                               | PA        | PA   |
| <i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>              | P         |  |
| <i>nitrofurantoin monohyd macro</i>                           | P         |  |
| ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections) |           |  |
| Antimalarial Combinations                                     |           |  |
| COARTEM   | P         | QL(24 EA per fill retail; 24 per fill mail)          |
| Antimalarials   |           |  |
| <i>chloroquine phosphate TABS 500 MG</i>                      | P         | QL(8 EA per 56 day(s) retail; 8 EA per 56 days mail) |
| <i>chloroquine phosphate TABS 250 MG</i>                      | P         | QL(2 EA daily)                                       |
| <i>hydroxychloroquine sulfate 200 MG</i>                      | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits                                  | Drug Name   | Drug Tier | Requirements/Limits |
|--|-----------|--|---|-----------|---------------------|
| KRINTAFEL  | P         | QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail) | Alkylating Agents   |           |                     |
| <i>mefloquine hcl</i>  | P         |  | <i>cyclophosphamide CAPS</i>  | PA        | PA                  |
| PLAQUENIL (Use hydroxychloroquine sulfate)   | NF        |  | CYCLOPHOSPHAMIDE TABS 50 MG   | PA        | PA                  |
| <i>primaquine phosphate TABS</i>   | P         |  | GLEOSTINE (Use lomustine)   | NF        |                     |
| PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)                                 | NF        |  | LEUKERAN  | P         |                     |
| SOVUNA 200 MG  | P         |  | <i>lomustine</i>  | PA        | PA                  |
| <b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>   |           |  | MYLERAN TABS  | P         |                     |
| Antimychasthenic/Cholinergic Agents  |           |  | TEMODAR SOLR  | P         | SP; PA              |
| MESTINON TABS (Use pyridostigmine bromide)   | NF        |  | <i>temozolomide CAPS</i>  | PA        | SP; PA              |
| MESTINON TBCR (Use pyridostigmine bromide)   | NF        |  | Antimetabolites   |           |                     |
| <i>pyridostigmine bromide TABS 60 MG</i>   | P         |  | <i>capecitabine</i>   | PA        | SP; PA              |
| <i>pyridostigmine bromide TBCR</i>   | P         |  | JYLAMVO SOLN PO   | PA        | SP; PA              |
| <b>ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)</b> |           |  | <i>mercaptopurine SUSP 2000 MG/100ML</i>  | PA        | PA                  |
| Antimycobacterial Agents   |           |  | <i>mercaptopurine TABS</i>  | PA        | PA                  |
| <i>ethambutol hcl TABS</i>   | P         |  | <i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i> | P         |                     |
| <i>isoniazid SYRP</i>  | P         |  | <i>methotrexate sodium TABS 2.5 MG</i>  | PA        | PA                  |
| <i>isoniazid TABS</i>  | P         |  | ONUREG TABS   | PA        | SP; PA              |
| MYAMBUTOL TABS 400 MG (Use ethambutol hcl)   | NF        |  | PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)                                 | PA        | PA                  |
| MYCOBUTIN (Use rifabutin)  | NF        |  | PURIXAN SUSP 2000 MG/100ML (Use mercaptopurine)                                 | NF        |                     |
| <i>pyrazinamide</i>  | P         |  | TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG   | PA        | PA                  |
| <i>rifabutin</i>   | P         |  | XATMEP SOLN PO  | PA        | PA                  |
| <i>rifampin CAPS</i>   | P         |  | XELODA (Use capecitabine)   | NF        | SP                  |
| <b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer</b>              |           |  | XELODA 500 MG (Use capecitabine)  | PA        | SP; PA              |
|  |           |  | Antineoplastic - Angiogenesis Inhibitors  |           |                     |
|  |           |  | FRUZAQLA  | PA        | SP; PA              |

| Drug Name                                    | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| INLYTA                                       | PA        | SP; PA              |
| LENVIMA (10 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (12 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (14 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (18 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (20 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (24 MG DAILY DOSE)                   | PA        | SP; PA              |
| LENVIMA (4 MG DAILY DOSE)                    | PA        | SP; PA              |
| LENVIMA (8 MG DAILY DOSE)                    | PA        | SP; PA              |
| Antineoplastic - Antibodies                  |           |                     |
| LOQTORZI                                     | P         | SP; PA              |
| Antineoplastic - Anti-HER2 Agents            |           |                     |
| HERNEXEOS TABS PO 60 MG                      | PA        | SP; PA              |
| TUKYSA                                       | PA        | SP; PA              |
| Antineoplastic - BCL-2 Inhibitors            |           |                     |
| VENCLEXTA STARTING PACK TBPK                 | PA        | SP; PA              |
| VENCLEXTA TABS                               | PA        | SP; PA              |
| Antineoplastic - EGFR Inhibitors             |           |                     |
| <i>erlotinib hcl</i>                         | PA        | SP; PA              |
| <i>gefitinib</i>                             | PA        | SP; PA              |
| GILOTRIF                                     | PA        | SP; PA              |
| IRESSA ( <i>Use gefitinib</i> )              | PA        | SP; PA              |
| LAZCLUZE                                     | PA        | SP; PA              |
| TAGRISSE                                     | PA        | SP; PA              |
| TARCEVA ( <i>Use erlotinib hcl</i> )         | NF        | SP                  |
| VIZIMPRO                                     | PA        | SP; PA              |
| Antineoplastic - Hedgehog Pathway Inhibitors |           |                     |

| Drug Name                                    | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| DAURISMO                                     | PA        | SP; PA   |
| ERIVEDGE                                     | PA        | SP; PA   |
| ODOMZO                                       | PA        | SP; PA   |
| Antineoplastic - Hormonal and Related Agents |           |  |
| <i>abiraterone acetate</i>                   | PA        | SP; PA   |
| AKEEGA                                       | PA        | SP; PA   |
| <i>anastrozole</i>                           | PA        | PA   |
| ARIMIDEX ( <i>Use anastrozole</i> )          | PA        | PA   |
| AROMASIN ( <i>Use exemestane</i> )           | PA        | PA   |
| <i>bicalutamide</i>                          | PA        | PA   |
| CAMCEVI                                      | PA        | Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA |
| CASODEX ( <i>Use bicalutamide</i> )          | PA        | PA   |
| ELIGARD SC 45 MG                             | PA        | Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA |
| ELIGARD SC 30 MG                             | PA        | Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA |
| ELIGARD KIT SC 7.5 MG                        | PA        | Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA   |

| Drug Name                                       | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|---|-----------|--|-------------------------------------|-----------|--|
| ELIGARD KIT SC 22.5 MG                          | PA        | Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA | LUPRON DEPOT (3-MONTH) KIT IM       | PA        | Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA   |
| EMCYT   | P         | SP   | LUPRON DEPOT (4-MONTH) IM           | PA        | Maximum 180 day supply allowed; QL(1 EA per 120 day(s) retail; 1 EA per 120 days mail); SP; PA |
| ERLEADA   | PA        | SP; PA   | LUPRON DEPOT (6-MONTH) IM           | PA        | Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA |
| EULEXIN   | P         |  | LUTRATE DEPOT INJ 22.5 MG           | PA        | Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA       |
| <i>exemestane</i>                               | PA        | PA   | LYSODREN                            | PA        | SP; PA   |
| FARESTON ( <i>Use toremifene citrate</i> )      | PA        | MP; PA   | <i>megestrol acetate SUSP</i>       | P         |  |
| FEMARA ( <i>Use letrozole</i> )                 | PA        | PA   | <i>megestrol acetate TABS</i>       | PA        | PA   |
| INLURIYO TABS PO 200 MG                         | PA        | SP; PA   | NILANDRON ( <i>Use nilutamide</i> ) | NF        |  |
| <i>letrozole</i>                                | PA        | PA   | <i>nilutamide</i>                   | PA        | PA   |
| <i>leuprolide acetate (3 month) INJ 22.5 MG</i> | PA        | Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); PA     | NUBEQA                              | PA        | SP; PA   |
| <i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>     | PA        | Maximum 180 day supply allowed; QL(2 EA per 30 day(s) retail; 2 EA per 30 days mail); SP; PA | ORGOVYX                             | PA        | SP; PA   |
| LIFYORLI (125 MG DOSE) CPPK PO                  | PA        | SP; PA   | ORSERDU                             | PA        | SP; PA   |
| LIFYORLI (150 MG DOSE) CPPK PO                  | PA        | SP; PA   | SOLTAMOX SOLN                       | PA        | MP; PA   |
| LUPRON DEPOT (1-MONTH) KIT IM                   | PA        | Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA | <i>tamoxifen citrate TABS</i>       | PA        | MP; PA   |
|   |           |  | <i>toremifene citrate</i>           | PA        | MP; PA   |
|   |           |  | TRELSTAR MIXJECT 11.25 MG, 22.5 MG  | PA        | SP; PA   |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|--|-----------|---------------------|
| TRELSTAR MIXJECT 3.75 MG                                    | PA        | SP; PA              | XPOVIO (60 MG TWICE WEEKLY)                                  | PA        | SP; PA              |
| XTANDI CAPS   | PA        | SP; PA              | XPOVIO (80 MG ONCE WEEKLY)                                   | PA        | SP; PA              |
| XTANDI TABS   | PA        | SP; PA              | XPOVIO (80 MG TWICE WEEKLY)                                  | PA        | SP; PA              |
| YONSA   | PA        | SP; PA              | <b>Antineoplastic Combinations</b>                           |           |                     |
| ZOLADEX   | P         | SP; PA              | AVMAPKI FAKZYNJA CO-PACK THPK PO                             | PA        | SP; PA              |
| ZYTIGA ( <i>Use abiraterone acetate</i> )                   | PA        | SP; PA              | INQOVI   | PA        | SP; PA              |
| <b>Antineoplastic - Hypoxia-Inducible Factor Inhibitors</b> |           |                     | KISQALI FEMARA (200 MG DOSE)                                 | PA        | SP; PA              |
| WELIREG   | PA        | SP; PA              | KISQALI FEMARA (400 MG DOSE)                                 | PA        | SP; PA              |
| <b>Antineoplastic - Immunomodulators</b>                    |           |                     | KISQALI FEMARA (600 MG DOSE)                                 | PA        | SP; PA              |
| <i>pomalidomide 1 MG, 2 MG, 3 MG, 4 MG</i>                  | PA        | SP; PA              | LONSURF  | PA        | SP; PA              |
| POMALYST 1 MG, 2 MG, 3 MG, 4 MG ( <i>Use pomalidomide</i> ) | PA        | SP; PA              | <b>Antineoplastic Enzyme Inhibitors</b>                      |           |                     |
| <b>Antineoplastic - Menin Inhibitors</b>                    |           |                     | AFINITOR DISPERZ TBSO ( <i>Use everolimus</i> )              | PA        | SP; PA              |
| KOMZIFTI CAPS PO 200 MG                                     | PA        | SP; PA              | AFINITOR TABS ( <i>Use everolimus</i> )                      | PA        | SP; PA              |
| REVUFORJ  | PA        | SP; PA              | ALECENSA   | PA        | SP; PA              |
| REVUFORJ 25 MG  | PA        | PA                  | ALUNBRIG TABS  | PA        | SP; PA              |
| <b>Antineoplastic - PDGFR-alpha Inhibitors</b>              |           |                     | ALUNBRIG TBPk  | PA        | SP; PA              |
| AYVAKIT   | PA        | SP; PA              | AUGTYRO  | PA        | SP; PA              |
| <b>Antineoplastic - Protease Activators</b>                 |           |                     | BALVERSA   | PA        | SP; PA              |
| MODEYSO CAPS PO 125 MG                                      | PA        | SP; PA              | BOSULIF CAPS   | PA        | SP; PA              |
| <b>Antineoplastic - XPO1 Inhibitors</b>                     |           |                     | BOSULIF TABS 100 MG, 400 MG, 500 MG ( <i>Use bosutinib</i> ) | PA        | SP; PA              |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG                           | PA        | SP; PA              | BRAFTOVI 75 MG   | PA        | SP; PA              |
| XPOVIO (40 MG ONCE WEEKLY)                                  | PA        | SP; PA              | BRUKINSA   | PA        | SP; PA              |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG                           | PA        | SP; PA              | BRUKINSA PO 160 MG   | PA        | SP; PA              |
| XPOVIO (60 MG ONCE WEEKLY) 60 MG                            | PA        | SP; PA              | CABOMETYX TABS   | PA        | SP; PA              |
|   |           |                     | CALQUENCE  | PA        | SP; PA              |
|   |           |                     | CAPRELSA   | PA        | SP; PA              |
|   |           |                     | COMETRIQ (100 MG DAILY DOSE) KIT                             | PA        | SP; PA              |

| Drug Name                                     | Drug Tier | Requirements/<br>Limits | Drug Name  | Drug Tier | Requirements/<br>Limits |
|---|-----------|-------------------------|--|-----------|-------------------------|
| COMETRIQ (140 MG DAILY DOSE) KIT              | PA        | SP; PA                  | JAKAFI   | PA        | SP; PA                  |
| COMETRIQ (60 MG DAILY DOSE) KIT               | PA        | SP; PA                  | JAKAFI XR PO 11 MG, 22 MG, 33 MG, 44 MG, 55 MG     | PA        | SP; PA                  |
| COPIKTRA                                      | PA        | SP; PA                  | JAYPIRCA   | PA        | SP; PA                  |
| COTELLIC                                      | PA        | SP; PA                  | KISQALI (200 MG DOSE)                              | PA        | SP; PA                  |
| DANZITEN                                      | PA        | SP; PA                  | KISQALI (400 MG DOSE)                              | PA        | SP; PA                  |
| <i>dasatinib</i>                              | PA        | SP; PA                  | KISQALI (600 MG DOSE)                              | PA        | SP; PA                  |
| ENSACOVE CAPS PO 25 MG, 100 MG                | PA        | SP; PA                  | KOSELUGO PO 5 MG, 7.5 MG                           | PA        | SP; PA                  |
| <i>everolimus TABS</i>                        | PA        | SP; PA                  | KOSELUGO   | PA        | SP; PA                  |
| <i>everolimus TBSO</i>                        | PA        | SP; PA                  | KRAZATI  | PA        | SP; PA                  |
| FOTIVDA                                       | PA        | SP; PA                  | <i>lapatinib ditosylate</i>                        | PA        | SP; PA                  |
| GAVRETO                                       | PA        | SP; PA                  | LORBRENA   | PA        | SP; PA                  |
| GAVRETO                                       | PA        | SP; PA                  | LUMAKRAS   | PA        | SP; PA                  |
| GLEEVEC TABS ( <i>Use imatinib mesylate</i> ) | PA        | SP; PA                  | LYNPARZA TABS                                      | PA        | SP; PA                  |
| GOMEKLI CAPS PO 1 MG, 2 MG                    | PA        | SP; PA                  | LYTGOBI (12 MG DAILY DOSE)                         | PA        | SP; PA                  |
| GOMEKLI TBSO PO 1 MG                          | PA        | SP; PA                  | LYTGOBI (16 MG DAILY DOSE)                         | PA        | SP; PA                  |
| HYRNUO TABS PO 10 MG                          | PA        | SP; PA                  | LYTGOBI (20 MG DAILY DOSE)                         | PA        | SP; PA                  |
| IBRANCE CAPS 100 MG, 125 MG                   | PA        | SP; PA                  | MEKINIST SOLR                                      | PA        | SP; PA                  |
| IBRANCE TABS                                  | PA        | SP; PA                  | MEKINIST TABS                                      | PA        | SP; PA                  |
| IBTROZI CAPS PO 200 MG                        | PA        | SP; PA                  | MEKTOVI  | PA        | SP; PA                  |
| ICLUSIG                                       | PA        | SP; PA                  | NERLYNX  | PA        | SP; PA                  |
| IDHIFA  | PA        | SP; PA                  | NEXAVAR ( <i>Use sorafenib tosylate</i> )          | PA        | SP; PA                  |
| <i>imatinib mesylate TABS</i>                 | PA        | SP; PA                  | NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG | PA        | SP; PA                  |
| IMBRUVICA CAPS                                | PA        | SP; PA                  | NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG | PA        | SP; PA                  |
| IMBRUVICA SUSP                                | PA        | SP; PA                  | <i>nilotinib hcl 50 MG, 150 MG, 200 MG</i>         | PA        | SP; PA                  |
| IMBRUVICA TABS 140 MG, 280 MG, 420 MG         | PA        | SP; PA                  | NINLARO  | PA        | SP; PA                  |
| IMKELDI SOLN                                  | PA        | SP; PA                  | OGSIVEO 100 MG, 150 MG                             | PA        | SP; PA                  |
| INREBIC                                       | PA        | SP; PA                  | OJEMDA SUSR  | PA        | SP; PA                  |
| ISTODAX SOLR ( <i>Use romidepsin</i> )        | NF        | SP; PA                  |  |           |                         |
| ITOVEBI                                       | PA        | SP; PA                  |  |           |                         |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| OJEMDA TABS  | PA        | SP; PA              | TASIGNA 50 MG, 150 MG, 200 MG ( <i>Use nilotinib hcl</i> ) | PA        | SP; PA              |
| OJJAARA  | PA        | SP; PA              | TEPMETKO   | PA        | SP; PA              |
| <i>pazopanib hcl</i>                               | PA        | PA                  | TIBSOVO  | PA        | SP; PA              |
| <i>pazopanib hcl</i>                               | PA        | SP; PA              | TRUQAP TABS  | PA        | SP; PA              |
| PEMAZYRE   | PA        | SP; PA              | TRUQAP TBPk  | PA        | SP; PA              |
| PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG | PA        | SP; PA              | TURALIO 125 MG   | PA        | SP; PA              |
| PIQRAY (200 MG DAILY DOSE)                         | PA        | SP; PA              | TYKERB ( <i>Use lapatinib ditosylate</i> )                 | PA        | SP; PA              |
| PIQRAY (250 MG DAILY DOSE)                         | PA        | SP; PA              | VANFLYTA   | PA        | SP; PA              |
| PIQRAY (300 MG DAILY DOSE)                         | PA        | SP; PA              | VERZENIO   | PA        | SP; PA              |
| QINLOCK  | PA        | SP; PA              | VITRAKVI CAPS  | PA        | SP; PA              |
| RETEVMO CAPS                                       | PA        | SP; PA              | VITRAKVI SOLN  | PA        | SP; PA              |
| RETEVMO TABS                                       | PA        | SP; PA              | VONJO  | PA        | SP; PA              |
| REZLIDHIA  | PA        | SP; PA              | VORANIGO   | PA        | SP; PA              |
| <i>romidepsin SOLR</i>                             | P         | SP; PA              | VOTRIENT ( <i>Use pazopanib hcl</i> )                      | PA        | SP; PA              |
| ROMVIMZA CAPS PO 14 MG, 20 MG, 30 MG               | PA        | SP; PA              | XALKORI CAPS   | PA        | SP; PA              |
| ROZLYTREK CAPS                                     | PA        | SP; PA              | XALKORI CPSP   | PA        | SP; PA              |
| ROZLYTREK PACK                                     | PA        | SP; PA              | XOSPATA  | PA        | SP; PA              |
| RUBRACA  | PA        | SP; PA              | ZEJULA TABS  | PA        | SP; PA              |
| RYDAPT   | PA        | SP; PA              | ZELBORAF   | PA        | SP; PA              |
| SCEMBLIX   | PA        | SP; PA              | ZOLINZA  | PA        | SP; PA              |
| <i>sorafenib tosylate</i>                          | PA        | SP; PA              | ZYDELIG  | PA        | SP; PA              |
| SPRYCEL ( <i>Use dasatinib</i> )                   | PA        | SP; PA              | ZYKADIA TABS   | PA        | SP; PA              |
| STIVARGA   | PA        | SP; PA              | <b>Antineoplastics Misc.</b>                               |           |                     |
| <i>sunitinib malate</i>                            | PA        | SP; PA              | <i>bexarotene</i>  | PA        | SP; PA              |
| SUTENT ( <i>Use sunitinib malate</i> )             | PA        | SP; PA              | HYDREA ( <i>Use hydroxyurea</i> )                          | NF        |                     |
| TABRECTA   | PA        | SP; PA              | HYDREA ( <i>Use hydroxyurea</i> )                          | PA        | PA                  |
| TAFINLAR CAPS                                      | PA        | SP; PA              | <i>hydroxyurea</i>   | PA        | PA                  |
| TAFINLAR TBSO                                      | PA        | SP; PA              | MATULANE   | PA        | SP; PA              |
| TALZENNA   | PA        | SP; PA              | TARGRETIN ( <i>Use bexarotene</i> )                        | NF        | SP                  |
|  |           |                     | <i>tretinoin (chemotherapy)</i>                            | PA        | SP; PA              |
|  |           |                     | <b>Chemotherapy Rescue/Antidote/Protective Agents</b>      |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|---------------------|--|-----------|-----------------------------|
| IWILFIN  | PA        | SP; PA              | <i>carbidopa-levodopa</i><br>CPCR  | NP        |                             |
| <i>leucovorin calcium</i> TABS   | P         |                     | <i>carbidopa-levodopa-entacapone</i>   | P         |                             |
| <i>mesna</i> TABS  | P         | SP                  | <i>carbidopa-levodopa</i> TABS   | P         |                             |
| MESNEX TABS  | P         | SP                  | <i>carbidopa-levodopa</i><br>TBCR  | P         |                             |
| Mitotic Inhibitors   |           |                     | <i>carbidopa-levodopa</i> TBDP   | P         |                             |
| <i>etoposide</i> CAPS  | PA        | SP; PA              | CREXONT CPCR   | NP        |                             |
| Topoisomerase I Inhibitors   |           |                     | DHIVY TABS   | NP        |                             |
| HYCAMPIN CAPS  | PA        | SP; PA              | DUOPA SUSP   | NP        |                             |
| <b>ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease</b> |           |                     | GOCOVRI CP24   | NP        | SP                          |
| Antiparkinson Adjunctive Therapy   |           |                     | INBRIJA CAPS   | NP        |                             |
| <i>carbidopa</i>   | NP        |                     | MIRAPEX ER TB24 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG<br>(Use <i>pramipexole dihydrochloride</i> ) | NF        |                             |
| LODOSYN (Use <i>carbidopa</i> )  | NF        |                     | NEUPRO   | NP        |                             |
| NOURIANZ   | NP        |                     | ONAPGO SOCT 98 MG/20ML   | NP        | AL(At least 18 yrs old); SP |
| Antiparkinson Anticholinergics   |           |                     | PARLODEL CAPS (Use <i>bromocriptine mesylate</i> )   | NF        |                             |
| <i>benztropine mesylate</i> SOLN   | P         |                     | PARLODEL TABS (Use <i>bromocriptine mesylate</i> )   | NF        |                             |
| <i>benztropine mesylate</i> TABS   | P         |                     | <i>pramipexole dihydrochloride</i> TABS  | P         |                             |
| <i>trihexyphenidyl hcl</i> SOLN  | NP        |                     | <i>pramipexole dihydrochloride</i> TB24  | NP        |                             |
| <i>trihexyphenidyl hcl</i> TABS  | P         |                     | <i>ropinirole hydrochloride</i> TABS   | P         |                             |
| Antiparkinson COMT Inhibitors  |           |                     | <i>ropinirole hydrochloride</i> TB24   | NP        |                             |
| <i>entacapone</i>  | P         |                     | RYTARY CPCR 145 MG-36.25 MG, 195 MG-48.75 MG, 245 MG-61.25 MG, 95 MG-23.75 MG (Use <i>carbidopa-levodopa</i> ) | NP        |                             |
| ONGENTYS   | NP        |                     | SINEMET TABS 100 MG-25 MG (Use <i>carbidopa-levodopa</i> )   | NF        |                             |
| Antiparkinson Dopaminergics  |           |                     |  |           |                             |
| <i>amantadine hcl</i> CAPS   | P         |                     |  |           |                             |
| <i>amantadine hcl</i> SOLN   | P         |                     |  |           |                             |
| <i>amantadine hcl</i> TABS   | P         |                     |  |           |                             |
| APOKYN SOCT  | NP        | SP                  |  |           |                             |
| <i>apomorphine hydrochloride</i> SOCT  | NP        | SP                  |  |           |                             |
| <i>bromocriptine mesylate</i> CAPS   | NP        |                     |  |           |                             |
| <i>bromocriptine mesylate</i> TABS 2.5 MG  | NP        |                     |  |           |                             |

| Drug Name  | Drug Tier | Requirements/Limits         |
|--|-----------|-----------------------------|
| SINEMET TABS 100 MG-10 MG (Use <i>carbidopa-levodopa</i> )             | NP        |                             |
| STALEVO 150 (Use <i>carbidopa-levodopa-entacapone</i> )                | NF        |                             |
| VYALEV SOLN SC   | NP        | SP                          |
| <b>Antiparkinson Monoamine Oxidase Inhibitors</b>                      |           |                             |
| AZILECT (Use <i>rasagiline mesylate</i> )                              | NP        |                             |
| <i>rasagiline mesylate</i>   | NP        |                             |
| <i>selegiline hcl</i> CAPS   | NP        |                             |
| <i>selegiline hcl</i> TABS   | NP        |                             |
| XADAGO   | NP        |                             |
| <b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders</b> |           |                             |
| <b>Antimanic Agents</b>  |           |                             |
| <i>lithium</i>   | P         |                             |
| <i>lithium carbonate</i> CAPS  | P         |                             |
| <i>lithium carbonate</i> TABS  | P         |                             |
| <i>lithium carbonate</i> TBCR  | P         |                             |
| LITHOBID TBCR (Use <i>lithium carbonate</i> )                          | NF        |                             |
| <b>Antipsychotics - Misc.</b>  |           |                             |
| CAPLYTA  | NP        | AL(At least 18 yrs old)     |
| EQUETRO  | NP        |                             |
| GEODON 40 MG, 60 MG (Use <i>ziprasidone hcl</i> )                      | NF        | AL(At least 18 yrs old)     |
| GEODON (Use <i>ziprasidone hcl</i> )                                   | NP        | AL(At least 18 yrs old)     |
| LATUDA (Use <i>lurasidone hcl</i> )                                    | NP        | AL(At least 18 yrs old)     |
| <i>lurasidone hcl</i>  | P         | AL(At least 18 yrs old)     |
| NUPLAZID CAPS  | PA        | AL(At least 18 yrs old); PA |
| NUPLAZID TABS 10 MG  | PA        | AL(At least 18 yrs old); PA |

| Drug Name  | Drug Tier | Requirements/Limits                                 |
|--|-----------|---|
| VRAYLAR CAPS   | P         | AL(At least 18 yrs old)                             |
| <i>ziprasidone hcl</i>                                     | P         | AL(At least 18 yrs old)                             |
| <b>Benzisoxazoles</b>                                      |           |   |
| BYSANTI TITRATION PACK A TBPK PO                           | NP        | AL(At least 18 yrs old)                             |
| BYSANTI TITRATION PACK B TBPK PO                           | NP        | AL(At least 18 yrs old)                             |
| BYSANTI TITRATION PACK C TBPK PO                           | NP        | AL(At least 18 yrs old)                             |
| BYSANTI TABS PO 1 MG, 2 MG, 4 MG, 6 MG, 8 MG, 10 MG, 12 MG | NP        | AL(At least 18 yrs old)                             |
| ERZOFRI  | PA        | AL(At least 18 yrs old); SP; PA                     |
| FANAPT   | NP        | AL(At least 18 yrs old)                             |
| FANAPT TITRATION PACK A                                    | NP        | AL(At least 18 yrs old)                             |
| FANAPT TITRATION PACK B                                    | NP        | AL(At least 18 yrs old)                             |
| FANAPT TITRATION PACK C                                    | NP        | AL(At least 18 yrs old)                             |
| INVEGA 3 MG, 6 MG, 9 MG (Use <i>paliperidone</i> )         | NP        | AL(At least 18 yrs old)                             |
| INVEGA HAFYERA 1560 MG/5ML                                 | PA        | QL(0.03 ML daily); AL(At least 18 yrs old); SP; PA  |
| INVEGA HAFYERA 1092 MG/3.5ML                               | PA        | QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA |
| INVEGA SUSTENNA  | PA        | AL(At least 18 yrs old); SP; PA                     |
| INVEGA TRINZA 819 MG/2.63ML                                | PA        | QL(0.032 ML daily); AL(At least 18 yrs old); SP; PA |
| INVEGA TRINZA 273 MG/0.88ML                                | PA        | QL(0.011 ML daily); AL(At least 18 yrs old); SP; PA |

| Drug Name   | Drug Tier | Requirements/Limits                                 | Drug Name                                   | Drug Tier | Requirements/Limits             |
|---|-----------|---|---|-----------|---------------------------------|
| INVEGA TRINZA 410 MG/1.32ML                                     | PA        | QL(0.016 ML daily); AL(At least 18 yrs old); SP; PA | <i>haloperidol TABS 0.5 MG, 1 MG, 10 MG</i> | P         | QL(3 EA daily)                  |
| INVEGA TRINZA 546 MG/1.75ML                                     | PA        | QL(0.021 ML daily); AL(At least 18 yrs old); SP; PA | <b>Dibenzapines</b>                         |           |                                 |
| <i>paliperidone</i>   | P         | AL(At least 18 yrs old)                             | <i>asenapine maleate</i>                    | P         | AL(At least 18 yrs old)         |
| PERSERIS PRSY   | PA        | AL(At least 18 yrs old); SP; PA                     | <i>clozapine TABS</i>                       | P         | AL(At least 18 yrs old)         |
| RISPERDAL CONSTA (Use risperidone microspheres)                 | PA        | AL(At least 18 yrs old); SP; PA                     | <i>clozapine TBDP</i>                       | P         | AL(At least 18 yrs old)         |
| RISPERDAL SOLN (Use risperidone)                                | NP        | AL(At least 18 yrs old)                             | CLOZARIL TABS 50 MG, 200 MG (Use clozapine) | NF        | AL(At least 18 yrs old)         |
| RISPERDAL TABS 3 MG (Use risperidone)                           | NF        | AL(At least 18 yrs old)                             | CLOZARIL TABS 25 MG, 100 MG (Use clozapine) | NP        | AL(At least 18 yrs old)         |
| RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) | NP        | AL(At least 18 yrs old)                             | <i>loxapine succinate</i>                   | P         | QL(4 EA daily)                  |
| <i>risperidone microspheres</i>                                 | NP        | AL(At least 18 yrs old); SP                         | <i>olanzapine TABS</i>                      | P         | AL(At least 18 yrs old)         |
| <i>risperidone SOLN</i>   | P         | AL(At least 18 yrs old)                             | <i>olanzapine TBDP</i>                      | P         | AL(At least 18 yrs old)         |
| <i>risperidone TABS</i>   | P         | AL(At least 18 yrs old)                             | <i>quetiapine fumarate TABS</i>             | P         | AL(At least 18 yrs old)         |
| <i>risperidone TBDP</i>   | P         | AL(At least 18 yrs old)                             | <i>quetiapine fumarate TB24</i>             | P         | AL(At least 18 yrs old)         |
| RYKINDO SRER  | NP        | AL(At least 18 yrs old); SP                         | SAPHRIS (Use asenapine maleate)             | NP        | AL(At least 18 yrs old)         |
| UZEDY SUSY  | PA        | AL(At least 18 yrs old); SP; PA                     | SAPHRIS 5 MG, 10 MG (Use asenapine maleate) | NF        | AL(At least 18 yrs old)         |
| <b>Butyrophenones</b>   |           |   | SECUADO                                     | NP        | AL(At least 18 yrs old)         |
| HALDOL DECANOATE (Use haloperidol decanoate)                    | NF        |   | SEROQUEL XR TB24 (Use quetiapine fumarate)  | NP        | AL(At least 18 yrs old)         |
| <i>haloperidol decanoate</i>                                    | P         |   | SEROQUEL TABS (Use quetiapine fumarate)     | NP        | AL(At least 18 yrs old)         |
| <i>haloperidol lactate CONC</i>                                 | P         |   | VERSACLOZ SUSP                              | NP        | AL(At least 18 yrs old)         |
| <i>haloperidol lactate SOLN</i>                                 | P         |   | ZYPREXA RELPREVV                            | PA        | AL(At least 18 yrs old); SP; PA |
| <i>haloperidol TABS 2 MG, 5 MG, 20 MG</i>                       | P         |   | ZYPREXA ZYDIS TBDP (Use olanzapine)         | NF        | AL(At least 18 yrs old)         |
|   |           |   | ZYPREXA ZYDIS TBDP (Use olanzapine)         | NP        | AL(At least 18 yrs old)         |
|   |           |   | ZYPREXA TABS (Use olanzapine)               | NP        | AL(At least 18 yrs old)         |
|   |           |   | ZYPREXA TABS (Use olanzapine)               | NF        | AL(At least 18 yrs old)         |

| Drug Name   | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| <b>Dihydroindolones</b>                                     |           |                                 |
| <i>molindone hcl</i>  | P         |                                 |
| <b>Muscarinic Agents</b>                                    |           |                                 |
| COBENFY STARTER PACK CPPK                                   | P         | AL(At least 18 yrs old)         |
| COBENFY CAPS  | P         | AL(At least 18 yrs old)         |
| <b>Phenothiazines</b>                                       |           |                                 |
| <i>chlorpromazine hcl SOLN 25 MG/ML</i>                     | P         |                                 |
| <i>chlorpromazine hcl TABS 10 MG</i>                        | P         | QL(10 EA daily)                 |
| <i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i> | P         | QL(3 EA daily)                  |
| <i>fluphenazine decanoate</i>                               | P         |                                 |
| <i>fluphenazine hcl CONC</i>                                | P         |                                 |
| <i>fluphenazine hcl ELIX</i>                                | P         |                                 |
| <i>fluphenazine hcl SOLN</i>                                | P         |                                 |
| <i>fluphenazine hcl TABS</i>                                | P         |                                 |
| <i>perphenazine TABS</i>                                    | P         | QL(4 EA daily)                  |
| <i>prochlorperazine</i>                                     | P         |                                 |
| <i>prochlorperazine edisylate 10 MG/2ML</i>                 | P         |                                 |
| <i>prochlorperazine maleate TABS</i>                        | P         |                                 |
| <i>thioridazine hcl</i>                                     | P         | QL(3 EA daily)                  |
| <i>trifluoperazine hcl TABS</i>                             | P         | QL(3 EA daily)                  |
| <b>Quinolinone Derivatives</b>                              |           |                                 |
| ABILIFY ASIMTUFII PRSY                                      | PA        | AL(At least 18 yrs old); SP; PA |
| ABILIFY MAINTENA PRSY                                       | PA        | AL(At least 18 yrs old); SP; PA |
| ABILIFY MAINTENA SRER                                       | PA        | AL(At least 18 yrs old); SP; PA |
| ABILIFY MYCITE MAINTENANCE KIT                              | NP        | AL(At least 18 yrs old); SP     |

| Drug Name   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| ABILIFY MYCITE STARTER KIT 2 MG, 10 MG, 15 MG, 20 MG, 30 MG | NP        | AL(At least 18 yrs old); SP                 |
| ABILIFY TABS ( <i>Use aripiprazole</i> )                    | NP        | AL(At least 18 yrs old)                     |
| <i>aripiprazole SOLN PO</i>                                 | P         | AL(At least 18 yrs old)                     |
| <i>aripiprazole TABS</i>                                    | P         | AL(At least 18 yrs old)                     |
| <i>aripiprazole TBDP</i>                                    | P         | AL(At least 18 yrs old)                     |
| ARISTADA 441 MG/1.6ML, 662 MG/2.4ML                         | PA        | AL(At least 18 yrs old); SP; PA             |
| ARISTADA 882 MG/3.2ML, 1064 MG/3.9ML                        | PA        | AL(At least 18 yrs old); SP; PA             |
| ARISTADA INITIO   | PA        | AL(At least 18 yrs old); SP; PA             |
| OPIPZA FILM   | NP        | AL(At least 18 yrs old)                     |
| REXULTI   | P         | AL(At least 18 yrs old)                     |
| <b>Thioxanthenes</b>  |           |   |
| <i>thiothixene</i>  | P         | QL(3 EA daily)                              |
| <b>ANTISEPTICS &amp; DISINFECTANTS</b>                      |           |   |
| <b>Antiseptics &amp; Disinfectants</b>                      |           |   |
| FORMALDEHYDE SOLN   | P         | QL(90 ML per fill retail; 90 per fill mail) |
| <b>Chlorine Antiseptics</b>                                 |           |   |
| <i>chlorhexidine gluconate SOLN EX 4 %</i>                  | P         |   |
| <i>sodium hypochlorite SOLN EX</i>                          | P         |   |
| <b>Iodine Antiseptics</b>                                   |           |   |
| <i>povidone-iodine SOLN 10 %</i>                            | P         |   |
| <b>ANTIVIRALS - Drugs to Treat Viral Infections</b>         |           |   |
| <b>Antiretrovirals</b>                                      |           |   |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                           |
|---|-----------|---------------------|--|-----------|---|
| <i>abacavir sulfate-lamivudine</i>  | P         | QL(1 EA daily)      | <i>emtricitabine-tenofovir disoproxil fumarate</i>           | P         | QL(1 EA daily)                                |
| <i>abacavir sulfate SOLN</i>  | P         | QL(30 ML daily)     | EMTRIVA CAPS ( <i>Use emtricitabine</i> )                    | NF        | QL(1 EA daily)                                |
| <i>abacavir sulfate TABS</i>  | P         | QL(2 EA daily)      | EMTRIVA SOLN   | P         | QL(24 ML daily)                               |
| APRETUDE  | P         |                     | EPIVIR SOLN ( <i>Use lamivudine</i> )                        | NF        | QL(30 ML daily)                               |
| APTIVUS CAPS  | P         | QL(4 EA daily)      | EPIVIR TABS 150 MG ( <i>Use lamivudine</i> )                 | NF        | QL(2 EA daily)                                |
| <i>atazanavir sulfate CAPS</i>  | P         | QL(2 EA daily)      | EPIVIR TABS 300 MG ( <i>Use lamivudine</i> )                 | NF        | QL(1 EA daily)                                |
| BIKTARVY  | P         | QL(1 EA daily)      | <i>etravirine 200 MG</i>                                     | P         | QL(2 EA daily)                                |
| CABENUVA 900 MG/3ML-600 MG/3ML  | PA        | PA                  | <i>etravirine 100 MG</i>                                     | P         | QL(4 EA daily)                                |
| CABENUVA 600 MG/2ML-400 MG/2ML  | PA        | PA                  | EVOTAZ   | P         | QL(1 EA daily)                                |
| CIMDUO  | P         | QL(1 EA daily)      | <i>fosamprenavir calcium TABS</i>                            | P         | QL(4 EA daily)                                |
| COMPLERA 200 MG-300 MG-25 MG ( <i>Use emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> ) | NF        | QL(1 EA daily)      | FUZEON SOLR  | P         | SP  |
| <i>darunavir TABS 600 MG</i>  | P         | QL(2 EA daily)      | GENVOYA  | P         | QL(1 EA daily)                                |
| <i>darunavir TABS 800 MG</i>  | P         | QL(1 EA daily)      | IDVYNZO TABS PO  | P         |   |
| DELSTRIGO   | P         | QL(1 EA daily)      | INTELENCE 100 MG ( <i>Use etravirine</i> )                   | NF        | QL(4 EA daily)                                |
| DESCOVY   | P         | QL(1 EA daily)      | INTELENCE 200 MG ( <i>Use etravirine</i> )                   | NF        | QL(2 EA daily)                                |
| DOVATO  | P         |                     | INTELENCE 25 MG  | P         | QL(4 EA daily)                                |
| EDURANT 25 MG ( <i>Use rilpivirine hcl</i> )  | NF        | QL(1 EA daily)      | ISENTRESS HD TABS  | P         | QL(2 EA daily)                                |
| EDURANT PED PO 2.5 MG   | P         |                     | ISENTRESS CHEW 25 MG   | P         | QL(12 EA daily)                               |
| <i>efavirenz CAPS 200 MG</i>  | P         | QL(1 EA daily)      | ISENTRESS CHEW 100 MG  | P         | QL(6 EA daily)                                |
| <i>efavirenz CAPS 50 MG</i>   | P         | QL(2 EA daily)      | ISENTRESS PACK   | P         | QL(2 EA daily)                                |
| <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>  | P         | QL(1 EA daily)      | ISENTRESS TABS   | P         | QL(2 EA daily)                                |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>   | P         | QL(1 EA daily)      | JULUCA   | P         |   |
| <i>efavirenz TABS</i>   | P         | QL(1 EA daily)      | KALETRA SOLN   | P         | QL(160 ML per fill retail; 160 per fill mail) |
| <i>emtricitabine CAPS</i>   | P         | QL(1 EA daily)      | KALETRA TABS 25 MG-100 MG ( <i>Use lopinavir-ritonavir</i> ) | NF        | QL(4 EA daily)                                |
| <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>                                      | P         | QL(1 EA daily)      | KALETRA TABS 50 MG-200 MG ( <i>Use lopinavir-ritonavir</i> ) | NF        | QL(6 EA daily)                                |

| Drug Name   | Drug Tier | Requirements/ Limits                          | Drug Name  | Drug Tier | Requirements/ Limits |
|---|-----------|---|--|-----------|----------------------|
| <i>lamivudine SOLN</i>  | P         | QL(30 ML daily)                               | <i>rilpivirine hcl 25 MG</i>   | P         | QL(1 EA daily)       |
| <i>lamivudine TABS 150 MG</i>                                 | P         | QL(2 EA daily)                                | <i>ritonavir TABS</i>  | P         | QL(12 EA daily)      |
| <i>lamivudine TABS 300 MG</i>                                 | P         | QL(1 EA daily)                                | RUKOBIA  | P         |                      |
| <i>lamivudine-zidovudine</i>                                  | P         | QL(2 EA daily)                                | SELZENTRY SOLN   | P         |                      |
| <i>lopinavir-ritonavir SOLN</i>                               | P         | QL(160 ML per fill retail; 160 per fill mail) | SELZENTRY TABS 150 MG ( <i>Use maraviroc</i> )                             | NF        | QL(2 EA daily)       |
| <i>lopinavir-ritonavir TABS 50 MG-200 MG</i>                  | P         | QL(6 EA daily)                                | SELZENTRY TABS 300 MG ( <i>Use maraviroc</i> )                             | NF        | QL(4 EA daily)       |
| <i>lopinavir-ritonavir TABS 25 MG-100 MG</i>                  | P         | QL(4 EA daily)                                | STRIBILD   | P         | QL(1 EA daily)       |
| <i>maraviroc TABS 150 MG</i>                                  | P         | QL(2 EA daily)                                | SUNLENCA SOLN  | P         | SP                   |
| <i>maraviroc TABS 300 MG</i>                                  | P         | QL(4 EA daily)                                | SUNLENCA TABS PO 300 MG  | P         | SP                   |
| <i>nevirapine SUSP</i>  | P         | QL(40 ML daily)                               | SUNLENCA TBPK 300 MG   | P         | SP                   |
| <i>nevirapine TABS</i>  | P         | QL(2 EA daily)                                | SYMFI ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )    | NF        | QL(1 EA daily)       |
| <i>nevirapine TB24 400 MG</i>                                 | P         | QL(1 EA daily)                                | SYMFI LO ( <i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ) | NF        | QL(1 EA daily)       |
| NORVIR PACK   | P         | QL(12 EA daily)                               | SYMTUZA  | P         | QL(1 EA daily)       |
| NORVIR TABS ( <i>Use ritonavir</i> )                          | NF        | QL(12 EA daily)                               | <i>tenofovir disoproxil fumarate TABS</i>                                  | P         | QL(1 EA daily)       |
| ODEFSEY   | P         | QL(1 EA daily)                                | TIVICAY PD TBSO  | P         |                      |
| PIFELTRO  | P         | QL(1 EA daily)                                | TIVICAY TABS 50 MG   | P         |                      |
| PREZCOBIX   | P         |   | TRIUMEQ PD TBSO  | P         |                      |
| PREZISTA SUSP   | P         | QL(12 ML daily)                               | TRIUMEQ TABS   | P         | QL(1 EA daily)       |
| PREZISTA TABS 75 MG   | P         | QL(2 EA daily)                                | TROGARZO   | P         | SP                   |
| PREZISTA TABS 150 MG  | P         | QL(3 EA daily)                                | TRUVADA ( <i>Use emtricitabine-tenofovir disoproxil fumarate</i> )         | NF        | QL(1 EA daily)       |
| PREZISTA TABS 800 MG ( <i>Use darunavir</i> )                 | NF        | QL(1 EA daily)                                | TYBOST   | P         | QL(1 EA daily)       |
| PREZISTA TABS 600 MG ( <i>Use darunavir</i> )                 | NF        | QL(2 EA daily)                                | VIRACEPT TABS 250 MG   | P         | QL(9 EA daily)       |
| RETROVIR CAPS ( <i>Use zidovudine</i> )                       | NF        | QL(6 EA daily)                                | VIRACEPT TABS 625 MG   | P         | QL(4 EA daily)       |
| RETROVIR SOLN   | P         |   | VIREAD POWD  | P         | QL(8 GM daily)       |
| RETROVIR SYRP ( <i>Use zidovudine</i> )                       | NF        | QL(60 ML daily)                               | VIREAD TABS ( <i>Use tenofovir disoproxil fumarate</i> )                   | NF        | QL(1 EA daily)       |
| REYATAZ CAPS 200 MG, 300 MG ( <i>Use atazanavir sulfate</i> ) | NF        | QL(2 EA daily)                                |  |           |                      |
| REYATAZ PACK  | P         | QL(6 EA daily)                                |  |           |                      |

| Drug Name                                      | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| VIREAD TABS 150 MG, 200 MG, 250 MG             | P         | QL(1 EA daily)   |
| YEZTUGO SOLN 463.5 MG/1.5ML                    | P         | SP   |
| YEZTUGO TABS PO 300 MG                         | P         | SP   |
| ZIAGEN SOLN ( <i>Use abacavir sulfate</i> )    | NF        | QL(30 ML daily)  |
| <i>zidovudine CAPS</i>                         | P         | QL(6 EA daily)   |
| <i>zidovudine SYRP</i>                         | P         | QL(60 ML daily)  |
| <i>zidovudine TABS</i>                         | P         | QL(2 EA daily)   |
| Antiviral Combinations                         |           |  |
| PAXLOVID (150/100)                             | P         | QL(20 EA per fill retail; 20 per fill mail); AL(At least 12 yrs old) |
| PAXLOVID (300/100 & 150/100)                   | P         | QL(11 EA per fill retail; 11 per fill mail); AL(At least 12 yrs old) |
| PAXLOVID (300/100)                             | P         | QL(30 EA per fill retail; 30 per fill mail); AL(At least 12 yrs old) |
| CMV Agents                                     |           |  |
| LIVTENCITY                                     | PA        | AL(At least 12 yrs old); SP; PA                                      |
| VALCYTE TABS ( <i>Use valganciclovir hcl</i> ) | NF        | QL(2 EA daily)   |
| <i>valganciclovir hcl TABS</i>                 | P         | QL(2 EA daily)   |
| Hepatitis Agents                               |           |  |
| <i>adefovir dipivoxil</i>                      | P         |  |
| BARACLUDE TABS ( <i>Use entecavir</i> )        | NF        |  |
| <i>entecavir TABS</i>                          | P         |  |
| EPCLUSA PACK                                   | NP        | SP   |
| EPCLUSA TABS                                   | NP        | SP   |

| Drug Name                                  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| EPCLUSA TABS                               | NP        | SP   |
| HARVONI PACK                               | NP        | QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP   |
| HARVONI TABS                               | NP        | QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP   |
| HARVONI TABS                               | NP        | QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP   |
| LEDIPASVIR-SOFOSBUVIR TABS                 | NP        | QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP   |
| MAVYRET PACK                               | PA        | SP; PA   |
| MAVYRET TABS                               | PA        | SP; PA   |
| PEGASYS SOLN                               | P         | SP   |
| PEGASYS SOSY                               | P         | SP   |
| <i>ribavirin (hepatitis c) CAPS</i>        | P         | SP   |
| <i>ribavirin (hepatitis c) TABS 200 MG</i> | P         | SP   |
| SOFOSBUVIR-VELPATASVIR TABS                | PA        | SP; PA   |
| SOVALDI PACK                               | NP        | QL(28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP   |
| SOVALDI TABS                               | NP        | QL(28 EA per fill retail; 28 per fill mail ; 28 EA per 25 day(s) retail; 28 EA per 25 days mail); SP |
| VOSEVI                                     | NP        | SP   |
| ZEPATIER                                   | NP        | SP   |
| Herpes Agents                              |           |  |
| <i>acyclovir CAPS</i>                      | P         |  |
| <i>acyclovir SUSP</i>                      | P         |  |
| <i>acyclovir TABS PO</i>                   | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>famciclovir</i>   | P         |                     | BYSTOLIC 2.5 MG, 5 MG, 10 MG ( <i>Use nebivolol hcl</i> )      | NF        |                     |
| <i>valacyclovir hcl</i>  | P         |                     | BYSTOLIC ( <i>Use nebivolol hcl</i> )                          | NP        | MP                  |
| VALTREX ( <i>Use valacyclovir hcl</i> )                        | NP        |                     | KAPSPARGO SPRINKLE CS24  | NP        | MP                  |
| Influenza Agents   |           |                     | LOPRESSOR SOLN PO 10 MG/ML                                     | NP        | MP                  |
| <i>oseltamivir phosphate CAPS</i>                              | P         |                     | LOPRESSOR TABS ( <i>Use metoprolol tartrate</i> )              | NP        | MP                  |
| <i>oseltamivir phosphate SUSR</i>                              | P         |                     | <i>metoprolol succinate TB24</i>                               | P         | MP                  |
| RAPIVAB  | NP        |                     | <i>metoprolol tartrate SOLN IV 5 MG/5ML</i>                    | P         | MP                  |
| RELENZA DISKHALER  | P         |                     | <i>metoprolol tartrate TABS</i>                                | P         | MP                  |
| <i>rimantadine hydrochloride TABS</i>                          | P         |                     | <i>nebivolol hcl</i>   | P         | MP                  |
| TAMIFLU CAPS 30 MG ( <i>Use oseltamivir phosphate</i> )        | NF        |                     | TENORMIN TABS ( <i>Use atenolol</i> )                          | NP        | MP                  |
| TAMIFLU CAPS 45 MG, 75 MG ( <i>Use oseltamivir phosphate</i> ) | NP        |                     | TENORMIN TABS 25 MG, 50 MG ( <i>Use atenolol</i> )             | NF        |                     |
| TAMIFLU SUSR ( <i>Use oseltamivir phosphate</i> )              | NP        |                     | TOPROL XL TB24 ( <i>Use metoprolol succinate</i> )             | NF        |                     |
| XOFLUZA (40 MG DOSE) 40 MG                                     | NP        |                     | TOPROL XL TB24 ( <i>Use metoprolol succinate</i> )             | NP        | MP                  |
| XOFLUZA (80 MG DOSE) 80 MG                                     | NP        |                     | Beta Blockers Non-Selective                                    |           |                     |
| BETA BLOCKERS - Drugs to Treat High Blood Pressure             |           |                     | BETAPACE AF ( <i>Use sotalol hcl (afib/afll)</i> )             | NP        | MP                  |
| Alpha-Beta Blockers  |           |                     | BETAPACE TABS 80 MG, 120 MG, 160 MG ( <i>Use sotalol hcl</i> ) | NP        | MP                  |
| <i>carvedilol</i>  | P         | MP                  | CORGARD TABS 20 MG, 40 MG ( <i>Use nadolol</i> )               | NF        |                     |
| <i>carvedilol phosphate</i>                                    | NP        | MP                  | HEMANGEOL SOLN PO  | PA        | SP; MP; PA          |
| COREG ( <i>Use carvedilol</i> )                                | NF        |                     | HEMANGEOL SOLN PO  | PA        | SP; MP; PA          |
| COREG CR ( <i>Use carvedilol phosphate</i> )                   | NF        |                     | INDERAL LA CP24 ( <i>Use propranolol hcl</i> )                 | NP        | MP                  |
| <i>labetalol hcl TABS</i>                                      | P         | MP                  | INDERAL XL   | NP        | MP                  |
| Beta Blockers Cardio-Selective                                 |           |                     | INNOPRAN XL  | NP        | MP                  |
| <i>acebutolol hcl CAPS</i>                                     | P         | MP                  | <i>nadolol TABS 20 MG, 40 MG, 80 MG</i>                        | P         | MP                  |
| <i>atenolol TABS</i>   | P         | MP                  | <i>pindolol TABS</i>   | NP        | MP                  |
| <i>betaxolol hcl</i>   | NP        | MP                  |  |           |                     |
| <i>bisoprolol fumarate</i>                                     | P         | MP                  |  |           |                     |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|--|-----------|---------------------|
| <i>propranolol hcl CP24</i>  | P         | MP                  | <i>nifedipine TB24</i>   | P         | MP                  |
| <i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>                  | P         | MP                  | <i>nisoldipine 8.5 MG, 17 MG, 34 MG</i>                                      | NP        | MP                  |
| <i>propranolol hcl TABS</i>  | P         | MP                  | NORLIQVA SOLN  | NP        | MP                  |
| <i>sotalol hcl (afib/af)</i>   | P         | MP                  | NORVASC TABS ( <i>Use amlodipine besylate</i> )                              | NP        | MP                  |
| <i>sotalol hcl TABS</i>  | P         | MP                  | NORVASC TABS 5 MG, 10 MG ( <i>Use amlodipine besylate</i> )                  | NF        |                     |
| SOTYLIZE SOLN PO   | NP        | MP                  | NYMALIZE SOLN 6 MG/ML  | NP        | MP                  |
| <i>timolol maleate TABS</i>  | NP        | MP                  | PROCARDIA XL TB24 30 MG, 60 MG ( <i>Use nifedipine</i> )                     | NP        | MP                  |
| <b>CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure</b> |           |                     | PROCARDIA XL TB24 60 MG, 90 MG ( <i>Use nifedipine</i> )                     | NF        |                     |
| Calcium Channel Blockers   |           |                     | SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG   | NP        | MP                  |
| <i>amlodipine besylate TABS</i>                                      | P         | MP                  | SULAR 8.5 MG, 17 MG, 34 MG ( <i>Use nisoldipine</i> )                        | NP        | MP                  |
| CARDIZEM CD CP24 ( <i>Use diltiazem hcl coated beads</i> )           | NF        |                     | TIAZAC ( <i>Use diltiazem hcl extended release beads</i> )                   | NF        |                     |
| CARDIZEM LA TB24 ( <i>Use diltiazem hcl</i> )                        | NF        |                     | VERAPAMIL HCL ER CP24 ( <i>Use verapamil hcl</i> )                           | P         | MP                  |
| CARDIZEM TABS 30 MG, 60 MG, 120 MG ( <i>Use diltiazem hcl</i> )      | NF        |                     | <i>verapamil hcl CP24</i>  | P         | MP                  |
| CONJUPRI ( <i>Use levamlodipine maleate</i> )                        | NF        |                     | <i>verapamil hcl SOLN 2.5 MG/ML</i>  | P         | MP                  |
| <i>diltiazem hcl coated beads CP24</i>                               | P         | MP                  | <i>verapamil hcl TABS</i>  | P         | MP                  |
| <i>diltiazem hcl extended release beads</i>                          | P         | MP                  | <i>verapamil hcl TBCR</i>  | P         | MP                  |
| <i>diltiazem hcl CP12</i>  | P         | MP                  | VERELAN PM CP24 ( <i>Use verapamil hcl</i> )                                 | NP        | MP                  |
| <i>diltiazem hcl CP24</i>  | P         | MP                  | VERELAN CP24 ( <i>Use verapamil hcl</i> )                                    | NF        |                     |
| <i>diltiazem hcl TABS</i>  | P         | MP                  | <b>CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm</b> |           |                     |
| <i>diltiazem hcl TB24</i>  | P         | MP                  | Cardiac Glycosides   |           |                     |
| <i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>     | NP        | MP                  | <i>digoxin SOLN PO 0.05 MG/ML</i>  | P         |                     |
| <i>felodipine</i>  | P         | MP                  |  |           |                     |
| <i>isradipine CAPS</i>   | NP        | MP                  |  |           |                     |
| KATERZIA   | NP        | MP                  |  |           |                     |
| <i>levamlodipine maleate</i>   | NP        | MP                  |  |           |                     |
| <i>nicardipine hcl CAPS</i>  | P         | MP                  |  |           |                     |
| <i>nifedipine CAPS</i>   | P         | MP                  |  |           |                     |

| Drug Name   | Drug Tier | Requirements/Limits                            |
|---|-----------|--|
| <i>digoxin TABS 125 MCG, 250 MCG</i>  | P         |  |
| LANOXIN TABS 125 MCG, 250 MCG ( <i>Use digoxin</i> )  | NF        |  |
| <b>CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions</b>  |           |  |
| Cardiovascular Agents Misc. - Combinations  |           |  |
| <i>amlodipine besylate-atorvastatin calcium</i>   | NP        | MP   |
| CADUET 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>Use amlodipine besylate-atorvastatin calcium</i> )              | NF        |  |
| 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>Use amlodipine besylate-atorvastatin calcium</i> ) | NP        | MP   |
| ENTRESTO CPSP   | NP        | QL(2 EA daily); AL(At least 1 yrs old); MP     |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG ( <i>Use sacubitril-valsartan</i> )  | NP        | QL(2 EA daily); AL(At least 1 yrs old); MP     |
| OPSYNVI   | NP        | SP   |
| <i>sacubitril-valsartan TABS</i>  | PA        | QL(2 EA daily); AL(At least 1 yrs old); MP; PA |
| Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors   |           |  |
| INPEFA  | NP        | MP   |
| Impotence Agents  |           |  |
| CIALIS 5 MG ( <i>Use tadalafil</i> )  | PA        | PA   |

| Drug Name  | Drug Tier | Requirements/Limits             |
|--|-----------|---------------------------------|
| <i>tadalafil 5 MG</i>                                    | PA        | PA                              |
| Prostaglandin Vasodilators                               |           |                                 |
| ORENITRAM MONTH 1 TEPK                                   | PA        | SP; PA                          |
| ORENITRAM MONTH 2 TEPK                                   | PA        | SP; PA                          |
| ORENITRAM MONTH 3 TEPK                                   | PA        | SP; PA                          |
| ORENITRAM TBCR   | PA        | SP; PA                          |
| TYVASO DPI INSTITUTIONAL KIT POWD                        | NP        | SP                              |
| TYVASO DPI MAINTENANCE KIT POWD                          | NP        |                                 |
| TYVASO DPI MAINTENANCE KIT POWD                          | NP        | SP                              |
| TYVASO DPI TITRATION KIT POWD                            | NP        | SP                              |
| TYVASO REFILL KIT SOLN IN                                | NP        | SP                              |
| TYVASO STARTER KIT SOLN IN                               | NP        | SP                              |
| TYVASO SOLN IN   | NP        | SP                              |
| YUTREPIA CAPS IN 26.5 MCG, 53 MCG, 79.5 MCG, 106 MCG     | PA        | AL(At least 18 yrs old); SP; PA |
| Pulmonary Hypertension - Activin Signaling Inhibitor     |           |                                 |
| WINREVAIR  | PA        | AL(At least 18 yrs old); SP; PA |
| Pulmonary Hypertension - Endothelin Receptor Antagonists |           |                                 |
| <i>ambrisentan</i>                                       | NP        | SP                              |
| <i>bosentan TABS</i>                                     | PA        | SP; PA                          |
| <i>bosentan TBSO 32 MG</i>                               | NP        | SP                              |
| LETAIRIS ( <i>Use ambrisentan</i> )                      | NP        | SP                              |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits                             |
|---|-----------|---------------------|---|-----------|---|
| <i>macitentan 10 MG</i>   | NP        |                     | UPTRAVI TABS  | NP        | SP  |
| OPSUMIT   | NP        | SP                  | Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator |           |   |
| TRACLEER TABS ( <i>Use bosentan</i> )                                   | NP        | SP                  | ADEMPAS   | NP        | SP  |
| TRACLEER TBSO 32 MG ( <i>Use bosentan</i> )                             | NP        | SP                  | Sinus Node Inhibitors                                     |           |   |
| TRACLEER TBSO 32 MG ( <i>Use bosentan</i> )                             | NF        | SP                  | CORLANOR SOLN   | NP        | QL(15 ML daily); AL(At least 1 yrs old); SP; MP |
| Pulmonary Hypertension - Phosphodiesterase Inhibitors                   |           |                     | CORLANOR TABS ( <i>Use ivabradine hcl</i> )               | NP        | QL(2 EA daily); AL(At least 18 yrs old); MP     |
| ADCIRCA TABS ( <i>Use tadalafil (pulmonary hypertension)</i> )          | NP        | SP                  | <i>ivabradine hcl</i> TABS                                | PA        | QL(2 EA daily); AL(At least 18 yrs old); MP; PA |
| REVATIO SOLN ( <i>Use sildenafil citrate (pulmonary hypertension)</i> ) | NF        | SP; PA              | Transthyretin Stabilizers                                 |           |   |
| REVATIO SUSR ( <i>Use sildenafil citrate (pulmonary hypertension)</i> ) | NF        | SP                  | VYNDAMAX  | P         | QL(1 EA daily); SP; PA                          |
| REVATIO TABS ( <i>Use sildenafil citrate (pulmonary hypertension)</i> ) | NP        | SP                  | VYNDAQEL  | P         | QL(4 EA daily); SP; PA                          |
| <i>sildenafil citrate (pulmonary hypertension) SOLN</i>                 | P         | SP; PA              | Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)     |           |   |
| <i>sildenafil citrate (pulmonary hypertension) SUSR</i>                 | PA        | SP; PA              | VERQUVO   | NP        | MP  |
| <i>sildenafil citrate (pulmonary hypertension) TABS</i>                 | PA        | SP; PA              | CEPHALOSPORINS - Drugs to Treat Bacterial Infections      |           |   |
| <i>tadalafil (pulmonary hypertension) TABS</i>                          | NP        | SP                  | Cephalosporins - 1st Generation                           |           |   |
| <i>tadalafil (pulmonary hypertension) TABS</i>                          | PA        | SP; PA              | <i>cefadroxil CAPS</i>                                    | P         |   |
| TADLIQ SUSP   | NP        | SP                  | <i>cefadroxil SUSR</i>                                    | P         |   |
| Pulmonary Hypertension - Prostacyclin Receptor Agonist                  |           |                     | <i>cefadroxil TABS</i>                                    | P         |   |
| UPTRAVI TITRATION TBPK  | NP        | SP                  | <i>cephalexin CAPS 250 MG, 500 MG</i>                     | P         |   |
| UPTRAVI SOLR  | NP        | SP                  | <i>cephalexin SUSR</i>                                    | P         |   |
|   |           |                     | Cephalosporins - 2nd Generation                           |           |   |
|   |           |                     | CEFACLOR ER TB12  | NP        |   |
|   |           |                     | <i>cefaclor CAPS</i>                                      | P         |   |
|   |           |                     | <i>cefprozil SUSR</i>                                     | P         |   |
|   |           |                     | <i>cefprozil TABS</i>                                     | P         |   |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefuroxime axetil TABS</i>   | P         |                     |
| <b>Cephalosporins - 3rd Generation</b>                                  |           |                     |
| <i>cefdinir CAPS</i>  | PA        | PA                  |
| <i>cefdinir SUSR</i>  | PA        | PA                  |
| <i>cefixime CAPS</i>  | NP        |                     |
| <i>cefixime SUSR</i>  | NP        |                     |
| <i>cefixime TABS</i>  | NP        |                     |
| <i>cefpodoxime proxetil SUSR</i>  | PA        | PA                  |
| <i>cefpodoxime proxetil TABS</i>  | PA        | PA                  |
| <i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>                 | PA        | PA                  |
| <b>CONTRACEPTIVES - Drugs to Prevent Pregnancy</b>                      |           |                     |
| <b>Combination Contraceptives - Oral</b>                                |           |                     |
| AVERI TABS PO   | P         |                     |
| BALCOLTRA (Use <i>levonorgestrel-ethinyl estradiol-iron</i> )           | NF        | QL(1 EA daily)      |
| BEYAZ (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> ) | NF        | QL(1 EA daily)      |
| <i>desogestrel &amp; ethinyl estradiol</i>                              | P         | QL(1 EA daily)      |
| <i>desogestrel-ethinyl estradiol (biphasic)</i>                         | P         | QL(1 EA daily)      |
| <i>desogestrel-ethinyl estradiol (triphasic)</i>                        | P         | QL(1 EA daily)      |
| <i>drospirenone-ethinyl estradiol</i>                                   | P         | QL(1 EA daily)      |
| <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>              | P         | QL(1 EA daily)      |
| <i>ethynodiol diacet &amp; eth estrad</i>                               | P         | QL(1 EA daily)      |
| FEMLYV TBDP   | P         |                     |
| <i>levonorgestrel &amp; eth estradiol TABS</i>                          | P         | QL(1 EA daily)      |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levonorgestrel-eth estradiol (triphasic)</i>                                  | P         | QL(1 EA daily)      |
| <i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>                 | P         | QL(1 EA daily)      |
| <i>levonorgestrel-ethinyl estradiol (continuous)</i>                             | P         | QL(1 EA daily)      |
| <i>levonorgestrel-ethinyl estradiol-iron</i>                                     | P         | QL(1 EA daily)      |
| LO LOESTRIN FE TABS  | P         | QL(1 EA daily)      |
| MIRCETTE (Use <i>desogestrel-ethinyl estradiol (biphasic)</i> )                  | NF        | QL(1 EA daily)      |
| NATAZIA  | P         | QL(1 EA daily)      |
| NEXTSTELLIS  | P         | QL(1 EA daily)      |
| <i>norethin acet &amp; estrad-fe CAPS</i>  | P         | QL(1 EA daily)      |
| <i>norethin acet &amp; estrad-fe CHEW</i>  | P         | QL(1 EA daily)      |
| <i>norethin acet &amp; estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i> | P         | QL(1 EA daily)      |
| <i>norethindrone &amp; eth estradiol</i>   | P         | QL(1 EA daily)      |
| <i>norethindrone &amp; ethinyl estradiol-fe</i>                                  | P         |                     |
| <i>norethindrone acet &amp; eth estra TABS</i>                                   | P         | QL(1 EA daily)      |
| <i>norethindrone acetate-ethinyl estradiol-fe</i>                                | P         |                     |
| <i>norethindrone-eth estradiol (triphasic)</i>                                   | P         | QL(1 EA daily)      |
| <i>norgestimate-ethinyl estradiol</i>  | P         | QL(1 EA daily)      |
| <i>norgestimate-ethinyl estradiol (triphasic)</i>                                | P         | QL(1 EA daily)      |
| <i>norgestrel &amp; ethinyl estradiol 30 MCG-0.3 MG</i>                          | P         | QL(1 EA daily)      |
| SAFYRAL (Use <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )        | NF        | QL(1 EA daily)      |

| Drug Name  | Drug Tier | Requirements/Limits                                    |
|--|-----------|--|
| SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) | NF        | QL(1 EA daily)   |
| TAYTULLA CAPS (Use norethin acet & estrad-fe)              | NF        | QL(1 EA daily)   |
| TYBLUME CHEW   | P         | QL(1 EA daily)   |
| YASMIN 28 (Use drospirenone-ethinyl estradiol)             | NF        | QL(1 EA daily)   |
| YAZ (Use drospirenone-ethinyl estradiol)                   | NF        | QL(1 EA daily)   |
| Combination Contraceptives - Transdermal                   |           |  |
| norelgestromin-ethinyl estradiol                           | P         | QL(0.11 EA daily)                                      |
| TWIRLA   | P         | QL(1 EA daily)   |
| Combination Contraceptives - Vaginal                       |           |  |
| ANNOVERA   | P         | QL(1 EA daily)   |
| etonogestrel-ethinyl estradiol                             | P         | 13 max fill(s) per 365 day(s) retail                   |
| NUVARING (Use etonogestrel-ethinyl estradiol)              | NF        | 13 max fill(s) per 365 day(s) retail                   |
| Copper Contraceptives - IUD                                |           |  |
| MIUDELLA INTRAUTERINE COPPER                               | P         | SP   |
| PARAGARD INTRAUTERINE COPPER                               | P         | SP   |
| Emergency Contraceptives                                   |           |  |
| ELLA   | P         | QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail) |
| levonorgestrel (emergency oc) 1.5 MG                       | P         | QL(6 EA per 365 day(s) retail; 6 EA per 365 days mail) |
| Progestin Contraceptives - Implants                        |           |  |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| NEXPLANON  | P         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP |
| Progestin Contraceptives - Injectable                                  |           |  |
| DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive)) | NF        | QL(1 ML per fill retail; 1 per fill mail)                  |
| DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive)) | NF        | QL(1 ML per fill retail; 1 per fill mail)                  |
| DEPO-SUBQ PROVERA 104 SUSY SC  | P         | QL(1 ML per fill retail; 1 per fill mail)                  |
| medroxyprogesterone acetate (contraceptive) SUSP IM                    | P         | QL(1 ML per fill retail; 1 per fill mail)                  |
| medroxyprogesterone acetate (contraceptive) SUSY IM                    | P         | QL(1 ML per fill retail; 1 per fill mail)                  |
| Progestin Contraceptives - IUD   |           |  |
| KYLEENA  | P         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP |
| LILETTA (52 MG)  | P         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP |
| MIRENA (52 MG)   | P         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP |
| SKYLA  | P         | QL(1 EA per 365 day(s) retail; 1 EA per 365 days mail); SP |
| Progestin Contraceptives - Oral  |           |  |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| <i>norethindrone (contraceptive)</i>   | P         | QL(1 EA daily)                 |
| OPILL  | P         |                                |
| SLYND  | P         | QL(1 EA daily)                 |
| <b>CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions</b> |           |                                |
| Glucocorticosteroids   |           |                                |
| AGAMREE  | PA        | AL(At least 2 yrs old); SP; PA |
| <i>budesonide CPEP</i>   | NP        |                                |
| <i>budesonide TB24</i>   | NP        |                                |
| CORTEF TABS ( <i>Use hydrocortisone</i> )  | NF        |                                |
| CORTISONE ACETATE TABS   | P         |                                |
| <i>deflazacort SUSP</i>  | PA        | PA                             |
| <i>deflazacort SUSP</i>  | PA        | SP; PA                         |
| <i>deflazacort TABS</i>  | PA        | SP; PA                         |
| DEXAMETHASONE INTENSOL CONC  | P         |                                |
| <i>dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML</i>        | P         | QL(5 ML daily)                 |
| DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML                                       | P         | QL(5 ML daily)                 |
| <i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>                                | P         | QL(5 ML daily)                 |
| <i>dexamethasone ELIX</i>  | P         |                                |
| <i>dexamethasone SOLN</i>  | P         |                                |
| <i>dexamethasone TABS</i>  | P         |                                |
| EMFLAZA SUSP ( <i>Use deflazacort</i> )  | PA        | SP; PA                         |
| EMFLAZA TABS ( <i>Use deflazacort</i> )  | PA        | SP; PA                         |

| Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|
| EOHILIA SUSP  | PA        | QL(20 ML daily); AL(At least 11 yrs old); PA  |
| <i>hydrocortisone TABS</i>  | P         |   |
| MEDROL TABS ( <i>Use methylprednisolone</i> )                               | NF        |   |
| MEDROL TBPK ( <i>Use methylprednisolone</i> )                               | NF        |   |
| <i>methylprednisolone TABS 4 MG, 8 MG</i>                                   | P         |   |
| <i>methylprednisolone TBPK</i>  | P         |   |
| PEDIAPRED SOLN ( <i>Use prednisolone sodium phosphate</i> )                 | NF        |   |
| <i>prednisolone sodium phosphate SOLN 5 MG/5ML</i>                          | P         |   |
| <i>prednisolone sodium phosphate SOLN 20 MG/5ML</i>                         | P         | QL(150 ML per fill retail; 150 per fill mail) |
| <i>prednisolone sodium phosphate SOLN 15 MG/5ML</i>                         | P         | QL(240 ML per fill retail; 240 per fill mail) |
| <i>prednisolone SOLN</i>  | P         |   |
| <i>prednisolone TABS</i>  | P         |   |
| PREDNISONE INTENSOL CONC  | P         |   |
| <i>prednisone SOLN</i>  | P         |   |
| <i>prednisone TABS</i>  | P         |   |
| <i>prednisone TBEC 1 MG, 2 MG</i>   | PA        | PA  |
| <i>prednisone TBPK</i>  | P         |   |
| UCERIS TB24 ( <i>Use budesonide</i> )                                       | NF        |   |
| Mineralocorticoids  |           |   |
| <i>fludrocortisone acetate TABS</i>   | P         |   |
| <b>COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms</b> |           |   |
| Antitussives  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                           | Drug Name   | Drug Tier | Requirements/Limits                           |
|--|-----------|---|---|-----------|---|
| <i>benzonatate 100 MG</i>  | P         | AL(At least 10 yrs old)                       | <i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i> | P         |   |
| <i>benzonatate 200 MG</i>  | P         | QL(1 EA daily); AL(At least 10 yrs old)       | <i>dextromethorphan-guaifenesin TABS 400 MG-20 MG</i>                                 | P         |   |
| <i>dextromethorphan polistirex SUER</i>  | P         |   | <i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>                                 | P         |   |
| <i>HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)</i>   | NF        | AL(At least 18 yrs old)                       | <i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>                              | P         |   |
| <i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>   | P         | AL(At least 18 yrs old)                       | <i>fexofenadine-pseudoephedrine TB12</i>  | NP        |   |
| <b>Cough/Cold/Allergy Combinations</b>   |           |   | <i>fexofenadine-pseudoephedrine TB24</i>  | NP        |   |
| <i>brompheniramine &amp; phenyleph ELIX</i>  | P         | QL(120 ML per fill retail; 120 per fill mail) | <i>guaifenesin-codeine SOLN</i>   | P         | QL(240 ML per fill retail; 240 per fill mail) |
| <i>brompheniramine &amp; pseudoeph ELIX</i>  | P         | QL(120 ML per fill retail; 120 per fill mail) | LOHIST-D LIQD   | P         |   |
| <i>brompheniramine &amp; pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>   | P         | QL(120 ML per fill retail; 120 per fill mail) | <i>loratadine &amp; pseudoephedrine TB12</i>  | P         |   |
| <i>cetirizine-pseudoephedrine</i>  | NP        |   | <i>loratadine &amp; pseudoephedrine TB24</i>  | P         |   |
| CLARINEX-D 12 HOUR TB12  | NP        |   | MAXI-TUSS PE ELIX 5 MG/5ML-2 MG/5ML   | P         | QL(120 ML per fill retail; 120 per fill mail) |
| CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)   | NF        |   | MUCINEX DM MAXIMUM STRENGTH TB12 (Use dextromethorphan-guaifenesin)                   | NF        |   |
| CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)   | NF        |   | MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)                                    | NF        |   |
| <i>dextromethorphan-doxylamine-acetaminophen LIQD</i>  | P         |   | <i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>                   | P         |   |
| <i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i> | P         |   | <i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>                                      | P         | QL(240 ML per fill retail; 240 per fill mail) |
|  |           |   | <i>phenylephrine-dm SOLN</i>  | P         | QL(240 ML per fill retail; 240 per fill mail) |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>phenylephrine-guaifenesin LIQD 5 MG/5ML-100 MG/5ML</i>            | P         |  |
| <i>promethazine &amp; phenylephrine SYRP</i>                         | P         |  |
| <i>promethazine w/codeine SOLN</i>                                   | P         | QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old) |
| <i>promethazine w/codeine SYRP</i>                                   | P         | QL(240 ML per fill retail; 240 per fill mail); AL(At least 18 yrs old) |
| <i>promethazine-dm SYRP</i>  | P         |  |
| <i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>     | P         |  |
| <i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG, 600 MG-60 MG</i> | P         |  |
| <i>pseudoephedrine-ibuprofen TABS</i>                                | P         |  |
| <b>Expectorants</b>  |           |  |
| <i>GERI-TUSSIN SYRP</i>  | P         |  |
| <i>guaifenesin LIQD</i>  | P         |  |
| <i>guaifenesin TB12</i>  | P         |  |
| <i>MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin)</i>               | NF        |  |
| <i>MUCINEX TB12 (Use guaifenesin)</i>                                | NF        |  |
| <b>Misc. Respiratory Inhalants</b>                                   |           |  |
| <i>NEBUSAL NEBU 3 %, 6 % (Use sodium chloride (inhalant))</i>        | NF        |  |
| <i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>              | P         |  |
| <b>Mucolytics</b>  |           |  |
| <i>acetylcysteine SOLN</i>   | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <b>DERMATOLOGICALS - Drugs to Treat Skin Conditions</b>                    |           |  |
| <b>Acne Products</b>   |           |  |
| <i>ABSORICA 10 MG, 20 MG, 40 MG (Use isotretinoin)</i>                     | NF        | QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA |
| <i>ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)</i>             | NF        | AL(Up to 20 yrs old)   |
| <i>ACZONE (Use dapsone (topical))</i>                                      | NF        | AL(Up to 20 yrs old)   |
| <i>adapalene-benzoyl peroxide GEL</i>                                      | NP        | AL(Up to 20 yrs old)   |
| <i>adapalene CREA</i>  | NP        | AL(Up to 20 yrs old)   |
| <i>adapalene GEL</i>   | NP        | AL(Up to 20 yrs old)   |
| <i>adapalene GEL</i>   | P         | AL(Up to 20 yrs old); RX/OTC                                   |
| <i>AKLIEF</i>  | NP        | AL(Up to 20 yrs old)   |
| <i>ATRALIN GEL (Use tretinoin)</i>   | NF        | AL(Up to 20 yrs old)   |
| <i>AVAR CLEANSER LIQD 10 %-5 % (Use sulfacetamide sodium w/ sulfur)</i>    | NF        | AL(Up to 20 yrs old)   |
| <i>AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)</i>          | NF        | AL(Up to 20 yrs old)   |
| <i>AVAR-E EMOLLIENT CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)</i> | NF        | AL(Up to 20 yrs old)   |
| <i>AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)</i>                 | NF        | AL(Up to 20 yrs old)   |
| <i>BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)</i>                  | NF        | AL(Up to 20 yrs old)   |
| <i>benzoyl peroxide BAR</i>  | P         |  |
| <i>benzoyl peroxide CREA 10 %</i>  | P         |  |

| Drug Name   | Drug Tier | Requirements/ Limits         | Drug Name  | Drug Tier | Requirements/ Limits   |
|---|-----------|------------------------------|--|-----------|--|
| <i>benzoyl peroxide-erythromycin GEL</i>                    | P         | AL(Up to 20 yrs old)         | DIFFERIN LOTN  | NP        | AL(Up to 20 yrs old)   |
| <i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>                | P         | AL(Up to 20 yrs old)         | EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)          | NP        | AL(Up to 20 yrs old)   |
| <i>benzoyl peroxide LIQD 5 %, 10 %</i>                      | P         | AL(Up to 20 yrs old)         | EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)          | NF        | AL(Up to 20 yrs old)   |
| <i>benzoyl peroxide LIQD 4 %</i>                            | P         |                              | EPIDUO GEL (Use adapalene-benzoyl peroxide)                | NF        | AL(Up to 20 yrs old)   |
| <i>benzoyl peroxide LOTN 5 %, 10 %</i>                      | P         | AL(Up to 20 yrs old)         | EPSOLAY CREA   | NP        | AL(Up to 20 yrs old)   |
| BPO FOAMING CLOTHS MISC 6 %                                 | NP        | RX/OTC                       | <i>erythromycin (acne aid) GEL</i>                         | NP        | AL(Up to 20 yrs old)   |
| CLEOCIN-T LOTN (Use clindamycin phosphate (topical))        | NP        | AL(Up to 20 yrs old)         | <i>erythromycin (acne aid) PADS</i>                        | NP        | AL(Up to 20 yrs old)   |
| CLINDAGEL GEL (Use clindamycin phosphate (topical))         | NF        | AL(Up to 20 yrs old)         | <i>erythromycin (acne aid) SOLN</i>                        | NP        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate (topical) FOAM</i>                 | NP        | AL(Up to 20 yrs old)         | <i>isotretinoin 10 MG, 20 MG, 40 MG</i>                    | P         | QL(2 EA daily); AL(At least 12 yrs old - Up to 22 yrs old); PA |
| <i>clindamycin phosphate (topical) GEL</i>                  | P         | AL(Up to 20 yrs old)         | KLARON (Use sulfacetamide sodium (acne))                   | NF        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate (topical) LOTN</i>                 | P         | AL(Up to 20 yrs old)         | ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)   | NF        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate (topical) SOLN</i>                 | P         | AL(Up to 20 yrs old)         | PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) | NF        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate (topical) SWAB</i>                 | P         | AL(Up to 20 yrs old)         | PLEXION LOTN (Use sulfacetamide sodium w/ sulfur)          | NF        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i> | P         | AL(Up to 20 yrs old)         | RETIN-A MICRO (Use tretinoin microsphere)                  | NF        |  |
| <i>clindamycin phosphate-benzoyl peroxide GEL</i>           | NP        | AL(Up to 20 yrs old)         | RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)      | NF        | AL(Up to 20 yrs old)   |
| <i>clindamycin phosphate-tretinoin</i>                      | NP        | AL(Up to 20 yrs old)         | RETIN-A MICRO PUMP (Use tretinoin microsphere)             | NF        |  |
| <i>dapsone (topical)</i>                                    | NP        | AL(Up to 20 yrs old)         | RETIN-A CREA (Use tretinoin)                               | NF        | AL(Up to 20 yrs old)   |
| DIFFERIN CREA (Use adapalene)                               | NP        | AL(Up to 20 yrs old)         |  |           |  |
| DIFFERIN GEL 0.1 % (Use adapalene)                          | NF        | AL(Up to 20 yrs old); RX/OTC |  |           |  |
| DIFFERIN GEL (Use adapalene)                                | NP        | AL(Up to 20 yrs old)         |  |           |  |

| Drug Name  | Drug Tier | Requirements/ Limits                        | Drug Name                                    | Drug Tier | Requirements/ Limits                                |
|--|-----------|---|--|-----------|---|
| RETIN-A GEL (Use tretinoin)  | NF        | AL(Up to 20 yrs old)                        | <i>tretinoin microsphere 0.08 %</i>          | NP        | AL(Up to 20 yrs old)                                |
| SSS 10-5 CREA 10 %-5 % (Use sulfacetamide sodium w/ sulfur)        | NP        | AL(Up to 20 yrs old)                        | <i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i> | P         | AL(Up to 20 yrs old)                                |
| SSS 10-5 FOAM 10 %-5 %   | NP        | AL(Up to 20 yrs old)                        | <i>tretinoin GEL 0.05 %</i>                  | NP        | AL(Up to 20 yrs old)                                |
| <i>sulfacetamide sodium (acne)</i>                                 | NP        | AL(Up to 20 yrs old)                        | <i>tretinoin GEL 0.01 %, 0.025 %</i>         | P         | AL(Up to 20 yrs old)                                |
| <i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>      | NP        | AL(Up to 20 yrs old)                        | TWYNEO                                       | NP        | AL(Up to 20 yrs old)                                |
| <i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>                | NP        | AL(Up to 20 yrs old)                        | WINLEVI                                      | NP        | AL(Up to 20 yrs old)                                |
| <i>sulfacetamide sodium w/ sulfur LIQD</i>                         | NP        | AL(Up to 20 yrs old)                        | ZIANA (Use clindamycin phosphate-tretinoin)  | NF        | AL(Up to 20 yrs old)                                |
| <i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>             | NP        | AL(Up to 20 yrs old)                        | Antibiotics - Topical                        |           |   |
| <i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>                | P         | QL(60 GM per fill retail; 60 per fill mail) | <i>bacitracin (topical) OINT</i>             | P         | QL(30 EA per fill retail; 30 per fill mail)         |
| <i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>                | P         | QL(30 GM per fill retail; 30 per fill mail) | <i>bacitracin zinc OINT</i>                  | P         | QL(30 EA per fill retail; 30 per fill mail)         |
| <i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>                 | NP        | AL(Up to 20 yrs old)                        | <i>bacitracin-polymyxin b OINT</i>           | P         |   |
| SULFACETAMIDE SODIUM-SULFUR SUSP                                   | NP        | AL(Up to 20 yrs old)                        | CENTANY AT KIT                               | NP        |   |
| SULFACLEANSE 8/4 SUSP 8 %-4 % (Use sulfacetamide sodium w/ sulfur) | NF        | AL(Up to 20 yrs old)                        | <i>gentamicin sulfate (topical) CREA</i>     | P         | QL(30 GM per fill retail; 30 per fill mail)         |
| SULFAMEZ WASH EMUL 10 %-1 % (Use sulfacetamide sodium w/ sulfur)   | NF        | AL(Up to 20 yrs old)                        | <i>gentamicin sulfate (topical) OINT</i>     | P         | QL(30 GM per fill retail; 30 per fill mail)         |
| SUMADAN  | NP        | AL(Up to 20 yrs old)                        | <i>mupirocin calcium (topical)</i>           | NP        |   |
| SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)             | NP        | AL(Up to 20 yrs old)                        | <i>mupirocin OINT</i>                        | P         |   |
| SUMAXIN CP   | NP        |   | <i>neomycin-bacitracin-polymyxin OINT</i>    | P         | QL(30 EA per fill retail; 30 per fill mail)         |
| SUMAXIN PADS   | NP        | AL(Up to 20 yrs old)                        | <i>neomycin-polymyxin w/ pramoxine</i>       | P         | QL(30 GM per fill retail; 30 per fill mail)         |
| TAZAROTENE FOAM  | NP        |   | XEPI   | NP        |   |
|  |           |   | Antifungals - Topical                        |           |   |
|  |           |   | <i>clotrimazole (topical) CREA</i>           | P         | QL(30 GM per fill retail; 30 per fill mail); RX/OTC |

| Drug Name   | Drug Tier | Requirements/Limits                                    | Drug Name  | Drug Tier | Requirements/Limits                           |
|---|-----------|--|--|-----------|---|
| <i>clotrimazole (topical) SOLN</i>                                    | P         | QL(30 ML per fill retail; 30 per fill mail);<br>RX/OTC | <i>nystatin (topical) POWD EX</i>                              | P         | QL(60 GM per fill retail; 60 per fill mail)   |
| <i>clotrimazole w/ betamethasone CREA</i>                             | P         | QL(45 GM per fill retail; 45 per fill mail)            | <i>nystatin-triamcinolone CREA</i>                             | P         | QL(30 GM per fill retail; 30 per fill mail)   |
| <i>clotrimazole w/ betamethasone LOTN</i>                             | P         | QL(30 ML per fill retail; 30 per fill mail)            | <i>nystatin-triamcinolone OINT</i>                             | P         | QL(30 GM per fill retail; 30 per fill mail)   |
| <i>econazole nitrate CREA</i>   | P         | QL(30 GM per fill retail; 30 per fill mail)            | <i>terbinafine hcl (topical) CREA</i>                          | P         | QL(30 GM per fill retail; 30 per fill mail)   |
| <i>ketoconazole (topical) CREA</i>                                    | P         | QL(60 GM per fill retail; 60 per fill mail)            | TINACTIN CREA (Use <i>tolnaftate</i> )                         | NF        | QL(30 GM per fill retail; 30 per fill mail)   |
| <i>ketoconazole (topical) SHAM 2 %</i>                                | P         | QL(120 ML per fill retail; 120 per fill mail)          | <i>tolnaftate CREA</i>   | P         | QL(30 GM per fill retail; 30 per fill mail)   |
| LAMISIL AT ATHLETES FOOT CREA (Use <i>terbinafine hcl (topical)</i> ) | NF        | QL(30 GM per fill retail; 30 per fill mail)            | Antihistamines-Topical   |           |   |
| LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i> )     | NF        | QL(30 GM per fill retail; 30 per fill mail)            | ITCH RELIEF CREA   | P         |   |
| LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i> )               | NF        | QL(30 GM per fill retail; 30 per fill mail)            | Anti-inflammatory Agents - Topical                             |           |   |
| LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i> )       | NF        | QL(30 GM per fill retail; 30 per fill mail);<br>RX/OTC | <i>diclofenac epolamine PTCH EX</i>                            | NP        |   |
| LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i> )                 | NF        | QL(30 GM per fill retail; 30 per fill mail);<br>RX/OTC | <i>diclofenac sodium (topical) GEL EX</i>                      | P         | RX/OTC  |
| MICATIN CREA (Use <i>miconazole nitrate (topical)</i> )               | NF        | QL(45 GM per fill retail; 45 per fill mail)            | <i>diclofenac sodium (topical) GEL EX</i>                      | NP        | RX/OTC  |
| <i>miconazole nitrate (topical) CREA</i>                              | P         | QL(45 GM per fill retail; 45 per fill mail)            | <i>diclofenac sodium (topical) SOLN EX 1.5 %</i>               | NP        |   |
| <i>nystatin (topical) CREA</i>  | P         | QL(30 GM per fill retail; 30 per fill mail)            | <i>diclofenac sodium (topical) SOLN EX 2 %</i>                 | NP        | QL(112 GM per fill retail; 112 per fill mail) |
| <i>nystatin (topical) OINT</i>  | P         | QL(30 GM per fill retail; 30 per fill mail)            | FLECTOR PTCH EX (Use <i>diclofenac epolamine</i> )             | NF        |   |
|   |           |  | PENNSAID SOLN EX 2 % (Use <i>diclofenac sodium (topical)</i> ) | NF        |   |
|   |           |  | Antineoplastic or Premalignant Lesion Agents - Topical         |           |   |
|   |           |  | CARAC CREA (Use <i>fluorouracil (topical)</i> )                | NF        |   |
|   |           |  | <i>diclofenac sodium (actinic keratoses) EX</i>                | P         |   |

| Drug Name                                 | Drug Tier | Requirements/Limits  | Drug Name                              | Drug Tier | Requirements/Limits  |
|---|-----------|--|--|-----------|--|
| EFUDEX CREA (Use fluorouracil (topical))  | NF        | QL(40 GM per fill retail; 40 per fill mail)                              | COSENTYX (300 MG DOSE) SOSY            | PA        | QL(0.072 ML daily); SP; PA   |
| fluorouracil (topical) CREA 5 %           | P         | QL(40 GM per fill retail; 40 per fill mail)                              | COSENTYX SENSOREADY (300 MG) SOAJ      | PA        | QL(0.072 ML daily); SP; PA   |
| fluorouracil (topical) CREA 0.5 %         | P         |  | COSENTYX SENSOREADY PEN SOAJ           | PA        | QL(0.072 ML daily); SP; PA   |
| fluorouracil (topical) SOLN               | P         | QL(10 ML per fill retail; 10 per fill mail)                              | COSENTYX UNOREADY SOAJ                 | PA        | QL(0.072 ML daily); SP; PA   |
| VALCHLOR                                  | P         | SP; PA   | COSENTYX SOLN                          | PA        | SP; PA   |
| Antipruritics - Topical                   |           |  | COSENTYX SOSY 75 MG/0.5ML              | PA        | QL(0.036 ML daily); SP; PA   |
| camphor & menthol LOTN                    | P         | QL(222 ML per fill retail; 222 per fill mail)                            | COSENTYX SOSY 150 MG/ML                | PA        | QL(0.072 ML daily); SP; PA   |
| doxepin hcl (antipruritic)                | PA        | QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA | ICOTYDE TABS PO 200 MG                 | NP        | SP   |
| PRUDOXIN (Use doxepin hcl (antipruritic)) | PA        | QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA | ILUMYA                                 | NP        | SP   |
| ZONALON (Use doxepin hcl (antipruritic))  | PA        | QL(45 GM per fill retail; 45 per fill mail); AL(At least 18 yrs old); PA | IMULDOSA SOSY SC 45 MG/0.5ML, 90 MG/ML | NP        | SP   |
| Antipsoriatics                            |           |  | OTULFI SOLN SC 45 MG/0.5ML             | NP        | SP   |
| BIMZELX SOAJ                              | NP        | SP   | OTULFI SOSY SC 45 MG/0.5ML, 90 MG/ML   | NP        | SP   |
| BIMZELX SOSY                              | NP        | SP   | PYZCHIVA 45 MG/0.5ML, 90 MG/ML         | PA        | SP; PA   |
| calcipotriene CREA                        | P         | QL(60 GM per fill retail; 60 per fill mail)                              | PYZCHIVA SC 45 MG/0.5ML                | PA        | SP; PA   |
| calcipotriene CREA                        | P         | QL(120 GM per fill retail; 120 per fill mail)                            | SELARSDI SOLN SC 45 MG/0.5ML           | NP        | SP   |
| CALCIPOTRIENE FOAM                        | P         |  | SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML | NP        | SP   |
| calcipotriene OINT                        | P         |  | SKYRIZI PEN SOAJ                       | NP        | SP   |
| calcipotriene SOLN                        | P         |  | SKYRIZI SOSY                           | NP        | SP   |
| calcitriol (topical)                      | NP        |  | SORILUX FOAM                           | NP        |  |
|   |           |  | SOTYKTU                                | NP        | SP   |
|   |           |  | SPEVIGO SOLN                           | NP        | QL(30 ML per fill retail; 30 per fill mail); AL(At least 12 yrs old); SP |

| Drug Name                                      | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|--|--|-----------|---|
| SPEVIGO SOSY                                   | NP        | QL(4 ML per fill retail; 4 per fill mail); AL(At least 12 yrs old); SP | OVACE PLUS WASH GEL<br>(Use sulfacetamide sodium)            | NF        |   |
| STARJEMZA SOSY SC<br>45 MG/0.5ML, 90 MG/ML     | NP        | SP   | OVACE PLUS WASH LIQD<br>(Use sulfacetamide sodium)           | NF        | AL(Up to 20 yrs old)                          |
| STELARA SOSY                                   | NP        | QL(0.018 ML daily); SP   | OVACE WASH LIQD<br>(Use sulfacetamide sodium)                | NF        | AL(Up to 20 yrs old)                          |
| STEQEYMA SC                                    | NP        | SP   | selenium sulfide LOTN 1 %                                    | P         | QL(240 ML per fill retail; 240 per fill mail) |
| STEQEYMA                                       | NP        | SP   | selenium sulfide LOTN 2.5 %                                  | P         | QL(120 ML per fill retail; 120 per fill mail) |
| TALTZ SOAJ                                     | NP        | SP   | selenium sulfide SHAM 1 %                                    | P         | QL(240 ML per fill retail; 240 per fill mail) |
| TALTZ SOSY                                     | NP        | SP   | SELSUN BLUE CARE MENS MAX STR LOTN<br>(Use selenium sulfide) | NF        | QL(240 ML per fill retail; 240 per fill mail) |
| tazarotene CREA                                | NP        | AL(Up to 20 yrs old)   | SELSUN BLUE DAILY LOTN<br>(Use selenium sulfide)             | NF        | QL(240 ML per fill retail; 240 per fill mail) |
| tazarotene GEL                                 | NP        | AL(Up to 20 yrs old)   | SELSUN BLUE MEDICATED LOTN<br>(Use selenium sulfide)         | NF        | QL(240 ML per fill retail; 240 per fill mail) |
| TAZORAC CREA (Use tazarotene)                  | NF        | AL(Up to 20 yrs old)   | SELSUN BLUE MOISTURIZING LOTN<br>(Use selenium sulfide)      | NF        | QL(240 ML per fill retail; 240 per fill mail) |
| TAZORAC GEL (Use tazarotene)                   | NF        | AL(Up to 20 yrs old)   | SELSUN BLUE LOTN<br>(Use selenium sulfide)                   | NF        | QL(240 ML per fill retail; 240 per fill mail) |
| TREMFYA ONE-PRESS SOPN SC 100 MG/ML            | NP        | SP   | sulfacetamide sodium GEL                                     | NP        |   |
| TREMFYA PEN SOAJ 100 MG/ML, 200 MG/2ML         | NP        | SP   | sulfacetamide sodium LIQD                                    | NP        | AL(Up to 20 yrs old)                          |
| USTEKINUMAB-AAUZ SOSY SC 45 MG/0.5ML, 90 MG/ML | NP        | SP   | Antivirals - Topical   |           |   |
| USTEKINUMAB-AEKN SOSY SC 45 MG/0.5ML, 90 MG/ML | NP        | SP   | acyclovir topical CREA                                       | NP        |   |
| USTEKINUMAB SOSY 45 MG/0.5ML, 90 MG/ML         | NP        | QL(0.018 ML daily); SP   | acyclovir topical OINT                                       | P         |   |
| USTEKINUMAB-TTWE                               | NP        | SP   | DENAVIR (Use penciclovir)                                    | NF        |   |
| USTEKINUMAB-TTWE SC                            | NP        | SP   | docosanol  | P         |   |
| VECTICAL (Use calcitriol (topical))            | NP        |  | penciclovir  | NP        |   |
| VTAMA  | NP        |  | Antiseborrheic Products                                      |           |   |
| YESINTEK SOLN 45 MG/0.5ML                      | PA        | SP; PA   |  |           |   |
| YESINTEK SOSY                                  | PA        | SP; PA   |  |           |   |

| Drug Name                                       | Drug Tier | Requirements/Limits                         | Drug Name                                      | Drug Tier | Requirements/Limits |
|---|-----------|---|--|-----------|---------------------|
| ZOVIRAX CREA (Use acyclovir topical)            | NF        |   | betamethasone valerate LOTN                    | NP        |                     |
| ZOVIRAX OINT (Use acyclovir topical)            | NF        |   | betamethasone valerate OINT                    | NP        |                     |
| Burn Products                                   |           |   | calcipotriene-betamethasone dipropionate OINT  | NP        |                     |
| SILVADENE (Use silver sulfadiazine)             | NF        | QL(50 GM per fill retail; 50 per fill mail) | calcipotriene-betamethasone dipropionate SUSP  | NP        |                     |
| silver sulfadiazine                             | P         | QL(50 GM per fill retail; 50 per fill mail) | clobetasol propionate emollient base 0.05 %    | NP        |                     |
| Corticosteroids - Topical                       |           |   | clobetasol propionate emulsion                 | NP        |                     |
| alclometasone dipropionate CREA                 | NP        |   | clobetasol propionate CREA 0.05 %              | P         |                     |
| alclometasone dipropionate OINT                 | NP        |   | clobetasol propionate FOAM                     | NP        |                     |
| APEXICON E CREA                                 | NP        |   | clobetasol propionate GEL 0.05 %               | P         |                     |
| betamethasone dipropionate (topical) CREA       | P         |   | clobetasol propionate LIQD                     | NP        |                     |
| betamethasone dipropionate (topical) LOTN       | P         |   | clobetasol propionate LOTN                     | NP        |                     |
| betamethasone dipropionate (topical) OINT       | P         |   | clobetasol propionate OINT 0.05 %              | P         |                     |
| betamethasone dipropionate augmented CREA       | P         |   | clobetasol propionate SHAM                     | NP        |                     |
| betamethasone dipropionate augmented GEL 0.05 % | NP        |   | clobetasol propionate SOLN 0.05 %              | P         |                     |
| betamethasone dipropionate augmented LOTN       | NP        |   | CLOBEX SPRAY LIQD (Use clobetasol propionate)  | NP        |                     |
| betamethasone dipropionate augmented OINT       | NP        |   | CLOBEX LOTN 0.05 % (Use clobetasol propionate) | NF        |                     |
| betamethasone valerate CREA                     | NP        |   | CLOBEX SHAM (Use clobetasol propionate)        | NP        |                     |
| betamethasone valerate FOAM                     | NP        |   | clocortolone pivalate                          | NP        |                     |
|   |           |   | CLODERM (Use clocortolone pivalate)            | NF        |                     |

| Drug Name   | Drug Tier | Requirements/ Limits                        | Drug Name                             | Drug Tier | Requirements/ Limits                        |
|---|-----------|---|---------------------------------------|-----------|---|
| DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)     | NP        |   | fluocinonide SOLN                     | P         |   |
| DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)    | NP        |   | flurandrenolide LOTN                  | NP        |   |
| desonide CREA   | NP        |   | fluticasone propionate CREA 0.05 %    | P         |   |
| desonide LOTN   | NP        |   | fluticasone propionate LOTN           | NP        |   |
| desonide OINT   | NP        |   | fluticasone propionate OINT           | P         |   |
| desoximetasone CREA                                       | NP        |   | halcinonide CREA                      | NP        |   |
| desoximetasone GEL  | NP        |   | halcinonide SOLN 0.1 %                | NP        |   |
| desoximetasone LIQD                                       | NP        |   | halobetasol propionate CREA           | P         |   |
| desoximetasone OINT                                       | NP        |   | halobetasol propionate FOAM           | NP        |   |
| diflorasone diacetate CREA                                | NP        | QL(30 GM per fill retail; 30 per fill mail) | HALOBETASOL PROPIONATE LOTN 0.05 %    | NP        |   |
| diflorasone diacetate CREA                                | NP        | QL(60 GM per fill retail; 60 per fill mail) | halobetasol propionate OINT           | P         |   |
| diflorasone diacetate OINT                                | NP        |   | HALOG CREA (Use halcinonide)          | NP        |   |
| DIPROLENE OINT (Use betamethasone dipropionate augmented) | NF        |   | HALOG CREA (Use halcinonide)          | NF        |   |
| DIPROLENE OINT (Use betamethasone dipropionate augmented) | NP        |   | HALOG SOLN 0.1 % (Use halcinonide)    | NP        |   |
| ENSTILAR FOAM   | NP        |   | hydrocortisone (topical) CREA         | P         | RX/OTC                                      |
| EPIFOAM FOAM  | P         |   | hydrocortisone (topical) LOTN 1 %     | P         | QL(60 GM per fill retail; 60 per fill mail) |
| fluocinolone acetonide CREA                               | NP        |   | hydrocortisone (topical) LOTN 2.5 %   | NP        |   |
| fluocinolone acetonide OIL                                | NP        |   | hydrocortisone (topical) OINT         | P         |   |
| fluocinolone acetonide OINT                               | NP        |   | hydrocortisone (topical) OINT         | P         | RX/OTC                                      |
| fluocinolone acetonide SOLN                               | P         |   | hydrocortisone acetate (topical) OINT | P         |   |
| fluocinonide emulsified base                              | NP        |   | HYDROCORTISONE ACETATE CREA           | P         |   |
| fluocinonide CREA   | P         |   | hydrocortisone butyrate CREA          | NP        |   |
| fluocinonide GEL  | NP        |   |                                       |           |   |
| fluocinonide OINT   | P         |   |                                       |           |   |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>hydrocortisone butyrate OINT</i>                                   | NP        |                     |
| <i>hydrocortisone butyrate SOLN</i>                                   | NP        |                     |
| HYDROCORTISONE COMPLETE KIT THPK                                      | NP        |                     |
| <i>hydrocortisone valerate CREA</i>                                   | P         |                     |
| <i>hydrocortisone valerate OINT</i>                                   | NP        |                     |
| HYDROCORTISONE GEL 2 %  | NP        |                     |
| LEXETTE FOAM ( <i>Use halobetasol propionate</i> )                    | NF        |                     |
| LEXETTE FOAM ( <i>Use halobetasol propionate</i> )                    | NP        |                     |
| <i>mometasone furoate CREA</i>  | P         |                     |
| <i>mometasone furoate OINT</i>  | P         |                     |
| <i>mometasone furoate SOLN</i>  | P         |                     |
| PANDEL  | NP        |                     |
| SYNALAR CREA ( <i>Use fluocinolone acetonide</i> )                    | NP        |                     |
| SYNALAR OINT ( <i>Use fluocinolone acetonide</i> )                    | NP        |                     |
| TACLONEX SUSP ( <i>Use calcipotriene-betamethasone dipropionate</i> ) | P         |                     |
| TOPICORT SPRAY LIQD ( <i>Use desoximetasone</i> )                     | NP        |                     |
| TOPICORT CREA ( <i>Use desoximetasone</i> )                           | NP        |                     |
| TOPICORT GEL ( <i>Use desoximetasone</i> )                            | NP        |                     |
| TOPICORT OINT ( <i>Use desoximetasone</i> )                           | NP        |                     |
| TOPICORT OINT 0.05 % ( <i>Use desoximetasone</i> )                    | NF        |                     |
| <i>triamcinolone acetonide (topical) CREA</i>                         | P         |                     |

| Drug Name                                     | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| <i>triamcinolone acetonide (topical) LOTN</i> | P         |   |
| <i>triamcinolone acetonide (topical) OINT</i> | P         |   |
| ULTRAVATE LOTN                                | NP        |   |
| ULTRAVATE LOTN                                | NP        |   |
| VANOS CREA ( <i>Use fluocinonide</i> )        | NF        |   |
| Diaper Rash Products                          |           |   |
| <i>diaper rash products OINT</i>              | P         |   |
| Eczema Agents                                 |           |   |
| ADBRY SOAJ                                    | PA        | AL(At least 18 yrs old); SP; PA   |
| ADBRY SOSY                                    | PA        | AL(At least 12 yrs old); SP; PA   |
| ANZUPGO CREA EX 20 MG/GM                      | PA        | QL(60 GM per 30 day(s) retail; 60 GM per 30 days mail); AL(At least 18 yrs old); PA |
| CIBINQO                                       | NP        | SP  |
| DUPIXENT SOAJ                                 | PA        | SP; PA  |
| DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML       | PA        | SP; PA  |
| EBGLYSS SOAJ                                  | NP        | AL(At least 12 yrs old); SP   |
| EBGLYSS SOAJ                                  | NP        | AL(At least 12 yrs old); SP; PA   |
| EBGLYSS SOSY                                  | NP        | AL(At least 12 yrs old); SP   |
| OPZELURA                                      | NP        |   |
| Emollient/Keratolytic Agents                  |           |   |
| GORDONS UREA CREA 40 %                        | P         | QL(210 GM per fill retail; 210 per fill mail); RX/OTC                               |

| Drug Name                                       | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|--|---|-----------|---|
| <i>urea CREA 40 %</i>                           | P         | QL(210 GM per fill retail; 210 per fill mail); RX/OTC                          | <i>pimecrolimus</i>   | PA        | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA  |
| UREA CREA                                       | P         | QL(210 GM per fill retail; 210 per fill mail); RX/OTC                          | <i>tacrolimus (topical) OINT 0.03 %</i>                         | PA        | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old); PA  |
| <i>urea LOTN 40 %</i>                           | P         | QL(240 GM per fill retail; 240 per fill mail)                                  | <i>tacrolimus (topical) OINT 0.1 %</i>                          | PA        | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 16 yrs old); PA |
| UREDEB CREA 39 %<br>(Use urea)                  | NF        |  | <b>Keratolytic/Antimitotic/Vesicant Agents</b>                  |           |   |
| UREMEZ-40 CREA 40 %<br>(Use urea)               | NF        | QL(210 GM per fill retail; 210 per fill mail); RX/OTC                          | <i>podofilox SOLN</i>   | P         | QL(4 ML per fill retail; 4 per fill mail)   |
| <b>Emollients</b>                               |           |  | RAYASAL CREA  | NP        |   |
| <i>emollient OINT</i>                           | P         |  | <b>Liniments</b>  |           |   |
| EUCERIN INTENSIVE REPAIR OINT                   | P         |  | <i>camphor-menthol-methyl salicylate CREA</i>                   | P         | QL(1020.6 GM per fill retail; 1020.6 per fill mail)                                 |
| GOLD BOND ULTIMATE HEALING OINT                 | P         |  | <i>camphor-menthol-methyl salicylate CREA</i>                   | P         | QL(1017 GM per fill retail; 1017 per fill mail)                                     |
| <i>lactic acid (ammonium lactate) CREA</i>      | P         | QL(140 GM per fill retail; 140 per fill mail); RX/OTC                          | <i>camphor-menthol-methyl salicylate GEL</i>                    | NP        | QL(56.7 GM per fill retail; 56.7 per fill mail)                                     |
| <i>lactic acid (ammonium lactate) LOTN 12 %</i> | P         | QL(13.34 GM daily); RX/OTC   | <i>camphor-menthol-methyl salicylate PTCH EX 3.1 %-10 %-6 %</i> | NP        | QL(4 EA daily)  |
| <b>Immunomodulating Agents - Systemic</b>       |           |  | <b>Local Anesthetics - Topical</b>                              |           |   |
| NEMLUVIO  | NP        | AL(At least 18 yrs old); SP  | AGONEAZE KIT 2.5 %-2.5 %<br>(Use lidocaine-prilocaine)          | NF        |   |
| <b>Immunomodulating Agents - Topical</b>        |           |  | BURN RELIEF GEL   | P         | QL(226 GM per fill retail; 226 per fill mail)                                       |
| <i>imiquimod 5 %</i>                            | P         | QL(48 EA per 180 day(s) retail; 48 EA per 180 days mail)                       |   |           |   |
| <b>Immunosuppressive Agents - Topical</b>       |           |  |   |           |   |
| ELIDEL (Use pimecrolimus)                       | NF        | QL(30 GM per 30 day(s) retail; 30 GM per 30 days mail); AL(At least 2 yrs old) |   |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                                       | Drug Name                             | Drug Tier | Requirements/Limits                                    |
|--|-----------|---|---------------------------------------|-----------|--|
| <i>capsaicin CREA 0.025 %</i>                          | P         | QL(60 GM per fill retail; 60 per fill mail)               | <i>lidocaine hcl CREA 4 %</i>         | P         | QL(76.5 GM per fill retail; 76.5 per fill mail)        |
| <i>capsaicin CREA 0.075 %</i>                          | P         | QL(57 GM per fill retail; 57 per fill mail)               | <i>lidocaine hcl GEL 2 %</i>          | P         | QL(30 GM per fill retail; 30 per fill mail); RX/OTC    |
| <i>capsaicin CREA 0.1 %</i>                            | P         | QL(127.5 GM per fill retail; 127.5 per fill mail)         | <i>lidocaine hcl LIQD</i>             | NP        |  |
| <i>capsaicin PTCH</i>                                  | NP        | QL(30 EA per fill retail; 30 per fill mail)               | <i>lidocaine hcl PRSY</i>             | P         | QL(30 ML per fill retail; 30 per fill mail)            |
| <i>capsaicin PTCH</i>                                  | P         | QL(30 EA per fill retail; 30 per fill mail)               | <i>lidocaine hcl SOLN</i>             | P         | QL(50 ML per fill retail; 50 per fill mail)            |
| CAPZASIN-HP CREA<br>(Use capsaicin)                    | NF        | QL(127.5 GM per fill retail; 127.5 per fill mail)         | <i>lidocaine CREA 4 %</i>             | P         | QL(30 GM per fill retail; 30 per fill mail)            |
| CAPZASIN-P CREA 0.035 %<br>(Use capsaicin)             | NF        |   | <i>lidocaine CREA 4 %</i>             | P         | QL(58.5 GM per fill retail; 58.5 per fill mail)        |
| COLLAVERA GEL 2 %                                      | P         | QL(30 GM per fill retail; 30 per fill mail); RX/OTC       | <i>lidocaine CREA 4 %</i>             | P         | QL(5 GM per fill retail; 5 per fill mail)              |
| <i>dibucaine</i>                                       | P         | QL(30 GM per fill retail; 30 per fill mail)               | <i>lidocaine CREA 4 %</i>             | P         | QL(28 GM per fill retail; 28 per fill mail)            |
| LIDAFLEX PTCH  | NP        | QL(30 EA per fill retail; 30 per fill mail)               | <i>lidocaine CREA 4 %</i>             | P         | QL(15 GM per fill retail; 15 per fill mail)            |
| LIDO BDK KIT 2.5 %-2.5 %<br>(Use lidocaine-prilocaine) | NF        |   | <i>lidocaine CREA 4 %</i>             | P         | QL(60 GM per fill retail; 60 per fill mail)            |
| <i>lidocaine hcl CREA 4 %</i>                          | NP        | QL(30 GM per fill retail; 30 per fill mail)               | <i>lidocaine CREA 4 %</i>             | P         | QL(119 GM per fill retail; 119 per fill mail)          |
| <i>lidocaine hcl CREA 3 %</i>                          | P         | QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC | <i>lidocaine-menthol PTCH 4 %-4 %</i> | NP        | QL(60 EA per 30 day(s) retail; 60 EA per 30 days mail) |
| <i>lidocaine hcl CREA 4 %</i>                          | NP        | QL(60 GM per fill retail; 60 per fill mail)               | <i>lidocaine OINT 5 %</i>             | P         | QL(35.44 GM per fill retail; 35.44 per fill mail)      |
| <i>lidocaine hcl CREA 3 %</i>                          | P         | QL(85 GM per fill retail; 85 per fill mail); RX/OTC       | <i>lidocaine OINT 5 %</i>             | P         | QL(30 GM per fill retail; 30 per fill mail)            |

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name                                       | Drug Tier | Requirements/Limits   |
|---|-----------|--|---|-----------|---|
| <i>lidocaine OINT 5 %</i>   | P         | QL(50 GM per fill retail; 50 per fill mail)  | PROXIVOL GEL 2 %                                | P         | QL(30 GM per fill retail; 30 per fill mail); RX/OTC                                 |
| <i>lidocaine-prilocaine CREA</i>                                  | P         |  | QUTENZA   | NP        | Maximum 91 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail) |
| <i>lidocaine-prilocaine KIT</i>                                   | P         |  |   |           |   |
| <i>lidocaine PTCH 5 %</i>   | PA        | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail); PA                                       | QUTENZA (2 PATCH)                               | NP        | Maximum 91 day supply allowed; QL(2 EA per 90 day(s) retail; 2 EA per 90 days mail) |
| <i>lidocaine PTCH 4 %</i>   | NP        | QL(60 EA per fill retail; 60 per fill mail ; 90 EA per 30 day(s) retail; 90 EA per 30 days mail) |   |           |   |
| LIDODERM PTCH ( <i>Use lidocaine</i> )                            | NF        | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)   | QUTENZA (4 PATCH)                               | NP        | Maximum 91 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail) |
| LIDODERM PTCH ( <i>Use lidocaine</i> )                            | NP        | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)   |   |           |   |
| LIDOMAX GEL 2 %   | P         | QL(30 GM per fill retail; 30 per fill mail); RX/OTC  | SYNOFLEX PTCH                                   | NP        | QL(60 EA per fill retail; 60 per fill mail); RX/OTC                                 |
| LIDOPIN CREA 3 % ( <i>Use lidocaine hcl</i> )                     | NF        | QL(28.35 GM per fill retail; 28.35 per fill mail); RX/OTC  | ZTLIDO PTCH                                     | NP        | QL(90 EA per 30 day(s) retail; 90 EA per 30 days mail)                              |
| LIVIXIL PAK KIT 2.5 %-2.5 % ( <i>Use lidocaine-prilocaine</i> )   | NF        |  | Misc. Topical                                   |           |   |
| PLIAGLIS CREA   | NP        |  | CERAVE THERAPEUTIC HAND CREAM CREA              | P         |   |
| PREMIUM LIDOCAINE OINT 5 % ( <i>Use lidocaine</i> )               | NF        | QL(30 GM per fill retail; 30 per fill mail)  | <i>dimethicone (topical) CREA 1 %</i>           | P         |   |
| PRILOVIX PLUS KIT 2.5 %-2.5 % ( <i>Use lidocaine-prilocaine</i> ) | NF        |  | <i>zinc oxide (topical) OINT 20 %</i>           | P         | QL(60 GM per fill retail; 60 per fill mail)   |
| PRILOVIX KIT 2.5 %-2.5 % ( <i>Use lidocaine-prilocaine</i> )      | NF        |  | Phosphodiesterase 4 (PDE4) Inhibitors - Topical |           |   |
|   |           |  | EUCRISA   | PA        | PA  |
|   |           |  | ZORYVE CREA EX 0.3 %                            | NP        |   |
|   |           |  | ZORYVE CREA EX 0.15 %                           | NP        | AL(At least 6 yrs old)  |

| Drug Name                           | Drug Tier | Requirements/Limits                      | Drug Name   | Drug Tier | Requirements/Limits                         |
|-------------------------------------|-----------|--|---|-----------|---|
| ZORYVE CREA EX 0.05 %               | NP        | AL(At least 2 yrs old - Up to 5 yrs old) | COPPERTONE ULTRAGUARD SPF70+ LOTN                       | P         |   |
| ZORYVE FOAM EX                      | NP        |  | COPPERTONE WATERBABIES SPF50 LOTN                       | P         |   |
| Protectives Against UV Radiation    |           |  | EUCERIN REDNESS RELIEF DAY LOTN                         | P         |   |
| AVEENO PROTECT+HYDRATE SPF60 LOTN   | P         |  | KERI AGE DEFY & PROTECT LOTN                            | P         |   |
| CETAPHIL DAILY FACIAL SPF 50 LOTN   | P         |  | SPORT SUNSCREEN SPF50 LOTN                              | P         |   |
| COPPERTONE BABY PURE & SIMPLE LOTN  | P         |  | <i>sunscreens LOTN</i>                                  | P         |   |
| COPPERTONE COMPLETE SPF30 LOTN      | P         |  | WATER BABIES SPF50 LOTN ( <i>Use sunscreens</i> )       | NF        |   |
| COPPERTONE GLOW PROTECT & TAN LOTN  | P         |  | Rosacea Agents  |           |   |
| COPPERTONE GLOW SHIMMER SPF15 LOTN  | P         |  | METROCREAM CREA ( <i>Use metronidazole (topical)</i> )  | NF        | QL(45 GM per fill retail; 45 per fill mail) |
| COPPERTONE GLOW SHIMMER SPF30 LOTN  | P         |  | METROGEL GEL 1 % ( <i>Use metronidazole (topical)</i> ) | NF        |   |
| COPPERTONE GLOW SHIMMER SPF50 LOTN  | P         |  | <i>metronidazole (topical) CREA</i>                     | P         | QL(45 GM per fill retail; 45 per fill mail) |
| COPPERTONE KIDS PURE & SIMPLE LOTN  | P         |  | <i>metronidazole (topical) GEL 0.75 %</i>               | P         | QL(45 GM per fill retail; 45 per fill mail) |
| COPPERTONE LIMITED EDITION LOTN     | P         |  | <i>metronidazole (topical) LOTN</i>                     | P         |   |
| COPPERTONE OIL FREE FACE SPF30 LOTN | P         |  | Scabicides & Pediculicides                              |           |   |
| COPPERTONE OIL FREE FACE SPF50 LOTN | P         |  | ELIMITE CREA ( <i>Use permethrin</i> )                  | NF        |   |
| COPPERTONE PURE & SIMPLE FACE LOTN  | P         |  | <i>ivermectin (pediculicide)</i>                        | NP        |   |
| COPPERTONE SPORT 4-IN-1 SPF15 LOTN  | P         |  | <i>malathion</i>  | NP        |   |
| COPPERTONE SPORT CLEAR LOTN         | P         |  | NATROBA ( <i>Use spinosad</i> )                         | P         |   |
| COPPERTONE TANNING SPF 8 LOTN       | P         |  | OVIDE ( <i>Use malathion</i> )                          | NP        |   |
| COPPERTONE TANNING SPF15 LOTN       | P         |  | <i>permethrin CREA</i>                                  | P         |   |
|                                     |           |  | PERMETHRIN CREA 5 % ( <i>Use permethrin</i> )           | P         |   |
|                                     |           |  | <i>permethrin LIQD EX</i>                               | P         |   |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i> | P         |  |
| <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>                         | P         | QL(60 ML per fill retail; 60 per fill mail)  |
| <i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>                         | NP        |  |
| <i>spinosad</i>  | NP        |  |
| STOP LICE MAXIMUM STRENGTH LIQD 4 %-0.33 %                                   | P         | QL(60 ML per fill retail; 60 per fill mail)  |
| VANALICE GEL   | NP        |  |
| <b>Tar Products</b>  |           |  |
| <i>coal tar extract SHAM 0.5 %</i>   | P         |  |
| <b>Wound Care Products</b>   |           |  |
| FILSUVEZ   | PA        | QL(23.4 GM daily); PA  |
| VYJUVEK  | PA        | QL(2.5 ML per 7 day(s) retail; 2 ML per 7 days mail); PA                             |
| <b>DIAGNOSTIC PRODUCTS</b>   |           |  |
| <b>Diagnostic Tests</b>  |           |  |
| ACCU-CHEK AVIVA PLUS STRP  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCU-CHEK GUIDE TEST STRP  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                     | Drug Tier | Requirements/Limits  |
|-------------------------------|-----------|--|
| ACCU-CHEK GUIDE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCU-CHEK SMARTVIEW STRP      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCUTREND GLUCOSE STRP        | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVOCATE REDI-CODE+ TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVOCATE REDI-CODE STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| AGAMATRIX AMP TEST STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| AGAMATRIX JAZZ TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                        | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|----------------------------------|-----------|--|
| AGAMATRIX PRESTO TEST STRP         | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | BLOOD GLUCOSE TEST STRP          | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE 4 TEST STRP                 | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | BLULINK GLUCOSE TEST STRP        | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE PLATINUM STRP               | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CARESENS S GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE PRISM MULTI TEST STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CARETOUCH TEST STRP              | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE TITANIUM STRP               | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK AUTO-CODE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| BIOTEL CARE TEST STRIPS STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK AUTO-CODE VOICE STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| BLOOD GLUCOSE TEST STRIPS 333 STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                         | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|--|------------------------------------|-----------|--|
| CLEVER CHOICE AUTO-CODE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CVS ADVANCED GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE MICRO TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CVS GLUCOSE METER TEST STRIPS STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE NO CODING STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CVS KETONE CARE                    | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              |
| CLEVER CHOICE TALK SYSTEM STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CVS TRUE METRIX GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CONTOUR NEXT TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | DIATRUE PLUS TEST STRP             | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CONTOUR PLUS TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY PLUS II GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CONTOUR TEST STRP                 | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY STEP TEST STRP                | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| EASY TALK BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASYMAX TEST STRP                   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TALK PLUS II TEST STRIPS STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ELEMENT COMPACT TEST STRP           | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TOUCH TEST STRP               | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ELEMENT TEST STRP                   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TRAK BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EMBRACE BLOOD GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TRAK II GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EMBRACE EVO BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASYGLUCO STRP                     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EMBRACE PRO GLUCOSE TEST STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASYMAX 15 TEST STRP               | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EMBRACE TALK GLUCOSE TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| EQ BLOOD GLUCOSE TEST STRP         | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA D20 BLOOD GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EVOLUTION AUTOCODE STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA D40/G31 BLOOD GLUCOSE STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FONDCIRCLE BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA G20 BLOOD GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA 6 CONNECT/GTEL TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA G30/PREM V10 GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA 6 CONNECT STRP                | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA GD20 TEST STRP                 | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA BLOOD GLUCOSE TEST STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA GD50 BLOOD GLUCOSE TEST STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA D15G BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA GTEL BLOOD GLUCOSE TEST STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                        | Drug Tier | Requirements/Limits  | Drug Name                         | Drug Tier | Requirements/Limits  |
|----------------------------------|-----------|--|-----------------------------------|-----------|--|
| FORA GTEL BLOOD KETONE TEST      | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | FORA V30A BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA TEST N'GO ADV-VOICE-6 CON   | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | FORACARE GD40 TEST STRP           | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA TN'G ADVANCE PRO STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORACARE PREMIUM V10 TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA TN'G/TN'G VOICE STRP        | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORACARE TEST N GO TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA V10 BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FREESTYLE INSULINX TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA V12 BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FREESTYLE LITE TEST STRP          | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FORA V20 BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FREESTYLE PRECISION NEO TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                      | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|--------------------------------|-----------|--|-------------------------------------|-----------|--|
| FREESTYLE TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GLUCOCOM TEST STRP                  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GE100 BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GLUCONAVII BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GHT TEST STRP                  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GLUCOSE METER TEST STRP             | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCARD 01 SENSOR PLUS STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP EASY TOUCH GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCARD EXPRESSION TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP TRUE METRIX GLUCOSE STRIPS STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCARD SHINE TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP TRUETRACK TEST STRIPS STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCARD VITAL TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GOJJI BLOOD GLUCOSE TEST STRP       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| GOJJI BLOOD KETONE TEST             | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | KETOSTIX STRP                      | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              |
| GOJJI BLOOD TEST STRIP/LANCETS STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | KROGER HEALTHPRO GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| HW EMBRACE PRO GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MICRODOT TEST STRP                 | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| HW EMBRACE TALK GLUCOSE TEST STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MM EASY TOUCH GLUCOSE STRP         | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| IHEALTH BLOOD GLUCOSE TEST STR STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MYGLUCOHEALTH TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| INFINITY BLOOD GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | NEUTEK 2TEK TEST STRP              | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| KETONE TEST STRP                    | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | NOVA MAX GLUCOSE TEST STRP         | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| NOVA MAX PLUS KETONE TEST          | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | PHARMACIST CHOICE AUTOCODE STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ON CALL EXPRESS BLOOD GLUCOSE STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PHARMACIST CHOICE NO CODING STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ONETOUCH ULTRA BLUE TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PIP BLOOD GLUCOSE TEST STRIP STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ONETOUCH ULTRA TEST STRP           | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | POGO AUTOMATIC TEST CARTRIDGES TEST | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP         |
| ONETOUCH ULTRA STRP                | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRECISION XTRA BLOOD GLUCOSE STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ONETOUCH VERIO STRP                | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRECISION XTRA KETONE               | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              |
| OPTIUMEZ TEST STRP                 | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRO VOICE V8/V9 GLUCOSE STRP        | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| PRODIGY NO CODING BLOOD GLUC STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION PREMIER TEST STRP            | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| QUINTET AC BLOOD GLUCOSE TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION PRIME TEST STRP              | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| QUINTET BLOOD GLUCOSE TEST STRP     | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION TRUE METRIX TEST STRIPS STRP | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| REFUAH PLUS BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION ULTIMA TEST STRP             | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RELION BLOOD GLUCOSE TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RIGHTEST GS100 BLOOD GLUCOSE STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RELION CONFIRM/MICRO TEST STRP      | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RIGHTEST GS300 BLOOD GLUCOSE STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RELION KETONE TEST STRP             | P         | QL(3.34 EA daily; 100 EA per 30 day(s) retail; 100 EA per 30 days mail)              | RIGHTEST GS550 BLOOD GLUCOSE STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|--|-----------|--|
| RIGHTEST GT333 BLOOD GLUCOSE STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | TRUETEST TEST STRP   | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RIGHTEST GT333 GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | TRUETRACK TEST STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SMARTEST BLOOD GLUCOSE TEST STRP    | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTRIP1 GENERIC STRP                                       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SOLUS V2 TEST STRP                  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VIVAGUARD INO TEST STRIPS STRP                               | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | <b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>          |           |  |
|                                     |           |  | Dietary Management Products                                  |           |  |
|                                     |           |  | ELFOLATE TABS  | P         |  |
|                                     |           |  | <i>l-methylfolate TABS 7.5 MG, 15 MG</i>                     | P         |  |
| TRUE METRIX BLOOD GLUCOSE TEST STRP | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | <b>DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes</b> |           |  |
|                                     |           |  | Digestive Enzymes  |           |  |
|                                     |           |  | CREON CPEP   | P         |  |
|                                     |           |  | PERTZYE CPEP   | NP        |  |
|                                     |           |  | VIOKACE TABS   | NP        |  |
| TRUENESS BLOOD GLUCOSE STRIPS STRP  | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |  |           |  |

| 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>   | P         |                     |
| <i>acetazolamide TABS</i>   | P         |                     |
| <i>methazolamide TABS</i>   | P         |                     |
| <b>Diuretic Combinations</b>  |           |                     |
| <i>amiloride &amp; hydrochlorothiazide</i>  | P         | QL(1 EA daily)      |
| <i>spironolactone &amp; hydrochlorothiazide</i>   | P         |                     |
| <i>triamterene &amp; hydrochlorothiazide CAPS 25 MG-37.5 MG</i>   | P         | QL(1 EA daily)      |
| <i>triamterene &amp; hydrochlorothiazide TABS</i>   | P         | QL(1 EA daily)      |
| <b>Loop Diuretics</b>   |           |                     |
| <i>bumetanide TABS</i>  | P         |                     |
| BUMEX TABS 0.5 MG (Use <i>bumetanide</i> )  | NF        |                     |
| <i>furosemide SOLN IJ 10 MG/ML</i>  | P         |                     |
| FUROSEMIDE SOLN IJ  | P         |                     |
| <i>furosemide TABS</i>  | P         |                     |
| LASIX TABS (Use <i>furosemide</i> )   | NF        |                     |
| SOANZ TABS 20 MG  | P         | QL(1 EA daily)      |
| <i>torseamide TABS</i>  | P         | QL(1 EA daily)      |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Potassium Sparing Diuretics</b>  |           |                     |
| ALDACTONE TABS (Use <i>spironolactone</i> )   | NF        |                     |
| <i>amiloride hcl TABS</i>   | P         | QL(4 EA daily)      |
| <i>spironolactone TABS</i>  | P         |                     |
| <b>Thiazides and Thiazide-Like Diuretics</b>  |           |                     |
| <i>chlorthalidone 25 MG, 50 MG</i>  | P         |                     |
| <i>hydrochlorothiazide CAPS</i>   | P         |                     |
| <i>hydrochlorothiazide TABS</i>   | P         |                     |
| <i>indapamide TABS 1.25 MG, 2.5 MG</i>  | P         |                     |
| <i>metolazone</i>   | P         |                     |
| <b>ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones</b> |           |                     |
| <b>Bone Density Regulators</b>  |           |                     |
| ACTONEL TABS 35 MG, 150 MG (Use <i>risedronate sodium</i> )                                       | NP        |                     |
| ACTONEL TABS 35 MG, 150 MG (Use <i>risedronate sodium</i> )                                       | NF        |                     |
| <i>alendronate sodium SOLN</i>  | NP        |                     |
| <i>alendronate sodium TABS 10 MG, 35 MG, 70 MG</i>  | P         |                     |
| AELVIA TBEC (Use <i>risedronate sodium</i> )  | NP        |                     |
| AUKELSO SOLN SC 120 MG/1.7ML  | PA        | SP; PA              |
| BILDYOS SOSY SC 60 MG/ML  | PA        | SP; PA              |
| BILPREVDA SOLN SC 120 MG/1.7ML  | PA        | SP; PA              |
| BINOSTO TBEF  | NP        |                     |
| BOMYNTRA SOLN SC 120 MG/1.7ML   | PA        | SP; PA              |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| BOMYNTRA SOSY SC 120 MG/1.7ML                        | PA        | SP; PA              |
| BONSITY SOPN 560 MCG/2.24ML                          | PA        | PA                  |
| BOSAYA SOSY SC 60 MG/ML                              | PA        | SP; PA              |
| <i>calcitonin (salmon) IJ</i>                        | NP        |                     |
| <i>calcitonin (salmon) NA</i>                        | P         |                     |
| CONEXXENCE SOSY SC 60 MG/ML                          | PA        | SP; PA              |
| ENOBY SOSY SC 60 MG/ML                               | PA        | SP; PA              |
| EVENITY  | PA        | SP; PA              |
| FORTEO SOPN ( <i>Use teriparatide</i> )              | PA        | PA                  |
| FOSAMAX PLUS D                                       | NP        |                     |
| FOSAMAX TABS 70 MG ( <i>Use alendronate sodium</i> ) | NP        |                     |
| <i>ibandronate sodium SOLN</i>                       | NP        | SP                  |
| <i>ibandronate sodium TABS</i>                       | P         |                     |
| JUBBONTI SOSY SC 60 MG/ML                            | PA        | SP; PA              |
| JUBEREQ SOLN SC 120 MG/1.7ML                         | PA        | PA                  |
| MIACALCIN IJ ( <i>Use calcitonin (salmon)</i> )      | NP        |                     |
| OSENVELT SOLN SC 120 MG/1.7ML                        | PA        | SP; PA              |
| OSVYRTI SOSY SC 60 MG/ML                             | PA        | PA                  |
| PROLIA SOSY  | PA        | SP; PA              |
| <i>risedronate sodium TABS</i>                       | P         |                     |
| <i>risedronate sodium TBEC</i>                       | NP        |                     |
| STOBOCLO SOSY SC 60 MG/ML                            | PA        | SP; PA              |
| <i>teriparatide SOPN</i>                             | PA        | PA                  |
| TERIPARATIDE SOPN                                    | PA        | PA                  |
| TYMLOS   | PA        | SP; PA              |
| WYOST SOLN SC 120 MG/1.7ML                           | PA        | SP; PA              |

| Drug Name                                       | Drug Tier | Requirements/Limits         |
|---|-----------|-----------------------------|
| XGEVA SOLN                                      | PA        | SP; PA                      |
| XTRENBO SOLN SC 120 MG/1.7ML                    | PA        | SP; PA                      |
| GnRH/LHRH Antagonists                           |           |                             |
| ORLISSA   | PA        | SP; PA                      |
| Growth Hormone Receptor Antagonists             |           |                             |
| SOMAVERT  | NP        | AL(At least 18 yrs old); SP |
| Growth Hormones                                 |           |                             |
| GENOTROPIN MINIQUICK PRSY                       | PA        | SP; PA                      |
| GENOTROPIN CART SC                              | PA        | SP; PA                      |
| HUMATROPE CART IJ                               | NP        | SP                          |
| NGENLA  | NP        | AL(At least 3 yrs old); SP  |
| NORDITROPIN FLEXPRO SOPN                        | PA        | SP; PA                      |
| NUTROPIN AQ NUSPIN 10 SOPN                      | PA        | SP; PA                      |
| NUTROPIN AQ NUSPIN 20 SOPN                      | PA        | SP; PA                      |
| NUTROPIN AQ NUSPIN 5 SOPN                       | PA        | SP; PA                      |
| 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                     |           |                             |
| EVISTA ( <i>Use raloxifene hcl</i> )            | NF        | QL(1 EA daily)              |
| <i>raloxifene hcl</i>                           | P         | QL(1 EA daily)              |
| LHRH/GnRH Agonist Analog Pituitary Suppressants |           |                             |

| Drug Name   | Drug Tier | Requirements/Limits  | Drug Name  | Drug Tier | Requirements/Limits                                 |
|---|-----------|--|--|-----------|---|
| FENSOLVI (6 MONTH) SC   | PA        | Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA | CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers)) | NF        | QL(30 ML daily)                                     |
| LUPRON DEPOT-PED (1-MONTH)                                    | PA        | Maximum 180 day supply allowed; QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail); SP; PA   | CARNITOR TABS (Use levocarnitine (metabolic modifiers))              | NF        | QL(3 EA daily)                                      |
| LUPRON DEPOT-PED (3-MONTH)                                    | PA        | Maximum 180 day supply allowed; QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); SP; PA   | ELFABRIO   | PA        | AL(At least 18 yrs old); SP; PA                     |
| LUPRON DEPOT-PED (6-MONTH) IM                                 | PA        | Maximum 180 day supply allowed; QL(1 EA per 180 day(s) retail; 1 EA per 180 days mail); SP; PA | GALAFOLD   | P         | QL(0.5 EA daily); SP; PA                            |
| SUPPRELIN LA  | PA        | SP; PA   | levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML                | P         | QL(30 ML daily)                                     |
| SYNAREL   | PA        | SP; PA   | levocarnitine (metabolic modifiers) TABS                             | P         | QL(3 EA daily)                                      |
| TRIPTODUR   | PA        | SP; PA   | RAYALDEE   | PA        | AL(At least 18 yrs old); PA                         |
| Menopausal Symptoms Suppressants                              |           |  | ROCALTROL CAPS (Use calcitriol)                                      | NF        |   |
| LYNKUET CAPS PO 60 MG   | PA        | QL(2 EA daily); PA   | STRENSIQ   | PA        | SP; PA  |
| VEOZAH  | PA        | QL(1 EA daily); PA   | TRYNGOLZA  | PA        | QL(0.027 ML daily); AL(At least 18 yrs old); SP; PA |
| Metabolic Modifiers   |           |  | XPHOZAH  | NP        | SP  |
| BRINEURA  | PA        | AL(At least 3 yrs old); SP; PA   | YORVIPATH 168 MCG/0.56ML   | PA        | QL(0.04 ML daily); AL(At least 18 yrs old); SP; PA  |
| calcitriol CAPS   | P         |  | YORVIPATH 294 MCG/0.98ML   | PA        | QL(0.07 ML daily); AL(At least 18 yrs old); SP; PA  |
| CARNITOR SF SOLN PO (Use levocarnitine (metabolic modifiers)) | NF        | QL(30 ML daily)  | YORVIPATH 420 MCG/1.4ML  | PA        | QL(0.1 ML daily); AL(At least 18 yrs old); SP; PA   |
|   |           |  | Natriuretic Peptides   |           |   |
|   |           |  | VOXZOGO  | PA        | AL(Up to 17 yrs old); SP; PA                        |
|   |           |  | Posterior Pituitary Hormones   |           |   |
|   |           |  | DDAVP PF SOLN IJ (Use desmopressin acetate)                          | NF        | SP; PA  |

| Drug Name   | Drug Tier | Requirements/Limits                           |
|---|-----------|---|
| DDAVP SOLN IJ 4 MCG/ML ( <i>Use desmopressin acetate</i> )                      | NF        | SP; PA  |
| DDAVP TABS ( <i>Use desmopressin acetate</i> )                                  | NF        | QL(3 EA daily)                                |
| <i>desmopressin acetate spray</i>   | P         | QL(5 ML per fill retail; 5 per fill mail); PA |
| <i>desmopressin acetate spray refrigerated 0.01 %</i>                           | P         | QL(5 ML per fill retail; 5 per fill mail)     |
| <i>desmopressin acetate SOLN IJ</i>   | P         | SP; PA  |
| <i>desmopressin acetate TABS</i>  | P         | QL(3 EA daily)                                |
| <b>Somatostatic Agents</b>  |           |   |
| <i>octreotide acetate KIT</i>   | P         | SP; PA  |
| SANDOSTATIN LAR DEPOT KIT ( <i>Use octreotide acetate</i> )                     | NF        | SP; PA  |
| <b>Vasopressin Receptor Antagonists</b>   |           |   |
| JYNARQUE TBPK 15 MG ( <i>Use tolvaptan</i> )                                    | NF        | SP; PA  |
| <i>tolvaptan TBPK 15 MG</i>   | P         | SP; PA  |
| <b>ESTROGENS - Hormone Replacement/Modifying Drugs</b>                          |           |   |
| <b>Estrogen Combinations</b>  |           |   |
| ACTIVELLA TABS 1 MG-0.5 MG ( <i>Use estradiol &amp; norethindrone acetate</i> ) | NF        | QL(1 EA daily)                                |
| COMBIPATCH PTTW   | P         | QL(0.29 EA daily)                             |
| <i>estradiol &amp; norethindrone acetate TABS</i>                               | P         | QL(1 EA daily)                                |
| MYFEMBREE   | PA        | PA  |
| <i>norethindrone acetate-ethinyl estradiol</i>                                  | P         |   |
| ORIAHNN   | PA        | MP; PA  |
| PREMPHASE   | P         | QL(1 EA daily)                                |
| PREMPRO   | P         | QL(1 EA daily)                                |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>Estrogens</b>  |           |                     |
| ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR  | P         | QL(0.29 EA daily)   |
| CLIMARA PTWK 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>Use estradiol</i> ) | NF        | QL(0.143 EA daily)  |
| ESTRACE TABS ( <i>Use estradiol</i> )   | NF        |                     |
| <i>estradiol PTTW</i>   | P         | QL(0.29 EA daily)   |
| <i>estradiol PTWK</i>   | P         | QL(0.143 EA daily)  |
| <i>estradiol TABS</i>   | P         |                     |
| <i>estrogens, conjugated TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</i>  | P         | QL(1 EA daily)      |
| MINIVELLE PTTW ( <i>Use estradiol</i> )   | NF        | QL(0.29 EA daily)   |
| PREMARIN TABS 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>Use estrogens, conjugated</i> )                               | NF        | QL(1 EA daily)      |
| VIVELLE-DOT PTTW ( <i>Use estradiol</i> )   | NF        | QL(0.29 EA daily)   |
| <b>FLUOROQUINOLONONES - Drugs to Treat Bacterial Infections</b>   |           |                     |
| <b>Fluoroquinolones</b>   |           |                     |
| BAXDELA SOLR  | PA        | PA                  |
| BAXDELA TABS  | PA        | PA                  |
| <i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>  | PA        | PA                  |
| CIPRO SUSR  | PA        | PA                  |
| CIPRO TABS 250 MG, 500 MG ( <i>Use ciprofloxacin hcl</i> )  | NP        |                     |
| <i>levofloxacin SOLN PO</i>   | PA        | PA                  |

| Drug Name   | Drug Tier | Requirements/Limits                             |
|---|-----------|---|
| <i>levofloxacin TABS</i>  | PA        | PA  |
| <i>moxifloxacin hcl TABS</i>  | PA        | PA  |
| <i>ofloxacin 300 MG, 400 MG</i>   | NP        |   |
| <b>GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs</b> |           |   |
| <b>5-HT4 Receptor Agonists</b>  |           |   |
| <i>MOTEGRITY (Use prucalopride succinate)</i>                                 | NP        |   |
| <i>prucalopride succinate</i>   | NP        |   |
| <b>Antiflatulents</b>   |           |   |
| <i>simethicone CHEW 80 MG</i>   | P         |   |
| <i>simethicone SUSP</i>   | P         | QL(30 EA per fill retail; 30 per fill mail)     |
| <b>Bile Acid Synthesis Disorder Agents</b>                                    |           |   |
| <i>CHOLBAM</i>  | PA        | SP; PA  |
| <i>CTEXLI TABS PO 250 MG</i>  | PA        | QL(3 EA daily); AL(At least 18 yrs old); SP; PA |
| <b>Farnesoid X Receptor (FXR) Agonists</b>                                    |           |   |
| <i>OCALIVA</i>  | PA        | QL(1 EA daily); AL(At least 18 yrs old); SP; PA |
| <b>Gallstone Solubilizing Agents</b>  |           |   |
| <i>chenodiol</i>  | PA        | AL(At least 18 yrs old); SP; PA                 |
| <i>URSO 250 TABS (Use ursodiol)</i>   | NF        | QL(7 EA daily)                                  |
| <i>ursodiol CAPS</i>  | P         | QL(3 EA daily)                                  |
| <i>ursodiol TABS 250 MG</i>   | P         | QL(7 EA daily)                                  |
| <b>Gastrointestinal Chloride Channel Activators</b>                           |           |   |
| <i>AMITIZA (Use lubiprostone)</i>   | NP        | QL(2 EA daily)                                  |
| <i>lubiprostone</i>   | PA        | QL(2 EA daily); PA                              |

| Drug Name  | Drug Tier | Requirements/Limits                             |
|--|-----------|---|
| <b>Gastrointestinal Stimulants</b>                     |           |   |
| <i>GIMOTI SOLN NA</i>                                  | PA        | AL(At least 18 yrs old); SP; PA                 |
| <i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i> | P         |   |
| <i>metoclopramide hcl TABS</i>                         | P         |   |
| <i>REGLAN TABS (Use metoclopramide hcl)</i>            | NF        |   |
| <b>Hepatotropics</b>                                   |           |   |
| <i>REZDIFFRA</i>                                       | PA        | QL(1 EA daily); AL(At least 18 yrs old); SP; PA |
| <b>Ileal Bile Acid Transporter (IBAT) Inhibitors</b>   |           |   |
| <i>BYLVAY (PELLETS) CPSP</i>                           | PA        | SP; PA  |
| <i>BYLVAY CAPS</i>                                     | PA        | SP; PA  |
| <i>LIVMARLI PO 10 MG, 15 MG, 20 MG, 30 MG</i>          | PA        | SP; PA  |
| <i>LIVMARLI</i>  | PA        | SP; PA  |
| <b>Inflammatory Bowel Agents</b>                       |           |   |
| <i>APRISO CP24 (Use mesalamine)</i>                    | NF        |   |
| <i>AVSOLA</i>  | PA        | SP; PA  |
| <i>AZULFIDINE EN-TABS TBEC (Use sulfasalazine)</i>     | NP        |   |
| <i>AZULFIDINE TABS (Use sulfasalazine)</i>             | NP        |   |
| <i>balsalazide disodium CAPS</i>                       | NP        |   |
| <i>CANASA SUPP (Use mesalamine)</i>                    | NP        |   |
| <i>CIMZIA (1 SYRINGE) PSKT 200 MG/ML</i>               | PA        | SP; PA  |
| <i>CIMZIA (2 SYRINGE) PSKT</i>                         | PA        | SP; PA  |
| <i>CIMZIA KIT</i>                                      | PA        | SP; PA  |
| <i>CIMZIA-STARTER PSKT</i>                             | PA        | SP; PA  |

| Drug Name  | Drug Tier | Requirements/Limits | Drug Name                                     | Drug Tier | Requirements/Limits         |
|--|-----------|---------------------|---|-----------|-----------------------------|
| COLAZAL CAPS ( <i>Use balsalazide disodium</i> ) | NF        |                     | SKYRIZI SOCT                                  | NP        | SP                          |
| DELZICOL CPDR ( <i>Use mesalamine</i> )          | NF        |                     | SKYRIZI SOLN                                  | NP        | SP                          |
| DIPENTUM   | NP        |                     | STARJEMZA SOLN IV 130 MG/26ML                 | NP        | SP                          |
| ENTYVIO PEN SOAJ                                 | NP        | SP                  | STELARA 130 MG/26ML                           | NP        | SP                          |
| ENTYVIO SOLR                                     | NP        | SP                  | <i>sulfasalazine TABS</i>                     | P         |                             |
| IMULDOSA SOLN IV 130 MG/26ML                     | NP        | SP                  | <i>sulfasalazine TBEC</i>                     | P         |                             |
| INFLECTRA SOLR                                   | PA        | SP; PA              | TREMFYA-CD/UC INDUCTION SOAJ SC 200 MG/2ML    | NP        | SP                          |
| INFLIXIMAB                                       | PA        | SP; PA              | TREMFYA SOLN IV                               | NP        | SP                          |
| LIALDA TBEC ( <i>Use mesalamine</i> )            | NF        |                     | TREMFYA SOSY SC                               | NP        | SP                          |
| LIALDA TBEC ( <i>Use mesalamine</i> )            | NP        |                     | USTEKINUMAB 130 MG/26ML                       | NP        | SP                          |
| <i>mesalamine w/ cleanser</i>                    | NP        |                     | VELSIPITY                                     | NP        | SP                          |
| <i>mesalamine CP24</i>                           | P         |                     | ZYMFENTRA (1 PEN) AJKT                        | NP        | AL(At least 18 yrs old); SP |
| <i>mesalamine CPCR</i>                           | NP        |                     | ZYMFENTRA (2 PEN) AJKT                        | NP        | AL(At least 18 yrs old); SP |
| <i>mesalamine CPDR</i>                           | NP        |                     | ZYMFENTRA (2 SYRINGE) PSKT                    | NP        | AL(At least 18 yrs old); SP |
| <i>mesalamine ENEM</i>                           | NP        |                     | <b>Intestinal Acidifiers</b>                  |           |                             |
| <i>mesalamine SUPP</i>                           | P         |                     | <i>lactulose (encephalopathy)</i>             | P         |                             |
| <i>mesalamine TBEC 1.2 GM</i>                    | P         |                     | <b>Irritable Bowel Syndrome (IBS) Agents</b>  |           |                             |
| <i>mesalamine TBEC 800 MG</i>                    | NP        |                     | <i>alose tron hcl</i>                         | NP        | QL(2 EA daily)              |
| OMVOH (300 MG DOSE) SOAJ                         | NP        | SP                  | <i>alose tron hcl</i>                         | PA        | QL(2 EA daily); PA          |
| OMVOH (300 MG DOSE) SOSY                         | NP        | SP                  | IBSRELA                                       | NP        |                             |
| OMVOH SOAJ                                       | NP        | SP                  | LINZESS                                       | PA        | QL(1 EA daily); PA          |
| OMVOH SOLN                                       | NP        | SP                  | LOTRONEX ( <i>Use alose tron hcl</i> )        | PA        | QL(2 EA daily); PA          |
| OMVOH SOSY                                       | NP        | SP                  | VIBERZI                                       | PA        | QL(2 EA daily); PA          |
| PENTASA CPCR ( <i>Use mesalamine</i> )           | NP        |                     | <b>Peripheral Opioid Receptor Antagonists</b> |           |                             |
| PENTASA CPCR                                     | NP        |                     | MOVANTIK                                      | PA        | QL(1 EA daily); PA          |
| REMICADE   | NP        | SP                  | SYMPROIC                                      | NP        |                             |
| RENFLEXIS  | PA        | SP; PA              | <b>Peroxisome Proliferator-Activated</b>      |           |                             |
| ROWASA ( <i>Use mesalamine w/ cleanser</i> )     | NP        |                     |   |           |                             |
| SFROWASA ENEM                                    | NP        |                     |   |           |                             |

| Drug Name   | Drug Tier | Requirements/Limits                             | Drug Name   | Drug Tier | Requirements/Limits            |
|---|-----------|---|---|-----------|--------------------------------|
| Receptor(PPAR) Agonists   |           |   | CYTRA K CRYSTALS PACK 1002 MG-3300 MG                                   |           |                                |
| IQIRVO  | PA        | QL(1 EA daily); AL(At least 18 yrs old); SP; PA | <i>potassium citrate (alkalinizer) TBCR</i>                             | P         |                                |
| LIVDELZI  | PA        | QL(1 EA daily); AL(At least 18 yrs old); SP; PA | <i>sodium citrate &amp; citric acid</i>                                 | P         | RX/OTC                         |
| Phosphate Binder Agents   |           |   | UROCIT-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i> )          | NF        |                                |
| AURYXIA 210 MG (Use <i>ferric citrate</i> )   | NP        |   | UROCIT-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i> )           | NF        |                                |
| <i>calcium acetate (phosphate binder) CAPS</i>  | P         |   | Genitourinary Irrigants   |           |                                |
| <i>calcium acetate (phosphate binder) TABS</i>  | NP        | RX/OTC  | ARGYLE STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i> ) | NF        |                                |
| <i>calcium acetate (phosphate binder) TABS</i>  | P         | RX/OTC  | CURITY STERILE SALINE 0.9 % (Use <i>sodium chloride (gu irrigant)</i> ) | NF        |                                |
| <i>ferric citrate</i>   | NP        |   | <i>sodium chloride (gu irrigant) 0.9 %</i>                              | P         |                                |
| FOSRENOL CHEW (Use <i>lanthanum carbonate</i> )   | NP        |   | Hyperoxaluria Agents  |           |                                |
| FOSRENOL PACK   | NP        |   | OXLUMO  | PA        | SP; PA                         |
| <i>lanthanum carbonate CHEW</i>   | NP        |   | RIVFLOZA SOLN   | PA        | AL(At least 9 yrs old); SP; PA |
| RENVELA PACK (Use <i>sevelamer carbonate</i> )  | NP        |   | RIVFLOZA SOSY   | PA        | AL(At least 9 yrs old); SP; PA |
| RENVELA TABS (Use <i>sevelamer carbonate</i> )  | NP        |   | IgA Nephropathy (IgAN) Agents   |           |                                |
| RENVELA TABS (Use <i>sevelamer carbonate</i> )  | NF        |   | FILSPARI  | NP        | SP; MP                         |
| <i>sevelamer carbonate PACK</i>   | P         |   | Prostatic Hypertrophy Agents  |           |                                |
| <i>sevelamer carbonate TABS</i>   | P         |   | <i>alfuzosin hcl</i>  | P         |                                |
| <i>sevelamer hcl</i>  | NP        |   | AVODART (Use <i>dutasteride</i> )                                       | NF        |                                |
| VELPHORO  | NP        |   | CARDURA XL  | NP        | MP                             |
| <b>GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System</b> |           |   | <i>dutasteride</i>  | P         |                                |
| Alkalinizers  |           |   | <i>dutasteride-tamsulosin hcl</i>                                       | NP        |                                |
|   |           |   | <i>finasteride</i>  | P         |                                |

| Drug Name  | Drug Tier | Requirements/Limits                     | Drug Name   | Drug Tier | Requirements/Limits             |
|--|-----------|---|---|-----------|---------------------------------|
| JALYN (Use dutasteride-tamsulosin hcl)                               | NF        |   | Antihemophilic Products   |           |                                 |
| PROSCAR (Use finasteride)  | NP        |   | ADVATE  | PA        | SP; PA                          |
| RAPAFLO (Use silodosin)  | NF        |   | ADYNOVATE   | PA        | SP; PA                          |
| silodosin  | NP        |   | AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT    | PA        | SP; PA                          |
| tamsulosin hcl   | P         |   | ALHEMO  | PA        | AL(At least 12 yrs old); SP; PA |
| UROXATRAL (Use alfuzosin hcl)  | NF        |   | ALPHANATE SOLR  | PA        | SP; PA                          |
| Urinary Analgesics   |           |   | ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT                               | PA        | SP; PA                          |
| phenazopyridine hcl TABS 95 MG, 100 MG, 200 MG                       | P         |   | ALPROLIX  | PA        | SP; PA                          |
| PHENAZOPYRIDINE HCL TABS 100 MG, 200 MG                              | P         |   | ALTUVIIIIO 250 UNIT, 500 UNIT, 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT | PA        | SP; PA                          |
| PYRIDIDIUM TABS (Use phenazopyridine hcl)                            | NF        |   | BENEFIX KIT   | PA        | SP; PA                          |
| <b>GOUT AGENTS - Drugs to Treat Gout</b>                             |           |   | BEQVEZ  | PA        | AL(At least 18 yrs old); SP; PA |
| Gout Agent Combinations  |           |   | COAGADEX  | PA        | SP; PA                          |
| colchicine w/ probenecid   | P         |   | CORIFACT  | PA        | SP; PA                          |
| Gout Agents  |           |   | ELOCTATE  | PA        | SP; PA                          |
| allopurinol 100 MG, 300 MG   | P         |   | ESPEROCT  | PA        | SP; PA                          |
| allopurinol 200 MG   | NP        |   | FEIBA   | PA        | SP; PA                          |
| colchicine CAPS  | NP        | QL(2 EA daily); AL(At least 18 yrs old) | HEMGENIX  | PA        | AL(At least 18 yrs old); SP; PA |
| colchicine TABS  | PA        | PA                                      | HEMLIBRA  | PA        | SP; PA                          |
| febuxostat   | P         |   | HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT                   | PA        | SP; PA                          |
| GLOPERBA SOLN PO   | NP        |   | HUMATE-P SOLR   | PA        | SP; PA                          |
| MITIGARE CAPS (Use colchicine)                                       | NP        | QL(2 EA daily); AL(At least 18 yrs old) | HYMPAVZI  | PA        | SP; PA                          |
| ULORIC (Use febuxostat)  | NP        |   | IDELVION  | PA        | SP; PA                          |
| Uricosurics  |           |   | IXINITY SOLR 500 UNIT, 1000 UNIT, 1500 UNIT, 3000 UNIT                    | PA        | SP; PA                          |
| probenecid   | P         |   | JIVI  | PA        | SP; PA                          |
| <b>HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders</b> |           |   |   |           |                                 |

| Drug Name                                     | Drug Tier | Requirements/Limits             |
|---|-----------|---------------------------------|
| KCENTRA                                       | PA        | SP; PA                          |
| KOATE-DVI SOLR 1000 UNIT                      | PA        | SP; PA                          |
| KOATE SOLR                                    | PA        | SP; PA                          |
| KOGENATE FS KIT 250 UNIT, 500 UNIT, 3000 UNIT | PA        | SP; PA                          |
| KOVALTRY                                      | PA        | SP; PA                          |
| NOVOEIGHT                                     | PA        | SP; PA                          |
| NOVOSEVEN RT 1 MG, 2 MG, 8 MG                 | PA        | SP; PA                          |
| NOVOSEVEN RT 5 MG                             | PA        | QL(120000 EA daily); SP; PA     |
| NUWIQ KIT                                     | PA        | SP; PA                          |
| NUWIQ SOLR                                    | PA        | SP; PA                          |
| OBIZUR  | PA        | SP; PA                          |
| PROFILNINE                                    | PA        | SP; PA                          |
| QFITLIA SOAJ SC 50 MG/0.5ML                   | PA        | AL(At least 12 yrs old); SP; PA |
| QFITLIA SOLN SC 20 MG/0.2ML                   | PA        | AL(At least 12 yrs old); SP; PA |
| REBINYN                                       | PA        | SP; PA                          |
| RECOMBINATE SOLR                              | PA        | SP; PA                          |
| RIXUBIS SOLR                                  | PA        | SP; PA                          |
| ROCTAVIAN                                     | PA        | AL(At least 18 yrs old); PA     |
| SEVENFACT                                     | PA        | SP; PA                          |
| TRETEN  | PA        | SP; PA                          |
| VONVENDI                                      | PA        | SP; PA                          |
| WILATE KIT                                    | PA        | SP; PA                          |
| XYNTHA  | PA        | SP; PA                          |
| XYNTHA SOLOFUSE                               | PA        | SP; PA                          |
| Bradykinin B2 Receptor Antagonists            |           |                                 |
| FIRAZYR SOSY (Use <i>icatibant acetate</i> )  | NP        | SP                              |
| <i>icatibant acetate SOSY</i>                 | PA        | SP; PA                          |
| Complement Inhibitors                         |           |                                 |
| BERINERT KIT                                  | PA        | SP; PA                          |

| Drug Name                                      | Drug Tier | Requirements/Limits                             |
|--|-----------|---|
| CINRYZE SOLR IV                                | NP        | SP  |
| HAEGARDA SOLR SC                               | PA        | SP; PA  |
| RUCONEST                                       | NP        | SP  |
| TAVNEOS  | PA        | QL(6 EA daily); AL(At least 18 yrs old); SP; PA |
| VOYDEYA TABS                                   | PA        | QL(6 EA daily); AL(At least 18 yrs old); SP; PA |
| VOYDEYA TBPK                                   | PA        | QL(6 EA daily); AL(At least 18 yrs old); SP; PA |
| Hematorheologic Agents                         |           |   |
| <i>pentoxifylline</i>                          | P         |   |
| Plasma Factor XIIa Inhibitors                  |           |   |
| ANDEMBRY SOAJ SC 200 MG/1.2ML                  | NP        | SP  |
| Plasma Kallikrein Inhibitors                   |           |   |
| EKTERLY TABS PO 300 MG                         | NP        | SP  |
| KALBITOR                                       | NP        | SP  |
| ORLADEYO                                       | NP        | SP  |
| ORLADEYO PO 72 MG, 96 MG, 108 MG, 132 MG       | NP        | SP  |
| TAKHZYRO SOLN                                  | PA        | SP; PA  |
| TAKHZYRO SOSY                                  | PA        | SP; PA  |
| Plasma Proteins                                |           |   |
| RYPLAZIM                                       | PA        | SP; PA  |
| Platelet Aggregation Inhibitors                |           |   |
| AGRYLIN 0.5 MG (Use <i>anagrelide hcl</i> )    | NF        |   |
| <i>anagrelide hcl</i>                          | P         |   |
| <i>aspirin-dipyridamole</i>                    | P         |   |
| BRILINTA 60 MG, 90 MG (Use <i>ticagrelor</i> ) | PA        | QL(2 EA daily); PA                              |
| <i>cilostazol</i>                              | P         |   |

| Drug Name  | Drug Tier | Requirements/Limits                             |
|--|-----------|---|
| <i>clopidogrel bisulfate</i>                                   | P         |   |
| <i>dipyridamole</i>  | P         |   |
| EFFIENT ( <i>Use prasugrel hcl</i> )                           | NP        | QL(1 EA daily)                                  |
| PLAVIX 75 MG ( <i>Use clopidogrel bisulfate</i> )              | NP        |   |
| <i>prasugrel hcl</i>   | PA        | QL(1 EA daily); PA                              |
| <i>ticagrelor 60 MG, 90 MG</i>                                 | NP        | QL(2 EA daily)                                  |
| <b>Prekallikrein-Directed Antisense Oligonucleotides (ASO)</b> |           |   |
| DAWNZERA SOAJ SC 80 MG/0.8ML                                   | NP        | SP  |
| <b>Pyruvate Kinase Activators</b>                              |           |   |
| PYRUKYND TAPER PACK TBPB                                       | PA        | QL(2 EA daily); AL(At least 18 yrs old); SP; PA |
| PYRUKYND TABS  | PA        | QL(2 EA daily); AL(At least 18 yrs old); SP; PA |
| <b>HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders</b>   |           |   |
| <b>Agents for Gaucher Disease</b>                              |           |   |
| CERDELGA   | P         | SP; PA  |
| CEREZYME 400 UNIT  | P         | SP; PA  |
| <i>miglustat</i>   | P         | SP; PA  |
| VPRIV  | P         | SP; PA  |
| ZAVESCA ( <i>Use miglustat</i> )                               | NF        | SP; PA  |
| <b>Agents for Sickle Cell Disease</b>                          |           |   |
| CASGEVY  | PA        | AL(At least 12 yrs old); SP; PA                 |
| DROXIA CAPS  | P         |   |
| LYFGENIA   | PA        | AL(At least 12 yrs old); SP; PA                 |
| <b>Cobalamins</b>  |           |   |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>   | P         |  |
| <b>Folic Acid/Folates</b>   |           |  |
| <i>folic acid TABS 400 MCG, 800 MCG</i>   | P         | QL(1 EA daily)   |
| <i>folic acid TABS 1 MG</i>   | P         | RX/OTC   |
| <b>Hematopoietic Gene Therapy</b>   |           |  |
| ZYNTEGLO  | PA        | AL(At least 4 yrs old); SP; PA                                   |
| <b>Hematopoietic Growth Factors</b>   |           |  |
| ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML   | PA        | QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA   |
| ARANESP (ALBUMIN FREE) SOLN 40 MCG/ML   | PA        | QL(37.5 ML per 30 day(s) retail; 38 ML per 30 days mail); SP; PA |
| ARANESP (ALBUMIN FREE) SOLN 25 MCG/ML   | PA        | QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA   |
| ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML  | PA        | QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA   |
| ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML  | PA        | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA   |
| ARANESP (ALBUMIN FREE) SOSY 25 MCG/0.42ML   | PA        | QL(25.2 ML per 30 day(s) retail; 25 ML per 30 days mail); SP; PA |
| ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML | PA        | QL(3 ML per 30 day(s) retail; 3 ML per 30 days mail); SP; PA     |

| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                      | Drug Tier | Requirements/Limits  |
|---|-----------|---|--------------------------------|-----------|--|
| ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML, 100 MCG/0.5ML | PA        | QL(7.5 ML per 30 day(s) retail; 8 ML per 30 days mail); SP; PA  | NEULASTA ONPRO SOSY 6 MG/0.6ML | NP        | QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP     |
| ARANESP (ALBUMIN FREE) SOSY 40 MCG/0.4ML                | PA        | QL(15 ML per 30 day(s) retail; 15 ML per 30 days mail); SP; PA  | NEULASTA SOLN SC 4 MG/0.4ML    | NP        | QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP     |
| ARANESP (ALBUMIN FREE) SOSY 10 MCG/0.4ML                | PA        | QL(60 ML per 30 day(s) retail; 60 ML per 30 days mail); SP; PA  | NEULASTA SOSY                  | NP        | QL(1.2 ML per 7 day(s) retail; 1 ML per 7 days mail); SP     |
| EPOGEN 10000 UNIT/ML                                    | NP        | QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP      | NEUPOGEN SOLN                  | PA        | QL(8.5 ML daily); SP; PA                                     |
| EPOGEN 3000 UNIT/ML                                     | NP        | QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP | NEUPOGEN SOSY                  | PA        | QL(8.5 ML daily); SP; PA                                     |
| EPOGEN 20000 UNIT/ML                                    | NP        | QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP      | NIVESTYM SOLN                  | NP        | QL(8.5 ML daily); SP   |
| EPOGEN 2000 UNIT/ML                                     | NP        | QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP    | NIVESTYM SOSY                  | NP        | QL(8.5 ML daily); SP   |
| EPOGEN 4000 UNIT/ML                                     | NP        | QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP    | NYPOZI                         | NP        | QL(8.5 ML daily); SP   |
| FILKRI SOSY IJ 300 MCG/0.5ML, 480 MCG/0.8ML             | NP        | QL(8.5 ML daily); SP  | NYVEPRIA                       | PA        | SP; PA   |
| FULPHILA  | NP        | SP  | PROCRIT 40000 UNIT/ML          | NP        | QL(12.5 ML per 30 day(s) retail; 12 ML per 30 days mail); SP |
| FYLNETRA  | NP        | SP  | PROCRIT 10000 UNIT/ML          | NP        | QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP   |
| GRANIX SOLN 300 MCG/ML                                  | NP        | QL(0.8 ML daily); SP  | PROCRIT 2000 UNIT/ML           | NP        | QL(250 ML per 30 day(s) retail; 250 ML per 30 days mail); SP |
| GRANIX SOSY   | NP        | QL(0.8 ML daily); SP  | PROCRIT 4000 UNIT/ML           | NP        | QL(125 ML per 30 day(s) retail; 125 ML per 30 days mail); SP |
| LEUKINE SOLR IJ   | NP        | SP  | PROCRIT 20000 UNIT/ML          | NP        | QL(25 ML per 30 day(s) retail; 25 ML per 30 days mail); SP   |
| MIRCERA   | NP        | SP  | PROCRIT 10000 UNIT/ML          | NP        | QL(50 ML per 30 day(s) retail; 50 ML per 30 days mail); SP   |

| Drug Name   | Drug Tier | Requirements/Limits   |
|---|-----------|---|
| PROCRIT 3000 UNIT/ML                                    | NP        | QL(166.66 ML per 30 day(s) retail; 167 ML per 30 days mail); SP |
| REBLOZYL  | NP        | AL(At least 18 yrs old); SP                                     |
| RELEUKO SOSY  | NP        | QL(8.5 ML daily); SP  |
| RETACRIT  | PA        | SP; PA  |
| ROLVEDON  | NP        | SP  |
| RYZNEUTA SOSY SC 20 MG/ML                               | NP        | SP  |
| STIMUFEND   | NP        | SP  |
| UDENYCA ONBODY SOSY                                     | NP        | SP  |
| UDENYCA SOAJ  | NP        | SP  |
| UDENYCA SOSY  | NP        | SP  |
| VAFSEO 150 MG   | NP        | QL(4 EA daily); SP  |
| VAFSEO 300 MG   | NP        | QL(2 EA daily); SP  |
| ZARXIO  | NP        | QL(8.5 ML daily); SP  |
| ZIEXTENZO   | NP        | SP  |
| Hematopoietic Mixtures                                  |           |   |
| <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i> | P         | QL(1 EA daily)  |
| HEMATINIC PLUS VIT/MINERALS TABS                        | P         | QL(1 EA daily)  |
| Iron  |           |   |
| FERRETTTS TABS  | P         | QL(2 EA daily)  |
| <i>ferrous fumarate TABS</i>                            | P         |   |
| <i>ferrous gluconate TABS 324 MG</i>                    | P         | AL(Up to 50 yrs old)  |
| <i>ferrous gluconate TABS</i>                           | P         |   |
| <i>ferrous sulfate dried TBCR</i>                       | P         |   |
| <i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>    | P         | QL(16 ML daily)   |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| <i>ferrous sulfate SOLN 15 MG/ML, 15 MG/ML</i>                    | P         | QL(3.4 ML daily)   |
| <i>ferrous sulfate TABS</i>                                       | P         |  |
| <i>ferrous sulfate TBEC</i>                                       | P         |  |
| IRON CHEWS PEDIATRIC CHEW   | P         |  |
| <i>iron sucrose 20 MG/ML</i>                                      | P         |  |
| <i>polysaccharide iron complex CAPS</i>                           | P         | QL(1 EA daily)   |
| VENOFER 20 MG/ML (Use iron sucrose)                               | NF        |  |
| Stem Cell Mobilizers  |           |  |
| MOZOBIL (Use <i>plerixafor</i> )                                  | NF        | SP; PA   |
| <i>plerixafor</i>   | P         | SP; PA   |
| XOLREMDI  | PA        | QL(4 EA daily); AL(At least 12 yrs old); SP; PA  |
| <b>HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders</b> |           |  |
| Hemostatics - Systemic  |           |  |
| <i>aminocaproic acid TABS 500 MG</i>                              | P         | QL(24 EA per fill retail; 24 per fill mail); SP  |
| <i>tranexamic acid TABS</i>                                       | P         | QL(30 EA per 5 day(s) retail; 30 EA per 5 days mail); AL(At least 12 yrs old - Up to 49 yrs old) |
| <b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>                  |           |  |
| Antihistamine Hypnotics   |           |  |
| <i>diphenhydramine hcl (sleep) CAPS</i>                           | P         |  |
| <i>diphenhydramine hcl (sleep) LIQD</i>                           | P         |  |
| <i>diphenhydramine hcl (sleep) TABS 50 MG</i>                     | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits                     | Drug Name                                | Drug Tier | Requirements/Limits                     |
|--|-----------|---|--|-----------|---|
| <i>diphenhydramine hcl (sleep) TABS 25 MG</i>                    | P         | QL(1 EA daily)                          | <i>flurazepam hcl</i>                    | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>doxylamine succinate (sleep)</i>                              | P         |   | HALCION 0.25 MG ( <i>Use triazolam</i> ) | NF        | QL(1 EA daily); AL(At least 18 yrs old) |
| UNISOM SLEEPGELS CAPS ( <i>Use diphenhydramine hcl (sleep)</i> ) | NF        |   | HALCION 0.25 MG ( <i>Use triazolam</i> ) | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| Barbiturate Hypnotics  |           |   | LUNESTA ( <i>Use eszopiclone</i> )       | NF        | QL(1 EA daily); AL(At least 18 yrs old) |
| AMYTAL SODIUM  | P         |   | <i>midazolam hcl SOLN IJ</i>             | P         |   |
| <i>phenobarbital sodium SOLN</i>                                 | P         |   | MIDAZOLAM HCL SOLN IJ                    | P         |   |
| <i>phenobarbital ELIX</i>  | P         |   | <i>midazolam hcl SYRP</i>                | P         |   |
| <i>phenobarbital TABS</i>  | P         |   | <i>quazepam</i>                          | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| Hypnotics - Tricyclic Agents                                     |           |   | RESTORIL ( <i>Use temazepam</i> )        | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>doxepin hcl (sleep)</i>                                       | NP        | QL(1 EA daily); AL(At least 18 yrs old) | <i>temazepam 7.5 MG, 15 MG, 30 MG</i>    | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| SILENOR ( <i>Use doxepin hcl (sleep)</i> )                       | NF        | QL(1 EA daily); AL(At least 18 yrs old) | <i>temazepam 22.5 MG</i>                 | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| Non-Barbiturate Hypnotics  |           |   | <i>triazolam</i>                         | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| AMBIEN CR TBCR 6.25 MG ( <i>Use zolpidem tartrate</i> )          | NF        |   | <i>zaleplon</i>                          | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| AMBIEN CR TBCR ( <i>Use zolpidem tartrate</i> )                  | NP        | QL(1 EA daily); AL(At least 18 yrs old) | ZOLPIDEM TARTRATE CAPS                   | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| AMBIEN TABS ( <i>Use zolpidem tartrate</i> )                     | NP        | QL(1 EA daily); AL(At least 18 yrs old) | <i>zolpidem tartrate SUBL</i>            | NP        | QL(1 EA daily); AL(At least 18 yrs old) |
| DORAL ( <i>Use quazepam</i> )                                    | NP        | QL(1 EA daily); AL(At least 18 yrs old) | <i>zolpidem tartrate TABS</i>            | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| EDLUAR SUBL  | NP        | QL(1 EA daily); AL(At least 18 yrs old) | <i>zolpidem tartrate TBCR</i>            | P         | QL(1 EA daily); AL(At least 18 yrs old) |
| <i>estazolam</i>   | P         | QL(1 EA daily); AL(At least 18 yrs old) | Orexin Receptor Antagonists              |           |   |
| <i>eszopiclone</i>   | P         | QL(1 EA daily); AL(At least 18 yrs old) |  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                            | Drug Name   | Drug Tier | Requirements/Limits                             |
|--|-----------|--|---|-----------|---|
| BELSOMRA   | NP        | QL(1 EA daily);<br>AL(At least 18 yrs old)     | <i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>  | P         | QL(33 ML daily)                                 |
| DAYVIGO  | NP        | AL(At least 18 yrs old)                        | MILK OF MAGNESIA CONCENTRATE SUSP   | P         |   |
| QUVIVIQ  | NP        | AL(At least 18 yrs old)                        | <i>sodium phosphate monobasic-sodium phosphate dibasic PR 19 GM/118ML-7 GM/118ML, 19 GM/197ML-7 GM/197ML, 6 GM/133ML-16 GM/133ML, 7 GM/118ML-19 GM/118ML, 9.5 GM/59ML-3.5 GM/59ML</i> | P         |   |
| Selective Melatonin Receptor Agonists  |           |  | Laxative Combinations   |           |   |
| HETLIOZ LQ SUSP  | NP        | QL(1 ML daily);<br>AL(At least 18 yrs old); SP | GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )  | NF        | QL(4000 ML per fill retail; 4000 per fill mail) |
| HETLIOZ CAPS (Use <i>tasimelteon</i> )   | NP        | QL(1 EA daily);<br>AL(At least 18 yrs old); SP | <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>  | P         | QL(4000 ML per fill retail; 4000 per fill mail) |
| <i>ramelteon</i>   | P         | QL(1 EA daily);<br>AL(At least 18 yrs old)     | <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>   | P         | QL(4000 ML per fill retail; 4000 per fill mail) |
| ROZEREM (Use <i>ramelteon</i> )  | NP        | QL(1 EA daily);<br>AL(At least 18 yrs old)     | <i>sennosides-docusate sodium TABS</i>  | P         | QL(4 EA daily)                                  |
| <i>tasimelteon CAPS</i>  | NP        | QL(1 EA daily);<br>AL(At least 18 yrs old); SP | <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>   | P         |   |
| <b>LAXATIVES - Bowel Treatment Drugs</b>   |           |  | SUPREP BOWEL PREP KIT (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )  | NF        |   |
| Bulk Laxatives   |           |  | Laxatives - Miscellaneous   |           |   |
| <i>calcium polycarbophil TABS</i>  | P         | QL(10 EA daily)                                | <i>glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM</i>  | P         |   |
| KONSYL DAILY FIBER PACK 100 %  | P         |  | <i>lactulose SOLN</i>   | P         |   |
| <i>psyllium CAPS 0.52 GM</i>   | P         |  | MIRALAX POWD (Use <i>polyethylene glycol 3350</i> )   | NF        | QL(34 EA daily)                                 |
| <i>psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 %</i>                           | P         |  | PEDIA-LAX SUPP  | P         |   |
| SB FIB LAX ORANGE POWD 30 %, 33 %  | P         |  |   |           |   |
| Electrolyte-based Osmotic Laxatives  |           |  |   |           |   |
| FLEET ENEMA PR (Use <i>sodium phosphate monobasic-sodium phosphate dibasic</i> ) | NF        |  |   |           |   |
| <i>magnesium citrate 1.745 GM/30ML</i>   | P         |  |   |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| <i>polyethylene glycol 3350 PACK</i>                     | P         |   |
| <i>polyethylene glycol 3350 POWD</i>                     | P         | QL(34 GM daily)                             |
| SORBITOL PO 70 %   | P         |   |
| <b>Stimulant Laxatives</b>                               |           |   |
| <i>bisacodyl SUPP</i>                                    | P         | QL(12 EA per fill retail; 12 per fill mail) |
| <i>bisacodyl TBEC</i>                                    | P         | QL(1 EA daily)                              |
| DULCOLAX TBEC (Use <i>bisacodyl</i> )                    | NF        | QL(1 EA daily)                              |
| <i>senna SYRP 176 MG/5ML</i>                             | P         |   |
| <i>sennosides LIQD</i>                                   | P         |   |
| <i>sennosides SYRP</i>                                   | P         |   |
| <i>sennosides TABS 8.6 MG, 15 MG, 17.2 MG</i>            | P         |   |
| <b>Surfactant Laxatives</b>                              |           |   |
| <i>docusate calcium</i>                                  | P         |   |
| <i>docusate sodium CAPS 100 MG, 250 MG</i>               | P         | QL(3 EA daily)                              |
| <i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>       | P         |   |
| DOCUSATE SODIUM SYRP                                     | P         |   |
| <i>docusate sodium TABS</i>                              | P         |   |
| <b>MACROLIDES - Drugs to Treat Bacterial Infections</b>  |           |   |
| <b>Azithromycin</b>                                      |           |   |
| <i>azithromycin SUSR</i>                                 | P         |   |
| <i>azithromycin TABS</i>                                 | P         |   |
| ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i> )        | NP        |   |
| ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i> )          | NP        |   |
| ZITHROMAX SUSR (Use <i>azithromycin</i> )                | NP        |   |
| ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i> ) | NP        |   |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| ZITHROMAX TABS 250 MG (Use <i>azithromycin</i> )               | NF        |                     |
| <b>Clarithromycin</b>  |           |                     |
| <i>clarithromycin SUSR</i>                                     | P         |                     |
| <i>clarithromycin TABS</i>                                     | P         |                     |
| <i>clarithromycin TB24</i>                                     | P         |                     |
| <b>Erythromycins</b>   |           |                     |
| E.E.S. GRANULES SUSR (Use <i>erythromycin ethylsuccinate</i> ) | NP        |                     |
| ERYPED 200 SUSR (Use <i>erythromycin ethylsuccinate</i> )      | NP        |                     |
| ERYPED 400 SUSR (Use <i>erythromycin ethylsuccinate</i> )      | NP        |                     |
| <i>erythromycin base CPEP</i>                                  | P         |                     |
| <i>erythromycin base TABS</i>                                  | P         |                     |
| <i>erythromycin base TBEC</i>                                  | NP        |                     |
| <i>erythromycin base TBEC</i>                                  | P         |                     |
| <i>erythromycin ethylsuccinate SUSR</i>                        | P         |                     |
| <i>erythromycin ethylsuccinate TABS</i>                        | NP        |                     |
| <i>erythromycin ethylsuccinate TABS</i>                        | P         |                     |
| <i>erythromycin stearate TABS 250 MG</i>                       | P         |                     |
| <b>Fidaxomicin</b>   |           |                     |
| DIFICID SUSR   | NP        |                     |
| DIFICID TABS 200 MG (Use <i>fidaxomicin</i> )                  | NP        |                     |
| <i>fidaxomicin TABS 200 MG</i>                                 | NP        |                     |
| <b>MEDICAL DEVICES AND SUPPLIES</b>                            |           |                     |
| <b>Bandages-Dressings-Tape</b>                                 |           |                     |
| ADHESIVE/LARGE/3"X4" PADS                                      | P         |                     |
| ADHESIVE/MEDIUM/2"X3" PADS                                     | P         |                     |

| Drug Name                           | Drug Tier | Requirements/Limits | Drug Name                          | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|------------------------------------|-----------|---------------------|
| AMD FOAM DRESSING TOPSHEET PADS     | P         | RX/OTC              | CVS ADHESIVE PAD 4"X4" PADS        | P         |                     |
| AMD FOAM DRESSING PADS              | P         | RX/OTC              | CVS ADHESIVE PAD 6"X6" PADS        | P         |                     |
| BAND-AID ALL-IN-ONE GAUZE LG PADS   | P         |                     | CVS ADHESIVE PADS 2.25"X3" PADS    | P         |                     |
| BAND-AID GAUZE LARGE PADS           | P         | RX/OTC              | CVS ANTIBACTERIAL GAUZE PADS       | P         |                     |
| BAND-AID GAUZE MEDIUM PADS          | P         |                     | CVS GAUZE PAD STERILE PADS         | P         | RX/OTC              |
| BAND-AID GAUZE SMALL PADS           | P         |                     | CVS GAUZE STERILE PADS             | P         | RX/OTC              |
| BAND-AID HURT-FREE NON-STICK PADS   | P         |                     | CVS GAUZE PADS                     | P         |                     |
| BAND-AID TRU-ABSORB GAUZE PADS      | P         | RX/OTC              | DERMACEA DRAIN SPONGES PADS        | P         | RX/OTC              |
| COPA ISLAND BORDERED FOAM PADS      | P         | RX/OTC              | DERMACEA GAUZE SPONGE PADS         | P         |                     |
| COPA PLUS HYDROPHILIC FOAM PADS     | P         | RX/OTC              | DERMACEA IV DRAIN SPONGES PADS     | P         |                     |
| COVRSITE COVER DRESSING PADS        | P         | RX/OTC              | DERMACEA IV SPONGES PADS           | P         |                     |
| COVRSITE PLUS COMPOSITE DRESS PADS  | P         | RX/OTC              | DERMACEA NON-WOVEN SPONGES PADS    | P         |                     |
| CURITY ALL PURPOSE SPONGES PADS     | P         |                     | DERMACEA TYPE VII GAUZE PADS       | P         |                     |
| CURITY AMD ANTIMICROBIAL SPNGE PADS | P         |                     | DERMACEA X-RAY SPONGES PADS        | P         | RX/OTC              |
| CURITY COVER SPONGE PADS            | P         |                     | DRYMAX EXTRA PADS                  | P         | RX/OTC              |
| CURITY DRESSING SPONGES PADS        | P         | RX/OTC              | EQ GAUZE PADS                      | P         | RX/OTC              |
| CURITY GAUZE SPONGE PADS            | P         | RX/OTC              | EQL GAUZE STERILE PADS             | P         |                     |
| CURITY GAUZE PADS                   | P         |                     | EQL GAUZE PADS                     | P         |                     |
| CURITY NON-ADHERENT STRIPS PADS     | P         |                     | EXCILON AMD DRAIN SPONGES PADS     | P         | RX/OTC              |
| CURITY SPONGES PADS                 | P         |                     | EXCILON AMD NON-WOVEN SPONGES PADS | P         | RX/OTC              |
|                                     |           |                     | EXCILON DRAIN SPONGES PADS         | P         | RX/OTC              |
|                                     |           |                     | EXCILON IV SPONGES PADS            | P         |                     |

| Drug Name                           | Drug Tier | Requirements/Limits | Drug Name                           | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| FT ADHESIVE PADS/SHEER PADS         | P         |                     | OIL EMULSIONS DRESSING/NON-ADH PADS | P         |                     |
| GAUZE DRESSING PADS                 | P         | RX/OTC              | POLYMEM FILM DOT PADS               | P         |                     |
| GAUZE PADS PADS                     | P         |                     | POLYMEM NON-ADHESIVE PADS           | P         | RX/OTC              |
| GAUZE TYPE VII MEDI-PAK PADS        | P         |                     | QC ALL PURPOSE DRESSINGS PADS       | P         | RX/OTC              |
| GNP SHEER ADHESIVE PADS             | P         |                     | QC BORDER ISLAND GAUZE PADS         | P         |                     |
| GNP STERILE GAUZE PADS              | P         |                     | QC STERILE PADS PADS                | P         |                     |
| GNP WATERPROOF ADHESIVE 4"X4" PADS  | P         |                     | RAY-TEC X-RAY DETECTABLE SPNGE MISC | P         | RX/OTC              |
| HM ADHESIVE ANTIBACTERIAL PADS      | P         |                     | RESTORE CONTACT LAYER PADS          | P         |                     |
| HM STERILE PADS PADS                | P         |                     | RESTORE FOAM DRESSING PADS          | P         | RX/OTC              |
| J & J ADHESIVE LARGE PADS           | P         |                     | RESTORE ODOR ABSORBING DRESS PADS   | P         | RX/OTC              |
| J & J GAUZE SPONGES 12-PLY MISC     | P         | RX/OTC              | RESTORE TRIO ABSORBENT DRESS PADS   | P         |                     |
| J & J GAUZE SPONGES 16-PLY MISC     | P         | RX/OTC              | SILIGENTLE FOAM DRESSING PADS       | P         |                     |
| J & J GAUZE SPONGES 8-PLY MISC      | P         | RX/OTC              | SM ADHESIVE PADS 2"X3" PADS         | P         |                     |
| J & J GAUZE PADS                    | P         |                     | SM STERILE PADS                     | P         | RX/OTC              |
| J & J NON-STICK LARGE PADS          | P         |                     | SOF-WICK PADS                       | P         | RX/OTC              |
| KENDALL HYDROPHILIC FOAM DRESS PADS | P         |                     | STERILE GAUZE PADS                  | P         |                     |
| KENDALL HYDROPHILIC FOAM PLUS PADS  | P         |                     | STERILE PADS                        | P         |                     |
| KERLIX SPONGES PADS                 | P         | RX/OTC              | SURGICAL GAUZE SPONGE PADS          | P         |                     |
| MIRASORB SPONGES MISC               | P         |                     | THERAGAUZE PADS                     | P         |                     |
| MOLESKIN FOAM PADS                  | P         |                     | TOPPER DRESSING SPONGES MISC        | P         | RX/OTC              |
| NEXCARE ABSOLUTE WATERPROOF PADS    | P         |                     | <b>Contraceptives</b>               |           |                     |
| NU GAUZE 4PLY PADS                  | P         | RX/OTC              | AIMSCO LUBRICATED MISC              | P         |                     |
| NU GAUZE GENERAL-USE SPONGES MISC   | P         | RX/OTC              |                                     |           |                     |

| Drug Name                          | Drug Tier | Requirements/Limits | Drug Name                           | Drug Tier | Requirements/Limits |
|------------------------------------|-----------|---------------------|-------------------------------------|-----------|---------------------|
| CAYA DPRH                          | P         |                     | TROJAN ULTRA THIN/SPERMICIDAL MISC  | P         |                     |
| DUREX EXTRA SENSITIVE THIN DEVI    | P         |                     | TROJAN ULTRA THIN MISC              | P         |                     |
| DUREX EXTRA SENSITIVE THIN MISC    | P         |                     | TROJAN-ENZ LUBRICATED MISC          | P         |                     |
| DUREX TROPICAL MISC                | P         |                     | TROJAN-ENZ/SPERMICIDAL MISC         | P         |                     |
| FANTASY LUBRICATED/SPERMICIDE MISC | P         |                     | TRUE COVER DEVI                     | P         |                     |
| FANTASY LUBRICATED MISC            | P         |                     | TRUSTEX COLOR CONDOMS + LUBE MISC   | P         |                     |
| FC2 FEMALE CONDOM                  | P         |                     | TRUSTEX LUB/RIBBED/STUDED MISC      | P         |                     |
| FEMCAP DEVI                        | P         |                     | TRUSTEX LUB/SPERMICIDE EX ST MISC   | P         |                     |
| KAMELEON LUBRICATED MISC           | P         |                     | TRUSTEX LUB/SPERMICIDE XL MISC      | P         |                     |
| KIMONO COLORS DEVI                 | P         |                     | TRUSTEX LUBRICATED EX LARGE MISC    | P         |                     |
| KIMONO MAXX-LARGE FLARE MISC       | P         |                     | TRUSTEX LUBRICATED EXTRA ST MISC    | P         |                     |
| KIMONO MICRO THIN PLUS MISC        | P         |                     | TRUSTEX LUBRICATED/SPERMICIDE MISC  | P         |                     |
| KIMONO PLUS MISC                   | P         |                     | TRUSTEX LUBRICATED MISC             | P         |                     |
| KIMONO PS PLUS MISC                | P         |                     | TRUSTEX NATURAL CONDOMS + LUBE MISC | P         |                     |
| KIMONO PS MISC                     | P         |                     | TRUSTEX RIA LUB/SPERMICIDE MISC     | P         |                     |
| KIMONO SENSATION PLUS MISC         | P         |                     | TRUSTEX RIA LUBRICATED MISC         | P         |                     |
| KIMONO SENSATION MISC              | P         |                     | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC   | P         |                     |
| KIMONO SPECIAL DEVI                | P         |                     | WIDE-SEAL DIAPHRAGM 60              | P         |                     |
| KIMONO MISC                        | P         |                     | WIDE-SEAL DIAPHRAGM 65              | P         |                     |
| MAXX PLUS MISC                     | P         |                     |                                     |           |                     |
| MAXX MISC                          | P         |                     |                                     |           |                     |
| OMNIFLEX DIAPHRAGM                 | P         |                     |                                     |           |                     |
| REALITY LATEX CONDOMS MISC         | P         |                     |                                     |           |                     |
| REALITY LATEX/ULTRA TEXTURED DEVI  | P         |                     |                                     |           |                     |
| REALITY LATEX/ULTRA THIN DEVI      | P         |                     |                                     |           |                     |
| TROJAN BARESKIN DEVI               | P         |                     |                                     |           |                     |
| TROJAN MAGNUM MISC                 | P         |                     |                                     |           |                     |

| Drug Name                     | Drug Tier | Requirements/Limits  | Drug Name                        | Drug Tier | Requirements/Limits  |
|-------------------------------|-----------|--|----------------------------------|-----------|--|
| WIDE-SEAL DIAPHRAGM 70        | P         |  | ACCU-CHEK SAFE-T PRO LANCETS     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| WIDE-SEAL DIAPHRAGM 75        | P         |  |                                  |           |  |
| WIDE-SEAL DIAPHRAGM 80        | P         |  |                                  |           |  |
| WIDE-SEAL DIAPHRAGM 85        | P         |  |                                  |           |  |
| WIDE-SEAL DIAPHRAGM 90        | P         |  |                                  |           |  |
| WIDE-SEAL DIAPHRAGM 95        | P         |  |                                  |           |  |
| Diabetic Supplies             |           |  | ACCU-CHEK SMARTVIEW CONTROL LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| ACCU-CHEK AVIVA SOLN          | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ACCU-CHEK SOFTCLIX LANCETS       | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| ACCU-CHEK FASTCLIX LANCET KIT | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | ACCU-CHEK SOFTCLIX LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCU-CHEK FASTCLIX LANCETS    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ACCUTREND GLUCOSE CONTROL SOLN   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| ACCU-CHEK GUIDE CONTROL LIQD  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ACTI-LANCE 28G                   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCU-CHEK GUIDE ME KIT        | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | ACTI-LANCE LITE LANCETS 28G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ACCU-CHEK GUIDE KIT           | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | ACTI-LANCE SPECIAL LANCETS 17G   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                        | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|----------------------------------|-----------|--|------------------------------------|-----------|--|
| ACTI-LANCE UNIVERSAL 23G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ADVOCATE SAFETY LANCETS 23G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVANCED MOBILE LANCET           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ADVOCATE SAFETY LANCETS 26G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVANTAGE SAFETY LANCETS 28G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ADVOCATE SAFETY LANCETS 28G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVOCATE LANCETS                 | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | AGAMATRIX CONTROL NORMAL/HIGH SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
|                                  |           |  | AGAMATRIX CONTROL SOLN             | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| ADVOCATE LANCING DEVICE MISC     | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | AGAMATRIX JAZZ WIRELESS 2 KIT      | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ADVOCATE REDI-CODE+ CONTROL SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | AGAMATRIX PRESTO KIT               | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ADVOCATE REDI-CODE+ DEVI         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | AGAMATRIX ULTRA-THIN LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ADVOCATE SAFETY LANCETS 21G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                                    |           |  |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| AQUALANCE LANCETS 30G              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ASSURE LANCE PLUS SAFETY 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE 4 CONTROL LEVEL 1 & 2 LIQD  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ASSURE LANCE SAFETY LANCET 28G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ASSURE COMFORT LANCETS 28G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ASSURE PLATINUM METER DEVI          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ASSURE DOSE CONTROL SOLN           | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ASSURE PRISM CONTROL LEVEL 1&2 SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| ASSURE DOSE NORM/HIGH CONTROL SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ASSURE PRISM MULTI METER DEVI       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ASSURE LANCE LANCETS               | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ASSURE TITANIUM BLOOD GLUCOSE DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ASSURE LANCE LANCETS 21G           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | AUTO-LANCET MINI MISC               | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| ASSURE LANCE PLUS SAFETY 25G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | AUTOLET LANCING DEVICE MISC         | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
|                                    |           |  | AUTOLET LITE LANCING DEVICE MISC    | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| BD MICROTAINER LANCETS              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CARESENS LANCETS 30G               | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| BIOTEL CARE BLOOD GLUCOSE KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CARESENS N FELIZ BT DEVI           | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| BLOOD GLUCOSE MONITOR SYSTEM KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CARESENS N FELIZ DEVI              | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| BLOOD GLUCOSE MONITORING 333 DEVI   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CARESENS S CONTROL SOLN A/B LIQD   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| BLULINK CONTROL HIGH & LOW LIQD     | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | CARESENS S FIT BLOOD GLUC MON DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| BLULINK GLUCOSE MONITORING SYS DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CARESENS S FIT BT BLOOD GLUC DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| CAREONE ADVANCED LANCING DEV MISC   | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | CARETOUCH CONTROL SOL LEVEL 2 LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| CAREONE LANCET SUPER THIN 30G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CARETOUCH LANCING/EJECTOR MISC     | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| CARESENS CONTROL SOLUTION A/B SOLN  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | CARETOUCH MONITOR SYSTEM KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                      | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|--------------------------------|-----------|--|-------------------------------------|-----------|--|
| CARETOUCH SAFETY LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CHOSEN LANCING DEVICE MISC          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| CARETOUCH SAFETY LANCETS 26G   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CHOSEN SAFETY LANCETS 28G           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CARETOUCH TWIST LANCETS 28G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK AUTO-CODE SYSTEM DEVI   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| CARETOUCH TWIST LANCETS 30G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK AUTO-CODE VOICE DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| CARETOUCH TWIST LANCETS 30G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK AUTO-CODE DEVI          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| CARETOUCH TWIST LANCETS 33G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK LANCETS                 | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CARETOUCH TWIST MC LANCETS 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHEK SYSTEM KIT              | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| CHOSEN LANCETS 30G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CLEVER CHOICE AUTO-CODE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                      | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|--------------------------------|-----------|--|
| CLEVER CHOICE COMFORT EZ           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | COMFORT ASSURED LANCETS 28G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE GLUCOSE CONTROL LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | COMFORT ASSURED LANCETS 33G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE LANCETS 23G          | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | COMFORT TOUCH LANCETS 31G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE LANCETS 28G          | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | COMFORT TOUCH PLUS LANCETS 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CLEVER CHOICE MICRO SYSTEM KIT     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CONTOUR CONTROL LIQD           | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| CLEVER CHOICE MINI SYSTEM DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CONTOUR MONITOR DEVI           | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| CLEVER CHOICE TALK SYSTEM DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | CONTOUR NEXT CONTROL SOLN      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| COAGUCHEK LANCETS                  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | CONTOUR NEXT EZ KIT            | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                    | Drug Tier | Requirements/Limits  | Drug Name                    | Drug Tier | Requirements/Limits  |
|------------------------------|-----------|--|------------------------------|-----------|--|
| CONTOUR NEXT GEN MONITOR KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | CVS LANCETS THIN 26G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| CONTOUR NEXT LINK KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | DEXCOM G6 RECEIVER           | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| CONTOUR NEXT MONITOR KIT     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | DEXCOM G6 SENSOR             | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| CONTOUR NEXT ONE KIT         | NP        | QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP | DEXCOM G6 TRANSMITTER        | PA        | MP; PA   |
| CONTOUR NEXT ONE KIT         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | DEXCOM G7 15 DAY SENSOR      | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| CONTOUR PLUS BLUE KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | DEXCOM G7 RECEIVER           | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| CONTROL SOLN                 | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                     | DEXCOM G7 SENSOR             | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| CVS BLOOD GLUCOSE METER DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       | DIATRUE CONTROL LEVEL 1 SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| CVS BLOOD GLUCOSE METER KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC           | DIATRUE CONTROL LEVEL 2 SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
|                              |           |  | DIATRUE CONTROL LEVEL 3 SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| DIATRUE PLUS BLOOD GLUCOSE DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | DRUG MART UNILET LANCETS 28G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| DROPLET GENTEEL LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | DRUG MART UNILET LANCETS 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| DROPLET LANCETS ULTRA THIN 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | DRUG MART UNILET LANCETS 33G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| DROPLET LANCING DEVICE MISC         | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | EASY COMFORT LANCETS                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| DROPLET PERSONAL LANCETS 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY COMFORT LANCETS TWIST TOP      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| DROPSAFE ACTI-LANCE 23G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY MINI EJECT LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| DROPSAFE MEDLANCE LANCET 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY PLUS II CONTROL SOLN           | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| DRUG MART ON-THE-GO LANCET 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY PLUS II GLUCOSE SYSTEM DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                    | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|------------------------------|-----------|--|
| EASY STEP CONTROL SOLN              | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | EASY TOUCH LANCETS 23G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY STEP GLUCOSE MONITOR DEVI      | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | EASY TOUCH LANCETS 26G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TALK BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | EASY TOUCH LANCETS 28G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TALK CONTROL SOLN              | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | EASY TOUCH LANCETS 28G/TWIST | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TALK PLUS II CONTROL SOLN      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | EASY TOUCH LANCETS 30G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TOUCH CONTROL HIGH & LOW SOLN  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | EASY TOUCH LANCETS 30G/TWIST | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TOUCH GLUCOSE SYSTEM KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | EASY TOUCH LANCETS 32G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EASY TOUCH HEALTHPRO GLUCOSE KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |                              |           |  |
| EASY TOUCH HEALTHPRO HIGH/LOW LIQD  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |                              |           |  |
| EASY TOUCH LANCETS 21G              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                              |           |  |

| Drug Name                      | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|--------------------------------|-----------|--|-------------------------------------|-----------|--|
| EASY TOUCH LANCETS 32G/TWIST   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY TRAK BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       |
| EASY TOUCH LANCETS 33G/TWIST   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY TRAK CONTROL SOLN              | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                     |
| EASY TOUCH LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | EASY TRAK II BLOOD GLUCOSE SYS DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       |
| EASY TOUCH SAFETY LANCETS 21G  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASY TRAK II CONTROL LIQD           | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                     |
| EASY TOUCH SAFETY LANCETS 23G  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASYGLUCO KIT                       | NP        | QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP |
| EASY TOUCH SAFETY LANCETS 26G  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASYMAX 15 LEVEL 2 CONTROL SOLN     | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                     |
| EASY TOUCH SAFETY LANCETS 28G  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EASYMAX CONTROL SOLN                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                     |
|                                |           |  | EASYMAX NG BLOOD GLUCOSE DEVI       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       |
|                                |           |  | EASYMAX NG BLOOD GLUCOSE KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       |
|                                |           |  | EASYMAX V BLOOD GLUCOSE DEVI        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC       |

| Drug Name                           | Drug Tier | Requirements/ Limits   | Drug Name                           | Drug Tier | Requirements/ Limits   |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| ELEMENT COMPACT CONTROL 2 SOLN      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EMBRACE GLUCOSE CONTROL LIQD        | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| ELEMENT COMPACT CONTROL 3 SOLN      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EMBRACE LANCETS ULTRA THIN 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ELEMENT COMPACT GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | EMBRACE LANCING DEVICE/EJECTOR MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| ELEMENT COMPACT V GLUCOSE SYS DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | EMBRACE PRESSURE ACTIVATED 21G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ELEMENT CONTROL LIQD                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EMBRACE PRESSURE ACTIVATED 28G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ELEMENT PLUS DEVI                   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | EMBRACE PRO GLUCOSE CONTROL LIQD    | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| EMBRACE BLOOD GLUCOSE MONITOR DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | EMBRACE PRO GLUCOSE METER DEVI      | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| EMBRACE CONTROL SOLN                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EMBRACE TALK BLOOD GLUCOSE DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| EMBRACE EVO CONTROL LEVEL 1 LIQD    | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EMBRACE TALK GLUCOSE CONTROL SOLN   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| EMBRACE EVO GLUCOSE MONITOR DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |                                     |           |  |
| EMBRACE EVO GLUCOSE MONITORING KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |                                     |           |  |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|------------------------------------|-----------|--|
| EMBRACE TALK MONITORING SYSTEM KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | EXTENDED INFUSION SET 43"/9MM MISC | NP        | MP   |
| EMBRACE WAVE GLUCOSE CONTROL LIQD  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | EXTENDED RESERVOIR 3ML MISC        | NP        | MP   |
| EMBRACE WAVE GLUCOSE METER DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | FINGERSTIX LANCETS                 | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EVERSENSE 365 SENSOR/HOLDER        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP         | FONDCIRCLE BLOOD GLUCOSE MONIT KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| EVERSENSE 365 SMART TRANSMIT       | NP        | MP   | FONDCIRCLE CONTROL SOLUTION LIQD   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| EVERSENSE E3 SENSOR/HOLDER         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP         | FONDCIRCLE LANCING DEVICE MISC     | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| EVERSENSE E3 SMART TRANSMITTER     | NP        | MP   | FONDCIRCLE SINGLE USE LANCETS      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| EVOLUTION AUTOCODE DEVI            | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC | FORA CONTROL SOLN                  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| EVOLUTION CONTROL SOLN             | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               | FORA D20 2-IN-1 MONITOR DEVI       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| EXTENDED INFUSION SET 23"/6MM MISC | NP        | MP   | FORA G20 BLOOD GLUCOSE SYSTEM KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| EXTENDED INFUSION SET 23"/9MM MISC | NP        | MP   |                                    |           |  |
| EXTENDED INFUSION SET 32"/6MM MISC | NP        | MP   |                                    |           |  |
| EXTENDED INFUSION SET 32"/9MM MISC | NP        | MP   |                                    |           |  |
| EXTENDED INFUSION SET 43"/6MM MISC | NP        | MP   |                                    |           |  |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
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| FORA G30A BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORA V10/V12/D10/D20 TEST KIT       | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP |
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORA V12 BLOOD GLUCOSE SYSTEM DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORA V20 BLOOD GLUCOSE SYSTEM DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA LANCETS                        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FORA V30A BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA LANCING DEVICE MISC            | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | FORA V30A BLOOD GLUCOSE SYSTEM KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA PREMIUM V10 BLE SYSTEM DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORACARE GD40 MONITOR DEVI          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA TEST N' GO MONITOR DEVI        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORACARE GDH CONTROL SOLN           | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                         |
| FORA TN'G VOICE KIT                 | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORACARE PREMIUM V10 DEVI           | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
| FORA V10 BLOOD GLUCOSE SYSTEM DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FORACARE TEST N GO MONITOR DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC           |
|                                     |           |  | FREESTYLE CONTROL SOLUTION LIQD     | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                         |

| Drug Name                     | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
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| FREESTYLE FREEDOM LITE KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | FREESTYLE LIBRE 3 SENSOR           | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       |
| FREESTYLE LANCETS             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | FREESTYLE LITE DEVI                | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| FREESTYLE LIBRE 14 DAY READER | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | FREESTYLE LITE KIT                 | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| FREESTYLE LIBRE 14 DAY SENSOR | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | FREESTYLE PRECISION NEO SYSTEM KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| FREESTYLE LIBRE 2 PLUS SENSOR | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | FREESTYLE UNISTICK II LANCETS      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| FREESTYLE LIBRE 2 READER      | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | GE100 BLOOD GLUCOSE SYSTEM DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| FREESTYLE LIBRE 2 SENSOR      | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | GE100 BLOOD GLUCOSE SYSTEM KIT     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| FREESTYLE LIBRE 3 PLUS SENSOR | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | GE100 CONTROL SOLN                 | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| FREESTYLE LIBRE 3 READER      | PA        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; PA                       | GENTEEL BUTTERFLY TOUCH LANCET     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                         | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|-----------------------------------|-----------|--|
| GENTEEL LANCING KIT (BLUE) KIT      | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD 01 BLOOD GLUCOSE KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |
| GENTEEL PLUS LANCING (PURPLE) MISC  | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD 01 CONTROL LIQD         | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               |
| GENTEEL PLUS LANCING (WHITE) MISC   | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD 01 CONTROL SOLN         | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               |
| GENTEEL PLUS LANCING DEV(BLUE) MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD EXPRESSION CONTROL SOLN | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               |
| GENTEEL PLUS LANCING DEV(PINK) MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD EXPRESSION MONITOR KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |
| GHT BLOOD GLUCOSE MONITOR KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | GLUCOCARD SHINE CONNEX KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |
| GLOBAL INJECT EASE LANCETS 28G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GLUCOCARD SHINE CONTROL SOLN      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)               |
| GLOBAL INJECT EASE LANCETS 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GLUCOCARD SHINE EXPRESS KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |
| GLOBAL LANCING DEVICE MISC          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | GLUCOCARD SHINE XL DEVI           | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |
|                                     |           |  | GLUCOCARD SHINE DEVI              | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
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| GLUCOCARD SHINE KIT                 | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | GNP EASY TOUCH CONT HIGH/LOW SOLN   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| GLUCOCARD VITAL MONITOR KIT         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | GNP EASY TOUCH GLUCOSE METER DEVI   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | GNP LANCING SYSTEM DEVICE MISC      | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| GLUCOCOM CONTROL LIQD               | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | GNP STERILE LANCETS 30G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCOM LANCETS 28G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP STERILE LANCETS 33G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GLUCOCOM LANCETS 30G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP TRUE METRIX AIR METER KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GLUCOCOM LANCETS 33G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | GNP TRUE METRIX GLUCOSE METER KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GLUCOCOM MONITOR KIT                | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | GOJJI CONTROL SOLN                  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| GLUCOSE CONTROL SOLN                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | GOJJI LANCING DEVICE/CLEAR CAP MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|------------------------------------|-----------|--|
| GOJJI STERILE LANCETS              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | H-E-B INCONTROL LANCETS 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GUARDIAN 4 GLUCOSE SENSOR          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | H-E-B INCONTROL LANCETS 33G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| GUARDIAN 4 TRANSMITTER             | NP        | MP   | HM EMBRACE TALK SYSTEM KIT         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GUARDIAN CONNECT TRANSMITTER       | NP        | MP   | HW EMBRACE PRO GLUCOSE METER DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GUARDIAN LINK 3 TRANSMITTER        | NP        | MP   | HW EMBRACE TALK BLOOD GLUCOSE DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| GUARDIAN SENSOR (3)                | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | HYPOLANCE AST LANCING KIT          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| GUARDIAN SENSOR 3                  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | IHEALTH CONTROL SOLUTION LIQD      | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| HEALTHPRO BLOOD GLUCOSE MONITO KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | IHEALTH GLUCO+ KIT 10 KIT          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| H-E-B INCONTROL ADV LANCING MISC   | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | ILET CONTACT DETACH 23" 6MM MISC   | NP        | MP; RX/OTC   |
| H-E-B INCONTROL LANCETS 28G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | ILET INFUSION-FLEX 23" 6MM MISC    | NP        | MP; RX/OTC   |
|                                    |           |  | ILET INFUSION-INSET 23" 6MM MISC   | NP        | MP; RX/OTC   |

| Drug Name                           | Drug Tier | Requirements/ Limits   | Drug Name              | Drug Tier | Requirements/ Limits   |
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| ILET INFUSION-INSET 32" 6MM MISC    | NP        | MP; RX/OTC   | LANCETS 28G THIN       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ILET INSULIN PUMP DEVI              | NP        | MP   |                        |           |  |
| ILET STARTER - CONTACT DETACH MISC  | NP        | MP; RX/OTC   | LANCETS 30G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ILET STARTER KIT - INSET 23" MISC   | NP        | MP; RX/OTC   |                        |           |  |
| ILET STARTER KIT - INSET 32" MISC   | NP        | MP; RX/OTC   | LANCETS 33G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| INFINITY BLOOD GLUCOSE SYSTEM KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |                        |           |  |
| INFINITY CONTROL SOLN               | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | LANCETS MICRO THIN 33G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| KROGER AUTOLET LANCING DEVICE MISC  | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |                        |           |  |
| KROGER HEALTHPRO CONTROL HI/LO LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | LANCETS SUPER THIN 28G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| KROGER HEALTHPRO LANCET 26G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                        |           |  |
| LANCET DEVICE WITH EJECTOR MISC     | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | LANCETS ULTRA THIN     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| LANCETS                             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                        |           |  |
|                                     |           |  | LANCETS ULTRA THIN 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                         | Drug Tier | Requirements/Limits  |
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| LANCING DEVICE MISC                 | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | MEDLANCE PLUS SUPERLITE 30G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| LANZO MISC                          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | MEDLANCE PLUS UNIVERSAL 21G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| LEADER ADVANCED LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | MICRODOT BLOOD GLUCOSE SYSTEM KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| LIBERTY GLUCOSE CONTROL LIQD        | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | MICRODOT CONTROL HIGH/LOW SOLN    | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| MEDISENSE GLUCOSE KETONE CONTR LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | MICROLET LANCETS                  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| MEDLANCE PLUS EXTRA 21G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MICROLET NEXT LANCETS             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| MEDLANCE PLUS LITE 25G              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MICROLET NEXT LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| MEDLANCE PLUS SPECIAL 0.8MM         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | MINI LANCING DEVICE MISC          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
|                                     |           |  | MINIMED 630G INSULIN PUMP KIT     | NP        | MP   |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
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| MINIMED 780G INSULIN PUMP KIT       | NP        | MP   | MM BLOOD GLUCOSE SYSTEM REFILL KIT | NP        | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP         |
| MINIMED INSTINCT GLUC SENSOR        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP   | MM EASY TOUCH GLUCOSE METER KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| MINIMED MIO ADVANCE INFUSE SET MISC | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MM LANCING DEVICE MISC             | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| MINIMED PUMP RESERVOIR 3ML MISC     | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MM TWIST LANCETS                   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| MINIMED QUICK SET INF SET 18" MISC  | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MOBI 2ML CARTRIDGE MISC            | NP        | MP   |
| MINIMED QUICK SET INF SET 23" MISC  | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MODD1 PATIENT WELCOME KIT KIT      | NP        | MP   |
| MINIMED QUICK SET INF SET 32" MISC  | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MODD1 SUPPLY KIT KIT               | NP        |  |
| MINIMED QUICK SET INF SET 43" MISC  | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MONOLET LANCETS                    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| MINIMED QUICK-SERTER MISC           | P         | QL(1 EA per 90 day(s) retail; 1 EA per 90 days mail); RX/OTC | MULTI-LANCET DEVICE 2 KIT          | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| MINIMED RESERVOIR 1.8ML MISC        | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MYGLUCOHEALTH BLOOD GLUCOSE KIT    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| MINIMED RESERVOIR 3ML MISC          | P         | QL(20 EA per 28 day(s) retail; 20 EA per 28 days mail)       | MYGLUCOHEALTH CONTROL SOLN         | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| MINIMED SILHOUETTE INF SET 32" MISC | P         | QL(0.72 EA daily)  |                                    |           |  |
| MINIMED SILHOUETTE INF SET 43" MISC | P         | QL(0.72 EA daily)  |                                    |           |  |

| Drug Name                         | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|--|------------------------------------|-----------|--|
| MYGLUCOHEALTH LANCETS 30G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | OMNIPOD CLASSIC PODS (GEN 3) MISC  | NP        | MP   |
| NEUTEK 2TEK CONTROL SOLN          | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | OMNIPOD DASH INTRO (GEN 4) KIT     | PA        | MP; PA   |
| NOVA SAFETY LANCETS 23G           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | OMNIPOD DASH PDM (GEN 4) KIT       | NP        | MP   |
| NOVA SAFETY LANCETS 28G           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | OMNIPOD DASH PODS (GEN 4) MISC     | PA        | MP; PA   |
| NOVA SUREFLEX LANCETS             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | OMNIPOD GO KIT                     | NP        | MP   |
| NOVA SUREFLEX LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | ON CALL EXPRESS MONITORING SYS KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | PA        | MP; PA   | ONETOUCH DELICA PLUS LANCET30G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | NP        | MP   | ONETOUCH DELICA PLUS LANCET33G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC | PA        | MP; PA   | ONETOUCH DELICA PLUS LANCING MISC  | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| OMNIPOD 5 LIBRE INTRO KIT         | PA        | MP; PA   | ONETOUCH DELICA SAFETY LANCING     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| OMNIPOD 5 LIBRE PODS MISC         | PA        | MP; PA   | ONETOUCH ULTRA 2 KIT               | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| ONETOUCH ULTRA CONTROL LIQD        | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | PIP BLOOD GLUCOSE MONITORING DEVI   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| ONETOUCH ULTRASOFT 2 LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PIP GLUCOSE CONTROL SOLUTION LIQD   | P         | QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)                 |
| ONETOUCH VERIO FLEX SYSTEM KIT     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PIP LANCETS 28G                     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ONETOUCH VERIO REFLECT KIT         | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PIP LANCETS 30G                     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ONETOUCH VERIO LIQD                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | PIVOT INSULIN PUMP STARTER KIT KIT  | NP        | MP   |
| PERFECT POINT SAFETY LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PIVOT SUPPLY KIT KIT                | NP        |  |
| PHARMACIST CHOICE AUTOCODE SYS KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | POGO AUTOMATIC BLOOD GLUCOSE DEVI   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| PHARMACIST CHOICE LANCETS          | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRECISION GLUCOSE KETONE CONTR LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| PHARMACIST CHOICE MINI SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PRECISION XTRA-GLUCOSE/KETONE DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
|                                    |           |  | PRO COMFORT LANCETS 30G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                        | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|----------------------------------|-----------|--|
| PRO COMFORT LANCETS 31G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRODIGY POCKET BLOOD GLUCOSE KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| PRO COMFORT SAFETY LANCETS 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PRODIGY SAFETY LANCETS 26G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| PRO VOICE V8 GLUCOSE SYSTEM DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PRODIGY TWIST TOP LANCETS 28G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| PRO VOICE V9 GLUCOSE SYSTEM DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PRODIGY VOICE BLOOD GLUCOSE KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PURE COMFORT LANCETS 30G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | PURE COMFORT SAFETY LANCET 30G   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| PRODIGY CONTROL SOLUTION SOLN       | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | PX ADVANCED LANCING DEVICE MISC  | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| PRODIGY LANCETS 28G                 | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | PX LANCETS MICROTHIN 33G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| PRODIGY LANCING DEVICE MISC         | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |                                  |           |  |

| Drug Name                         | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|--|------------------------------------|-----------|--|
| PX LANCETS ULTRA THIN 28G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | REFUAH PLUS GLUCOSE CONTROL SOLN   | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| QC ADVANCED LANCING DEVICE MISC   | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | REFUAH PLUS MONITORING SYSTEM KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| QC LANCETS SUPER THIN 30G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION ALL-IN-ONE                  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| QC UNILET LANCETS 28G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION CONFIRM GLUCOSE MONITOR KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| QC UNILET LANCETS MICRO THIN      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | RELION LANCET DEVICES 30G          | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| QUINTET AC BLOOD GLUCOSE DEVI     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RELION LANCETS MICRO-THIN 33G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| QUINTET BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RELION LANCETS THIN 26G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| QUINTET CONTROL HIGH/NORMAL SOLN  | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | RELION LANCETS ULTRA-THIN 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|------------------------------------|-----------|--|
| RELION MICRO KIT                   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GC300 CONTROL LIQD        | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| RELION PREMIER BLU MONITOR DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GD500 LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| RELION PREMIER CLASSIC DEVI        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GL300 LANCETS             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RELION PREMIER COMPACT SYSTEM KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GM100 BLOOD GLUCOSE KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| RELION PREMIER VOICE MONITOR DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GM300 BLOOD GLUCOSE KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| RELION PRIME MONITOR DEVI          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GM550 BLOOD GLUCOSE KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| RELION TRUE MET AIR GLUC METER KIT | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | RIGHTEST GT333 BLOOD GLUCOSE DEVI  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| RELION ULTIMA GLUCOSE SYSTEM KIT   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SAFETY LANCET 30G/PRESSURE ACT     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| RELION ULTRA THIN LANCETS 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SAFETY LANCETS 21G                 | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                     | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------|-----------|--|-------------------------------------|-----------|--|
| SAFETY LANCETS 23G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SENSILANCE SAFETY LANCETS 28G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SAFETY LANCETS 28G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SIMPLE DIAGNOSTICS LANCING DEV MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SAPS HEALTH PLUS LANCETS      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SIMPLERA SENSOR                     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SAPS HEALTH TWIST TOP LANCETS | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SIMPLERA SYNC SENSOR                | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SAPS TWIST TOP LANCETS        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SIMPLERA SYSTEM                     | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SENSILANCE SAFETY LANCETS 21G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SMART DIABETES VANTAGE LANCING MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SENSILANCE SAFETY LANCETS 26G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SMARTEST CONTROL MEDIUM SOLN        | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
|                               |           |  | SMARTEST EJECT STARTER KIT          | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
|                               |           |  | SMARTEST EJECT DEVI                 | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                    | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|------------------------------|-----------|--|
| SMARTEST LANCETS 28G               | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | SOLUS V2 LANCING DEVICE MISC | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| SMARTEST PERSONA STARTER KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SOLUS V2 TWIST LANCETS 30G   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SMARTEST PRONTO STARTER KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | STERILANCE TL                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SMARTEST PROTEGE STARTER KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SURE COMFORT LANCETS 18G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SMARTEST PROTEGE DEVI              | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SURE COMFORT LANCETS 21G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SURE COMFORT LANCETS 23G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | SURE COMFORT LANCETS 28G     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| SOLUS V2 CONTROL SOLN              | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |                              |           |  |
| SOLUS V2 LANCETS 28G               | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                              |           |  |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| SURE COMFORT LANCETS 30G            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | TANDEM MOBI SYSTEM STARTER KIT      | NP        | MP   |
| SURE COMFORT LANCING PEN MISC       | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | TANDEM MOBI TRUSTEEL SUPP KIT MISC  | NP        | MP   |
| T:FLEX T:LOCK CARTRIDGE 4.8ML MISC  | NP        | MP   | TANDEM T:SLIM ASFT 30 PK10 23" MISC | NP        | MP   |
| T:SLIM X2 3ML CARTRIDGE MISC        | NP        | MP   | TANDEM T:SLIM ASFT 30 PK14 23" MISC | NP        | MP   |
| T:SLIM X2 BASAL-IQ PUMP DEVI        | NP        | MP   | TANDEM T:SLIM ASFT XC PK10 23" MISC | NP        | MP   |
| T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVI  | NP        | MP   | TANDEM T:SLIM ASFT XC PK14 23" MISC | NP        | MP   |
| T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVI  | NP        | MP   | TANDEM T:SLIM TRUSTL PK10 23" MISC  | NP        | MP   |
| T:SLIM X2 INSULIN PMP BASAL6.4 DEVI | NP        | MP   | TECHLITE LANCETS                    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| T:SLIM X2 INSULIN PUMP DEVI         | NP        | MP   | TECHLITE LANCETS 26G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| T:SLIM X2 STARTER 7.10 KIT          | NP        | MP   | TEMPO SMART BUTTON MISC             | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC                       |
| TAI DOC CONTROL SOLN                | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | TEMPO WELCOME KIT                   | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); RX/OTC                       |
| TANDEM MOBI AUTOSOFT 30 KIT MISC    | NP        | MP   | TRAVEL LANCETS ADVANCED 28G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TANDEM MOBI AUTOSOFT XC KIT MISC    | NP        | MP   |                                     |           |  |
| TANDEM MOBI AUTOSOFT30 14PK23" MISC | NP        | MP   |                                     |           |  |
| TANDEM MOBI AUTOSOFTXC 14PK23" MISC | NP        | MP   |                                     |           |  |
| TANDEM MOBI AUTOSOFTXC 14PK5" MISC  | NP        | MP   |                                     |           |  |

| Drug Name                         | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|--|-------------------------------------|-----------|--|
| TRUE COMFORT SAFETY LANCETS       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | TRUE METRIX METER KIT               | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| TRUE COMFORT TWIST TOP LANCETS    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | TRUEDRAW LANCING DEVICE MISC        | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| TRUE METRIX AIR GLUCOSE METER KIT | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | TRUENESS BLOOD GLUCOSE MONITOR DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| TRUE METRIX AIR GLUCOSE METER KIT | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | TRUEPLUS LANCETS 28G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUE METRIX GO GLUCOSE METER KIT  | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | TRUEPLUS LANCETS 30G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUE METRIX LEVEL 1 SOLN          | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | TRUEPLUS LANCETS 33G                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUE METRIX LEVEL 2 SOLN          | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | TRUEPLUS SAFETY LANCETS 28G         | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUE METRIX LEVEL 3 SOLN          | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | TRUERESULT BLOOD GLUCOSE KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |
| TRUE METRIX METER DEVI            | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   |                                     |           |  |

| Drug Name                         | Drug Tier | Requirements/Limits  | Drug Name                    | Drug Tier | Requirements/Limits  |
|-----------------------------------|-----------|--|------------------------------|-----------|--|
| TRUETRACK BLOOD GLUCOSE KIT       | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | ULTRA THIN LANCETS 31G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TRUETRACK SMART SYSTEM KIT        | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | ULTRA-CARE LANCETS 30G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TWIST REFILL KIT/INFUSION SET KIT | NP        | MP   | ULTRA-THIN II LANCETS        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TWIST REFILL KIT KIT              | NP        | MP   | UNILET COMFORTOUCH LANCET    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TWIST STARTER KIT KIT             | NP        | MP   | UNILET G.P. SUPERLITE LANCET | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| TWIST TOP LANCETS 30G             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNILET GP 28 ULTRA THIN      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ULTI-LANCE AUTOMATIC MISC         | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           | UNILET LANCET                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| ULTILET CLASSIC LANCETS           | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                              |           |  |
| ULTILET LANCETS                   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                              |           |  |
| ULTILET SAFETY LANCETS 23G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                              |           |  |

| Drug Name             | Drug Tier | Requirements/Limits  | Drug Name           | Drug Tier | Requirements/Limits  |
|-----------------------|-----------|--|---------------------|-----------|--|
| UNILET MICRO-THIN 33G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 2 SUPER     | P         | QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC     |
| UNILET SUPER-THIN 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 3 COMFORT   | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNILET ULTRA-THIN 28G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 3 EXTRA     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK 2             | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 3 GENTLE    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK 2 COMFORT     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 3 NEONATAL  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK 2 EXTRA       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK 3 NORMAL    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK 2 NORMAL      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK CZT COMFORT | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |

| Drug Name                     | Drug Tier | Requirements/Limits  | Drug Name                     | Drug Tier | Requirements/Limits  |
|-------------------------------|-----------|--|-------------------------------|-----------|--|
| UNISTIK CZT NORMAL            | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK TOUCH SAFETY LANC 28G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK NORMAL                | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTIK TOUCH SAFETY LANC 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK PRO SAFETY LANCET     | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | UNISTRIP CONTROL SOLN         | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 |
| UNISTIK SAFETY LANCETS 28G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VERIFINE SAFE LANCET MINI 21G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK SAFETY LANCETS 30G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VERIFINE SAFE LANCET MINI 23G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK SAFETY LANCETS 30G    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VERIFINE SAFE LANCET MINI 28G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK TOUCH SAFETY LANC 21G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VERIFINE SAFE LANCET MINI 30G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| UNISTIK TOUCH SAFETY LANC 23G | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |                               |           |  |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                          | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|------------------------------------|-----------|--|
| VERIFINE UNIVERSAL LANCETS 28G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VIVAGUARD LANCETS                  | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| VERIFINE UNIVERSAL LANCETS 30G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VIVAGUARD LANCETS 30G              | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| VERIFINE UNIVERSAL LANCETS 33G      | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | VIVAGUARD LANCING DEVICE MISC      | P         | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP                           |
| V-GO 20 KIT                         | NP        | MP   | VIVAGUARD SAFETY LANCETS 28G       | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| V-GO 30 KIT                         | NP        | MP   | ZEVRX TWIST TOP LANCETS 30G        | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC |
| V-GO 40 KIT                         | NP        | MP   | <b>Parenteral Therapy Supplies</b> |           |  |
| VIVAGUARD INO CONTROL SOLUTION LIQD | P         | QL(1 EA per 30 day(s) retail; 1 EA per 30 days mail)                                 | ADVOCATE INSULIN SYRINGE           | P         | QL(5 EA daily); RX/OTC   |
| VIVAGUARD INO CONTROL SOLUTION LIQD | P         | QL(0.034 EA daily; 1 EA per 30 day(s) retail; 1 EA per 30 days mail)                 | AQ INSULIN SYRINGE                 | P         | QL(5 EA daily); RX/OTC   |
| VIVAGUARD INO GLUCOSE METER DEVI    | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | BD AUTOSHIELD DUO                  | P         | MP; RX/OTC   |
| VIVAGUARD INO GLUCOSE METER KIT     | NP        | QL(6.7 EA daily; 1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP             | BD INS SYR ULTRAFINE 1/2UNIT       | P         | QL(5 EA daily); RX/OTC   |
| VIVAGUARD INO SMART GLUC METER DEVI | NP        | QL(1 EA per 730 day(s) retail; 1 EA per 730 days mail); MP; RX/OTC                   | BD INSULIN SYR ULTRAFINE II        | P         | QL(5 EA daily); RX/OTC   |
|                                     |           |  | BD INSULIN SYRINGE                 | P         | QL(5 EA daily); RX/OTC   |
|                                     |           |  | BD INSULIN SYRINGE HALF-UNIT       | P         | QL(5 EA daily); RX/OTC   |

| Drug Name                      | Drug Tier | Requirements/ Limits   | Drug Name                      | Drug Tier | Requirements/ Limits   |
|--------------------------------|-----------|--|--------------------------------|-----------|------------------------|
| BD INSULIN SYRINGE MICROFINE   | P         | QL(5 EA daily); RX/OTC   | EASY COMFORT INSULIN SYRINGE   | P         | QL(5 EA daily); RX/OTC |
| BD INSULIN SYRINGE U/F         | P         | QL(5 EA daily); RX/OTC   | EASY TOUCH FLIPLOCK INSULIN SY | P         | QL(5 EA daily); RX/OTC |
| BD INSULIN SYRINGE ULTRAFINE   | P         | QL(5 EA daily)   | EASY TOUCH INSULIN SAFETY SYR  | P         | QL(5 EA daily); RX/OTC |
| BD PEN NEEDLE MICRO ULTRAFINE  | P         | MP   | EASY TOUCH INSULIN SYRINGE     | P         | QL(5 EA daily)         |
| BD PEN NEEDLE MINI ULTRAFINE   | P         | MP; RX/OTC   | EASY TOUCH SHEATHLOCK SYRINGE  | P         | QL(5 EA daily); RX/OTC |
| BD PEN NEEDLE NANO 2ND GEN     | P         | MP; RX/OTC   | EMBECTA AUTOSHIELD DUO         | P         | MP; RX/OTC             |
| BD PEN NEEDLE NANO ULTRAFINE   | P         | MP; RX/OTC   | EMBECTA INS SYR U/F 1/2 UNIT   | P         | QL(5 EA daily); RX/OTC |
| BD PEN NEEDLE ORIG ULTRAFINE   | P         | MP   | EMBECTA INSULIN SYR ULTRAFINE  | P         | QL(5 EA daily)         |
| BD PEN NEEDLE SHORT ULTRAFINE  | P         | MP; RX/OTC   | EMBECTA INSULIN SYRINGE        | P         | QL(5 EA daily); RX/OTC |
| BD SAFETYGLIDE INSULIN SYRINGE | P         | QL(5 EA daily); RX/OTC   | EMBECTA INSULIN SYRINGE U-100  | P         | QL(5 EA daily)         |
| BD VEO INSULIN SYR ULTRAFINE   | P         | QL(5 EA daily); RX/OTC   | EMBECTA PEN NEEDLE NANO        | P         | MP; RX/OTC             |
| CAREONE INSULIN SYRINGE        | P         | QL(5 EA daily)   | EMBECTA PEN NEEDLE NANO 2 GEN  | P         | MP; RX/OTC             |
| CARETOUCH HYPODERMIC NEEDLE    | P         | QL(6.7 EA daily; 670 EA per 100 day(s) retail; 670 EA per 100 days mail); MP; RX/OTC | EMBECTA PEN NEEDLE ULTRAFINE   | P         | MP                     |
| CARETOUCH INSULIN SYRINGE      | P         | QL(5 EA daily); RX/OTC   | FIFTY50 SUPERIOR COMFORT SYR   | P         | QL(5 EA daily); RX/OTC |
| CEQUR SIMPLICITY 2U DEVI       | PA        | MP; PA; RX/OTC   | GLOBAL EASY GLIDE INSULIN SYR  | P         | QL(5 EA daily); RX/OTC |
| CEQUR SIMPLICITY INSERTER MISC | P         | MP   | GLOBAL INJECT EASE INSULIN SYR | P         | QL(5 EA daily); RX/OTC |
| COMFORT EZ INSULIN SYRINGE     | P         | QL(5 EA daily); RX/OTC   | GLOBAL INSULIN SYRINGES        | P         | QL(5 EA daily); RX/OTC |
| DROPLET INSULIN SYRINGE        | P         | QL(5 EA daily); RX/OTC   | GLUCOPRO INSULIN SYRINGE       | P         | QL(5 EA daily); RX/OTC |
| DROPSAFE SAFETY SYRINGE/NEEDLE | P         | QL(5 EA daily); RX/OTC   | GNP INSULIN SYRINGE            | P         | QL(5 EA daily); RX/OTC |
|                                |           |  | GNP INSULIN SYRINGES           | P         | QL(5 EA daily); RX/OTC |
|                                |           |  | GNP INSULIN SYRINGES 28GX1/2"  | P         | QL(5 EA daily); RX/OTC |

| Drug Name                      | Drug Tier | Requirements/<br>Limits   | Drug Name                      | Drug Tier | Requirements/<br>Limits   |
|--------------------------------|-----------|---------------------------|--------------------------------|-----------|---------------------------|
| GNP INSULIN SYRINGES 29GX1/2"  | P         | QL(5 EA daily);<br>RX/OTC | REALITY INSULIN SYRINGE        | P         | QL(5 EA daily);<br>RX/OTC |
| GNP INSULIN SYRINGES 30GX5/16" | P         | QL(5 EA daily);<br>RX/OTC | RELION INSULIN SYRINGE         | P         | QL(5 EA daily);<br>RX/OTC |
| GNP INSULIN SYRINGES 31GX5/16" | P         | QL(5 EA daily);<br>RX/OTC | SB INSULIN SYRINGE             | P         | QL(5 EA daily);<br>RX/OTC |
| GNP ULTRA COM INSULIN SYRINGE  | P         | QL(5 EA daily);<br>RX/OTC | SECURESAFE INSULIN SYRINGE     | P         | QL(5 EA daily);<br>RX/OTC |
| HEALTHWISE INSULIN SYR/NEEDLE  | P         | QL(5 EA daily);<br>RX/OTC | SURE COMFORT INSULIN SYRINGE   | P         | QL(5 EA daily);<br>RX/OTC |
| HM ULTICARE INSULIN SYRINGE    | P         | QL(5 EA daily);<br>RX/OTC | TECHLITE INSULIN SYRINGE       | P         | QL(5 EA daily);<br>RX/OTC |
| INSULIN SYRINGE                | P         | QL(5 EA daily);<br>RX/OTC | TRUE COMFORT INSULIN SYRINGE   | P         | QL(5 EA daily);<br>RX/OTC |
| INSULIN SYRINGE-NEEDLE U-100   | P         | QL(5 EA daily);<br>RX/OTC | TRUE COMFORT PRO INSULIN SYR   | P         | QL(5 EA daily);<br>RX/OTC |
| KINRAY INSULIN SYRINGE         | P         | QL(5 EA daily);<br>RX/OTC | TRUEPLUS INSULIN SYRINGE       | P         | QL(5 EA daily);<br>RX/OTC |
| LITETOUCH INSULIN SYRINGE      | P         | QL(5 EA daily);<br>RX/OTC | ULTICARE INSULIN SAFETY SYR    | P         | QL(5 EA daily);<br>RX/OTC |
| MAGELLAN INSULIN SAFETY SYR    | P         | QL(5 EA daily);<br>RX/OTC | ULTICARE INSULIN SYRINGE       | P         | QL(5 EA daily);<br>RX/OTC |
| MAXI-COMFORT INSULIN SYRINGE   | P         | QL(5 EA daily);<br>RX/OTC | ULTIGUARD SAFEPAK SYR/NEEDLE   | P         | QL(5 EA daily)            |
| MAXICOMFORT SYR 27G X 1/2"     | P         | QL(5 EA daily);<br>RX/OTC | ULTRA FLO INSULIN SYR 1/2 UNIT | P         | QL(5 EA daily);<br>RX/OTC |
| MEDIC INSULIN SYRINGE          | P         | QL(5 EA daily);<br>RX/OTC | ULTRA FLO INSULIN SYRINGE      | P         | QL(5 EA daily);<br>RX/OTC |
| MM INSULIN SYRINGE/NEEDLE      | P         | QL(5 EA daily);<br>RX/OTC | ULTRACARE INSULIN SYRINGE      | P         | QL(5 EA daily);<br>RX/OTC |
| MONOJECT INSULIN SYRINGE       | P         | QL(5 EA daily);<br>RX/OTC | ULTRA-THIN II INS SYR SHORT    | P         | QL(5 EA daily);<br>RX/OTC |
| MONOJECT ULTRA COMFORT SYRINGE | P         | QL(5 EA daily);<br>RX/OTC | ULTRA-THIN II INSULIN SYRINGE  | P         | QL(5 EA daily);<br>RX/OTC |
| PRECISION SURE-DOSE SYRINGE    | P         | QL(5 EA daily);<br>RX/OTC | VANISHPOINT INSULIN SYRINGE    | P         | QL(5 EA daily);<br>RX/OTC |
| PRO COMFORT INSULIN SYRINGE    | P         | QL(5 EA daily);<br>RX/OTC | VERIFINE INSULIN SYRINGE       | P         | QL(5 EA daily);<br>RX/OTC |
| PRODIGY INSULIN SYRINGE        | P         | QL(5 EA daily);<br>RX/OTC | ZEV RX INSULIN SYRINGE         | P         | QL(5 EA daily);<br>RX/OTC |
| PX INSULIN SYRINGE             | P         | QL(5 EA daily)            | Respiratory Therapy Supplies   |           |                           |
|                                |           |                           | ADULT MASK DEVI                | P         | RX/OTC                    |

| Drug Name                           | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|-------------------------------------|-----------|--|-------------------------------------|-----------|--|
| AEROBIKA DEVI                       | P         | RX/OTC   | AEROCHAMBER PLUS FLO-VU SMALL DEVI  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER HOLDING CHAMBER DEVI    | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER PLUS FLO-VU SMALL MISC  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER MINI CHAMBER DEVI       | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER PLUS FLOW VU MISC       | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER MV MISC                 | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER W/FLOWSIGNAL MISC       | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLS FLOVU MTHPIECE DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER Z-STAT PLUS CHAMBR MISC | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU INTERM DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER Z-STAT PLUS/LARGE MISC  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE DEVI  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER Z-STAT PLUS/MEDIUM MISC | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU LARGE MISC  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER Z-STAT PLUS/SMALL MISC  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER Z-STAT PLUS MISC        | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| AEROCHAMBER PLUS FLO-VU MEDIUM MISC | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | AEROCHAMBER2GO ANTI-STATIC DEVI     | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |

| Drug Name                          | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|------------------------------------|-----------|--|-------------------------------------|-----------|--|
| AEROVENT PLUS DEVI                 | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | BREATHERITE VALVED MDI CHAMBER DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 1000 PFT FILTER DEVI      | P         | RX/OTC   | CLEVER CHOICE HOLDING CHAMBER DEVI  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 2000 PFT FILTER DEVI      | P         | RX/OTC   | CO MONITOR DEVI                     | P         | RX/OTC   |
| ALL FLOW 3000 PFT FILTER DEVI      | P         | RX/OTC   | COMPACT SPACE CHAMBER/LG MASK DEVI  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 4000 PFT FILTER DEVI      | P         | RX/OTC   | COMPACT SPACE CHAMBER/MED MASK DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 5000 PFT FILTER DEVI      | P         | RX/OTC   | COMPACT SPACE CHAMBER/SM MASK DEVI  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 6000 PFT FILTER DEVI      | P         | RX/OTC   | COMPACT SPACE CHAMBER DEVI          | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| ALL FLOW 7000 PFT FILTER DEVI      | P         | RX/OTC   | EASIVENT MASK LARGE MISC            | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| BREATHE COMFORT CHAMBER/ADULT DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | EASIVENT MASK MEDIUM MISC           | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| BREATHE COMFORT CHAMBER/CHILD DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | EASIVENT MASK SMALL MISC            | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| BREATHE EASE LARGE DEVI            | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |                                     |           |  |
| BREATHE EASE MEDIUM DEVI           | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |                                     |           |  |
| BREATHE EASE SMALL DEVI            | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |                                     |           |  |

| Drug Name                           | Drug Tier | Requirements/<br>Limits   | Drug Name                          | Drug Tier | Requirements/<br>Limits   |
|-------------------------------------|-----------|---|------------------------------------|-----------|---|
| EASIVENT MISC                       | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC | FLEXICHAMBER DEVI                  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EASY FLOW BLACK/BLUE DEVI           | P         | RX/OTC  | IN-CHECK DIAL FLOW TRAINER DEVI    | P         | RX/OTC  |
| EASY FLOW BLACK/ORANGE DEVI         | P         | RX/OTC  | IN-CHECK INSPIRATORY FLOW MTR DEVI | P         | RX/OTC  |
| EASY FLOW BLACK/RED DEVI            | P         | RX/OTC  | INSPIREASE RESERVOIR BAGS          | P         | QL(3 EA per 180 day(s) retail; 3 EA per 180 days mail)            |
| EASY FLOW BLACK/WHITE DEVI          | P         | RX/OTC  | INSPIREASE MISC                    | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EASY FLOW BLACK/YELLOW DEVI         | P         | RX/OTC  | MICROCHAMBER DEVI                  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EASY FLOW WHITE/BLUE DEVI           | P         | RX/OTC  | MICROCHAMBER MISC                  | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EASY FLOW WHITE/GREEN DEVI          | P         | RX/OTC  | MICROSPACER MISC                   | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EASY FLOW WHITE/PINK DEVI           | P         | RX/OTC  | NAVAGE NASAL ASPIRATOR BABY DEVI   | P         | RX/OTC  |
| EASY FLOW WHITE/WHITE DEVI          | P         | RX/OTC  | NEBULIZER CUP/TUBING DEVI          | P         | RX/OTC  |
| EASY FLOW WHITE/YELLOW DEVI         | P         | RX/OTC  | OMBRA TABLE TOP COMPRESSOR DEVI    | P         | RX/OTC  |
| EQ SPACE CHAMBER ANTI-STATIC L DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC | ONE FLOW SPIROMETER DEVI           | P         | RX/OTC  |
| EQ SPACE CHAMBER ANTI-STATIC M DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC | OPTICHAMBER DIAMOND DEVI           | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |
| EQ SPACE CHAMBER ANTI-STATIC S DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |                                    |           |   |
| EQ SPACE CHAMBER ANTI-STATIC DEVI   | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail);<br>RX/OTC |                                    |           |   |

| Drug Name                        | Drug Tier | Requirements/Limits  | Drug Name                           | Drug Tier | Requirements/Limits  |
|----------------------------------|-----------|--|-------------------------------------|-----------|--|
| OPTICHAMBER DIAMOND-LG MASK DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | PROCARE SPACER/ADULT MASK DEVI      | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| OPTICHAMBER DIAMOND-MD MASK MISC | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | PROCARE SPACER/CHILD MASK DEVI      | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| OPTICHAMBER DIAMOND MISC         | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | PROCHAMBER VHC DEVI                 | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| OPTICHAMBER DIAMOND-SM MASK MISC | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | PURE COMFORT 3-BALL BREATHE EX DEVI | P         | RX/OTC   |
| PARI MANUAL INTERRUPTER DEVI     | P         | RX/OTC   | PURE COMFORT SPACER CHAMBER DEVI    | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| PARI TREK S COMBO PACK DEVI      | P         | RX/OTC   | QUAKE DEVI                          | P         | RX/OTC   |
| POCKET CHAMBER DEVI              | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | RITEFLO DEVI                        | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
| POCKET SPACER DEVI               | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | SPIRO PD DEVI                       | P         | RX/OTC   |
| PRO COMFORT SPACER ADULT MISC    | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | THRESHOLD PEP DEVI                  | P         | RX/OTC   |
| PRO COMFORT SPACER CHILD MISC    | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | VERSAPAP W/UNIVERSAL TUBING DEVI    | P         | RX/OTC   |
| PRO COMFORT SPACER INFANT DEVI   | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | VERSAPAP DEVI                       | P         | RX/OTC   |
|                                  |           |  | VORTEX HOLD CHMBR/MASK/CHILD DEVI   | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |
|                                  |           |  | VORTEX HOLD CHMBR/MASK/TODDLER DEVI | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC |

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                                  |
|--|-----------|--|---|-----------|--|
| VORTEX VALVE CHAMBER-PEDI MASK DEVI                          | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | BREKIYA SOAJ SC 1 MG/ML   | PA        | SP; PA   |
| VORTEX VALVED HOLDING CHAMBER DEVI                           | P         | QL(2 EA per 360 day(s) retail; 2 EA per 360 days mail); RX/OTC | <i>dihydroergotamine mesylate SOLN IJ 1 MG/ML</i>                           | PA        | AL(At least 18 yrs old); PA                          |
| <b>MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches</b> |           |  | <i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>                           | PA        | PA   |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antag        |           |  | MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i> )                   | NF        |  |
| AIMOVIG  |           |  | Migraine Products - NSAIDs  |           |  |
| AJOVY SOAJ   |           |  | ELYXYB  | NP        |  |
| AJOVY SOSY   |           |  | Serotonin Agonists  |           |  |
| EMGALITY (300 MG DOSE) SOSY                                  |           |  | <i>almotriptan malate</i>   | NP        | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail) |
| EMGALITY SOAJ  |           |  | <i>eletriptan hydrobromide</i>  | NP        | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail) |
| EMGALITY SOSY  |           |  | FROVA (Use <i>frovatriptan succinate</i> )                                  | P         | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail) |
| NURTEC   |           |  | <i>frovatriptan succinate</i>   | NP        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail) |
| QULIPTA  |           |  | IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML                                     | NP        | QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail) |
| UBRELVY  |           |  | IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML                                     | NP        | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail) |
| VYEPTI   |           |  | IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML                                     | NP        | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail) |
| ZAVZPRET   |           |  | IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i> ) | NP        | QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail) |
| Migraine Combinations  |           |  |   |           |  |
| <i>sumatriptan-naproxen sodium</i>                           | NP        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)           |   |           |  |
| SYMBRAVO TABS PO   | NP        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)           |   |           |  |
| TREXIMET (Use <i>sumatriptan-naproxen sodium</i> )           | NF        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)           |   |           |  |
| Migraine Products  |           |  |   |           |  |

| Drug Name   | Drug Tier | Requirements/Limits                                    | Drug Name                                | Drug Tier | Requirements/Limits                                    |
|---|-----------|--|--|-----------|--|
| IMITREX TABS 25 MG<br>(Use sumatriptan succinate)         | NP        | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) | sumatriptan succinate SOAJ 6 MG/0.5ML    | NP        | QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)   |
| IMITREX TABS 50 MG, 100 MG<br>(Use sumatriptan succinate) | NP        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)   | sumatriptan succinate SOLN 6 MG/0.5ML    | NP        | QL(2 ML per 30 day(s) retail; 2 ML per 30 days mail)   |
| MAXALT-MLT TBDP 10 MG<br>(Use rizatriptan benzoate)       | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) | sumatriptan succinate TABS 50 MG, 100 MG | P         | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)   |
| MAXALT TABS 10 MG<br>(Use rizatriptan benzoate)           | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) | sumatriptan succinate TABS 25 MG         | P         | QL(18 EA per 30 day(s) retail; 18 EA per 30 days mail) |
| naratriptan hcl   | NP        | QL(9 EA per 30 day(s) retail; 9 EA per 30 days mail)   | TOSYMRA                                  | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| RELPAK 40 MG (Use eletriptan hydrobromide)                | NF        |  | ZEMBRACE SYMTOUCH SOAJ                   | NP        | QL(4 ML per 30 day(s) retail; 4 ML per 30 days mail)   |
| RELPAK 40 MG (Use eletriptan hydrobromide)                | NF        | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)   | zolmitriptan SOLN                        | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| RELPAK (Use eletriptan hydrobromide)                      | P         | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)   | zolmitriptan TABS 2.5 MG                 | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| REYVOW  | NP        | QL(4 EA per 30 day(s) retail; 4 EA per 30 days mail)   | zolmitriptan TABS 5 MG                   | NP        | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)   |
| rizatriptan benzoate TABS                                 | P         | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) | zolmitriptan TBDP                        | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| rizatriptan benzoate TBDP                                 | P         | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) | ZOMIG SOLN (Use zolmitriptan)            | NP        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| sumatriptan 20 MG/ACT                                     | P         | QL(6 EA per 30 day(s) retail; 6 EA per 30 days mail)   | ZOMIG SOLN (Use zolmitriptan)            | NF        | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) |
| sumatriptan 5 MG/ACT                                      | P         | QL(12 EA per 30 day(s) retail; 12 EA per 30 days mail) | <b>MINERALS &amp; ELECTROLYTES</b>       |           |  |

| Drug Name  | Drug Tier | Requirements/Limits          | Drug Name  | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------------|--|-----------|------------------------|
| Calcium  |           |                              | K-PHOS-NEUTRAL ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> )                           | NF        | QL(8 EA daily); RX/OTC |
| CALCIUM 600 +D HIGH POTENCY TABS   | P         | QL(2 EA daily)               | PHOSPHA 250 NEUTRAL 852 MG-155 MG-130 MG ( <i>Use pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i> ) | NF        | QL(8 EA daily); RX/OTC |
| CALCIUM CARB-CHOLECALCIFEROL CHEW  | P         |                              | <i>pot phosphate monobasic w/ sod phosphate dibasic &amp; monobasic</i>  | P         | QL(8 EA daily); RX/OTC |
| CALCIUM CARBONATE CHEW   | P         |                              | WES-PHOS 250 NEUTRAL 852 MG-155 MG-130 MG  | P         | QL(8 EA daily); RX/OTC |
| <i>calcium carbonate-cholecalciferol TABS</i>                            | P         |                              | Potassium  |           |                        |
| <i>calcium carbonate TABS 1250 MG, 500 MG</i>                            | P         |                              | EFFER-K TBEF 25 MEQ  | P         |                        |
| <i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i> | P         |                              | KLOR-CON 10 TBCR 10 MEQ ( <i>Use potassium chloride</i> )  | NF        |                        |
| <i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>                  | P         | QL(2 EA daily)               | KLOR-CON TBCR 8 MEQ ( <i>Use potassium chloride</i> )  | NF        |                        |
| <i>calcium citrate TABS</i>  | P         |                              | K-TAB TBCR 20 MEQ ( <i>Use potassium chloride</i> )  | NF        |                        |
| CALCIUM CHEW   | P         |                              | <i>potassium bicarbonate TBEF</i>  | P         |                        |
| <i>oyster shell</i>  | P         |                              | <i>potassium chloride microencapsulated crystals er</i>  | P         |                        |
| OYSTER SHELL CALCIUM/D TABS 500 MG-200 UNIT                              | P         |                              | <i>potassium chloride CPCR 10 MEQ</i>  | P         |                        |
| PARVA-CAL 200 UNIT-500 MG  | P         |                              | <i>potassium chloride CPCR 8 MEQ</i>   | P         | QL(1 EA daily)         |
| Electrolyte Mixtures   |           |                              | <i>potassium chloride PACK PO 20 MEQ</i>   | P         |                        |
| <i>oral electrolytes SOLN</i>  | P         |                              | <i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>   | P         |                        |
| Fluoride   |           |                              | <i>potassium chloride TBCR 8 MEQ, 10 MEQ, 20 MEQ</i>   | P         |                        |
| <i>sodium fluoride CHEW</i>  | P         | AL(Up to 15 yrs old)         | Sodium   |           |                        |
| <i>sodium fluoride SOLN 0.5 MG/ML</i>                                    | P         | AL(Up to 15 yrs old); RX/OTC | <i>sodium chloride SOLN IV 0.9 %</i>   | P         |                        |
| SODIUM FLUORIDE SOLN 0.5 MG/ML   | P         | AL(Up to 15 yrs old); RX/OTC |  |           |                        |
| Magnesium  |           |                              |  |           |                        |
| <i>magnesium oxide (mg supplement) TABS</i>                              | P         |                              |  |           |                        |
| Phosphate  |           |                              |  |           |                        |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| SODIUM CHLORIDE SOLN IJ 0.9 %                     | P         |  |
| Zinc  |           |  |
| <i>zinc sulfate CAPS</i>                          | P         |  |
| <b>MISCELLANEOUS THERAPEUTIC CLASSES</b>          |           |  |
| Chelating Agents                                  |           |  |
| <i>CUPRIMINE CAPS (Use penicillamine)</i>         | NF        |  |
| CUVRIOR   | PA        | SP; PA   |
| DEPEN TITRATABS TABS ( <i>Use penicillamine</i> ) | PA        | PA   |
| <i>penicillamine CAPS</i>                         | PA        | PA   |
| <i>penicillamine TABS</i>                         | PA        | PA   |
| Enzymes   |           |  |
| XIAFLEX   | PA        | QL(2 EA per fill retail; 2 per fill mail); AL(At least 18 yrs old); SP; PA |
| Immunomodulators                                  |           |  |
| JOENJA  | PA        | QL(2 EA daily); AL(At least 12 yrs old); SP; PA                            |
| <i>lenalidomide</i>                               | PA        | SP; PA   |
| REVLIMID ( <i>Use lenalidomide</i> )              | PA        | SP; PA   |
| RHAPSIDO TABS PO 25 MG                            | PA        | AL(At least 18 yrs old); SP; PA  |
| RYSTIGGO  | NP        | SP   |
| THALOMID 50 MG, 100 MG                            | PA        | SP; PA   |
| VYVGART   | NP        | SP   |
| VYVGART HYTRULO                                   | NP        | SP   |
| VYVGART HYTRULO SC                                | NP        | SP   |
| Immunosuppressive Agents                          |           |  |
| <i>azathioprine TABS 75 MG, 100 MG</i>            | P         | QL(3 EA daily)   |

| Drug Name  | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>azathioprine TABS 50 MG</i>                                       | P         |                     |
| CELLCEPT INTRAVENOUS ( <i>Use mycophenolate mofetil hcl</i> )        | NF        |                     |
| CELLCEPT CAPS ( <i>Use mycophenolate mofetil</i> )                   | NF        | QL(2 EA daily)      |
| CELLCEPT SUSR ( <i>Use mycophenolate mofetil</i> )                   | NF        | QL(15 ML daily)     |
| CELLCEPT TABS ( <i>Use mycophenolate mofetil</i> )                   | NF        | QL(4 EA daily)      |
| <i>cyclosporine modified (for microemulsion) CAPS</i>                | P         | QL(4 EA daily)      |
| <i>cyclosporine modified (for microemulsion) SOLN</i>                | P         | QL(8 ML daily)      |
| <i>cyclosporine CAPS</i>   | P         | QL(4 EA daily)      |
| <i>cyclosporine SOLN IV 50 MG/ML</i>                                 | P         |                     |
| ENSPRYNG   | NP        | SP                  |
| <i>everolimus (immunosuppressant)</i>                                | P         |                     |
| IMURAN TABS ( <i>Use azathioprine</i> )                              | NF        |                     |
| <i>mycophenolate mofetil hcl</i>                                     | P         |                     |
| <i>mycophenolate mofetil CAPS</i>                                    | P         | QL(2 EA daily)      |
| <i>mycophenolate mofetil SUSR</i>                                    | P         | QL(15 ML daily)     |
| <i>mycophenolate mofetil TABS</i>                                    | P         | QL(4 EA daily)      |
| <i>mycophenolate sodium 180 MG</i>                                   | P         | QL(2 EA daily)      |
| <i>mycophenolate sodium 360 MG</i>                                   | P         | QL(4 EA daily)      |
| MYFORTIC 180 MG ( <i>Use mycophenolate sodium</i> )                  | NF        | QL(2 EA daily)      |
| MYFORTIC 360 MG ( <i>Use mycophenolate sodium</i> )                  | NF        | QL(4 EA daily)      |
| NEORAL CAPS ( <i>Use cyclosporine modified (for microemulsion)</i> ) | NF        | QL(4 EA daily)      |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| NEORAL SOLN ( <i>Use cyclosporine modified (for microemulsion)</i> ) | NF        | QL(8 ML daily)   |
| PROGRAF CAPS ( <i>Use tacrolimus</i> )                               | NF        | QL(3 EA daily)   |
| PROGRAF PACK   | P         |  |
| PROGRAF SOLN 5 MG/ML ( <i>Use tacrolimus</i> )                       | NF        |  |
| RAPAMUNE SOLN ( <i>Use sirolimus</i> )                               | NF        |  |
| RAPAMUNE TABS ( <i>Use sirolimus</i> )                               | NF        |  |
| SANDIMMUNE CAPS ( <i>Use cyclosporine</i> )                          | NF        | QL(4 EA daily)   |
| SANDIMMUNE SOLN PO 100 MG/ML   | P         | QL(8 ML daily)   |
| SANDIMMUNE SOLN IV 50 MG/ML  | P         |  |
| <i>sirolimus SOLN</i>  | P         |  |
| <i>sirolimus TABS</i>  | P         |  |
| <i>tacrolimus CAPS</i>   | P         | QL(3 EA daily)   |
| <i>tacrolimus SOLN 5 MG/ML</i>                                       | P         |  |
| UPLIZNA  | NP        | QL(30 ML per fill retail; 30 per fill mail); AL(At least 18 yrs old); SP |
| ZORTRESS ( <i>Use everolimus (immunosuppressant)</i> )               | NF        |  |
| PIK3CA-Related Overgrowth Spectrum (PROS) Agents                     |           |  |
| VIJOICE TBPk   | PA        | SP; PA   |
| Potassium Removing Agents  |           |  |
| LOKELMA  | P         |  |
| <i>sodium polystyrene sulfonate POWD</i>                             | P         |  |
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>               | P         |  |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i> | NP        |   |
| VELTASSA   | NP        |   |
| Sclerosing Agents                                      |           |   |
| <i>sodium tetradecyl sulfate</i>                       | PA        | PA  |
| Systemic Lupus Erythematosus Agents                    |           |   |
| BENLYSTA SOAJ  | PA        | AL(At least 5 yrs old); SP; PA  |
| BENLYSTA SOLR  | PA        | AL(At least 5 yrs old); SP; PA  |
| BENLYSTA SOSY  | PA        | AL(At least 18 yrs old); SP; PA   |
| SAPHNELO SC 120 MG/0.8ML                               | PA        | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA |
| SAPHNELO   | PA        | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA |
| SAPHNELO PEN SC 120 MG/0.8ML                           | PA        | QL(2 ML per 28 day(s) retail; 2 ML per 28 days mail); AL(At least 18 yrs old); SP; PA |
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                      |           |   |
| Anesthetics Topical Oral                               |           |   |
| <i>lidocaine hcl (mouth-throat) 2 %</i>                | P         | QL(100 ML per fill retail; 100 per fill mail)   |
| <i>lidocaine hcl (mouth-throat) 4 %</i>                | P         | QL(4 ML per fill retail; 4 per fill mail)   |
| <i>lidocaine hcl (mouth-throat) 2 %</i>                | P         | QL(15 ML per fill retail; 15 per fill mail)   |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| Anti-infectives - Throat                                     |           |   |
| NYSTATIN (Use nystatin (mouth-throat))                       | NF        | QL(120 ML per fill retail; 120 per fill mail) |
| nystatin (mouth-throat)                                      | P         | QL(120 ML per fill retail; 120 per fill mail) |
| Antiseptics - Mouth/Throat                                   |           |   |
| chlorhexidine gluconate (mouth-throat)                       | P         |   |
| PERIDEX (Use chlorhexidine gluconate (mouth-throat))         | NF        |   |
| Dental Products  |           |   |
| FRAICHE 5000 DENTAL GEL 1.1 % (Use sodium fluoride (dental)) | NF        | QL(60 GM per fill retail; 60 per fill mail)   |
| PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))  | NF        | QL(60 ML per fill retail; 60 per fill mail)   |
| PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))      | NF        | QL(60 GM per fill retail; 60 per fill mail)   |
| PREVIDENT GEL (Use sodium fluoride (dental))                 | NF        | QL(60 GM per fill retail; 60 per fill mail)   |
| PREVIDENT SOLN (Use sodium fluoride (dental))                | NF        |   |
| SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental))       | NF        | QL(60 GM per fill retail; 60 per fill mail)   |
| SF GEL 1.1 % (Use sodium fluoride (dental))                  | NF        | QL(60 GM per fill retail; 60 per fill mail)   |
| sodium fluoride (dental) CREA                                | P         | QL(60 GM per fill retail; 60 per fill mail)   |
| sodium fluoride (dental) GEL                                 | P         | QL(60 GM per fill retail; 60 per fill mail)   |
| sodium fluoride (dental) SOLN 0.2 %                          | P         |   |

| Drug Name   | Drug Tier | Requirements/Limits                                   |
|---|-----------|---|
| SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental)) | NF        | QL(60 GM per fill retail; 60 per fill mail)           |
| Steroids - Mouth/Throat/Dental                                      |           |   |
| triamcinolone acetonide (mouth)                                     | P         |   |
| Throat Products - Misc.   |           |   |
| AQUORAL SOLN  | P         | QL(900 ML per fill retail; 900 per fill mail); RX/OTC |
| artificial saliva SOLN  | P         | QL(900 ML per fill retail; 900 per fill mail); RX/OTC |
| CAPHOSOL SOLN   | P         | QL(900 ML per fill retail; 900 per fill mail); RX/OTC |
| NUMOISYN LIQD   | P         | QL(900 ML per fill retail; 900 per fill mail); RX/OTC |
| pilocarpine hcl (oral) 5 MG   | P         | QL(6 EA daily)  |
| SALAGEN 5 MG (Use pilocarpine hcl (oral))                           | NF        | QL(6 EA daily)  |
| <b>MULTIVITAMINS</b>  |           |   |
| B-Complex Vitamins  |           |   |
| b-complex vitamins CAPS   | P         | QL(1 EA daily)  |
| b-complex vitamins TABS   | P         | QL(1 EA daily)  |
| B-Complex w/ Folic Acid   |           |   |
| b-complex w/ c & folic acid CAPS                                    | P         | QL(1 EA daily); RX/OTC                                |
| MYNEPHRON CAPS 1 MG   | P         | QL(1 EA daily); RX/OTC                                |
| NUTRIVIO CAPS 1 MG  | P         | QL(1 EA daily); RX/OTC                                |
| RENAL CAPS 1 MG   | P         | QL(1 EA daily); RX/OTC                                |
| RENO CAPS CAPS 1 MG   | P         | QL(1 EA daily); RX/OTC                                |
| TRIPHROCAPS CAPS 1 MG   | P         | QL(1 EA daily); RX/OTC                                |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| Multiple Vitamins w/ Iron   |           |                           | MULTI-VITAMIN/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT | P         | QL(1 EA daily);<br>RX/OTC |
| DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| DESTRESS-IRON TABS  | P         | QL(1 EA daily);<br>RX/OTC | NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| FLORAVITA MINI TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| MINI MULTI VITAMINS/IRON TABS 60 MG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-10 MCG-13.5 MG-18 MG-25 MG-900 MCG-6 MCG   | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MULTIVITAMIN/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| <i>multiple vitamins w/ iron TABS</i>   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| MULTIPLE VITAMINS/IRON TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-5000 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-18 MG-1.5 MG-30 UNIT | P         | QL(1 EA daily);<br>RX/OTC | ONE-DAILY MULTI-VITAMIN/IRON TABS 50 MG-1 MG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-18 MG  | P         | QL(1 EA daily);<br>RX/OTC |
| MULTIVITAMIN PLUS IRON ADULT TABS 60 MG-2 MG-13.5 MG-400 MCG-10 MCG-6 MCG-1.7 MG-20 MG-1500 MCG-10 MG-18 MG-75 MG-1.5 MG  | P         | QL(1 EA daily);<br>RX/OTC | ONE-DAILY/IRON TABS 50 MG-2 MG-20 MG-1 MG-400 UNIT-1 MCG-1 MG-2.5 MG-18 MG-5000 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | QC DAILY MULTIVITAMINS/IRON TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | STRESS B COMPLEX/IRON TABS 600 MG-5 MG-45 MCG-400 MCG-12 MCG-15 MG-100 MG-20 MG-27 MG-15 MG-30 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/Limits       | Drug Name   | Drug Tier | Requirements/Limits       |
|--|-----------|---------------------------|---|-----------|---------------------------|
| STRESS FORMULA/IRON/ENERGY TABS  | P         | QL(1 EA daily);<br>RX/OTC | A THRU Z ADVANCED TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-75 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-200 MG-300 MCG-1.5 MG-100 MG-11 MG-0.9 MG-80 MG-150 MCG-150 MCG-45 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2.3 MG-35 MCG-25 MCG-55 MCG-10 MCG-72 MG-2 MG, 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-100 MG-11 MG-150 MCG-2 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |
| STRESS FORMULA/IRON TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |
| TAB-A-VITE/IRON/BETA CAROTENE TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |
| TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG   | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |
| Multiple Vitamins w/ Minerals  |           |                           |   |           |                           |
| 50+ ADULT EYE HEALTH CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG   | P         | RX/OTC                    |   |           |                           |
| A THRU Z ADVANCED ADULT TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-11 MG-75 MCG-50 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| A THRU Z HIGH POTENCY TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-162 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-30 UNIT-109 MG-5 MCG-10 MCG-2 MG-120 MCG-25 MCG-20 MCG-10 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC | A THRU Z SELECT ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 90 MG-3 MG-30 MCG-500 MCG-1.5 MG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-50 MG-2.3 MG-45 MCG-5 MCG-80 MG-2 MG-150 MCG-45 MCG-0.9 MG-10 MCG-11 MG-220 MG-150 MCG-110 MG-55 MCG-50 UNIT-72 MG, 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-10 MG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-300 MCG-1.5 MG-11 MG-150 MCG-2 MG-50 MG-45 MCG-80 MG-220 MG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |
| A THRU Z SELECT 50+ ADVANCED TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG     | P         | QL(1 EA daily);<br>RX/OTC | A THRU Z SELECT ULTIMATE WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-150 MCG-50 MG-80 MG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG  | P         | QL(1 EA daily);<br>RX/OTC |
| A THRU Z SELECT 50+ MENS TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-15 MG-150 MCG-50 MG-2 MG-250 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.7 MG-5 MCG-4 MG-100 MCG-10 MCG-60 MCG-72 MG        | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name                              | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| A THRU Z SELECT TABS<br>60 MG-3 MG-30 MCG-400<br>MCG-400 UNIT-25 MCG-<br>1.7 MG-20 MG-250 MCG-<br>3500 UNIT-10 MG-200<br>MG-300 MCG-1.5 MG-100<br>MG-15 MG-2 MG-80 MG-<br>150 MCG-150 MCG-75<br>MCG-45 UNIT-48 MG-5<br>MCG-2 MG-150 MCG-10<br>MCG-20 MCG-10 MCG-72<br>MG-2 MG, 60 MG-3 MG-<br>30 MCG-400 MCG-500<br>UNIT-25 MCG-1.7 MG-30<br>MCG-20 MG-250 MCG-<br>2500 UNIT-10 MG-220<br>MG-300 MCG-1.5 MG-50<br>MG-11 MG-150 MCG-2<br>MG-80 MG-100 MCG-45<br>MCG-50 UNIT-20 MG-0.5<br>MG-5 MCG-2.3 MG-55<br>MCG-10 MCG-45 MCG-72<br>MG, 90 MG-3 MG-30<br>MCG-500 MCG-500 UNIT-<br>25 MCG-1.7 MG-30 MCG-<br>20 MG-250 MCG-2500<br>UNIT-10 MG-300 MCG-<br>1.5 MG-50 MG-11 MG-150<br>MCG-2 MG-80 MG-220<br>MG-150 MCG-45 MCG-50<br>UNIT-0.9 MG-5 MCG-2.3<br>MG-55 MCG-10 MCG-45<br>MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC | ABC COMPLETE MENS<br>TABS              | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ABC COMPLETE SENIOR<br>50+ TABS        | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ABC COMPLETE SENIOR<br>MENS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ABC COMPLETE SENIOR<br>WOMENS 50+ TABS | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ABC COMPLETE<br>WOMENS TABS            | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ACTICAL CAPS                           | P         | RX/OTC                    |
|   |           |                           | ACTIVNUTRIENTS<br>PERFORMANCE CAPS     | P         | RX/OTC                    |
|   |           |                           | ACTIVNUTRIENTS W/O<br>IRON CAPS        | P         | RX/OTC                    |
|   |           |                           | ACTIVNUTRIENTS CAPS                    | P         | RX/OTC                    |
|   |           |                           | ADVANCED EYE<br>HEALTH CAPS            | P         | RX/OTC                    |
|   |           |                           | AFLORA TABS                            | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE CALCIUM BONE<br>SUPPORT TABS     | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE DAILY ENERGY<br>TABS             | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE DIABETIC<br>MULTIVITAMIN TABS    | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE ENERGY 50+<br>TABS               | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE EVERYDAY<br>IMMUNE HEALTH CAPS   | P         | RX/OTC                    |
|   |           |                           | ALIVE GARDEN<br>GOODNESS TABS          | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE HAIR, SKIN &<br>NAILS CAPS       | P         | RX/OTC                    |
|   |           |                           | ALIVE MAX 6 POTENCY<br>CAPS            | P         | RX/OTC                    |
|   |           |                           | ALIVE MENS 50+ ULTRA<br>TABS           | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | ALIVE MENS 50+ TABS                    | P         | QL(1 EA daily);<br>RX/OTC |
| ABC COMPLETE ADULT<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC | ALIVE MENS COMPLETE<br>MULTI TABS      | P         | QL(1 EA daily);<br>RX/OTC |
| A THRU Z ULTIMATE<br>MENS TABS 90 MG-2<br>MG-40 MCG-200 MCG-<br>600 UNIT-6 MCG-1.3 MG-<br>60 MCG-16 MG-3500<br>UNIT-15 MG-8 MG-600<br>MCG-1.2 MG-11 MG-150<br>MCG-100 MG-2 MG-210<br>MG-80 MG-50 MCG-150<br>MCG-45 UNIT-20 MG-0.9<br>MG-5 MCG-10 MCG-2.3<br>MG-100 MCG-10 MCG-35<br>MCG-72 MG   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/Limits       | Drug Name   | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|---|-----------|---------------------------|
| ALIVE MENS ULTRA TABS   | P         | QL(1 EA daily);<br>RX/OTC | AZO HORMONAL HEALTH HAPPY CYCL TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ALIVE MULTI-VITAMIN LIQD  | P         | RX/OTC                    | BACMIN TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ALIVE ONCE DAILY WOMENS TABS  | P         | QL(1 EA daily);<br>RX/OTC | BARIATRIC MULTIVITAMINS/IRON CAPS   | P         | RX/OTC                    |
| ALIVE ULTRA POTENCY ADULT TABS  | P         | QL(1 EA daily);<br>RX/OTC | BARIATRIC MULTIVITAMINS CAPS  | P         | RX/OTC                    |
| ALIVE ULTRA POTENCY WOMENS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC | BARIATRIC MULTIVITAMINS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| ALIVE WOMENS 50+ COMPLETE MV TABS   | P         | QL(1 EA daily);<br>RX/OTC | BASIC AM TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ALIVE WOMENS ENERGY TABS  | P         | QL(1 EA daily);<br>RX/OTC | BASIC PM TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ALPHA BETIC TABS  | P         | QL(1 EA daily);<br>RX/OTC | BIO-35 GLUTEN-FREE CAPS   | P         | RX/OTC                    |
| AMORYN MOOD BOOSTER CAPS 10 MG-25 MG-20 MG-300 MCG-400 UNIT-15 MG-70 MCG-30 MCG-90 MG-18 MG | P         | RX/OTC                    | BIO-35 IRON FREE CAPS   | P         | RX/OTC                    |
| ANTIOXIDANT A/C/E/SELENIUM TABS 200 MG-200 UNIT-25 MCG-10000 UNIT                           | P         | QL(1 EA daily);<br>RX/OTC | BIOCAL CAPS   | P         | RX/OTC                    |
| ANTIOXIDANT FORMULA/MINERALS CAPS 250 MG-7.5 MG-1 MG-10000 UNIT-200 UNIT-1.5 MG-15 MCG      | P         | RX/OTC                    | BIOCEL TABS 500 MG-25 MG-300 MCG-1 MG-200 UNIT-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-125 MG-100 UNIT-60 MG-10 MG-50 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| ANTIOXIDANT FORMULA/TABS  | P         | QL(1 EA daily);<br>RX/OTC | BIOTECT PLUS CAPS   | P         | RX/OTC                    |
| ANTIOXIDANT VITAMINS TABS 60 MG-30 UNIT-2 MG-40 MG-40 MCG-5000 UNIT                         | P         | QL(1 EA daily);<br>RX/OTC | BLOOD SUGAR MANAGER TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| APETIBEX CAPS   | P         | RX/OTC                    | BODY/HAIR/SKIN/NAILS CAPS 20 MG-0.667 MG-200 MCG-133.333 MCG-6.667 MG-0.5 MG-2 MCG-0.567 MG-166.667 MG-33.333 MG-5 MG-20 MG-3 MG-0.667 MG-33.333 MG-1.667 MG-3.333 MG-2000 UNIT-133.333 MG-66.667 MG-50 MCG-83.333 MG-10 UNIT | P         | RX/OTC                    |
| APPE-CURB CAPS  | P         | RX/OTC                    | BONEUP 3 PER DAY CAPS   | P         | RX/OTC                    |
| AZO HORMONAL HEALTH CYCLE CARE TABS   | P         | QL(1 EA daily);<br>RX/OTC | BONEUP VEGETARIAN TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | BONEUP CAPS   | P         | RX/OTC                    |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| BOOSTNOW IMMUNE SUPPORT CAPS  | P         | RX/OTC                    | CENTRAVITES ADULTS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| B-PLEX PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-27 MG-20 MG-50 MG-22.5 MG-3 MG-5 MG-0.1 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | CENTRAVITES TABS 60 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-400 UNIT-18 MG-100 MG-3.5 MG-160 MCG-5 MCG-80 MG-2 MG-150 MCG-65 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-30 UNIT-109 MG-20 MCG-10 MCG-5000 UNIT-25 MCG-72 MG   | P         | QL(1 EA daily);<br>RX/OTC |
| BPROTECTED MULTI-VITE LIQD 60 MG/15ML-2 MG/15ML-300 MCG/15ML-1.5 MG/15ML-6 MCG/15ML-20 MG/15ML-10 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-25 MCG/15ML-2 MG/15ML-1.7 MG/15ML               | P         | RX/OTC                    | CENTRUM ADULT LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-13.5 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML   | P         | RX/OTC                    |
| BURIED TREASURE ACTIVE 55 PLUS LIQD   | P         | RX/OTC                    | CENTRUM ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-25 MCG-6 MCG-10 MG-1.7 MG-25 MCG-20 MG-1050 MCG-18 MG-1.5 MG-11 MG-50 MG-80 MG-200 MG-150 MCG-45 MCG-13.5 MG-20 MG-0.5 MG-2.3 MG-55 MCG-35 MCG-72 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |
| CELEBRATE MULTI-COMplete 18 CAPS  | P         | RX/OTC                    | CENTRUM CARDIO TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| CELEBRATE MULTI-COMplete 36 CAPS  | P         | RX/OTC                    |  |           |                           |
| CELEBRATE MULTI-COMplete 45 CAPS  | P         | RX/OTC                    |  |           |                           |
| CELEBRATE MULTI-COMplete 60 CAPS  | P         | RX/OTC                    |  |           |                           |
| CENTAVITE A-Z COMPLETE-MINERAL TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CENTRAVITES 50 PLUS TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier  | Requirements/<br>Limits          |   |                           |
|---|-----------|---------------------------|--|--|----------------------------------|---|---------------------------|
| CENTRUM MENOPAUSE HOT FLASH TABS  | P         | QL(1 EA daily);<br>RX/OTC | CENTRUM SILVER ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-50 UNIT-50 MG-150 MCG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-3 MG-10 MG-1.7 MG-250 MCG-300 MCG-25 MCG-22.5 MG-50 MG-2.3 MG-45 MCG-80 MG-50 MCG-0.5 MG-11 MG-220 MG-150 MCG-20 MG-19 MCG-750 MCG-30 MCG-25 MCG-72 MG | P  | QL(1 EA daily);<br>RX/OTC        |   |                           |
| CENTRUM MEN TABS  | P         | QL(1 EA daily);<br>RX/OTC |  | CENTRUM SILVER MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-100 MCG-10 MG-1.7 MG-300 MCG-600 MCG-1000 UNIT-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-72 MG                     | P                                | QL(1 EA daily);<br>RX/OTC   |                           |
| CENTRUM MINIS ADULTS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |  | CENTRUM SILVER ULTRA WOMENS TABS | P   | QL(1 EA daily);<br>RX/OTC |
| CENTRUM MINIS MEN 50+ TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |  |                                  | CENTRUM SILVER WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG | P                         |
| CENTRUM MINIS WOMEN 50+ TABS  | P         | QL(1 EA daily);<br>RX/OTC |  | CENTRUM SILVER 50+WOMEN TABS 100 MG-5 MG-30 MCG-400 MCG-1000 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-100 MG-80 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG | P                                |   | QL(1 EA daily);<br>RX/OTC |
| CENTRUM MINIS WOMEN IMMUNE SUP TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |  |                                  |   |                           |
| CENTRUM SILVER 50+MEN TABS 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-30 MCG-3500 UNIT-10 MG-210 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-72 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-5 MCG-4 MG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-1000 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-1050 MCG-10 MG-600 MCG-1.5 MG-15 MG-75 MG-80 MG-210 MG-50 MCG-150 MCG-27 MG-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |  |  |                                  |   |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| CENTRUM SILVER TABS<br>400 UNIT-60 MG-3 MG-30<br>MCG-400 MCG-25 MCG-<br>1.7 MG-10 MCG-20 MG-<br>250 MCG-3500 UNIT-10<br>MG-300 MCG-1.5 MG-15<br>MG-2 MG-45 UNIT-100<br>MG-80 MG-150 MCG-200<br>MG-75 MCG-150 MCG-48<br>MG-5 MCG-2 MG-150<br>MCG-20 MCG-10 MCG-72<br>MG-2 MG, 60 MG-3 MG-<br>30 MCG-400 MCG-500<br>UNIT-25 MCG-1.7 MG-30<br>MCG-20 MG-2500 UNIT-<br>10 MG-1.5 MG-11 MG-150<br>MCG-50 MG-80 MG-220<br>MG-45 MCG-150 MCG-50<br>UNIT-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10<br>MCG-45 MCG-72 MG-2<br>MG | P         | QL(1 EA daily);<br>RX/OTC | CENTRUM WOMEN<br>TABS 75 MG-2 MG-40<br>MCG-400 MCG-1000<br>UNIT-6 MCG-1.1 MG-50<br>MCG-14 MG-3500 UNIT-<br>15 MG-18 MG-200 MG-1.1<br>MG-8 MG-100 MG-80 MG-<br>50 MCG-150 MCG-35<br>UNIT-20 MG-0.5 MG-5<br>MCG-10 MCG-1.8 MG-18<br>MCG-10 MCG-32 MCG-72<br>MG-2 MG, 75 MG-40<br>MCG-400 MCG-1.1 MG-<br>14 MG-2 MG-15 MG-1.1<br>MG-25 MCG-15.8 MG-18<br>MG-100 MG-1.8 MG-50<br>MCG-80 MG-32 MCG-0.5<br>MG-8 MG-200 MG-150<br>MCG-20 MG-18 MCG-<br>1050 MCG-50 MCG-6<br>MCG-72 MG                               | P         | QL(1 EA daily);<br>RX/OTC |
| CENTRUM SPECIALIST<br>HEART TABS  | P         | QL(1 EA daily);<br>RX/OTC | CENTRUM LIQD 60<br>MG/15ML-2 MG/15ML-300<br>MCG/15ML-1.5 MG/15ML-<br>6 MCG/15ML-10<br>MG/15ML-1.7 MG/15ML-<br>20 MG/15ML-400<br>UNIT/15ML-30<br>UNIT/15ML-9 MG/15ML-<br>2.5 MG/15ML-25<br>MCG/15ML-25<br>MCG/15ML-3 MG/15ML-<br>150 MCG/15ML-2500<br>UNIT/15ML, 60 MG/15ML-<br>2 MG/15ML-300<br>MCG/15ML-30<br>UNIT/15ML-1.1 MG/15ML-<br>400 UNIT/15ML-6<br>MCG/15ML-1300<br>UNIT/15ML-10 MG/15ML-<br>1.7 MG/15ML-20<br>MG/15ML-9 MG/15ML-2<br>MG/15ML-25 MCG/15ML-<br>25 MCG/15ML-3<br>MG/15ML-150 MCG/15ML | P         | RX/OTC                    |
| CENTRUM SPECIALIST<br>IMMUNE TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CENTRUM SPECIALIST<br>VISION TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CENTRUM ULTRA<br>WOMENS TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|---|-----------|------------------------|
| CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-2 MG-220 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG       | P         | QL(1 EA daily); RX/OTC | CITRACAL +D3 TABS   | P         | QL(1 EA daily); RX/OTC |
| CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-2 MG-200 MG-80 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG | P         | QL(1 EA daily); RX/OTC | COMPANION TABS 100 MG-5 MG-30 MCG-30 UNIT-400 MCG-30 MCG-3500 UNIT-5 MG-100 MG-20 MG-10 MG-100 MG-5 MG-100 MG-15 MG-2 MG-250 MCG-2 MG-10 MCG-75 MCG-150 MCG-120 MCG-20 MCG  | P         | QL(1 EA daily); RX/OTC |
| CENVITE LIQD  | P         | RX/OTC                 | COMPETE TABS 90 MG-20.6 MG-0.4 MG-9 MCG-2.6 MG-30 MG-5000 UNIT-2 MG-400 UNIT-45 UNIT-27 MG-22.5 MG  | P         | QL(1 EA daily); RX/OTC |
| CEROVITE SENIOR TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG       | P         | QL(1 EA daily); RX/OTC | COMPLETE MULTIVITAMIN/MINERAL LIQD 60 MG/15ML-300 MCG/15ML-1.5 MG/15ML-2 MG/15ML-1000 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-30 UNIT/15ML-2 MG/15ML-25 MCG/15ML | P         | RX/OTC                 |
| CERTAVITE SENIOR/ANTIOXIDANT TABS   | P         | QL(1 EA daily); RX/OTC | COMPLETIA DIABETIC MULTIVIT TABS  | P         | QL(1 EA daily); RX/OTC |
| CERTAVITE SENIOR TABS   | P         | QL(1 EA daily); RX/OTC | CORAL CALCIUM PLUS CAPS   | P         | RX/OTC                 |
| CERTAVITE/ANTIOXIDANTS TABS   | P         | QL(1 EA daily); RX/OTC | COREVIA TABS  | P         | QL(1 EA daily); RX/OTC |
| CHOICEFUL MULTIVITAMIN CAPS   | P         | RX/OTC                 | CULTURELLE PROBIOTIC MEN DAILY CAPS   | P         | RX/OTC                 |
|   |           |                        | CVS ADULT 50+ EYE HEALTH CAPS   | P         | RX/OTC                 |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| CVS DAILY MULTIPLE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG           | P         | QL(1 EA daily);<br>RX/OTC | CVS ONE DAILY MENS FORMULA TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-16 MG-300 MCG-1.35 MG-15 MG-2 MG-140 MG-210 MG-22.5 UNIT-2 MG-3500 UNIT-110 MCG-120 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| CVS DAILY MULTIPLE WOMEN 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-500 MG-4.5 MG-50 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-3500 UNIT-27 MCG | P         | QL(1 EA daily);<br>RX/OTC | CVS ONE DAILY WOMENS 50+ ADV TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| CVS DAILY MULTIV/MINERAL MENS TABS  | P         | QL(1 EA daily);<br>RX/OTC | CVS ONE DAILY WOMENS FORMULA TABS 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-150 MCG-7.5 MG-1.8 MG-25 MCG-27.5 MCG, 75 MG-1.7 MG-1000 MCG-400 MCG-25 MCG-6 MCG-1.3 MG-25 MCG-16 MG-700 MCG-5 MG-18 MG-380 MG-1.2 MG-8 MG-0.9 MG-7.5 MG-150 MCG-1.8 MG-25 MCG-27.5 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| CVS DAILY MULTIVITAMIN MENS TABS  | P         | QL(1 EA daily);<br>RX/OTC | CVS SPECTRAVITE ADULT 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| CVS DAILY MULTIVITAMIN WOMENS TABS  | P         | QL(1 EA daily);<br>RX/OTC | CVS SPECTRAVITE ADULTS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| CVS EYE HEALTH & LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CVS EYE HEALTH ADULT 50+ CAPS   | P         | RX/OTC                    |  |           |                           |
| CVS IMMUNE SUPPORT CAPS   | P         | RX/OTC                    |  |           |                           |
| CVS ONE DAILY ESSENTIAL TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CVS ONE DAILY MENS 50+ ADV TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| CVS SPECTRAVITE<br>ADVANCED TABS 60<br>MG-2 MG-30 MCG-400<br>MCG-400 UNIT-6 MCG-<br>1.7 MG-25 MCG-20 MG-<br>3500 UNIT-10 MG-18 MG-<br>1.5 MG-50 MG-11 MG-200<br>MG-80 MG-45 MCG-150<br>MCG-30 UNIT-20 MG-0.5<br>MG-5 MCG-10 MCG-2.3<br>MG-75 MCG-55 MCG-10<br>MCG-35 MCG-72 MG-2<br>MG, 60 MG-2 MG-30<br>MCG-400 MCG-400 UNIT-<br>6 MCG-1.7 MG-25 MCG-<br>20 MG-3500 UNIT-10 MG-<br>18 MG-1.5 MG-50 MG-11<br>MG-80 MG-200 MG-45<br>MCG-150 MCG-30 UNIT-<br>20 MG-0.5 MG-5 MCG-10<br>MCG-2.3 MG-75 MCG-55<br>MCG-10 MCG-35 MCG-72<br>MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC | CVS SPECTRAVITE MEN<br>TABS 90 MG-2 MG-40<br>MCG-200 MCG-25 MCG-6<br>MCG-1.3 MG-60 MCG-16<br>MG-900 MCG-15 MG-8<br>MG-600 MCG-1.2 MG-100<br>MG-11 MG-210 MG-80<br>MG-50 MCG-150 MCG-45<br>MG-20 MG-0.9 MG-5<br>MCG-10 MCG-2.3 MG-<br>100 MCG-10 MCG-35<br>MCG-72 MG-2 MG                   | P         | QL(1 EA daily);<br>RX/OTC |
| CVS SPECTRAVITE MEN<br>50+ TABS 120 MG-30<br>MCG-300 MCG-1.5 MG-<br>20 MG-6 MG-10 MG-1.7<br>MG-300 MCG-600 MCG-<br>25 MCG-27 MG-75 MG-4<br>MG-50 MCG-5 MCG-80<br>MG-2 MG-60 MCG-0.5<br>MG-10 MCG-15 MG-210<br>MG-150 MCG-20 MG-21<br>MCG-1050 MCG-60 MCG-<br>100 MCG-72 MG, 120<br>MG-6 MG-30 MCG-27<br>MG-300 MCG-25 MCG-<br>100 MCG-1.7 MG-60<br>MCG-20 MG-300 MCG-<br>1050 MCG-10 MG-600<br>MCG-1.5 MG-75 MG-15<br>MG-210 MG-80 MG-50<br>MCG-150 MCG-20 MG-<br>0.5 MG-5 MCG-4 MG-21<br>MCG-10 MCG-60 MCG-72<br>MG-2 MG                   | P         | QL(1 EA daily);<br>RX/OTC | CVS SPECTRAVITE<br>SENIOR TABS 60 MG-3<br>MG-30 MCG-400 MCG-<br>500 UNIT-25 MCG-1.7<br>MG-30 MCG-20 MG-250<br>MCG-2500 UNIT-10 MG-<br>300 MCG-1.5 MG-50 MG-<br>11 MG-80 MG-150 MCG-<br>220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5<br>MG-5 MCG-2.3 MG-55<br>MCG-10 MCG-45 MCG-72<br>MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | CVS SPECTRAVITE<br>ULTRA MEN 50+ TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | CVS SPECTRAVITE<br>ULTRA MENS TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | CVS SPECTRAVITE<br>ULTRA WOMEN TABS  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| CVS SPECTRAVITE WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-17.5 MG-8 MG-100 MG-2.3 MG-50 MCG-5 MCG-80 MG-2 MG-52 MCG-0.5 MG-10 MCG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1052 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-1052 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-300 MG-80 MG-50 MCG-150 MCG-17.5 MG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-10 MCG-52 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC | CVS WOMENS ACTIVE DAILY TABS 60 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-2.4 MG-50 MG-15 MG-2 MG-300 MG-30 UNIT-2 MG-120 MCG-20 MCG-180 MG            | P         | QL(1 EA daily);<br>RX/OTC |
| CVS SPECTRAVITE WOMENS SENIOR TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-50 MG-15 MG-80 MG-150 MCG-500 MG-50 MCG-150 MCG-35 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-50 MCG-72 MG-2 MG  | P         | QL(1 EA daily);<br>RX/OTC | DAILY BETIC TABS 60 MG-2.5 MG-75 MCG-200 MCG-50 MG-200 UNIT-5 MCG-2500 UNIT-1.7 MG-20 MG-250 MCG-10 MG-100 MG-1.5 MG-100 MG-30 UNIT-50 MG-75 MCG-7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG            | P         | QL(1 EA daily);<br>RX/OTC |
| CVS SPECTRAVITE WOMEN TABS 75 MG-40 MCG-400 MCG-1.1 MG-14 MG-2 MG-15 MG-1.1 MG-25 MCG-15.8 MG-18 MG-100 MG-1.8 MG-50 MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG   | P         | QL(1 EA daily);<br>RX/OTC | DAILY COMBO MULTI VITAMINS TABS 400 UNIT-60 MG-2 MG-0.4 MG-20 MG-6 MCG-10 MG-1.7 MG-1.5 MG-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| CVS VISION HEALTH CAPS  | P         | RX/OTC                    | DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG   | P         | RX/OTC                    |
|   |           |                           | DAYAVITE TABS   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/Limits       | Drug Name  | Drug Tier | Requirements/Limits       |
|---|-----------|---------------------------|--|-----------|---------------------------|
| DECUBI-VITE CAPS  | P         | RX/OTC                    | DIALYVITE SUPREME D TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| DEKAS PLUS OCEAN CAPS   | P         | RX/OTC                    | DIATROL TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| DEKAS PLUS CAPS   | P         | RX/OTC                    | DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG   | P         | RX/OTC                    |
| DEPLIN MA CAPS  | P         | RX/OTC                    | EQ COMPLETE MULTIVIT ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |
| DEPLINPRO MOOD HEALTH CAPS  | P         | RX/OTC                    | EQ COMPLETE MULTIVITAMIN-ADULT TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| DERMACINRX MULTITAM TABS  | P         | QL(1 EA daily);<br>RX/OTC | EQ ONE DAILY MENS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| DERMACINRX RIBOTIN-E TABS   | P         | QL(1 EA daily);<br>RX/OTC | EQ ONE DAILY MENS HEALTH TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| DERMACINRX ZINTREXYL-C TABS   | P         | QL(1 EA daily);<br>RX/OTC | EQ ONE DAILY WOMENS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| DERMAVITE TABS  | P         | QL(1 EA daily);<br>RX/OTC | EQ ONE DAILY WOMENS HEALTH TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| DEXATRAN CAPS   | P         | RX/OTC                    |  |           |                           |
| DIABETES HEALTH FORMULA TABS 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-150 MCG-220 MG-80 MG-2 MG-45 MCG-150 MCG-50 UNIT-110 MG-5 MCG-2.3 MG-35 MCG-10 MCG-600 MCG-72 MG-12 MG, 90 MG-3 MG-300 MCG-500 MCG-600 UNIT-30 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-1.5 MG-1.5 MG-50 MG-45 MCG-5 MCG-150 MCG-10 MCG-220 MG-80 MG-2 MG-150 MCG-50 UNIT-110 MG-35 MCG-2.3 MG-200 MCG-72 MG-12 MG | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| DIALYVITE 800/ULTRA D TABS 80 MG-10 MG-300 MCG-800 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-20 MG-1.5 MG-15 MG-30 UNIT-70 MCG   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|---|-----------|---------------------------|
| EQ VISION FORMULA<br>50+ CAPS 150 MG-30<br>UNIT-5 MG-1 MG-1 MG-9<br>MG-90 MG-160 MG-250<br>MG  | P         | RX/OTC                    | EQL CENTURY<br>WOMENS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| EQL CENTURY MATURE<br>ADULTS 50+ TABS  | P         | QL(1 EA daily);<br>RX/OTC | EQL CENTURY TABS 90<br>MG-2 MG-30 MCG-500<br>MCG-400 UNIT-6 MCG-<br>1.7 MG-25 MCG-20 MG-<br>250 MCG-3500 UNIT-10<br>MG-18 MG-300 MCG-1.5<br>MG-11 MG-150 MCG-100<br>MG-80 MG-200 MG-45<br>MCG-150 MCG-30 UNIT-<br>109 MG-0.9 MG-5 MCG-<br>10 MCG-2.3 MG-55 MCG-<br>10 MCG-35 MCG-72 MG-<br>2 MG | P         | QL(1 EA daily);<br>RX/OTC |
| EQL CENTURY MATURE<br>MEN 50+ TABS 120 MG-6<br>MG-30 MCG-300 MCG-<br>600 UNIT-100 MCG-10<br>MG-1.7 MG-60 MCG-20<br>MG-300 MCG-3500 UNIT-<br>600 MCG-1.5 MG-15 MG-<br>0.7 MG-50 MG-5 MCG-<br>250 MG-80 MG-15 MG-50<br>MCG-150 MCG-20 MG-4<br>MG-60 UNIT-100 MCG-72<br>MG-10 MCG-60 MCG-150<br>MCG | P         | QL(1 EA daily);<br>RX/OTC | EQL ONE DAILY MENS<br>50+ ADVANCE TABS 120<br>MG-6 MG-30 MCG-400<br>MCG-700 UNIT-25 MCG-<br>3.4 MG-20 MCG-20 MG-<br>3500 UNIT-15 MG-120<br>MG-370 MCG-4.5 MG-24<br>MG-2.2 MG-110 MG-90<br>MCG-150 MCG-25.5<br>UNIT-4.2 MG-180 MCG-<br>117 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| EQL CENTURY MATURE<br>WOMEN 50+ TABS 100<br>MG-5 MG-30 MCG-400<br>MCG-800 UNIT-50 MCG-5<br>MG-1.1 MG-50 MCG-14<br>MG-300 MCG-3500 UNIT-<br>8 MG-1.1 MG-15 MG-0.5<br>MG-50 MG-5 MCG-500<br>MG-80 MG-15 MG-50<br>MCG-150 MCG-20 MG-<br>2.3 MG-35 UNIT-55 MCG-<br>72 MG-10 MCG-50 MCG-<br>150 MCG   | P         | QL(1 EA daily);<br>RX/OTC | EQL ONE DAILY MENS<br>HEALTH TABS 400 UNIT-<br>90 MG-3 MG-30 MCG-400<br>MCG-18 MCG-1.7 MG-20<br>MCG-16 MG-3500 UNIT-5<br>MG-210 MG-0.6 MG-1.2<br>MG-15 MG-2 MG-120 MG-<br>100 MG-45 UNIT-2 MG-<br>120 MCG-105 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| EQL CENTURY MATURE<br>TABS 90 MG-3 MG-30<br>MCG-500 MCG-500 UNIT-<br>25 MCG-1.7 MG-30 MCG-<br>20 MG-250 MCG-2500<br>UNIT-10 MG-300 MCG-<br>1.5 MG-11 MG-150 MCG-<br>50 MG-2 MG-220 MG-80<br>MG-45 MCG-150 MCG-50<br>UNIT-110 MG-0.9 MG-5<br>MCG-2.3 MG-55 MCG-10<br>MCG-45 MCG-72 MG             | P         | QL(1 EA daily);<br>RX/OTC | EQL ONE DAILY MENS<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| EQL CENTURY MENS<br>TABS   | P         | QL(1 EA daily);<br>RX/OTC | EQL ONE DAILY<br>WOMENS 50+ ADV TABS<br>120 MG-6 MG-30 MCG-<br>400 MCG-1000 UNIT-25<br>MCG-3.4 MG-20 MCG-20<br>MG-3500 UNIT-15 MG-<br>500 MG-4.5 MG-24 MG-<br>2.2 MG-50 MG-90 MCG-<br>150 MCG-30 UNIT-4.2<br>MG-180 MCG-27 MCG  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name                              | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| EQL VISION FORMULA<br>TABS 200 MG-40 MG-2<br>MG-1000 UNIT-60 UNIT-<br>55 MCG   | P         | QL(1 EA daily);<br>RX/OTC | FITNESS TABS FOR<br>MEN AM/PM TABS     | P         | QL(1 EA daily);<br>RX/OTC |
| ESSENTIAL BALANCE<br>TABS 120 MG-2 MG-30<br>MCG-400 MCG-400 UNIT-<br>6 MCG-1.7 MG-250 MCG-<br>3000 UNIT-10 MG-9 MG-<br>1.5 MG-15 MG-2 MG-150<br>MCG-20 MG-100 MG-40<br>MG-2 MG-100 MG-25<br>MCG-150 MCG-50 UNIT-<br>77 MG-5 MCG-10 MCG-2<br>MG-120 MCG-25 MCG-25<br>MCG-10 MCG-36 MG | P         | QL(1 EA daily);<br>RX/OTC | FITNESS TABS FOR<br>WOMEN AM/PM TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FLORRAVITE TABS                        | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FLORRAXYL TABS                         | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLAGENT DHA CAPS                      | P         | RX/OTC                    |
|  |           |                           | FOLAMAX TABS                           | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLAMED DHA CAPS                       | P         | RX/OTC                    |
|  |           |                           | FOLAPRIME TABS                         | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLAREX TABS                           | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLASYNC DHA CAPS                      | P         | RX/OTC                    |
|  |           |                           | FOLATEN TABS                           | P         | QL(1 EA daily);<br>RX/OTC |
| ESSENTIA TABS 100<br>MG-6 MG-30 MCG-400<br>MCG-2000 UNIT-25 MCG-<br>3000 UNIT-10 MG-100<br>MCG-100 MG-25 MG-10<br>MG-18 MG-100 MG-10<br>MG-100 MG-15 MG-2 MG-<br>250 MCG-60 UNIT-2 MG-<br>10 MCG-75 MCG-150<br>MCG-70 MCG-100 MCG  | P         | QL(1 EA daily);<br>RX/OTC | FOLIFLEX TABS                          | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLITIN-Z TABS                         | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLIXIA TABS                           | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FOLYRA TABS                            | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FREEDAVITE TABS                        | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FT CENTURY 50+ TABS                    | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FT CENTURY ADULTS<br>TABS              | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FT CENTURY MEN 50+<br>TABS             | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FT CENTURY MEN TABS                    | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | FT CENTURY WOMEN<br>50+ TABS           | P         | QL(1 EA daily);<br>RX/OTC |
| FT CENTURY WOMEN<br>TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| EYEVERVITA TABS  | P         | QL(1 EA daily);<br>RX/OTC | FT EYE HEALTH CAPS                     | P         | RX/OTC                    |
| EYE HEALTH + LUTEIN<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC | FT EYE HEALTH TABS                     | P         | QL(1 EA daily);<br>RX/OTC |
| EYE HEALTH AREDS 2<br>CAPS   | P         | RX/OTC                    | FT HAIR SKIN & NAILS<br>EXTRA STR TABS | P         | QL(1 EA daily);<br>RX/OTC |
| EYE HEALTH CAPS  | P         | RX/OTC                    |  |           |                           |
| EYE<br>MULTIVITAMIN/SODIUM<br>TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| EYE VITAMINS CAPS 60<br>MG-6 MG-15 MG-2 MG-30<br>UNIT-22 MG  | P         | RX/OTC                    |  |           |                           |
| EYE-VITES TABS 60 MG-<br>40 MG-2 MG-5000 UNIT-<br>30 UNIT-40 MCG   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| FINAZOL TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|---|-----------|------------------------|---|-----------|------------------------|
| FT ONE DAILY MENS 50+ TABS  | P         | QL(1 EA daily); RX/OTC | GNP CENTURY ADULTS WOMEN TABS   | P         | QL(1 EA daily); RX/OTC |
| FT ONE DAILY MENS TABS  | P         | QL(1 EA daily); RX/OTC | GNP CENTURY ADULT TABS  | P         | QL(1 EA daily); RX/OTC |
| FT ONE DAILY WOMENS 50+ TABS  | P         | QL(1 EA daily); RX/OTC | GNP CENTURY MATURE ADULTS 50+ TABS  | P         | QL(1 EA daily); RX/OTC |
| FT ONE DAILY WOMENS TABS  | P         | QL(1 EA daily); RX/OTC | GNP CENTURY MATURE MEN'S 50+ TABS   | P         | QL(1 EA daily); RX/OTC |
| GERI-FREEDA SENIOR FORMULA TABS   | P         | QL(1 EA daily); RX/OTC | GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150 MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG | P         | QL(1 EA daily); RX/OTC |
| GERITOL NUTRITION SUPPORT TABS 57 MG-2 MG-44 MCG-0.38 MG-400 UNIT-6.7 MCG-1.7 MG-24 MCG-13 MG-1.5 MG-13.5 MG-1.8 MG-20 MG-6100 UNIT-86 MG-36 MG-1 MCG-120 MCG-30 UNIT-118 MG-148 MG-2.4 MG-12 MCG-1 MCG-16 MG-20 MG                   | P         | QL(1 EA daily); RX/OTC | GNP HAIR SKIN & NAILS EXTRA ST TABS   | P         | QL(1 EA daily); RX/OTC |
| GERIVITE COMPLETE TABS 60 MG-2 MG-45 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-15 MCG-5 MCG-37.5 MG-80 MCG-15 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-15 MCG-10 MCG-6000 UNIT-25 MCG-34 MG | P         | QL(1 EA daily); RX/OTC | GNP HAIR/SKIN/NAI LS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG | P         | QL(1 EA daily); RX/OTC |
| GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG                         | P         | QL(1 EA daily); RX/OTC | GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT  | P         | RX/OTC                 |
| GNP CENTURY ADULTS MEN TABS   | P         | QL(1 EA daily); RX/OTC | GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily); RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG | P         | QL(1 EA daily);<br>RX/OTC | GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-105 MCG-120 MG | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | GNP ONE DAILY MENS HEALTH TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | GNP ONE DAILY MENS/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG                            | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | GNP ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG                       | P         | QL(1 EA daily);<br>RX/OTC |
| GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-25 MG  | P         | QL(1 EA daily);<br>RX/OTC | GNP ONE DAILY WOMENS TABS 60 MG-120 MG-3.2 MG-30 MCG-400 MCG-800 UNIT-9.5 MCG-2.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-300 MG-2.4 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG-50 MG                            | P         | QL(1 EA daily);<br>RX/OTC |
| GNP ONE DAILY MAXIMUM TABS   | P         | QL(1 EA daily);<br>RX/OTC | GNP THERAPEUTIC-M TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | HAIR SKIN & NAILS ADVANCED TABS  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| HAIR SKIN & NAILS TABS  | P         | QL(1 EA daily);<br>RX/OTC | HI-KOVITE 2-PART FORMULA TABS 400 UNIT-200 MG-10 MG-30 MCG-400 MCG-10 MG-10 MCG-5000 UNIT-10 MG-10 MG-100 MG-10 MG-9 MG-0.5 MG-7.5 MG-35 MG-60 MG-30 UNIT-1 MG-120 MG-75 MCG-17.5 MCG-10 MG-10 MG                   | P         | QL(1 EA daily);<br>RX/OTC |
| HAIR SKIN AND NAILS FORMULA TABS 30 MG-2.5 MG-2500 MCG-100 MCG-5 MG-2.5 MG-500 UNIT-4 MCG-2500 UNIT-2.5 MG-5 MG-15 MG-12.5 MG-7.5 MG-5 MG-4 MG-130 MG-3.75 MG-1 MG-25 MG-7.5 UNIT-64 MG-15 MG-5 MG-50 MG-1.5 MG-25 MG | P         | QL(1 EA daily);<br>RX/OTC | HM COMPLETE MEN TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| HAIR SKIN NAILS CAPS 30 MG-1.667 MG-1666.667 MCG-10 UNIT-133.333 MCG-666.667 UNIT-2.667 MCG-1666.667 UNIT-1.667 MG-8.333 MG-5 MG-3.333 MG-1.667 MG-2.5 MG-10 MG-0.333 MG-10 MG-1 MG-20 MG-8.333 MG-4.167 MCG          | P         | RX/OTC                    | HYLAZINC TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| HAIR/SKIN/NAILS CAPS  | P         | RX/OTC                    | ICAPS AREDS FORMULA TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| HAIR/SKIN/NAILS TABS  | P         | QL(1 EA daily);<br>RX/OTC | ICAPS LUTEIN & OMEGA-3 CAPS 240 MCG-1.2 MG-16 MG-1.3 MG-2.4 MCG-1.3 MG-10 MG-600 MCG-45 MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7 MG-1 MG-34 MCG-280 MG   | P         | RX/OTC                    |
| HEAD CARE PROACTIVE HEALTH TABS   | P         | QL(1 EA daily);<br>RX/OTC | ICAPS MV TABS 128 MG-7.5 MCG-100 MCG-0.5 MG-100 UNIT-1.5 MCG-2.5 MG-6.25 MCG-2.5 MG-1.67 MG-2.5 MG-0.83 MG-83.25 MG-0.075 MG-0.38 MG-25 MG-21.15 MG-0.9 MG-18.75 MCG-30 MCG-37.5 MCG-107.5 UNIT-35 MG-0.5 MG-10 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| HEALTHY EYES SUPERVISION 2 CAPS   | P         | RX/OTC                    | ICAPS CAPS 226 MG-34.8 MG-0.8 MG-14320 UNIT-200 MG  | P         | RX/OTC                    |
| HEALTHY EYES/LUTEIN-ZEAXANTHIN CAPS 60 MG-13.5 MG-6 MG-15 MG  | P         | RX/OTC                    | IMMUNE 24 HOUR+ CAPS  | P         | RX/OTC                    |
| HEALTHY EYES TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily);<br>RX/OTC | IMMUNE ESSENTIALS DAILY CAPS  | P         | RX/OTC                    |
| HIGH POTENCY MULTIVIT/FA TABS   | P         | QL(1 EA daily);<br>RX/OTC | I-VITE W/LUTEIN TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | I-VITE TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier  | Requirements/<br>Limits   |                           |
|--|-----------|---------------------------|--|--|---------------------------|---------------------------|
| JOINT HEALTH & BONE STRENGTH TABS  | P         | QL(1 EA daily);<br>RX/OTC | KP ADULTS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-75 MCG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-2 MG-30 MCG-400 UNIT-1.7 MG-25 MCG-20 MG-3500 UNIT-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-55 MCG-10 MCG-35 MG-72 MG-2 MG | P  | QL(1 EA daily);<br>RX/OTC |                           |
| KEYFOLIC TABS  | P         | QL(1 EA daily);<br>RX/OTC |  | KP MENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-110 MG-24 MG-90 MCG-150 MCG-30 UNIT-2.2 MG-4.2 MG-180 MCG-117 MCG, 60 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-300 MG-4.5 MG-100 MG-22.5 MG-120 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-110 MCG-120 MG | P                         | QL(1 EA daily);<br>RX/OTC |
| KEYLOSA TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |  |                           |                           |
| KP ADULTS 50+ DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-80 MG-150 MCG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |  |  |                           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| KP MENS DAILY FORMULA TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-210 MG-22.5 UNIT-2 MG-120 MCG-110 MCG, 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG                        | P         | QL(1 EA daily);<br>RX/OTC | KP WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-1.5 MG-50 MG-15 MG-500 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.6 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| KP VISION FORMULA/LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily);<br>RX/OTC | K-PAX IMMUNE PROFESSIONAL ST TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| KP VISION FORMULA TABS 60 MG-40 MG-1000 UNIT-30 UNIT-2 MG-40 MCG  | P         | QL(1 EA daily);<br>RX/OTC | LIVER DETOX TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| KP WOMENS 50+ DAILY FORMULA TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-10 MG-500 MG-4.5 MG-50 MG-24 MG-2.2 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-4.5 MG-50 MG-22.5 MG-500 MG-90 MCG-150 MCG-22.5 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG | P         | QL(1 EA daily);<br>RX/OTC | LIVITA ADULTS LIQD  | P         | RX/OTC                    |
|   |           |                           | LUMIVANCE CAPS  | P         | RX/OTC                    |
|   |           |                           | LUTEIN-ZEAXANTHIN TABS 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | LYSIPLEX PLUS LIQD  | P         | RX/OTC                    |
|   |           |                           | LYSIPLEX PLUS TABS 166.667 MG-333.333 MG-16.667 MG-50 MCG-333.333 MCG-16.667 MG-133.333 MG-16.667 MG-133.333 UNIT-16.667 MCG-133.333 MG-66.667 MG-16.667 MG-5 MG-1666.667 UNIT-66.667 MG-5 MG-66.667 UNIT-5 MCG-26.667 MG-3.333 MG-1.667 MG-0.667 MG-33.333 MCG   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|--|-----------|---------------------------|
| MACULAR HEALTH FORMULA CAPS 250 MG-10 MG-100 MCG-10 MG-500 UNIT-5 MG-5 MG-1 MG-1 MG-20 MG-25 MCG-200 UNIT-7.5 MG-10 MG  | P         | RX/OTC                    | MEGAVITE FRUITS & VEGGIES TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| MACUVITE EYE CARE TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | MEIJER ADVANCED FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-150 MCG-300 MCG-1.5 MG-15 MG-150 MCG-100 MG-162 MG-80 MG-75 MCG-30 UNIT-10 MCG-2 MG-120 MCG-20 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-10 MCG-20 MG-250 MCG-3500 UNIT-10 MG-300 MCG-1.5 MG-15 MG-2 MG-150 MCG-100 MG-200 MG-80 MG-75 MCG-150 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-20 MCG-10 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |
| MACUVITE TABS 60 MG-40 MG-2 MG-40 MCG-30 UNIT-5000 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | MENATROL CAPS  | P         | RX/OTC                    |
| MAXIMUM DAILY GREEN TABS 333.333 MG-8.333 MG-16.666 MCG-133.333 MCG-8.333 MG-8.333 MG-133.333 UNIT-8.333 MCG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-8.333 MG-6.666 MG-8.333 MG-1.333 MG-333.333 MG-83.333 UNIT-33.333 MG-5000 UNIT-5 MG-33.333 MG-1.333 MG-16.666 MCG-20 MG-0.333 MG-33.333 MCG-0.333 MG-5 MG-83.333 MG-50 MCG-10 MG-25 MCG-3.333 MG-33.333 MG-8.333 MG-1.666 MG-6.666 MG-6.666 MG-1.666 MG-0.833 MG-11.666 MG-3.333 MG-1.666 MG-33.333 MG-3.333 MG-3.333 MG-3.333 MG-16.666 MG-33.333 MG-33.333 MG-3.333 MG-3.333 MG-8.333 MG | P         | QL(1 EA daily);<br>RX/OTC | MENS 50+ ADVANCED CAPS   | P         | RX/OTC                    |
| MEDI TAB TABS   | P         | QL(1 EA daily);<br>RX/OTC | MENS 50+ MULTIVITAMIN TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| MEGA MULTI FOR WOMEN TABS   | P         | QL(1 EA daily);<br>RX/OTC | MENS LIFE PACK TABS 300 MCG-200 UNIT-10 MG-10 MG-9 MG-10 MG-2.5 MG-15 MG-1 MG-50 MG-11.25 MG-1 MG-2500 UNIT-15 UNIT-75 MG-37.5 MCG-2.5 MG-2.5 MG-12.5 MCG, 400 UNIT-10 MG-10 MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| MEGA MULTI MEN TABS   | P         | QL(1 EA daily);<br>RX/OTC | MENS MULTI HEALTH FORMULA TABS   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|--|-----------|------------------------|---|-----------|------------------------|
| MENS MULTIVITAMIN TABS   | P         | QL(1 EA daily); RX/OTC | MULTI FOR HER 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-200 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-70 MCG   | P         | QL(1 EA daily); RX/OTC |
| MOOD FOOD ES CAPS  | P         | RX/OTC                 |   |           |                        |
| MOOD FOOD CAPS   | P         | RX/OTC                 |   |           |                        |
| MULTI COMPLETE/IRON TABS 180 MG-2 MG-30 MG-400 MCG-1000 UNIT-6 MCG-1.7 MG-80 MCG-20 MG-2500 UNIT-10 MG-18 MG-162 MG-1.5 MG-15 MG-100 MG-75 MCG-150 MCG-50 UNIT-2 MG-4 MG-120 MCG-70 MCG  | P         | QL(1 EA daily); RX/OTC |   |           |                        |
| MULTI COMPLETE CAPS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG   | P         | RX/OTC                 | MULTI FOR HER CAPS 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-600 MCG-1000 UNIT-6 MCG-1.7 MG-40 MCG-20 MG-10 MG-18 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-20 MCG | P         | RX/OTC                 |
| MULTI FOR HER 50+ CAPS 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-200 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-75 MCG-150 MCG-60 UNIT-4 MG-120 MCG-70 MCG, 60 MG-6 MG-30 MCG-60 UNIT-400 MCG-1000 UNIT-25 MCG-1.7 MG-80 MCG-20 MG-10 MG-1.5 MG-100 MG-15 MG-2 MG-2500 UNIT-200 MG-75 MCG-150 MCG-4 MG-120 MCG-70 MCG | P         | RX/OTC                 | MULTI FOR HER TABS 120 MG-2 MG-30 MCG-400 MCG-6 MCG-10 MG-1.7 MG-100 MCG-250 MCG-3000 UNIT-1.5 MG-100 MG-15 MG-150 MCG-400 UNIT-20 MG-18 MG-40 MG-10 MCG-120 MCG-2 MG-10 MCG-150 MCG-25 MCG-77 MG-5 MCG-2 MG-50 UNIT-25 MCG-250 MG-36 MG-2 MG   | P         | QL(1 EA daily); RX/OTC |
|  |           |                        | MULTI FOR HIM 50+ TABS 180 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-15 MG-20 MG-100 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-60 UNIT-2500 UNIT-105 MCG  | P         | QL(1 EA daily); RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| MULTI FOR HIM CAPS 60 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-1.5 MG-40 MG-15 MG-2 MG-2500 UNIT-100 MG-45 MCG-150 MCG-50 UNIT-4 MG-120 MCG-40 MCG, 60 MG-4 MG-30 MCG-400 MCG-25 MCG-18 MCG-1.7 MG-40 MCG-20 MG-10 MG-100 MG-1.5 MG-40 MG-15 MG-2 MG-750 MCG-45 MCG-150 MCG-22.5 MG-4 MG-120 MCG-40 MCG                     | P         | RX/OTC                    | MULTIPLE VIT/MINERALS/NO IRON TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-5 MG-2.5 MG-15 MG-5000 UNIT-2.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.37 MG-0.5 MG   | P         | QL(1 EA daily);<br>RX/OTC |
| MULTI FOR HIM TABS 180 MG-4 MG-30 MCG-400 MCG-1000 UNIT-18 MCG-10 MG-1.7 MG-80 MCG-1.5 MG-100 MG-15 MG-20 MG-120 MCG-2 MG-162 MG-150 MCG-75 MCG-4 MG-50 UNIT-2500 UNIT-70 MCG  | P         | QL(1 EA daily);<br>RX/OTC | <i>multiple vitamins w/ minerals CAPS</i>  | P         | RX/OTC                    |
| MULTI VITAMIN/MINERALS TABS 60 MG-1 MG-400 MCG-400 UNIT-1 MCG-2.5 MG-15 MG-5000 UNIT-5 MG-7.5 MG-2.5 MG-100 MG-75 MCG-15 UNIT-80 MG-1.5 MG-0.375 MG-0.5 MG, 90 MG-3 MG-45 MCG-400 MCG-400 UNIT-9 MCG-2.6 MG-25 MCG-20 MG-10 MG-27 MG-2.25 MG-100 MG-15 MG-5000 UNIT-30 MG-162 MG-150 MCG-34 UNIT-125 MG-2 MG-5 MG-27 MG-25 MCG-25 MCG-300 MCG-25 MCG | P         | QL(1 EA daily);<br>RX/OTC | <i>multiple vitamins w/ minerals TABS</i>  | P         | QL(1 EA daily);<br>RX/OTC |
| MULTIA CAPS  | P         | RX/OTC                    | MULTIPLE VITAMINS/WOMENS TABS 60 MG-2 MG-400 MCG-1.5 MG-20 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | MULTIPLE VITAMINS-MINERALS LIQD 60 MG/15ML-300 MCG/15ML-1.1 MG/15ML-20 MG/15ML-2 MG/15ML-10 MG/15ML-1.7 MG/15ML-10 MCG/15ML-14 MG/15ML-9 MG/15ML-2 MG/15ML-25 MCG/15ML-13 MG/15ML-25 MCG/15ML-3 MG/15ML-150 MCG/15ML-390 MCG/15ML-6 MCG/15ML | P         | RX/OTC                    |
|  |           |                           | MULTIPRO CAPS 25 MG-300 MCG-1000 MCG-10 MCG-10 MCG-3 MG-2 MG-5 MG-32 MG-2 MG-7 MG-6 MG-30 MG-315 MG-1 MG-30 MG   | P         | RX/OTC                    |
|  |           |                           | MULTITOL-M TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | MULTIVITAMIN ADULT (MINERALS) TABS   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| MULTIVITAMIN ADULTS 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-12.5 MCG-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-750 MCG-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-22.75 MG-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-50 MG-11 MG-150 MCG-80 MG-220 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-20 MG-50 MG- | P         | QL(1 EA daily);<br>RX/OTC | 80 MG-45 MCG-150 MCG-50 UNIT-20 MG-0.5 MG-5 MCG-2.3 MG-19 MCG-10 MCG-50 MCG-72 MG-2 MG   |           |                           |
|  |           |                           | MULTIVITAMIN ADULTS TABS 60 MG-2 MG-30 MCG-400 MCG-10 MCG-6 MCG-1.7 MG-25 MCG-20 MG-10 MG-18 MG-1.5 MG-50 MG-11 MG-80 MG-200 MG-45 MCG-150 MCG-13.5 MG-20 MG-0.5 MG-5 MCG-10 MCG-2.3 MG-75 MCG-1050 MCG-55 MCG-10 MCG-35 MCG-72 MG-2 MG, 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-2 MG-10 MCG-35 MCG-0.5 MG-10 MCG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | MULTIVITAMIN HEALTH FORM/CA/FE TABS  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| MULTIVITAMIN MEN 50+ TABS 120 MG-30 MCG-300 MCG-1.5 MG-20 MG-6 MG-10 MG-1.7 MG-300 MCG-600 MCG-25 MCG-27 MG-75 MG-4 MG-50 MCG-80 MG-60 MCG-0.5 MG-15 MG-210 MG-150 MCG-20 MG-21 MCG-1050 MCG-60 MCG-100 MCG-72 MG, 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-370 MCG-17.5 MCG-11.4 MG-110 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-120 MG-150 MCG-117 MCG-940 MCG-20 MCG-25 MCG, 120 MG-6 MG-30 MCG-27 MG-300 MCG-25 MCG-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-10 MG-600 MCG-1.5 MG-75 MG-15 MG-80 MG-210 MG-50 MCG-150 MCG-20 MG-0.5 MG-5 MCG-4 MG-1050 MCG-21 MCG-10 MCG-60 MCG-72 MG-2 MG, 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-10 MG-600 MCG-1.5 MG-75 MG-15 MG-210 MG-80 MG-50 MCG-150 MCG-60 UNIT-20 MG-0.5 MG-4 MG-21 MCG-60 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC | MULTIVITAMIN WOMEN 50+ TABS 100 MG-30 MCG-400 MCG-1.1 MG-14 MG-5 MG-5 MG-1.1 MG-300 MCG-25 MCG-15.8 MG-8 MG-100 MG-2.3 MG-50 MCG-80 MG-52 MCG-0.5 MG-15 MG-300 MG-150 MCG-20 MG-22 MCG-1050 MCG-50 MCG-50 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-14 MG-25 MCG-50 MCG-1.1 MG-50 MCG-300 MCG-1050 MCG-5 MG-8 MG-1.1 MG-15 MG-100 MG-2 MG-300 MG-80 MG-50 MCG-150 MCG-15.7 MG-20 MG-2.3 MG-22 MCG-0.5 MG-10 MCG-52 MCG-72 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-1.1 MG-15 MG-35 UNIT-50 MG-500 MG-80 MG-150 MG-20 MG-0.5 MG-5 MCG-2.3 MG-150 MCG-55 MCG-50 MCG-10 MCG-50 MCG-72 MG-2 MG, 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-5 MG-8 MG-300 MG-1.1 MG-15 MG-35 UNIT-100 MG-80 MG-150 MCG-20 MG-0.5 MG-5 MCG-2.3 MG-22 MCG-50 MCG-10 MCG-52 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |
| MULTIVITAMIN MEN TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| MULTI-VITAMIN MONOCAPS TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name  | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|--|-----------|------------------------|
| MULTIVITAMIN WOMENS 50+ ADV TABS 120 MG-30 MCG-400 MCG-4.5 MG-20 MG-6 MG-15 MG-3.4 MG-25 MCG-13.5 MG-50 MG-4.2 MG-90 MCG-180 MCG-2.2 MG-24 MG-300 MG-150 MCG-27 MCG-940 MCG-20 MCG-25 MCG                                 | P         | QL(1 EA daily); RX/OTC | MVW COMPLETE FORMULATION CAPS  | P         | RX/OTC                 |
| MULTIVITAMIN WOMEN TABS   | P         | QL(1 EA daily); RX/OTC | MVW MODULATOR FORMULATION MINI CAPS  | P         | RX/OTC                 |
| MULTI-VITAMIN/MINERALS TABS 60 MG-2 MG-0.4 MG-20 MG-1.2 MG-6 MCG-1.7 MG-400 UNIT-15 MG-100 MG-160 MG-150 MCG-18 MG-125 MG-5000 UNIT   | P         | QL(1 EA daily); RX/OTC | MVW MODULATOR FORMULATION CAPS   | P         | RX/OTC                 |
| MULTIVITAMIN/ZINC STRESS TABS   | P         | QL(1 EA daily); RX/OTC | MYAMULTI TABS 60 MG-3 MG-30 MCG-400 MCG-1.7 MG-6 MCG-10 MG-2 MG-20 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-25 MCG-5 MCG-40 MG-10 MCG-150 MCG-25 MCG-2 MG-10 MCG-15 MG-162 MG-150 MCG-125 MG-25 MCG-10 MCG-25 MCG-36.3 MG | P         | QL(1 EA daily); RX/OTC |
| MULTIVITAMIN LIQD 60 MG/15ML-300 MCG/15ML-30 UNIT/15ML-1.5 MG/15ML-2 MG/15ML-400 UNIT/15ML-6 MCG/15ML-1300 UNIT/15ML-10 MG/15ML-1.7 MG/15ML-20 MG/15ML-9 MG/15ML-3 MG/15ML-25 MCG/15ML-150 MCG/15ML-2 MG/15ML-25 MCG/15ML | P         | RX/OTC                 | NAT-RUL THERAVITE-M TABS   | P         | QL(1 EA daily); RX/OTC |
| MULTIVITAMIN-MINERALS TABS  | P         | QL(1 EA daily); RX/OTC | NATRUL-VITES TABS  | P         | QL(1 EA daily); RX/OTC |
| MULTI-VITE LIQD   | P         | RX/OTC                 | NEOVITE TABS   | P         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION D3000 CAPS   | P         | RX/OTC                 | NICADAN TABS   | P         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION D5000 CAPS   | P         | RX/OTC                 | NICAZEL FORTE TABS   | P         | QL(1 EA daily); RX/OTC |
| MVW COMPLETE FORMULATION MINIS CAPS   | P         | RX/OTC                 | NICAZEL TABS   | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NO IRON MULT VITAMIN-MINERALS TABS   | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NORIXA TABS  | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NORVEXA TABS   | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NUTRALYN TABS  | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NUTRAVANCE TABS  | P         | QL(1 EA daily); RX/OTC |
|   |           |                        | NUTRICAP TABS  | P         | QL(1 EA daily); RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|---|-----------|---------------------------|
| NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG   | P         | QL(1 EA daily);<br>RX/OTC | OCUVITE EYE PERFORMANCE CAPS  | P         | RX/OTC                    |
| OCULAR VITAMINS TABS   | P         | QL(1 EA daily);<br>RX/OTC | OCUVITE-LUTEIN CAPS   | P         | RX/OTC                    |
| OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG  | P         | QL(1 EA daily);<br>RX/OTC | OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG   | P         | QL(1 EA daily);<br>RX/OTC | ONCOVITE TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT  | P         | RX/OTC                    | ONE A DAY ENERGY TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| OCUVITE ADULT 50+ CAPS   | P         | RX/OTC                    | ONE A DAY MEN 50 PLUS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| OCUVITE ADULT FORMULA CAPS   | P         | RX/OTC                    | ONE A DAY POSTNATAL CAPS  | P         | RX/OTC                    |
| OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG   | P         | QL(1 EA daily);<br>RX/OTC | ONE A DAY TRIPLE IMMUNE SUPPRT TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG | P         | QL(1 EA daily);<br>RX/OTC | ONE A DAY WOMEN 50 PLUS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG   | P         | RX/OTC                    | ONE A DAY WOMENS MULTI TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG                                 | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY FOR WOMEN 50+ ADV TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-20 MCG-120 MG   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-150 MCG-100 MG-10 MCG-34 MG                  | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY FOR WOMEN TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG, 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-450 MG-1.5 MG-50 MG-15 MG-30 UNIT-2 MG-2 MG-120 MCG-20 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY FOR MEN 50+ ADVANCED TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-2500 UNIT-15 MG-120 MG-600 MCG-4.5 MG-100 MG-22.5 MG-40 MG-90 MCG-150 MCG-33 UNIT-2 MG-4 MG-180 MCG-105 MCG-120 MG | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY HEALTHY WEIGHT ADV TABS 60 MG-10 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.1 MG-80 MCG-25 MG-2500 UNIT-12.5 MG-18 MG-200 MG-1.9 MG-15 MG-50 MG-30 UNIT-2 MG-2 MG-200 MCG-70 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY FOR MEN/LYCOPENE TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG                              | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|---|-----------|---------------------------|
| ONE DAILY HEALTHY WEIGHT TABS 60 MG-2.5 MG-400 MCG-400 UNIT-7.5 MCG-2.125 MG-25 MG-12.5 MG-18 MG-300 MG-1.9 MG-50 MG-15 MG-2500 UNIT-30 UNIT-2 MG-2 MG-200 MCG-80 MCG-70 MCG-32 MG, 60 MG-3 MG-30 MCG-400 MCG-400 UNIT-25 MCG-1.7 MG-20 MG-250 MCG-3500 UNIT-10 MG-200 MG-300 MCG-1.5 MG-100 MG-15 MG-2 MG-80 MG-150 MCG-150 MCG-75 MCG-45 UNIT-48 MG-5 MCG-2 MG-150 MCG-10 MCG-20 MCG-10 MCG-72 MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MENS HEALTH TABS 60 MG-3 MG-30 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-300 MCG-1.2 MG-120 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY MAXIMUM TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-2500 UNIT-10 MG-18 MG-1.5 MG-100 MG-15 MG-150 MCG-162 MG-80 MG-160 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-65 MCG-3.5 MG-20 MCG-10 MCG-72 MG-2 MG   | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MENS TABS 90 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-16 MG-3500 UNIT-5 MG-210 MG-600 MCG-1.2 MG-120 MG-15 MG-2 MG-100 MG-45 UNIT-2 MG-120 MCG-20 MCG-105 MCG, 99 MG-43 MCG-240 MCG-1.32 MG-17.6 MG-2.17 MG-15.5 MG-1.43 MG-210 MG-300 MCG-25 MCG-15 MG-120 MG-2.3 MG-35 MCG-0.9 MG-11 MG-150 MCG-55 MCG-900 MCG-30 MCG-6.24 MCG-408 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY MEN FORMULA W/O IRON TABS  | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MULTIVIT/IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY MENS 50+ MULTIVIT TABS   | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MULTIVITAMIN MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-300 MCG-1.35 MG-15 MG-2 MG-22.5 UNIT-140 MG-210 MG-2 MG-120 MCG-110 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY MENS 50+/LYCOPENE TABS 120 MG-6 MG-30 MCG-25.5 UNIT-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24 MG-110 MG-90 MCG-150 MCG-2.2 MG-4.2 MG-180 MCG-117 MCG  | P         | QL(1 EA daily);<br>RX/OTC | ONE DAILY MULTIVITAMIN WOMEN TABS   | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|---|-----------|---------------------------|
| ONE DAILY WOMENS 50 PLUS TABS 75 MG-3 MG-30 MCG-400 MCG-400 UNIT-18 MCG-1.7 MG-14 MG-3000 UNIT-5 MG-240 MG-1.1 MG-120 MG-15 MG-2 MG-100 MG-33 UNIT-2 MG-120 MCG-20 MCG-70 MCG-10 MG        | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY TEEN ADVANTAGE/HIM TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY WOMENS 50+ TABS 60 MG-6 MG-30 MCG-400 MCG-800 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-15 MG-405 MG-4.5 MG-50 MG-22.5 MG-90 MCG-150 MCG-33 UNIT-2 MG-180 MCG-4 MG-2500 UNIT-20 MCG-120 MG | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WEIGHT SMART ADVANCE TABS<br><i>(Use multiple vitamins w/ minerals)</i>   | NF        | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY WOMENS TABS  | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS 50 PLUS TABS<br><i>(Use multiple vitamins w/ minerals)</i>   | NF        | QL(1 EA daily);<br>RX/OTC |
| ONE DAILY/MINERALS TABS 50 MG-1 MG-100 MCG-1.5 MG-3 MCG-1.7 MG-20 MG-5000 UNIT-400 UNIT-5 MG-1 MG-125 MG-150 MCG-10 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS 50+ ADVANTAGE TABS<br><i>(Use multiple vitamins w/ minerals)</i>   | NF        | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY ENERGY TABS  | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS 50+ ADVANTAGE TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-4.5 MG-50 MG-24 MG-2.2 MG-500 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENOPAUSE FORMULA TABS   | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS 50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENS (MINERALS) TABS   | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS HEALTHY SKIN TABS<br><i>(Use multiple vitamins w/ minerals)</i>  | NF        | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENS 50+ ADVANTAGE TABS  | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS MIND & BODY TABS<br><i>(Use multiple vitamins w/ minerals)</i>   | NF        | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENS 50+ TABS  | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS PETITES TABS 30 MG-1 MG-15 MCG-200 MCG-500 UNIT-3 MCG-0.85 MG-12.5 MCG-5 MG-1250 UNIT-2.5 MG-9 MG-250 MG-0.75 MG-25 MG-7.5 MG-1 MG-11.25 UNIT-1 MG-60 MCG-10 MCG                 | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENS HEALTH FORMULA TABS   | P         | QL(1 EA daily);<br>RX/OTC | ONE-A-DAY WOMENS TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-A-DAY MENS PRO EDGE TABS   | P         | QL(1 EA daily);<br>RX/OTC | ONE-DAILY MULTI CAPS CAPS   | P         | RX/OTC                    |
| ONE-A-DAY PROACTIVE 65+ TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| ONE-DAILY MULTI-VIT/MINERAL TABS 50 MG-2 MG-20 MG-1 MG-1 MG-2.5 MG-10 MCG-4.5 MG-10 MG-1 MG-5 MCG-3.75 MG-150 MCG-5 MCG-1500 MCG-1 MCG  | P         | QL(1 EA daily);<br>RX/OTC | OSTEOPRIME ULTRA TABS 30 MG-6.25 MG-200 MCG-5 MG-200 UNIT-12.5 MCG-5 MG-75 MCG-12.5 MG-5 MG-0.5 MG-5 MG-11.25 MCG-1.25 MG-75 MG-3.75 MG-0.75 MG-200 MG-12.5 MCG-32 MG-25 MCG-1.5 MG-5 MG-1.75 MG-50 MCG | P         | QL(1 EA daily);<br>RX/OTC |
| ONEVITE TABS  | P         | QL(1 EA daily);<br>RX/OTC | PARVLEX TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| OPTIC-VITES WITH LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG  | P         | QL(1 EA daily);<br>RX/OTC | PHYTOMULTI TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| OPTIC-VITES TABS 60 MG-40 MG-2 MG-30 UNIT-5000 UNIT-40 MCG  | P         | QL(1 EA daily);<br>RX/OTC | PRESCRIPTION SUPPORT MULTIVIT CAPS  | P         | RX/OTC                    |
| OPTIMUM PMS TABS 250 MG-4.16 MG-33.3 MCG-4.16 MG-10.4 MCG-2083.3 UNIT-4.16 MG-52.08 MG-4.16 MG-4.16 MG-16.7 UNIT-2.5 MG-41.7 MG-1.67 MG-7.9 MG-16.7 MCG-0.08 MG-4.16 MG-12.5 MCG-16.7 MCG-16.7 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | PRESERVISION AREDS 2+COQ10 CAPS   | P         | RX/OTC                    |
| OPTIVITE P.M.T. TABS 250 MG-50 MG-10 MCG-33.33 MCG-52.17 MG-16.67 UNIT-2083.33 UNIT-4.17 MG-4.17 MG-4 MG-4.17 MG-4.17 MG-4.17 MG-4.17 MG-16.67 MG-16.67 UNIT-2.5 MG-41.67 MG-1.67 MG-8 MG-16.67 MCG-4.17 MG-20.83 MG-12.5 MCG-16.67 MCG-41.67 MG-15.5 MG-10 MCG | P         | QL(1 EA daily);<br>RX/OTC | PRESERVISION AREDS 2+MULTI VIT CAPS   | P         | RX/OTC                    |
| OPURITY TABS  | P         | QL(1 EA daily);<br>RX/OTC | PRESERVISION AREDS 2 CAPS   | P         | RX/OTC                    |
| OSTEOPRIME PLUS TABS  | P         | QL(1 EA daily);<br>RX/OTC | PRESERVISION AREDS 3 CAPS   | P         | RX/OTC                    |
|   |           |                           | PRESERVISION AREDS CAPS   | P         | RX/OTC                    |
|   |           |                           | PRESERVISION AREDS TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | PRESERVISION/LUTEIN CAPS  | P         | RX/OTC                    |
|   |           |                           | PREVENT CAPS  | P         | RX/OTC                    |
|   |           |                           | PREV-RX TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | PROBIOTICS + BARIATRIC MULTI CAPS   | P         | RX/OTC                    |
|   |           |                           | PRO-CAL TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | PROCERV HP TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | PROFOLA TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | PRORENAL + D W/ OMEGA-3 CAPS  | P         | RX/OTC                    |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|---|-----------|---------------------------|
| PRORENAL + D TABS  | P         | QL(1 EA daily);<br>RX/OTC | QC MULTI-VITE 50 &<br>OVER TABS 60 MG-3<br>MG-30 MCG-400 MCG-<br>500 UNIT-25 MCG-1.7<br>MG-30 MCG-20 MG-250<br>MCG-2500 UNIT-10 MG-<br>300 MCG-1.5 MG-50 MG-<br>11 MG-80 MG-150 MCG-<br>220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5<br>MG-5 MCG-2.3 MG-55<br>MCG-10 MCG-45 MCG-72<br>MG-2 MG | P         | QL(1 EA daily);<br>RX/OTC |
| PROSIGHT TABS 60 MG-<br>40 MG-2 MG-30 MG-5000<br>UNIT-40 MCG   | P         | QL(1 EA daily);<br>RX/OTC |   | P         | QL(1 EA daily);<br>RX/OTC |
| PROTECT CARDIO AF<br>CAPS  | P         | RX/OTC                    |   | P         | QL(1 EA daily);<br>RX/OTC |
| PROTECT PLUS SO<br>CAPS  | P         | RX/OTC                    |   | P         | RX/OTC                    |
| PROTEGRA CAPS  | P         | RX/OTC                    |   | P         | RX/OTC                    |
| PROVIT TABS  | P         | QL(1 EA daily);<br>RX/OTC |   | P         | QL(1 EA daily);<br>RX/OTC |
| QC DAILY<br>MULTIVIT/MULTIMINERA<br>L TABS 50 MG-2 MG-30<br>MCG-400 MCG-400 UNIT-<br>6 MCG-2500 UNIT-1.7<br>MG-25 MCG-20 MG-10<br>MG-18 MG-1.5 MG-100<br>MG-15 MG-150 MCG-80<br>MG-2 MG-162 MG-160<br>MCG-150 MCG-30 UNIT-<br>109 MG-2 MG-5 MCG-10<br>MCG-3.5 MG-65 MCG-20<br>MCG-10 MCG-72 MG | P         | QL(1 EA daily);<br>RX/OTC | QC MULTI-VITE TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| QC HAIR SKIN & NAILS<br>TABS 50 MG-50 MG-3.5<br>MG-6.5 MG-25 MCG-25<br>UNIT-25 MCG-7.5 MG-7.2<br>MG-50 UNIT-25 MCG-<br>2500 UNIT-15 MG-5 MG-<br>25 MG-10 MG-3.3 MG-10<br>MG-5 MG-10 MG-20 MG-<br>0.6 MG-150 MCG-54 MG-<br>70 MG-897 MCG-0.6 MG   | P         | QL(1 EA daily);<br>RX/OTC | QC OCUHEALTH VISION<br>SUPPORT 2 CAPS   | P         | RX/OTC                    |
| QC MENS DAILY<br>MULTIVITAMIN TABS 90<br>MG-3 MG-30 MCG-400<br>MCG-400 UNIT-18 MCG-<br>1.7 MG-20 MCG-16 MG-<br>3500 UNIT-5 MG-210 MG-<br>600 MCG-1.2 MG-120<br>MG-15 MG-2 MG-100 MG-<br>45 UNIT-2 MG-120 MCG-<br>105 MCG   | P         | QL(1 EA daily);<br>RX/OTC | QC THERIN-M TABS 90<br>MG-6 MG-30 MCG-400<br>MCG-400 UNIT-12 MCG-<br>3.4 MG-28 MCG-20 MG-<br>5000 UNIT-10 MG-9 MG-3<br>MG-100 MG-15 MG-150<br>MCG-7.5 MG-2 MG-40<br>MG-75 MCG-150 MCG-60<br>UNIT-31 MG-2 MG-5<br>MCG-10 MCG-2 MG-50<br>MCG-70 MCG-10 MCG-<br>7.5 MG                         | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | QC WOMENS DAILY<br>MULTIVITAMIN TABS 60<br>MG-2 MG-30 MCG-400<br>MCG-500 UNIT-5 MCG-<br>2500 UNIT-1.7 MG-25<br>MCG-10 MG-5 MG-15<br>MG-450 MG-5 MG-50 MG-<br>15 MG-30 UNIT-2 MG-2<br>MG-120 MCG-20 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | QUIN B STRONG TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | QUINTABS-M TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | RAYAVIT TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | REMEDIENT CAPS  | P         | RX/OTC                    |
|  |           |                           | RENAL MULTIVITAMIN<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name  | Drug Tier | Requirements/ Limits      | Drug Name  | Drug Tier | Requirements/ Limits      |
|--|-----------|---------------------------|--|-----------|---------------------------|
| RENAPLEX-D TABS  | P         | QL(1 EA daily);<br>RX/OTC | STRESSTABS<br>ADVANCED TABS 30<br>MG-5 MG-400 MCG-400<br>UNIT-50 MCG-2500 UNIT-<br>1.5 MG-20 MG-1.5 MG-30<br>MG-20 MG-15 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |
| RENAPLEX TABS 60 MG-<br>10 MG-300 MCG-800<br>MCG-6 MCG-1.7 MG-20<br>MG-10 MG-1.5 MG-12.5<br>MG   | P         | QL(1 EA daily);<br>RX/OTC | STROVITE ONE TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| REVYRA TABS  | P         | QL(1 EA daily);<br>RX/OTC | SUPER ANTIOXIDANT<br>CAPS  | P         | RX/OTC                    |
| SENIOR TABS TABS 60<br>MG-3 MG-30 MCG-400<br>MCG-1.5 MG-20 MG-25<br>MCG-10 MG-1.7 MG-250<br>MCG-300 MCG-400 UNIT-<br>45 UNIT-100 MG-2 MG-75<br>MCG-5 MCG-80 MG-2<br>MG-150 MCG-150 MCG-2<br>MG-10 MCG-15 MG-200<br>MG-150 MCG-48 MG-20<br>MCG-3500 UNIT-10 MCG-<br>72 MG | P         | QL(1 EA daily);<br>RX/OTC | SUPER ANTIOXIDANTS<br>PROTECTOR CAPS 500<br>MG-400 UNIT-25000<br>UNIT-50 MCG   | P         | RX/OTC                    |
| SENTRY SENIOR MENS<br>50+ TABS   | P         | QL(1 EA daily);<br>RX/OTC | SUPER AYTINAL 50<br>PLUS TABS 120 MG-2<br>MG-30 MCG-400 MCG-<br>1.5 MG-400 UNIT-12<br>MCG-10 MG-1.7 MG-20<br>MG-275 MCG-9 MG-225<br>MG-100 MG-15 MG-2 MG-<br>150 MCG-75 MCG-150<br>MCG-50 UNIT-2 MG-5000<br>UNIT-80 MCG-70 MCG-<br>120 MCG-25 MG-25 MG                                     | P         | QL(1 EA daily);<br>RX/OTC |
| SENTRY<br>SENIOR/LUTEIN TABS   | P         | QL(1 EA daily);<br>RX/OTC | SUPER AYTINAL TABS<br>90 MG-5 MG-40 MCG-400<br>MCG-400 UNIT-12 MCG-<br>10 MG-5 MG-30 MG-275<br>MCG-3500 UNIT-25 MG-<br>300 MCG-5 MG-100 MG-<br>15 MG-3 MG-7.7 MG-150<br>MCG-50 MCG-162 MG-<br>150 MCG-2 MG-50 MCG-<br>30 UNIT-125 MG-5 MCG-<br>10 MCG-7.5 MG-25 MCG-<br>50 MCG-10 MCG-7 MG | P         | QL(1 EA daily);<br>RX/OTC |
| SENTRY SENIOR TABS   | P         | QL(1 EA daily);<br>RX/OTC | SUPER D-ZINC-<br>SELENIUM-COPPER<br>TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| SENTRY TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| SIDEROL TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| SKIN HAIR & NAILS<br>ADVANCED CAPS   | P         | RX/OTC                    |  |           |                           |
| SOLO TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| SPECTRAVITE TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| STRESS B<br>COMPLEX/ANTIOXID/ZIN<br>C TABS 500 MG-45 MCG-<br>400 MCG-10 MG-100 MG-<br>5 MG-20 MG-10 MG-13.5<br>MG-3 MG-24 MG-77 MG-<br>12 MCG  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| SUPER THERA VITE M TABS 90 MG-3 MG-35 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-400 UNIT-30 UNIT-1250 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG | P         | QL(1 EA daily);<br>RX/OTC | THERA VITAL-M TABS 120 MG-3 MG-15 MCG-400 MCG-400 UNIT-9 MCG-3.4 MG-30 MG-5500 UNIT-10 MG-18 MG-3 MG-100 MG-15 MG-2 MG-40 MG-7.5 MG-15 MCG-150 MCG-30 UNIT-31 MG-5 MG-15 MCG-10 MCG               | P         | QL(1 EA daily);<br>RX/OTC |
| SUPER VITA-MINS TABS 250 MG-5 MG-0.4 MG-10 MG-6 MCG-20 MG-10 MG-100 MG-400 UNIT-30 UNIT-24 MG-100 MG-1.25 MG-2 MG-15 MG-0.161 MG-150 MCG-0.125 MG-10000 UNIT  | P         | QL(1 EA daily);<br>RX/OTC | THERABASIC-M TABS 400 UNIT-90 MG-3 MG-35 MCG-0.4 MG-9 MCG-10 MG-3.4 MG-30 MG-5000 UNIT-27 MG-3 MG-100 MG-1250 UNIT-15 MCG-7.5 MG-15 MCG-40 MG-15 MG-150 MCG-30 UNIT-31 MG-2 MG-10 MCG-5 MG-7.5 MG | P         | QL(1 EA daily);<br>RX/OTC |
| SUPERIOR MENS MULTI TABS  | P         | QL(1 EA daily);<br>RX/OTC | THERAGRAN-M ADVANCED 50 PLUS TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| SUPERIOR WOMENS MULTI TABS  | P         | QL(1 EA daily);<br>RX/OTC | THERAGRAN-M ADVANCED TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| SUPPORT-500 CAPS  | P         | RX/OTC                    | THERAGRAN-M PREMIER 50 PLUS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| SUPPORT LIQD  | P         | RX/OTC                    | THERAGRAN-M PREMIER TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| SYSTANE ICAPS AREDS2 CAPS 250 MG-5 MG-1 MG-1 MG-12.5 MG-200 UNIT  | P         | RX/OTC                    | THERAGRAN-M TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| SYSTANE ICAPS AREDS2 TABS   | P         | QL(1 EA daily);<br>RX/OTC | THERA-M PLUS MV W/BETA-CAROT TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| THERA VITAL M TABS 90 MG-3 MG-30 MCG-0.4 MG-3 MG-9 MCG-10 MG-3.4 MG-20 MG-2500 UNIT-400 UNIT-30 UNIT-2500 UNIT-27 MG-100 MG-5 MG-15 MCG-7.5 MG-15 MCG-2 MG-15 MG-40 MG-150 MCG-31 MG-10 MCG-7.5 MG      | P         | QL(1 EA daily);<br>RX/OTC | THERAMILL FORTE CAPS  | P         | RX/OTC                    |
|   |           |                           | THERANATAL LACTATION ONE CAPS   | P         | RX/OTC                    |
|   |           |                           | THERAPEUTIC FORMULA/HEMATINICS TABS 3.3 MG-0.33 MG-50 MCG-3.3 MG-33.3 MG-100 MG-11.7 MG-66.7 MG-3.3 MG-41.7 MG-140 UNIT-5 UNIT-0.67 MG-1400 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| THERAPEUTIC-M TABS<br>90 MG-2 MG-30 MCG-400<br>MCG-1.5 MG-400 UNIT-6<br>MCG-1.7 MG-20 MG-5000<br>UNIT-10 MG-9 MG-60<br>MG-2 MG-15 MCG-8 MG-<br>15 MCG-2 MG-15 MG-40<br>MG-150 MCG-10 MCG-30<br>UNIT-8 MG, 90 MG-30<br>MCG-400 MCG-3 MG-20<br>MG-6 MG-10 MG-3.4 MG-<br>10 MCG-27 MG-9 MG-100<br>MG-2 MG-75 MCG-11<br>MG-2 MG-10 MCG-150<br>MCG-50 MCG-2 MG-10<br>MCG-15 MG-145 MG-150<br>MCG-35 MG-70 MCG-<br>1500 MCG-28 MCG-12<br>MCG-8 MG | P         | QL(1 EA daily);<br>RX/OTC | THERATRUM<br>COMPLETE TABS 60<br>MG-2 MG-30 MCG-400<br>MCG-400 UNIT-6 MCG-<br>1.7 MG-20 MG-250 MCG-<br>5000 UNIT-10 MG-18 MG-<br>1.5 MG-100 MG-15 MG-80<br>MG-2 MG-150 MCG-162<br>MG-150 MCG-75 MCG-30<br>UNIT-108 MG-2 MG-72<br>MG-5 MCG-10 MCG-2<br>MG-120 MCG-25 MCG-20<br>MCG-10 MCG, 60 MG-2<br>MG-30 MCG-400 MCG-<br>400 UNIT-6 MCG-1.7 MG-<br>25 MCG-20 MG-250<br>MCG-3500 UNIT-10 MG-<br>18 MG-300 MCG-1.5 MG-<br>100 MG-15 MG-80 MG-<br>150 MCG-162 MG-72 MG-<br>75 MCG-150 MCG-30<br>UNIT-109 MG-2 MG-5<br>MCG-10 MCG-2 MG-120<br>MCG-20 MCG-10 MCG-2<br>MG | P         | QL(1 EA daily);<br>RX/OTC |
| THERA-TABS M TABS   | P         | QL(1 EA daily);<br>RX/OTC | THERA-VITE MAX-M<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| THERATRUM<br>COMPLETE 50 PLUS<br>TABS 60 MG-3 MG-30<br>MCG-400 MCG-400 UNIT-<br>25 MCG-1.7 MG-10 MCG-<br>20 MG-250 MCG-3500<br>UNIT-10 MG-300 MCG-<br>1.5 MG-100 MG-15 MG-<br>150 MCG-200 MG-80 MG-<br>75 MCG-150 MCG-48<br>MG-2 MG-5 MCG-2 MG-<br>150 MCG-45 UNIT-20<br>MCG-10 MCG-72 MG-2<br>MG   | P         | QL(1 EA daily);<br>RX/OTC | THRIVE FOR LIFE<br>WOMENS TABS 60 MG-6<br>MG-300 MCG-400 MCG-<br>1000 UNIT-18 MCG-5.1<br>MG-60 MCG-20 MG-100<br>MCG-3500 UNIT-15 MG-<br>18 MG-500 MG-700 MCG-<br>4.5 MG-50 MG-15 MG-75<br>MCG-150 MCG-30 UNIT-2<br>MG-2 MG-70 MCG-120<br>MCG-150 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
|   |           |                           | TREXION CAPS  | P         | RX/OTC                    |
|   |           |                           | TREXVIA CAPS  | P         | RX/OTC                    |

| Drug Name   | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|---|-----------|------------------------|
| TROPICAL LIQUID NUTRITION LIQD 90 MG/15ML-3 MG/15ML-150 MCG/15ML-45 UNIT/15ML-300 MCG/15ML-2.25 MG/15ML-600 UNIT/15ML-18 MCG/15ML-5250 UNIT/15ML-2.55 MG/15ML-45 MG/15ML-15 MG/15ML-15 MG/15ML-75 MG/15ML-112.5 MCG/15ML-37 MG/15ML                           | P         | RX/OTC                 | ULTRA MULTI FORMULA/IRON CAPS 40 MG-1.333 MG-200 MCG-266.667 MCG-4 MG-1000 UNIT-33.333 MCG-1.133 MG-3.333 MG-3.333 MG-16.667 MG-3333.333 UNIT-6.667 MG-15 MG-33.333 MG-10 MG-10 UNIT-133.333 MG-50 MCG-0.667 MG-40 MCG-10 MG-25 MCG-5 MG-10 MG-1 MG-23.333 MCG-10 MG  | P         | RX/OTC                 |
| T-VITES TABS  | P         | QL(1 EA daily); RX/OTC | ULTRACHOICE ADV FORMULA MATURE TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-24 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-0.5 MG-100 MG-2 MG-13 MCG-1 MG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-2 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-90 MG-13 MCG-2 MG-5 MG-25 MG-10 MG-1 MG-0.5 MG-1 MG-25 MG-1 MG-1 MG | P         | QL(1 EA daily); RX/OTC |
| UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG  | P         | QL(1 EA daily); RX/OTC | ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG                        | P         | QL(1 EA daily); RX/OTC |
| ULTRA BONEUP TABS   | P         | QL(1 EA daily); RX/OTC | ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG                        | P         | QL(1 EA daily); RX/OTC |
| ULTRA FREEDA/IRON TABS 133.333 UNIT-1666.667 UNIT-16.667 MG-100 MCG-66.667 UNIT-266.667 MCG-16.667 MG-33.333 MCG-16.667 MG-33.333 MG-33.333 MG-6 MG-333.333 MG-3.333 MG-33.333 MG-4.167 MCG-11.667 MG-66.667 MCG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG | P         | QL(1 EA daily); RX/OTC | ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG                        | P         | QL(1 EA daily); RX/OTC |
| ULTRA FREEDA TABS 133.333 UNIT-16.667 MG-100 MCG-266.667 MCG-16.667 MG-33.333 MCG-1666.667 UNIT-16.667 MG-33.333 MG-33.333 MG-333.333 MG-3.333 MG-33.333 MG-11.667 MG-7.5 MG-83.333 MG-50 MCG-33.333 MCG-33.333 MG-66.667 UNIT-4.167 MCG-66.667 MCG           | P         | QL(1 EA daily); RX/OTC | ULTRACHOICE ADVANCED FORMULA TABS 120 MG-6 MG-60 MCG-400 MCG-4.5 MG-400 UNIT-18 MCG-10 MG-5.1 MG-40 MG-275 MCG-18 MG-300 MCG-100 MG-15 MG-3.5 MG-80 MG-2 MG-13 MCG-200 MCG-200 MCG-165 MG-150 MCG-200 MCG-60 UNIT-80 MG-6.5 MCG-10 MG-5 MG-7.5 MG-5000 UNIT-80 MCG-200 MCG-72 MG-13 MCG-10 MG-25 MG-5 MG-10 MG-25 MG-5 MG-1 MG                        | P         | QL(1 EA daily); RX/OTC |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---------------------------|---|-----------|---------------------------|
| VENEXA FE TABS  | P         | QL(1 EA daily);<br>RX/OTC | VITABASIC SENIOR<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| VENEXA TABS   | P         | QL(1 EA daily);<br>RX/OTC | VITABEX PLUS CAPS   | P         | RX/OTC                    |
| VENTRIXYL FE TABS   | P         | QL(1 EA daily);<br>RX/OTC | VITABEX CAPS  | P         | RX/OTC                    |
| VENTRIXYL TABS  | P         | QL(1 EA daily);<br>RX/OTC | VITACEL TABS 500 MG-<br>300 MCG-100 UNIT-1<br>MG-25 MG-25 MG-25 MG-<br>50 MG-5000 UNIT-25 MG-<br>33 MG-200 UNIT-125 MG-<br>80 MG-10 MG-50 MCG   | P         | QL(1 EA daily);<br>RX/OTC |
| VIC-FORTE CAPS 150<br>MG-2 MG-1 MG-10 MCG-<br>8000 UNIT-5 MG-25 MG-<br>10 MG-10 MG-50 UNIT-80<br>MG-70 MG-4 MG  | P         | RX/OTC                    | VITACORE TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| VISION FORMULA 2<br>CAPS 250 MG-5 MG-1<br>MG-10 MG-1 MG-90 MG   | P         | RX/OTC                    | VITA-MIN CAPS 85 MG-<br>1.7 MG-42.3 MCG-8.3<br>UNIT-255 MCG-106.3<br>UNIT-3.3 MCG-5.7 MG-1<br>MG-11.3 MG-1 MG-42.3<br>MG-56.7 MG-2.7 MG-4.3<br>MCG-56.7 MG-14 MCG-<br>4.3 MG-42.3 MCG-14<br>MCG-2973 UNIT | P         | RX/OTC                    |
| VISION<br>FORMULA/LUTEIN TABS<br>200 MG-2 MG-40 MG-2<br>MG-1000 UNIT-60 UNIT-<br>55 MCG   | P         | QL(1 EA daily);<br>RX/OTC | VITAMINS A-D-<br>E/SELENIUM TABS 400<br>UNIT-10000 UNIT-100<br>UNIT-50 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| VISION HEALTH CAPS  | P         | RX/OTC                    | VITAROCA PLUS TABS<br>500 MG-25 MG-0.15 MG-<br>0.8 MG-50 MCG-20 MG-<br>100 MG-5000 UNIT-25<br>MG-27 MG-20 MG-50 MG-<br>5 MG-22.5 MG-3 MG-30<br>UNIT-0.1 MG  | P         | QL(1 EA daily);<br>RX/OTC |
| VISION OPTIMIZER<br>CAPS  | P         | RX/OTC                    | VITASANA TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| VISION VITAMINS TABS<br>60 MG-40 MG-2 MG-30<br>UNIT-5000 UNIT-40 MCG  | P         | QL(1 EA daily);<br>RX/OTC | VITASCRIP TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| VISTA ADVANCED<br>AREDS2 FORMULA<br>CAPS  | P         | RX/OTC                    | VITEYES AREDS 2<br>FORMULA +COQ10<br>CAPS   | P         | RX/OTC                    |
| VISTA ADVANCED DRY<br>EYE FORMULA CAPS  | P         | RX/OTC                    | VITEYES AREDS 2<br>FORMULA +MULTI CAPS  | P         | RX/OTC                    |
| VITA HAIR TABS 300<br>MCG-400 MCG-35 MG-6<br>MCG-100 MG-125 MG-65<br>MG-30 MG-18 MG-5 MG-2<br>MG-15 MG-150 MCG  | P         | QL(1 EA daily);<br>RX/OTC | VITEYES AREDS 2<br>FORMULA MINI CAPS  | P         | RX/OTC                    |
| VITA S FORTE TABS 400<br>UNIT-500 MG-25 MG-0.15<br>MG-1 MG-50 MCG-25<br>MG-20 MG-100 MG-10<br>MG-20 MG-50 MG-15 MG-<br>3 MG-20 MCG-60 UNIT-<br>50 MCG-0.05 MG | P         | QL(1 EA daily);<br>RX/OTC | VITEYES AREDS 2<br>FORMULA CAPS   | P         | RX/OTC                    |
| VITABASIC COMPLETE<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC |   |           |                           |

| Drug Name   | Drug Tier | Requirements/<br>Limits   | Drug Name   | Drug Tier  | Requirements/<br>Limits |                           |
|---|-----------|---------------------------|---|--|-------------------------|---------------------------|
| VITEYES CLASSIC ADVANCED CAPS   | P         | RX/OTC                    | WOMENS 50+ ADVANCED CAPS 72 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-9.5 MG-2500 UNIT-20 MG-21 MG-10 MG-100 MCG-234 MCG-4.5 MG-4 MG-22.5 MG-2 MG-16 MG-150 MCG-150 MCG-33 UNIT-5 MCG-10 MCG-180 MCG-105 MCG-552 MCG-6 MG-10 MCG-2 MG-4 MG-90 MCG | P  | RX/OTC                  |                           |
| VITEYES CLASSIC MACULAR SUPPOR CAPS   | P         | RX/OTC                    |   |  |                         |                           |
| VITEYES CLASSIC MULTIVITAMIN TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |
| VITEYES CLASSIC+OMEGA-3 CAPS  | P         | RX/OTC                    |   |  |                         |                           |
| VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG | P         | RX/OTC                    |   |  |                         |                           |
| VITEYES OPTIC NERVE SUPPORT TABS  | P         | QL(1 EA daily);<br>RX/OTC |   | WOMENS 50+ MULTI VITAMIN TABS  | P                       | QL(1 EA daily);<br>RX/OTC |
| VITRAMYN TABS   | P         | QL(1 EA daily);<br>RX/OTC |   | WOMENS DAILY FORMULA TABS 60 MG-2 MG-30 MCG-400 MCG-1000 UNIT-6 MCG-1.7 MG-25 MCG-10 MG-2500 UNIT-5 MG-18 MG-500 MG-1.5 MG-50 MG-15 MG-22.5 UNIT-2 MG-2 MG-120 MCG-20 MCG  | P                       | QL(1 EA daily);<br>RX/OTC |
| VITRANOL FE TABS  | P         | QL(1 EA daily);<br>RX/OTC |   | WOMENS LIFE PACK TABS 400 MCG-400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-80 MG-150 MCG-0.75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-120 MCG-20 MCG-10 MCG-72 MG-2 MG-30 MG, 400 UNIT-25 MCG-10 MG-10 MG-250 MCG-3500 UNIT-18 MG-10 MG-300 MCG-2 MG-150 MCG-75 MCG-150 MCG-30 UNIT-109 MG-2 MG-5 MCG-10 MCG-2 MG-120 MCG-20 MCG-10 MCG | P                       | QL(1 EA daily);<br>RX/OTC |
| VITREXATE FE TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |
| VITREXATE TABS  | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |
| VITREXYL + IRON TABS  | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |
| VITREXYL TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |
| WELLFOLA TABS   | P         | QL(1 EA daily);<br>RX/OTC |   |  |                         |                           |

| Drug Name  | Drug Tier | Requirements/<br>Limits   | Drug Name  | Drug Tier | Requirements/<br>Limits   |
|--|-----------|---------------------------|--|-----------|---------------------------|
| WOMENS MULTI CAPS<br>72 MG-4 MG-30 MCG-600<br>MCG-1000 UNIT-15 MCG-<br>1.7 MG-20 MCG-20 MG-<br>9.5 MG-2500 UNIT-20<br>MG-18 MG-21 MG-10 MG-<br>100 MCG-234 MCG-3<br>MG-4 MG-15 MG-2 MG-16<br>MG-150 MCG-150 MCG-<br>33 UNIT-5 MCG-10 MCG-<br>120 MCG-70 MCG-552<br>MCG-6 MG-10 MCG-2<br>MG-2 MG-75 MCG | P         | RX/OTC                    | DAILY VALUE<br>MULTIVITAMIN TABS 400<br>UNIT-60 MG-2 MG-300<br>MCG-30 UNIT-400 MCG-<br>1.5 MG-6 MCG-5000<br>UNIT-1.7 MG-20 MG-10<br>MG, 400 UNIT-60 MG-2<br>MG-300 MCG-400 MCG-<br>1.5 MG-6 MCG-5000<br>UNIT-1.7 MG-20 MG-10<br>MG-30 UNIT | P         | QL(1 EA daily);<br>RX/OTC |
| WOMENS MULTIVITAMIN<br>TABS 75 MG-1.7 MG-<br>1000 MCG-400 MCG-25<br>MCG-6 MCG-1.3 MG-25<br>MCG-16 MG-665 MCG-5<br>MG-18 MG-380 MG-1.2<br>MG-8 MG-0.9 MG-150<br>MCG-3.4 MG-1.8 MG-25<br>MCG-27.5 MCG  | P         | QL(1 EA daily);<br>RX/OTC | DAILY VITAMINS TABS<br>60 MG-2 MG-0.4 MG-1.5<br>MG-400 UNIT-6 MCG-1.7<br>MG-20 MG-5000 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |
| YELETS TEENAGE<br>FORMULA TABS   | P         | QL(1 EA daily);<br>RX/OTC | DAILY VITES TABS 60<br>MG-2 MG-0.4 MG-1.5 MG-<br>6 MCG-5000 UNIT-10<br>MG-1.7 MG-20 MG-400<br>UNIT-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic<br>Acid  |           |                           | DAILY VITE TABS 400<br>UNIT-60 MG-2 MG-30<br>UNIT-400 MCG-6 MCG-<br>1.7 MG-20 MG-5000<br>UNIT-10 MG-1.5 MG, 60<br>MG-2 MG-400 UNIT-6<br>MCG-1.7 MG-20 MG-5000<br>UNIT-10 MG-1.5 MG-30<br>UNIT  | P         | QL(1 EA daily);<br>RX/OTC |
| QUFLORA FE   | P         | AL(Up to 20 yrs<br>old)   | DAILY-VITE<br>MULTIVITAMIN TABS 60<br>MG-2 MG-400 MCG-20<br>MG-1.5 MG-10 MCG-6<br>MCG-1.7 MG-1500 MCG  | P         | QL(1 EA daily);<br>RX/OTC |
| Multivitamins  |           |                           | DAILY-VITE TABS 60 MG-<br>2 MG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-20<br>MG-3000 UNIT-10 MG-1.5<br>MG-45 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC |
| ALTRIXA TABS   | P         | QL(1 EA daily);<br>RX/OTC | ESTROFACTORS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| AMLADDEX TABS  | P         | QL(1 EA daily);<br>RX/OTC | FOLAWISE TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| ANTI-OXIDANT TABS 250<br>MG-200 UNIT-10000 UNIT  | P         | QL(1 EA daily);<br>RX/OTC | FOLCYTEINE TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| AVOWISE TABS   | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| CENTRUM MENOPAUSE<br>MIND/MOOD TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |
| DAILY MULTIPLE<br>VITAMINS TABS  | P         | QL(1 EA daily);<br>RX/OTC |  |           |                           |

| Drug Name  | Drug Tier | Requirements/Limits    | Drug Name   | Drug Tier | Requirements/Limits    |
|--|-----------|------------------------|---|-----------|------------------------|
| GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT   | P         | QL(1 EA daily); RX/OTC | MULTIVITAMIN ADULT TABS   | P         | QL(1 EA daily); RX/OTC |
| HEALTHY HAIR/SKIN/NAILS TABS 2 MG-2000 MCG-400 MCG-25 MG-100 MG-25 MCG-1.7 MG-10 MG-40 MG-1.5 MG-50 MG-2500 UNIT-50 MG-50 MG   | P         | QL(1 EA daily); RX/OTC | MULTIVITAMIN IRON-FREE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-45 MG-1.5 MG-30 UNIT | P         | QL(1 EA daily); RX/OTC |
| HIGH POTENCY MULTIVITAMIN TABS   | P         | QL(1 EA daily); RX/OTC | MULTIVITAMIN TABS   | P         | QL(1 EA daily); RX/OTC |
| MINCORA TABS   | P         | QL(1 EA daily); RX/OTC | MULTI-VITAMIN TABS 60 MG-2 MG-30 MCG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT         | P         | QL(1 EA daily); RX/OTC |
| MULTI VITAMIN W/D-3 TABS   | P         | QL(1 EA daily); RX/OTC | NEOMULTIVITE TABS   | P         | QL(1 EA daily); RX/OTC |
| MULTI VITAMIN TABS   | P         | QL(1 EA daily); RX/OTC | NEUVITE TABS  | P         | QL(1 EA daily); RX/OTC |
| MULTIPLE VITAMIN-FOLIC ACID TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 UNIT   | P         | QL(1 EA daily); RX/OTC | OMNICAP TABS  | P         | QL(1 EA daily); RX/OTC |
| MULTIPLE VITAMINS ESSENTIAL TABS 60 MG-2 MG-0.4 MG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-400 UNIT-30 UNIT-5000 UNIT  | P         | QL(1 EA daily); RX/OTC | ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG                                      | P         | QL(1 EA daily); RX/OTC |
| MULTIPLE VITAMINS TABS 60 MG-2 MG-400 MCG-1.5 MG-400 UNIT-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-30 UNIT, 60 MG-2 MG-400 MCG-400 UNIT-1.7 MG-20 MG-10 MG-1.5 MG-30 UNIT-5000 UNIT, 60 MG-400 MCG-2 MG-6 MCG-10 MG-1.7 MG-20 MG-5000 UNIT-1.5 MG-400 UNIT-30 UNIT | P         | QL(1 EA daily); RX/OTC | ONE DAILY ESSENTIALS TABS   | P         | QL(1 EA daily); RX/OTC |
| <i>multiple vitamin TABS</i>   | P         | QL(1 EA daily); RX/OTC | ONE DAILY ESSENTIAL TABS  | P         | QL(1 EA daily); RX/OTC |
|  |           |                        | ONE DAILY MULTIVITAMIN ADULT TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT                | P         | QL(1 EA daily); RX/OTC |
|  |           |                        | ONE DAILY TABS 60 MG-2 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT  | P         | QL(1 EA daily); RX/OTC |
|  |           |                        | ONE VITE DAILY MULTIVITAMIN TABS  | P         | QL(1 EA daily); RX/OTC |
|  |           |                        | ONE-A-DAY ESSENTIAL TABS ( <i>Use multiple vitamin</i> )  | NF        | QL(1 EA daily); RX/OTC |

| Drug Name  | Drug Tier | Requirements/ Limits      | Drug Name   | Drug Tier | Requirements/ Limits      |
|--|-----------|---------------------------|---|-----------|---------------------------|
| ONE-A-DAY MENS TABS<br><i>(Use multiple vitamin)</i>   | NF        | QL(1 EA daily);<br>RX/OTC | TAB-A-VITE TABS 60<br>MG-2 MG-400 MCG-20<br>MG-1.5 MG-10 MCG-6<br>MCG-1.7 MG-1500 MCG                           | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-DAILY MULTI<br>VITAMINS TABS 50 MG-<br>20 MG-1 MG-1.5 MG-400<br>UNIT-3 MCG-1 MG-1.7<br>MG-4000 UNIT-60 MG  | P         | QL(1 EA daily);<br>RX/OTC | THERA TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| ONE-DAILY MULTI-<br>VITAMIN TABS 50 MG-1<br>MG-1.5 MG-10 MCG-3<br>MCG-1.7 MG-20 MG-1200<br>MCG-1 MG-60 MG  | P         | QL(1 EA daily);<br>RX/OTC | THERA-TABS TABS 90<br>MG-3 MG-30 MCG-400<br>MCG-3 MG-20 MG-400<br>UNIT-9 MCG-5000 UNIT-<br>10 MG-3.4 MG-30 UNIT | P         | QL(1 EA daily);<br>RX/OTC |
| QC ESSENTIALS TABS<br>60 MG-2 MG-400 MCG-<br>400 UNIT-6 MCG-1.7 MG-<br>20 MG-5000 UNIT-10 MG-<br>1.5 MG-30 UNIT  | P         | QL(1 EA daily);<br>RX/OTC | THEREMS TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| QUINTABS TABS  | P         | QL(1 EA daily);<br>RX/OTC | TM-DAILY VITE TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| RELCARE TABS   | P         | QL(1 EA daily);<br>RX/OTC | TRUE DAILY VITE TABS<br>60 MG-400 MCG-1.5 MG-<br>20 MG-2 MG-1.7 MG-10<br>MCG-1500 MCG-6 MCG                     | P         | QL(1 EA daily);<br>RX/OTC |
| STRESS<br>FORMULA/ZINC/ENERG<br>Y TABS   | P         | QL(1 EA daily);<br>RX/OTC | TRUE MULTIVITAMIN<br>TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| STRESS FORMULA<br>TABS 500 MG-3 MG-45<br>MCG-400 MCG-12 MCG-<br>20 MG-10 MG-100 MG-10<br>MG-30 UNIT, 500 MG-5<br>MG-45 MCG-400 MCG-12<br>MCG-10 MG-100 MG-20<br>MG-10 MG-30 UNIT, 500<br>MG-5 MG-45 MCG-400<br>MCG-15 MG-12 MCG-20<br>MG-10 MG-100 MG-30<br>UNIT | P         | QL(1 EA daily);<br>RX/OTC | VIRELIX TABS  | P         | QL(1 EA daily);<br>RX/OTC |
| STRESSTABS ENERGY<br>TABS  | P         | QL(1 EA daily);<br>RX/OTC | VIREXA TABS   | P         | QL(1 EA daily);<br>RX/OTC |
| TAB-A-VITE/BETA<br>CAROTENE TABS 60<br>MG-2 MG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-20<br>MG-3000 UNIT-10 MG-1.5<br>MG-45 MG-30 UNIT   | P         | QL(1 EA daily);<br>RX/OTC | VIT E-VIT C-BETA<br>CAROTENE TABS 250<br>MG-5000 UNIT-200 UNIT  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | VITALEE TABS 60 MG-2<br>MG-400 MCG-400 UNIT-6<br>MCG-1.7 MG-20 MG-3000<br>UNIT-10 MG-1.5 MG-30<br>UNIT          | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | VITRAX TABS   | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | VITRION TABS  | P         | QL(1 EA daily);<br>RX/OTC |
|  |           |                           | Ped Multi Vitamins w/FI & FE  |           |                           |
|  |           |                           | FLORAFOL FE<br>PEDIATRIC SOLN   | P         | AL(Up to 20 yrs<br>old)   |

| Drug Name   | Drug Tier | Requirements/Limits          | Drug Name  | Drug Tier | Requirements/Limits                         |
|---|-----------|------------------------------|--|-----------|---|
| <i>ped multivitamins w/fl &amp; iron SOLN 35 MG/ML-0.4 MG/ML-0.5 MG/ML-400 UNIT/ML-1500 UNIT/ML-0.6 MG/ML-8 MG/ML-0.25 MG/ML-10 MG/ML-5 UNIT/ML</i> | P         | AL(Up to 20 yrs old); RX/OTC | TRI-VITAMIN WITH FLUORIDE SUSP 0.25 MG/ML  | P         | AL(Up to 20 yrs old); RX/OTC                |
| POLY-VI-FLOR/IRON CHEW  | P         | AL(Up to 20 yrs old)         | VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML  | P         | AL(Up to 20 yrs old); RX/OTC                |
| POLY-VI-FLOR/IRON SUSP  | P         | AL(Up to 20 yrs old); RX/OTC | Ped MV w/ Iron   |           |   |
| QUFLORA FE PEDIATRIC LIQD   | P         | AL(Up to 20 yrs old)         | BPROTECTED PEDIA POLY-VITE/FE SOLN   | P         | QL(50 ML per fill retail; 50 per fill mail) |
| Ped Multiple Vitamins w/ Minerals   |           |                              | ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML   | P         | QL(50 ML per fill retail; 50 per fill mail) |
| LIVITA CHILDREN LIQD  | P         | AL(Up to 20 yrs old); RX/OTC | FRUITY CHEWS/IRON CHEW 60 MG-1.05 MG-300 MCG-1.05 MG-4.5 MCG-1.2 MG-13.5 MG-400 UNIT-15 UNIT-15 MG-2500 UNIT | P         |   |
| Ped MV w/ Fluoride  |           |                              | GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG  | P         |   |
| DAVIMET-FLUORIDE CHEW   | P         |                              | LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG   | P         |   |
| FLORAFOL PEDIATRIC SUSP 0.25 MG/ML  | P         | AL(Up to 20 yrs old); RX/OTC | MULTIVITAMIN DROPS/IRON SOLN   | P         | QL(50 ML per fill retail; 50 per fill mail) |
| FLOTREX CHEW 0.5 MG   | P         | AL(Up to 20 yrs old); RX/OTC | MULTIVITAMIN INFANTS/TODDLERS SOLN 11 MG/ML  | P         | QL(50 EA per fill retail; 50 per fill mail) |
| MULTIVITAMIN/FLUORIDE CHEW 0.5 MG, 1 MG   | P         | AL(Up to 20 yrs old); RX/OTC | NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML  | P         | QL(50 ML per fill retail; 50 per fill mail) |
| MULTIVITAMIN/FLUORIDE SUSP 0.25 MG/ML   | P         | AL(Up to 20 yrs old); RX/OTC | PC PEDIATRIC POLY-VITA/FE DROP SOLN  | P         | QL(50 ML per fill retail; 50 per fill mail) |
| <i>pediatric multivitamins w/fl CHEW</i>  | P         | AL(Up to 20 yrs old); RX/OTC | POLY-VITA/IRON SOLN  | P         | QL(50 ML per fill retail; 50 per fill mail) |
| <i>pediatric multivitamins w/fl SUSP 0.25 MG/ML, 0.5 MG/ML</i>  | P         | AL(Up to 20 yrs old); RX/OTC | POLY-VITE/IRON SOLN  | P         | QL(50 ML per fill retail; 50 per fill mail) |
| <i>pediatric vitamins acd w/ fluoride SOLN</i>  | P         | AL(Up to 20 yrs old); RX/OTC | QC CHILDRENS VITAMINS/IRON CHEW 15 MG  | P         |   |
| POLY-VI-FLOR CHEW   | P         | AL(Up to 20 yrs old); RX/OTC |  |           |   |
| POLY-VI-FLOR SUSP   | P         | AL(Up to 20 yrs old); RX/OTC |  |           |   |
| QUFLORA PEDIATRIC CHEW  | P         | AL(Up to 20 yrs old); RX/OTC |  |           |   |
| QUFLORA PEDIATRIC SUSP 0.25 MG/ML, 0.5 MG/ML  | P         | AL(Up to 20 yrs old); RX/OTC |  |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                         | Drug Name                       | Drug Tier | Requirements/Limits    |
|--|-----------|---|---------------------------------|-----------|------------------------|
| Pediatric Multiple Vitamins  |           |   | EQL PRENATAL FORMULA TABS       | P         | QL(1 EA daily)         |
| BPROTECTED PEDIA POLY-VITE SOLN PO   | P         | QL(50 ML per fill retail; 50 per fill mail) | FOLIVANE-OB                     | P         |                        |
| MULTIVITAMIN INFANT & TODDLER SOLN PO  | P         | QL(50 ML per fill retail; 50 per fill mail) | FT PRENATAL TABS                | P         | QL(1 EA daily)         |
| NOVAMV PEDIATRIC MULTI-VITAMIN LIQD  | P         |   | GNP PRENATAL/FOLIC ACID TABS    | P         | QL(1 EA daily)         |
| PC PEDIATRIC POLY-VITAMIN DROP SOLN PO   | P         | QL(50 ML per fill retail; 50 per fill mail) | GNP PRENATAL TABS               | P         | QL(1 EA daily)         |
| POLY-VI-SOL SOLN PO  | P         | QL(50 ML per fill retail; 50 per fill mail) | JENLIVA PRENATAL/POSTNATAL CAPS | P         | QL(1 EA daily)         |
| POLY-VITA SOLN PO  | P         | QL(50 ML per fill retail; 50 per fill mail) | KP PRENATAL MULTIVITAMINS TABS  | P         | QL(1 EA daily)         |
| POLY-VITE PEDIATRIC SOLN PO  | P         | QL(50 ML per fill retail; 50 per fill mail) | KPN PRENATAL TABS               | P         | QL(1 EA daily)         |
| Prenatal Vitamins  |           |   | MASONATAL TABS                  | P         | QL(1 EA daily)         |
| CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG  | P         |   | M-NATAL PLUS TABS               | P         | RX/OTC                 |
| CLASSIC PRENATAL TABS  | P         | QL(1 EA daily)                              | MULTI PRENATAL TABS             | P         | QL(1 EA daily)         |
| COMPLETE NATAL DHA   | P         |   | NEONATAL PRENATAL TABS          | P         | QL(1 EA daily)         |
| COMPLETENATE CHEW  | P         |   | NEONATAL VITAMIN TABS           | P         | QL(1 EA daily)         |
| CONCEPT DHA  | P         |   | NEO-VITAL RX TABS               | P         |                        |
| CONCEPT OB   | P         |   | NESTABS                         | P         |                        |
| CVS PRENATAL GUMMY 15 MG-1.25 MG-400 MCG-200 UNIT-4 MCG-5 MG-1800 UNIT-25 MG-10 MG-7.5 UNIT-1.9 MG-113.5 MG-5 MG-35 MG | P         |   | NESTABS DHA                     | P         |                        |
| CVS PRENATAL TABS 100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT-4000 UNIT        | P         | QL(1 EA daily)                              | NESTABS ONE                     | P         |                        |
| ENBRACE HR   | P         |   | OB COMPLETE ONE                 | P         |                        |
|  |           |   | OB COMPLETE PETITE              | P         |                        |
|  |           |   | OB COMPLETE PREMIER             | P         |                        |
|  |           |   | OB COMPLETE/DHA                 | P         |                        |
|  |           |   | OB COMPLETE TABS                | P         |                        |
|  |           |   | ONE VITE WOMENS TABS            | P         | QL(1 EA daily)         |
|  |           |   | PNV-OMEGA                       | P         |                        |
|  |           |   | PRENATAL (W/IRON & FA) TABS     | P         | QL(1 EA daily); RX/OTC |
|  |           |   | PRENATAL FORMULA CAPS           | P         |                        |
|  |           |   | PRENATAL FORTE TABS             | P         | QL(1 EA daily); RX/OTC |

| Drug Name  | Drug Tier | Requirements/ Limits   | Drug Name   | Drug Tier | Requirements/ Limits   |
|--|-----------|------------------------|---|-----------|------------------------|
| PRENATAL MULTIVIT PLUS FOLATE TABS 0.8 MG  | P         | QL(1 EA daily); RX/OTC | PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG   | P         |                        |
| PRENATAL ONE DAILY TABS  | P         | QL(1 EA daily)         | PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG | P         |                        |
| <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>  | P         |                        | PRENATE ENHANCE   | P         |                        |
| <i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>   | P         |                        | PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG                         | P         |                        |
| PRENATAL VITAMIN AND MINERAL TABS  | P         | QL(1 EA daily)         | PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG                              | P         |                        |
| PRENATAL VITAMINS TABS 100 MG-800 MCG-1.84 MG-18 MG-2.6 MG-1.7 MG-27 MG-10 MCG-4.95 MG-25 MG-200 MG-160 MG-1200 MCG-4 MCG, 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT | P         | QL(1 EA daily)         | PRENATE PIXIE   | P         |                        |
| <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>   | P         |                        | PRENATE RESTORE   | P         |                        |
| PRENATAL/IRON TABS 4 MG-800 MCG-1.7 MG-400 UNIT-2 MG-20 MG-8000 UNIT-60 MG-45 MG-100 MG-100 MG-7.5 MG-150 MCG-30 UNIT-1 MG   | P         | QL(1 EA daily); RX/OTC | PRENATVITE RX TABS  | P         | QL(1 EA daily); RX/OTC |
| PRENATAL TABS  | P         | QL(1 EA daily)         | PRENOVA TABS 0.8 MG   | P         | QL(1 EA daily); RX/OTC |
| PRENATAL TABS 120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG-10 MG  | P         | RX/OTC                 | PRIMACARE   | P         |                        |
| PRENATE  | P         |                        | PROVIDA OB  | P         |                        |
| PRENATE AM   | P         |                        | QC PRENATAL TABS  | P         | QL(1 EA daily)         |
|  |           |                        | SELECT-OB+DHA MISC  | P         |                        |
|  |           |                        | SELECT-OB CHEW  | P         |                        |
|  |           |                        | SE-NATAL 19 CHEW  | P         |                        |
|  |           |                        | SE-NATAL 19 TABS  | P         | RX/OTC                 |
|  |           |                        | SM PRENATAL VITAMINS TABS   | P         | QL(1 EA daily)         |
|  |           |                        | TARON-C DHA   | P         |                        |
|  |           |                        | THRIVITE RX TABS  | P         | RX/OTC                 |
|  |           |                        | TRICARE TABS  | P         | RX/OTC                 |

| Drug Name   | Drug Tier | Requirements/Limits     |
|---|-----------|-------------------------|
| TRINATAL RX 1 TABS  | P         |                         |
| TRISTART DHA  | P         |                         |
| VITAFOL FE+   | P         |                         |
| VITAFOL GUMMIES   | P         |                         |
| VITAFOL ULTRA   | P         |                         |
| VITAFOL-OB+DHA MISC   | P         |                         |
| VITAFOL-OB TABS   | P         |                         |
| VITAFOL-ONE CAPS  | P         |                         |
| WESCAP-C DHA  | P         |                         |
| WESCAP-PN DHA   | P         |                         |
| WESNATAL DHA COMPLETE   | P         |                         |
| WESNATE DHA CAPS  | P         |                         |
| WESTAB PLUS TABS  | P         | RX/OTC                  |
| WESTGEL DHA   | P         |                         |
| Vitamins w/ Lipotropics   |           |                         |
| <i>vitamins w/ lipotropics CAPS</i>                               | P         | QL(1 EA daily)          |
| <b>MUSCULOSKELETAL THERAPY AGENTS -<br/>Drugs to Treat Spasms</b> |           |                         |
| Central Muscle Relaxants  |           |                         |
| <i>AMRIX CP24 (Use cyclobenzaprine hcl)</i>                       | NP        |                         |
| <i>ATMEKSI SUSP PO 750 MG/5ML</i>                                 | NP        | AL(At least 16 yrs old) |
| <i>BACLOFEN REFILL KIT-SYNCHROMED KIT IT 40 MG/20ML</i>           | NP        |                         |
| <i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>                       | NP        |                         |
| <i>baclofen SUSP</i>  | NP        |                         |
| <i>baclofen TABS</i>  | P         |                         |
| <i>carisoprodol TABS 250 MG</i>                                   | NP        |                         |
| <i>carisoprodol TABS 350 MG</i>                                   | P         |                         |
| <i>chlorzoxazone TABS 250 MG, 375 MG, 750 MG</i>                  | NP        |                         |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>chlorzoxazone TABS 500 MG</i>  | P         |                     |
| <i>cyclobenzaprine hcl CP24</i>   | P         |                     |
| <i>cyclobenzaprine hcl TABS 7.5 MG</i>  | NP        |                     |
| <i>cyclobenzaprine hcl TABS</i>   | P         |                     |
| <i>FLEQSUVY SUSP (Use baclofen)</i>   | NP        |                     |
| <i>LYVISPAH PACK 5 MG</i>   | NP        |                     |
| <i>metaxalone</i>   | NP        |                     |
| <i>methocarbamol TABS 500 MG, 750 MG</i>  | P         |                     |
| <i>ONTRALFY SOLN PO 2 MG/5ML</i>  | NP        |                     |
| <i>orphenadrine citrate TB12</i>  | P         |                     |
| <i>OZOBAX DS SOLN PO (Use baclofen)</i>   | NP        |                     |
| <i>SOMA TABS (Use carisoprodol)</i>   | NP        |                     |
| <i>tizanidine hcl CAPS</i>  | P         |                     |
| <i>tizanidine hcl TABS</i>  | P         |                     |
| <i>ZANAFLEX CAPS (Use tizanidine hcl)</i>   | NP        |                     |
| <i>ZANAFLEX TABS 4 MG (Use tizanidine hcl)</i>                                    | NP        |                     |
| Direct Muscle Relaxants   |           |                     |
| <i>DANTRIUM CAPS 25 MG (Use dantrolene sodium)</i>                                | NP        |                     |
| <i>dantrolene sodium CAPS</i>   | P         |                     |
| <b>NASAL AGENTS - SYSTEMIC AND TOPICAL -<br/>Drugs to treat the Nose or Sinus</b> |           |                     |
| Nasal Agent Combinations  |           |                     |
| <i>azelastine hcl-fluticasone propionate SUSP</i>                                 | P         |                     |
| <i>DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)</i>                   | P         |                     |
| <i>RYALTRIS</i>   | NP        |                     |
| Nasal Agents - Misc.  |           |                     |

| Drug Name   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| saline SOLN 0.65 %  | P         | QL(90 ML per fill retail; 90 per fill mail) |
| <b>Nasal Antiallergy</b>                                      |           |   |
| azelastine hcl 0.1 %, 0.15 %, 137 MCG/SPRAY                   | P         |   |
| cromolyn sodium (nasal) 5.2 MG/ACT                            | P         | QL(26 ML per fill retail; 26 per fill mail) |
| olopatadine hcl (nasal)                                       | P         |   |
| <b>Nasal Steroids</b>   |           |   |
| budesonide (nasal)  | NP        |   |
| flunisolide (nasal)   | NP        |   |
| fluticasone propionate (nasal) SUSP                           | P         | RX/OTC                                      |
| fluticasone propionate (nasal) SUSP                           | NP        | RX/OTC                                      |
| mometasone furoate (nasal) SUSP                               | NP        | RX/OTC                                      |
| OMNARIS SUSP  | NP        |   |
| QNASL   | NP        |   |
| QNASL CHILDRENS   | NP        |   |
| triamcinolone acetonide (nasal) AERO                          | P         |   |
| XHANCE EXHU   | NP        |   |
| ZETONNA AERS  | NP        |   |
| <b>Sympathomimetic Decongestants</b>                          |           |   |
| ADRENALIN 0.1 %   | P         |   |
| epinephrine hcl (nasal)                                       | P         |   |
| phenylephrine hcl (oral) TABS                                 | P         | QL(24 EA per fill retail; 24 per fill mail) |
| pseudoephedrine hcl TABS                                      | P         |   |
| pseudoephedrine hcl TB12                                      | P         | QL(2 EA daily)                              |
| SUDAFED CHILDRENS LIQD  | P         |   |
| <b>NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles</b> |           |   |

| Drug Name                        | Drug Tier | Requirements/Limits                             |
|----------------------------------|-----------|---|
| <b>ALS Agents</b>                |           |   |
| QALSODY                          | PA        | AL(At least 18 yrs old); SP; PA                 |
| <b>Friedrich's Ataxia Agents</b> |           |   |
| SKYCLARYS                        | PA        | QL(3 EA daily); AL(At least 16 yrs old); SP; PA |
| <b>Muscular Dystrophy Agents</b> |           |   |
| AMONDYS 45                       | PA        | SP; PA  |
| DUVYZAT                          | PA        | AL(At least 6 yrs old); SP; PA                  |
| ELEVIDYS 10.0-10.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 10.5-11.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 11.5-12.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 12.5-13.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 13.5-14.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 14.5-15.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 15.5-16.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 16.5-17.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 17.5-18.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 18.5-19.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |
| ELEVIDYS 19.5-20.4 KG            | PA        | AL(At least 4 yrs old); SP; PA                  |

| Drug Name             | Drug Tier | Requirements/Limits            | Drug Name             | Drug Tier | Requirements/Limits            |
|-----------------------|-----------|--------------------------------|-----------------------|-----------|--------------------------------|
| ELEVIDYS 20.5-21.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 36.5-37.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 21.5-22.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 37.5-38.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 22.5-23.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 38.5-39.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 23.5-24.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 39.5-40.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 24.5-25.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 40.5-41.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 25.5-26.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 41.5-42.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 26.5-27.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 42.5-43.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 27.5-28.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 43.5-44.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 28.5-29.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 44.5-45.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 29.5-30.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 45.5-46.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 30.5-31.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 46.5-47.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 31.5-32.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 47.5-48.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 32.5-33.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 48.5-49.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 33.5-34.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 49.5-50.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 34.5-35.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 50.5-51.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 35.5-36.4 KG | PA        | AL(At least 4 yrs old); SP; PA | ELEVIDYS 51.5-52.4 KG | PA        | AL(At least 4 yrs old); SP; PA |

| Drug Name             | Drug Tier | Requirements/Limits            |
|-----------------------|-----------|--------------------------------|
| ELEVIDYS 52.5-53.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 53.5-54.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 54.5-55.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 55.5-56.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 56.5-57.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 57.5-58.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 58.5-59.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 59.5-60.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 60.5-61.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 61.5-62.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 62.5-63.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 63.5-64.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 64.5-65.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 65.5-66.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 66.5-67.4 KG | PA        | AL(At least 4 yrs old); SP; PA |
| ELEVIDYS 67.5-68.4 KG | PA        | AL(At least 4 yrs old); SP; PA |

| Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|--|
| ELEVIDYS 68.5-69.4 KG                             | PA        | AL(At least 4 yrs old); SP; PA   |
| ELEVIDYS 69.5 KG PLUS                             | PA        | AL(At least 4 yrs old); SP; PA   |
| EXONDYS 51  | PA        | SP; PA   |
| VILTEPSO  | PA        | SP; PA   |
| VYONDYS 53  | PA        | SP; PA   |
| <b>Neuromuscular Blocking Agent - Neurotoxins</b> |           |  |
| BOTOX IJ  | PA        | Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA |
| DYSPORE   | PA        | Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA |
| MYOBLOC   | PA        | Maximum 180 day supply allowed; QL(4 ML per 84 day(s) retail; 4 ML per 84 days mail); SP; PA |
| XEOMIN  | PA        | Maximum 180 day supply allowed; QL(4 EA per 84 day(s) retail; 4 EA per 84 days mail); SP; PA |
| <b>Rett Syndrome Agents</b>                       |           |  |
| DAYBUE  | PA        | QL(120 ML daily); AL(At least 2 yrs old); SP; PA   |
| DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG          | PA        | AL(At least 2 yrs old); SP; PA   |
| <b>Spinal Muscular Atrophy Agents (SMA)</b>       |           |  |

| Drug Name              | Drug Tier | Requirements/Limits | Drug Name   | Drug Tier | Requirements/Limits |
|------------------------|-----------|---------------------|---|-----------|---------------------|
| EVRYSDI                | PA        | SP; PA              | ZOLGENSMA 19.1-19.5 KG                                  | CO        |                     |
| EVRYSDI PO 5 MG        | PA        | SP; PA              | ZOLGENSMA 19.6-20.0 KG                                  | CO        |                     |
| SPINRAZA               | PA        | SP; PA              | ZOLGENSMA 2.6-3.0 KG                                    | CO        |                     |
| ZOLGENSMA 20.6-21.0 KG | CO        |                     | ZOLGENSMA 20.1-20.5 KG                                  | CO        |                     |
| ZOLGENSMA 10.1-10.5 KG | CO        |                     | ZOLGENSMA 3.1-3.5 KG                                    | CO        |                     |
| ZOLGENSMA 10.6-11.0 KG | CO        |                     | ZOLGENSMA 3.6-4.0 KG                                    | CO        |                     |
| ZOLGENSMA 11.1-11.5 KG | CO        |                     | ZOLGENSMA 4.1-4.5 KG                                    | CO        |                     |
| ZOLGENSMA 11.6-12.0 KG | CO        |                     | ZOLGENSMA 4.6-5.0 KG                                    | CO        |                     |
| ZOLGENSMA 12.1-12.5 KG | CO        |                     | ZOLGENSMA 5.1-5.5 KG                                    | CO        |                     |
| ZOLGENSMA 12.6-13.0 KG | CO        |                     | ZOLGENSMA 5.6-6.0 KG                                    | CO        |                     |
| ZOLGENSMA 13.1-13.5 KG | CO        |                     | ZOLGENSMA 6.1-6.5 KG                                    | CO        |                     |
| ZOLGENSMA 13.6-14.0 KG | CO        |                     | ZOLGENSMA 6.6-7.0 KG                                    | CO        |                     |
| ZOLGENSMA 14.1-14.5 KG | CO        |                     | ZOLGENSMA 7.1-7.5 KG                                    | CO        |                     |
| ZOLGENSMA 14.6-15.0 KG | CO        |                     | ZOLGENSMA 7.6-8.0 KG                                    | CO        |                     |
| ZOLGENSMA 15.1-15.5 KG | CO        |                     | ZOLGENSMA 8.1-8.5 KG                                    | CO        |                     |
| ZOLGENSMA 15.6-16.0 KG | CO        |                     | ZOLGENSMA 8.6-9.0 KG                                    | CO        |                     |
| ZOLGENSMA 16.1-16.5 KG | CO        |                     | ZOLGENSMA 9.1-9.5 KG                                    | CO        |                     |
| ZOLGENSMA 16.6-17.0 KG | CO        |                     | ZOLGENSMA 9.6-10.0 KG                                   | CO        |                     |
| ZOLGENSMA 17.1-17.5 KG | CO        |                     | <b>NUTRIENTS</b>  |           |                     |
| ZOLGENSMA 17.6-18.0 KG | CO        |                     | Misc. Nutritional Substances                            |           |                     |
| ZOLGENSMA 18.1-18.5 KG | CO        |                     | <i>omega-3 fatty acids CAPS 1000 MG, 1200 MG</i>        | P         | QL(6 EA daily)      |
| ZOLGENSMA 18.6-19.0 KG | CO        |                     | Proteins  |           |                     |
|                        |           |                     | ARGININE TABS   | P         |                     |
|                        |           |                     | L-TRYPTOPHAN TABS                                       | P         |                     |
|                        |           |                     | <b>OPHTHALMIC AGENTS - Drugs to Treat the Eye</b>       |           |                     |
|                        |           |                     | Artificial Tears and Lubricants                         |           |                     |
|                        |           |                     | ALCON TEARS SOLN  | P         |                     |
|                        |           |                     | <i>artificial tear solution</i>                         | P         |                     |
|                        |           |                     | <i>carboxymethylcellulose sodium (ophth) GEL</i>        | P         |                     |
|                        |           |                     | <i>carboxymethylcellulose sodium (ophth) SOLN 0.5 %</i> | P         |                     |

| Drug Name  | Drug Tier | Requirements/ Limits | Drug Name   | Drug Tier | Requirements/ Limits                        |
|--|-----------|----------------------|---|-----------|---|
| <i>dextran 70-hypromellose 0.3 %-0.1 %</i>                           | NP        |                      | COSOPT PF ( <i>Use dorzolamide hcl-timolol maleate</i> )            | NF        |   |
| <i>dextran 70-hypromellose 0.3 %-0.1 %</i>                           | P         |                      | <i>dorzolamide hcl-timolol maleate</i>                              | NP        |   |
| <i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i> | NP        |                      | <i>dorzolamide hcl-timolol maleate</i>                              | P         |   |
| <i>polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 %</i> | P         |                      | ISTALOL SOLN ( <i>Use timolol maleate (ophth)</i> )                 | NP        |   |
| <i>polyvinyl alcohol 1.4 %</i>                                       | P         |                      | <i>levobunolol hcl 0.5 %</i>  | P         |   |
| <i>polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 %</i>                | P         |                      | <i>timolol</i>  | NP        |   |
| <i>polyvinyl alcohol-povidone (ophth)</i>                            | NP        |                      | <i>timolol maleate (ophth) SOLG</i>                                 | P         |   |
| REFRESH  | P         |                      | <i>timolol maleate (ophth) SOLN</i>                                 | P         |   |
| <i>white petrolatum-mineral oil</i>                                  | P         |                      | <i>timolol maleate (ophth) SOLN 0.5 %</i>                           | NP        |   |
| Beta-blockers - Ophthalmic   |           |                      | TIMOPTIC OCUDOSE SOLN 0.25 % ( <i>Use timolol maleate (ophth)</i> ) | NF        |   |
| <i>betaxolol hcl (ophth) SOLN</i>                                    | P         |                      | TIMOPTIC OCUDOSE SOLN ( <i>Use timolol maleate (ophth)</i> )        | NP        |   |
| BETIMOL ( <i>Use timolol</i> )                                       | NP        |                      | Cholinergic Agonists  |           |   |
| BETIMOL ( <i>Use timolol</i> )                                       | NF        |                      | TYRVAYA   | NP        |   |
| BETIMOL  | NP        |                      | Cycloplegic Mydriatics  |           |   |
| BETOPTIC-S SUSP  | P         |                      | ALTAFRIN SOLN 2.5 % ( <i>Use phenylephrine hcl (mydriatic)</i> )    | NF        | QL(15 ML per fill retail; 15 per fill mail) |
| <i>brimonidine tartrate-timolol maleate</i>                          | NP        |                      | ALTAFRIN SOLN 10 % ( <i>Use phenylephrine hcl (mydriatic)</i> )     | NF        |   |
| <i>carteolol hcl (ophth)</i>   | P         |                      | <i>atropine sulfate (ophthalmic) OINT</i>                           | P         | QL(4 GM per fill retail; 4 per fill mail)   |
| COMBIGAN ( <i>Use brimonidine tartrate-timolol maleate</i> )         | P         |                      | <i>atropine sulfate (ophthalmic) SOLN</i>                           | P         | QL(15 ML per fill retail; 15 per fill mail) |
| COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )                | NP        |                      | ATROPINE SULFATE SOLN 1 %   | P         | QL(15 EA per fill retail; 15 per fill mail) |
| COSOPT ( <i>Use dorzolamide hcl-timolol maleate</i> )                | NF        |                      |   |           |   |
| COSOPT PF ( <i>Use dorzolamide hcl-timolol maleate</i> )             | NP        |                      |   |           |   |

| Drug Name   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) | NF        | QL(15 ML per fill retail; 15 per fill mail) |
| CYCLOGYL 2 %  | P         |   |
| CYCLOGYL 0.5 %  | P         | QL(15 ML per fill retail; 15 per fill mail) |
| CYCLOGYL (Use cyclopentolate hcl)                             | NF        | QL(15 ML per fill retail; 15 per fill mail) |
| cyclopentolate hcl 1 %  | P         | QL(15 ML per fill retail; 15 per fill mail) |
| MYDRIACYL SOLN (Use tropicamide)                              | NF        | QL(15 ML per fill retail; 15 per fill mail) |
| phenylephrine hcl (mydriatic) SOLN 2.5 %                      | P         | QL(15 ML per fill retail; 15 per fill mail) |
| PHENYLEPHRINE HCL SOLN (Use phenylephrine hcl (mydriatic))    | NF        | QL(15 ML per fill retail; 15 per fill mail) |
| tropicamide SOLN  | P         | QL(15 ML per fill retail; 15 per fill mail) |
| <b>Miotics</b>  |           |   |
| pilocarpine hcl SOLN 1 %, 2 %, 4 %                            | P         |   |
| pilocarpine hcl SOLN 1.25 %                                   | PA        | PA  |
| VUITY SOLN 1.25 % (Use pilocarpine hcl)                       | PA        | PA  |
| <b>Ophthalmic Adrenergic Agents</b>                           |           |   |
| ALPHAGAN P (Use brimonidine tartrate)                         | P         |   |
| apraclonidine hcl   | NP        |   |
| brimonidine tartrate  | NP        |   |
| IOPIDINE  | NP        |   |
| SIMBRINZA   | P         |   |
| <b>Ophthalmic Anti-infectives</b>                             |           |   |
| AZASITE   | NP        |   |

| Drug Name                              | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| bacitracin-polymyxin b (ophth)         | P         | QL(4 GM per fill retail; 4 per fill mail)   |
| besifloxacin hcl 0.6 %                 | NP        |   |
| BESIVANCE 0.6 % (Use besifloxacin hcl) | P         |   |
| CILOXAN OINT                           | NP        |   |
| ciprofloxacin hcl (ophth) SOLN         | P         |   |
| erythromycin (ophth)                   | P         |   |
| gatifloxacin (ophth)                   | NP        |   |
| gentamicin sulfate (ophth) SOLN        | P         | QL(15 ML per fill retail; 15 per fill mail) |
| levofloxacin (ophth) 0.5 %             | NP        |   |
| moxifloxacin hcl (ophth) SOLN OP       | NP        |   |
| moxifloxacin hcl (ophth) SOLN OP       | P         | QL(15 ML per fill retail; 15 per fill mail) |
| neomycin-bacitracin zn-polymyxin       | P         | QL(4 GM per fill retail; 4 per fill mail)   |
| neomycin-polymyxin-gramicidin          | P         | QL(10 ML per fill retail; 10 per fill mail) |
| OCUFLOX (Use ofloxacin (ophth))        | NP        |   |
| ofloxacin (ophth)                      | P         |   |
| polymyxin b-trimethoprim               | P         | QL(10 ML per fill retail; 10 per fill mail) |
| sulfacetamide sodium (ophth) OINT      | P         |   |
| sulfacetamide sodium (ophth) SOLN      | P         | QL(15 ML per fill retail; 15 per fill mail) |
| tobramycin (ophth) SOLN                | P         | QL(5 ML per fill retail; 5 per fill mail)   |
| TOBREX OINT                            | P         | QL(4 GM per fill retail; 4 per fill mail)   |
| trifluridine                           | P         | QL(8 ML per fill retail; 8 per fill mail)   |

| Drug Name   | Drug Tier | Requirements/Limits                               |
|---|-----------|---|
| VIGAMOX SOLN OP<br>(Use moxifloxacin hcl<br>(ophth))    | NP        | QL(15 ML per<br>fill retail; 15 per<br>fill mail) |
| Ophthalmic Decongestants                                |           |   |
| tetrahydrozoline hcl<br>(ophth) 0.05 %                  | P         | QL(0.5 ML<br>daily)                               |
| Ophthalmic Immunomodulators                             |           |   |
| CEQUA SOLN  | NP        |   |
| cyclosporine (ophth)<br>EMUL                            | NP        |   |
| RESTASIS MULTIDOSE<br>EMUL                              | NP        |   |
| RESTASIS EMUL (Use<br>cyclosporine (ophth))             | P         |   |
| VERKAZIA EMUL   | PA        | QL(4 EA daily);<br>AL(At least 4<br>yrs old); PA  |
| VEVYE SOLN  | NP        |   |
| Ophthalmic Integrin Antagonists                         |           |   |
| XIIDRA  | P         |   |
| Ophthalmic Kinase Inhibitors                            |           |   |
| RHOPRESSA   | P         |   |
| ROCKLATAN   | P         |   |
| Ophthalmic Local Anesthetics                            |           |   |
| ALTACAINE 0.5 % (Use<br>tetracaine hcl (ophth))         | NF        |   |
| TETRACAINE HCL 0.5 %                                    | P         |   |
| TETRACAINE HCL 0.5 %<br>(Use tetracaine hcl<br>(ophth)) | NF        |   |
| tetracaine hcl (ophth)                                  | P         |   |
| Ophthalmic Nerve Growth Factors                         |           |   |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| OXERVATE   | PA        | Maximum 56<br>day supply<br>allowed; QL(1<br>ML daily; 112<br>ML per 999<br>day(s) retail;<br>112 ML per 999<br>days mail);<br>AL(At least 2<br>yrs old); SP;<br>PA |
| Ophthalmic Steroids                                    |           |   |
| ALREX SUSP (Use<br>loteprednol etabonate)              | P         |   |
| bacitracin-poly-neomycin-<br>hc                        | NP        |   |
| BYQLOVI 0.05 %   | NP        |   |
| dexamethasone sodium<br>phosphate (ophth)              | NP        |   |
| DEXTENZA INST  | NP        | SP  |
| difluprednate  | P         |   |
| DUREZOL (Use<br>difluprednate)                         | NF        |   |
| DUREZOL (Use<br>difluprednate)                         | NP        |   |
| EYSUVIS SUSP   | P         | QL(8.3 ML per<br>fill retail; 8.3<br>per fill mail)   |
| FLAREX   | P         |   |
| fluorometholone (ophth)<br>SUSP                        | NP        |   |
| FML FORTE SUSP   | P         |   |
| FML LIQUIFILM SUSP<br>(Use fluorometholone<br>(ophth)) | P         |   |
| ILUVIEN  | NP        | SP  |
| INVELTYS SUSP  | NP        |   |
| LOTEMAX SM GEL   | NP        |   |
| LOTEMAX GEL (Use<br>loteprednol etabonate)             | NP        |   |
| LOTEMAX OINT   | NP        |   |
| LOTEMAX SUSP (Use<br>loteprednol etabonate)            | NP        |   |

| Drug Name  | Drug Tier | Requirements/Limits                             |
|--|-----------|---|
| <i>loteprednol etabonate GEL</i>   | NP        |   |
| <i>loteprednol etabonate SUSP</i>  | NP        |   |
| <i>loteprednol etabonate-tobramycin</i>                                    | NP        |   |
| MAXIDEX SUSP OP  | P         |   |
| MAXITROL OINT (Use neomycin-polymyx-dexameth)                              | NP        | QL(17.5 GM per fill retail; 17.5 per fill mail) |
| MAXITROL SUSP (Use neomycin-polymyx-dexameth)                              | NP        |   |
| <i>neomycin-polymyx-dexameth OINT</i>                                      | P         | QL(17.5 GM per fill retail; 17.5 per fill mail) |
| <i>neomycin-polymyx-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 %</i> | P         |   |
| <i>neomycin-polymyxin-hc (ophth)</i>                                       | NP        |   |
| PRED FORTE (Use prednisolone acetate (ophth))                              | P         |   |
| PRED MILD  | NP        |   |
| <i>prednisolone acetate (ophth)</i>  | P         |   |
| PREDNISOLONE SODIUM PHOSPHATE  | NP        |   |
| RETISERT   | NP        | SP  |
| <i>sulfacetamide sod-prednisolone SOLN</i>                                 | P         |   |
| TOBRADEX ST SUSP   | NP        |   |
| TOBRADEX OINT  | P         |   |
| <i>tobramycin-dexamethasone SUSP</i>                                       | P         |   |
| TRIESENCE  | NP        | SP  |
| XIPERE   | NP        | SP  |
| YUTIQ  | NP        | SP  |

| Drug Name  | Drug Tier | Requirements/Limits                       |
|--|-----------|---|
| ZYLET 0.3 %-0.5 % (Use loteprednol etabonate-tobramycin) | NP        |   |
| Ophthalmics - Misc.                                      |           |   |
| ACULAR (Use ketorolac tromethamine (ophth))              | NP        |   |
| ACULAR LS (Use ketorolac tromethamine (ophth))           | NP        |   |
| ACUVAIL  | NP        |   |
| ALOCRIAL   | P         | QL(5 ML per fill retail; 5 per fill mail) |
| <i>azelastine hcl (ophth)</i>                            | P         |   |
| AZOPT (Use brinzolamide)                                 | P         |   |
| AZOPT (Use brinzolamide)                                 | NF        |   |
| <i>bepotastine besilate</i>                              | NP        |   |
| BEPREVE (Use bepotastine besilate)                       | P         |   |
| <i>brinzolamide</i>                                      | NP        |   |
| <i>bromfenac sodium (ophth)</i>                          | NP        |   |
| BROMSITE (Use bromfenac sodium (ophth))                  | NP        |   |
| <i>cromolyn sodium (ophth)</i>                           | NP        |   |
| <i>diclofenac sodium (ophth)</i>                         | P         |   |
| <i>dorzolamide hcl</i>                                   | P         |   |
| <i>epinastine hcl (ophth)</i>                            | NP        |   |
| <i>flurbiprofen sodium</i>                               | P         |   |
| ILEVRO   | P         |   |
| <i>ketorolac tromethamine (ophth)</i>                    | P         |   |
| <i>ketotifen fumarate (ophth) 0.035 %</i>                | NP        |   |
| <i>ketotifen fumarate (ophth) 0.035 %</i>                | P         |   |
| LASTACAFT  | NP        |   |
| MIEBO  | NP        |   |
| NEVANAC  | P         |   |

| Drug Name                                   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| <i>olopatadine hcl</i>                      | NP        |   |
| <i>olopatadine hcl</i>                      | P         |   |
| PROLENSA (Use bromfenac sodium (ophth))     | NP        |   |
| TRYPTYR SOLN OP 0.003 %                     | NP        | AL(At least 18 yrs old)                     |
| ZERVIATE                                    | NP        |   |
| Prostaglandins - Ophthalmic                 |           |   |
| <i>bimatoprost SOLN</i>                     | NP        |   |
| DURYSTA IMPL                                | NP        |   |
| IDOSE TR IMPL                               | NP        |   |
| IYUZEH SOLN                                 | NP        |   |
| <i>latanoprost SOLN</i>                     | P         |   |
| LUMIGAN SOLN 0.01 % (Use bimatoprost)       | P         |   |
| <i>tafluprost</i>                           | NP        |   |
| TRAVATAN Z SOLN (Use travoprost)            | P         |   |
| TRAVATAN Z SOLN (Use travoprost)            | NF        |   |
| <i>travoprost SOLN</i>                      | NP        |   |
| VYZULTA                                     | NP        |   |
| XALATAN SOLN (Use latanoprost)              | NF        |   |
| XALATAN SOLN (Use latanoprost)              | NP        |   |
| ZIOPTAN (Use tafluprost)                    | NF        |   |
| ZIOPTAN (Use tafluprost)                    | NP        |   |
| ZOLYMBUS GEL OP 0.01 %                      | NP        |   |
| <b>OTIC AGENTS - Drugs to Treat the Ear</b> |           |   |
| Otic Agents - Miscellaneous                 |           |   |
| <i>acetic acid (otic)</i>                   | P         | QL(15 ML per fill retail; 15 per fill mail) |
| <i>carbamide peroxide (otic) 6.5 %</i>      | P         | QL(0.5 ML daily)                            |
| Otic Anti-infectives                        |           |   |

| Drug Name  | Drug Tier | Requirements/Limits                         |
|--|-----------|---|
| CETRAXAL (Use ciprofloxacin hcl (otic))                      | NF        |   |
| <i>ciprofloxacin hcl (otic)</i>                              | NP        |   |
| <i>ofloxacin (otic)</i>                                      | P         |   |
| Otic Combinations  |           |   |
| CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)        | P         |   |
| CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone)        | NF        |   |
| <i>ciprofloxacin-dexamethasone</i>                           | P         |   |
| <i>ciprofloxacin-fluocinolone acetonide</i>                  | NP        |   |
| <i>ciprofloxacin-hydrocortisone</i>                          | NP        |   |
| <i>neomycin-polymyxin-hc (otic) SOLN</i>                     | P         | QL(10 ML per fill retail; 10 per fill mail) |
| <i>neomycin-polymyxin-hc (otic) SUSP</i>                     | P         | QL(10 ML per fill retail; 10 per fill mail) |
| OTOVEL (Use ciprofloxacin-fluocinolone acetonide)            | NF        |   |
| PRAMOTIC   | P         |   |
| Otic Steroids  |           |   |
| DERMOTIC (Use fluocinolone acetonide (otic))                 | NF        | QL(0.67 ML daily)                           |
| <i>fluocinolone acetonide (otic)</i>                         | P         | QL(0.67 ML daily)                           |
| <i>hydrocortisone w/acetic acid</i>                          | P         | QL(10 ML per fill retail; 10 per fill mail) |
| <b>OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding</b> |           |   |
| Oxytocics  |           |   |
| <i>methylergonovine maleate TABS</i>                         | P         |   |
| <b>PASSIVE IMMUNIZING AND TREATMENT</b>                      |           |   |

| Drug Name   | Drug Tier | Requirements/Limits                               |
|---|-----------|---|
| <b>AGENTS - Antibody Drugs to Treat Low Immune System</b>               |           |   |
| Immune Serums   |           |   |
| ALYGLO  | NP        | SP  |
| ASCENIV   | NP        |   |
| BIVIGAM SOLN  | NP        | SP  |
| CUTAQUIG  | NP        | SP  |
| CUVITRU SOLN  | NP        | SP  |
| CYTOGAM SOLN  | NP        | SP  |
| GAMASTAN IM   | NP        | SP  |
| GAMMAGARD 5 GM/50ML   | P         | QL(250 ML per fill retail; 250 per fill mail); SP |
| GAMMAGARD 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML | P         | SP  |
| GAMMAGARD ERC 5 GM/50ML   | NP        | QL(250 ML per fill retail; 250 per fill mail); SP |
| GAMMAGARD ERC 10 GM/100ML   | NP        | SP  |
| GAMMAGARD S/D LESS IGA SOLR   | NP        | SP  |
| GAMMAKED 1 GM/10ML, 10 GM/100ML, 20 GM/200ML                            | NP        | SP  |
| GAMMAKED 5 GM/50ML  | NP        | QL(250 ML per fill retail; 250 per fill mail); SP |
| GAMMAPLEX SOLN  | NP        | SP  |
| GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML | P         | SP  |
| GAMUNEX-C 5 GM/50ML   | P         | QL(250 ML per fill retail; 250 per fill mail); SP |
| HEPAGAM B SOLN IJ   | NP        | SP  |
| HIZENTRA SOLN   | P         | SP  |
| HIZENTRA SOSY   | P         | SP  |
| HYPERHEP B SOLN IM  | NP        | SP  |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| HYPERHEP B SOSY 110 UNIT/0.5ML                           | NP        | SP   |
| HYPERRAB SOLN  | NP        |  |
| KEDRAB SOLN  | NP        |  |
| NABI-HB SOLN IM  | NP        | SP   |
| OCTAGAM SOLN   | NP        | SP   |
| PANZYGA  | NP        | SP   |
| PRIVIGEN SOLN  | P         | SP   |
| QIVIGY SOLN IV 5 GM/50ML, 10 GM/100ML                    | NP        | SP   |
| VARIZIG SOLN   | NP        |  |
| XEMBIFY  | NP        | SP   |
| Monoclonal Antibodies                                    |           |  |
| SYNAGIS SOLN 100 MG/ML                                   | PA        | QL(0.14 ML daily; 4 ML per fill retail; 4 per fill mail); SP; PA |
| SYNAGIS SOLN 50 MG/0.5ML                                 | PA        | SP; PA   |
| Passive Immunizing Agents - Combinations                 |           |  |
| HYQVIA   | NP        | SP   |
| <b>PENICILLINS - Drugs to Treat Bacterial Infections</b> |           |  |
| Aminopenicillins   |           |  |
| <i>amoxicillin CAPS</i>                                  | P         |  |
| <i>amoxicillin CHEW 125 MG, 250 MG</i>                   | P         |  |
| <i>amoxicillin SUSR</i>                                  | P         |  |
| <i>amoxicillin TABS 875 MG</i>                           | P         |  |
| <i>ampicillin CAPS 500 MG</i>                            | P         |  |
| Natural Penicillins                                      |           |  |
| <i>penicillin v potassium SOLR</i>                       | P         |  |
| <i>penicillin v potassium TABS</i>                       | P         |  |
| Penicillin Combinations                                  |           |  |

| Drug Name  | Drug Tier | Requirements/Limits                           |
|--|-----------|---|
| <i>amoxicillin &amp; pot clavulanate CHEW</i>                                | P         | QL(20 EA per fill retail; 20 per fill mail)   |
| <i>amoxicillin &amp; pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML</i>         | P         | QL(400 ML per fill retail; 400 per fill mail) |
| <i>amoxicillin &amp; pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>         | P         | QL(100 ML per fill retail; 100 per fill mail) |
| <i>amoxicillin &amp; pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>         | P         | QL(150 ML per fill retail; 150 per fill mail) |
| <i>amoxicillin &amp; pot clavulanate SUSR 57 MG/5ML-400 MG/5ML</i>           | P         |   |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-250 MG</i>                  | P         | QL(30 EA per fill retail; 30 per fill mail)   |
| <i>amoxicillin &amp; pot clavulanate TABS 125 MG-500 MG, 125 MG-875 MG</i>   | P         | QL(20 EA per fill retail; 20 per fill mail)   |
| <i>amoxicillin &amp; pot clavulanate TB12</i>                                | P         | QL(1.34 EA daily)                             |
| AUGMENTIN ES-600 SUSR (Use <i>amoxicillin &amp; pot clavulanate</i> )        | NF        | QL(400 ML per fill retail; 400 per fill mail) |
| AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML                                       | P         |   |
| AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin &amp; pot clavulanate</i> ) | NF        | QL(20 EA per fill retail; 20 per fill mail)   |
| <b>Penicillinase-Resistant Penicillins</b>                                   |           |   |
| <i>dicloxacillin sodium</i>  | P         |   |
| <b>PROGESTINS - Hormone Replacement/Modifying Drugs</b>                      |           |   |
| <b>Progestins</b>  |           |   |
| <i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>                       | P         |   |
| <i>megestrol acetate (appetite)</i>  | NP        |   |

| Drug Name   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| <i>norethindrone acetate TABS</i>   | P         |   |
| <i>progesterone CAPS</i>  | P         | QL(1 EA daily)                              |
| PROMETRIUM CAPS (Use <i>progesterone</i> )  | NF        | QL(1 EA daily)                              |
| PROVERA 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i> )   | NF        |   |
| <b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions</b> |           |   |
| <b>Agents for Chemical Dependency</b>   |           |   |
| <i>disulfiram 250 MG</i>  | P         |   |
| <i>lofexidine hcl</i>   | NP        | QL(16 EA daily)                             |
| LUCEMYRA (Use <i>lofexidine hcl</i> )   | NP        | QL(16 EA daily)                             |
| <b>Anti-Cataplectic Agents</b>  |           |   |
| <i>sodium oxybate SOLN</i>  | NP        | QL(18 ML daily); AL(At least 7 yrs old); SP |
| XYREM SOLN (Use <i>sodium oxybate</i> )   | NP        | QL(18 ML daily); AL(At least 7 yrs old); SP |
| XYWAV   | NP        | AL(At least 7 yrs old); SP                  |
| <b>Antidementia Agents</b>  |           |   |
| ADUHELM 170 MG/1.7ML  | PA        | SP; PA                                      |
| ARICEPT TABS (Use <i>donepezil hydrochloride</i> )  | NP        |   |
| <i>donepezil hydrochloride TABS</i>   | P         |   |
| <i>donepezil hydrochloride TBDP</i>   | P         |   |
| EXELON (Use <i>rivastigmine</i> )   | NP        |   |
| <i>galantamine hydrobromide CP24</i>  | NP        |   |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| <i>galantamine hydrobromide SOLN</i>                             | NP        |   |
| <i>galantamine hydrobromide TABS</i>                             | NP        |   |
| KISUNLA  | PA        | SP; PA  |
| LEQEMBI  | PA        | SP; PA  |
| LEQEMBI IQLIK SC 360 MG/1.8ML                                    | PA        | SP; PA  |
| <i>memantine hcl CP24</i>  | NP        |   |
| <i>memantine hcl-donepezil hcl CP24</i>                          | NP        |   |
| <i>memantine hcl SOLN</i>  | NP        |   |
| <i>memantine hcl TABS</i>  | P         |   |
| NAMENDA TITRATION PAK TABS ( <i>Use memantine hcl</i> )          | NF        |   |
| NAMENDA XR CP24 14 MG, 21 MG, 28 MG ( <i>Use memantine hcl</i> ) | NF        |   |
| NAMZARIC C4PK  | NP        |   |
| NAMZARIC CP24  | NP        |   |
| NAMZARIC CP24 ( <i>Use memantine hcl-donepezil hcl</i> )         | NP        |   |
| <i>rivastigmine</i>  | P         |   |
| <i>rivastigmine tartrate CAPS</i>                                | P         |   |
| ZUNVEYL TBEC PO 5 MG, 10 MG, 15 MG                               | NP        |   |
| <b>Combination Psychotherapeutics</b>                            |           |   |
| LYBALVI  | NP        | QL(1 EA daily; 30 EA per 30 day(s) retail; 30 EA per 30 days mail); AL(At least 18 yrs old) |
| <i>olanzapine-fluoxetine hcl</i>                                 | NP        | AL(At least 18 yrs old)   |
| <i>perphenazine-amitriptyline</i>                                | P         | QL(4 EA daily)  |

| Drug Name   | Drug Tier | Requirements/Limits                         |
|---|-----------|---|
| SYMBYAX 25 MG-3 MG, 25 MG-6 MG ( <i>Use olanzapine-fluoxetine hcl</i> )   | NF        | AL(At least 18 yrs old)                     |
| <b>Fibromyalgia Agents</b>  |           |   |
| <i>milnacipran hcl MISC</i>   | NP        |   |
| <i>milnacipran hcl TABS 12.5 MG, 25 MG, 50 MG, 100 MG</i>                 | NP        |   |
| SAVELLA TITRATION PACK MISC ( <i>Use milnacipran hcl</i> )                | PA        | PA  |
| SAVELLA TABS 12.5 MG, 25 MG, 50 MG, 100 MG ( <i>Use milnacipran hcl</i> ) | PA        | PA  |
| TONMYA SUBL SL 2.8 MG   | PA        | QL(2 EA daily); AL(At least 18 yrs old); PA |
| <b>Movement Disorder Drug Therapy</b>                                     |           |   |
| AUSTEDO XR PATIENT TITRATION TEPK   | PA        | AL(At least 18 yrs old); SP; PA             |
| AUSTEDO XR TB24   | PA        | AL(At least 18 yrs old); SP; PA             |
| AUSTEDO TABS  | PA        | AL(At least 18 yrs old); SP; PA             |
| INGREZZA CAPS   | PA        | AL(At least 18 yrs old); SP; PA             |
| INGREZZA CPPK   | PA        | AL(At least 18 yrs old); SP; PA             |
| INGREZZA CPSP   | PA        | AL(At least 18 yrs old); SP; PA             |
| <i>tetrabenazine</i>  | P         | SP  |
| XENAZINE ( <i>Use tetrabenazine</i> )                                     | NP        | SP  |
| <b>Multiple Sclerosis Agents</b>  |           |   |
| AMPYRA ( <i>Use dalfampridine</i> )                                       | NP        | QL(2 EA daily); SP                          |
| AUBAGIO ( <i>Use teriflunomide</i> )                                      | NP        | SP  |

| Drug Name                                       | Drug Tier | Requirements/Limits   | Drug Name   | Drug Tier | Requirements/Limits                                 |
|---|-----------|---|---|-----------|---|
| AVONEX PEN AJKT                                 | PA        | QL(6 EA per fill retail; 6 per fill mail); SP; PA                 | KESIMPTA  | NP        | SP  |
| AVONEX PREFILLED PSKT                           | PA        | QL(6 EA per fill retail; 6 per fill mail); SP; PA                 | LEMTRADA  | NP        | SP  |
| BAFIERTAM                                       | NP        | SP  | MAVENCLAD (10 TABS) 10 MG (Use cladribine (multiple sclerosis)) | NP        | SP  |
| BETASERON KIT                                   | PA        | QL(14 EA per fill retail; 14 per fill mail); SP; PA               | MAVENCLAD (4 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| BETASERON KIT                                   | PA        | QL(6 EA per fill retail; 6 per fill mail); SP; PA                 | MAVENCLAD (5 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| BRIUMVI   | NP        | SP  | MAVENCLAD (6 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| <i>cladribine (multiple sclerosis) 10 MG</i>    | NP        | SP  | MAVENCLAD (7 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) | NF        | SP  | MAVENCLAD (8 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| COPAXONE SOSY 40 MG/ML (Use glatiramer acetate) | NP        | QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP     | MAVENCLAD (9 TABS) 10 MG (Use cladribine (multiple sclerosis))  | NP        | SP  |
| COPAXONE SOSY 20 MG/ML (Use glatiramer acetate) | PA        | QL(1 ML daily); SP; PA  | MAYZENT STARTER PACK TBPK 0.25 MG                               | NP        | SP  |
| <i>dalfampridine</i>                            | PA        | QL(2 EA daily); SP; PA  | MAYZENT TABS  | NP        | SP  |
| <i>dimethyl fumarate CDPK</i>                   | PA        | SP; PA  | OCREVUS   | NP        | SP  |
| <i>dimethyl fumarate CPDR</i>                   | PA        | SP; PA  | OCREVUS ZUNOVO  | NP        | AL(At least 18 yrs old); SP                         |
| <i> fingolimod hcl</i>                          | PA        | SP; PA  | PLEGRIDY STARTER PACK SOAJ                                      | NP        | SP  |
| GILENYA   | NP        | SP  | PLEGRIDY STARTER PACK SOSY SC                                   | NP        | SP  |
| GILENYA (Use <i>fingolimod hcl</i> )            | NP        | SP  | PLEGRIDY SOAJ   | NP        | SP  |
| <i>glatiramer acetate SOSY 40 MG/ML</i>         | NP        | QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP     | PLEGRIDY SOSY IM  | NP        | SP  |
| <i>glatiramer acetate SOSY 40 MG/ML</i>         | PA        | QL(0.4 ML daily; 12 ML per fill retail; 12 per fill mail); SP; PA | PONVORY STARTER PACK TBPK                                       | NP        | SP  |
| <i>glatiramer acetate SOSY 20 MG/ML</i>         | NP        | QL(1 ML daily); SP  | PONVORY TABS  | NP        | SP  |
|   |           |   | REBIF REBIDOSE TITRATION PACK SOAJ                              | NP        | QL(25.2 ML per fill retail; 25.2 per fill mail); SP |
|   |           |   | REBIF REBIDOSE SOAJ   | NP        | QL(6 ML per fill retail; 6 per fill mail); SP       |

| Drug Name   | Drug Tier | Requirements/Limits                                 | Drug Name   | Drug Tier | Requirements/Limits  |
|---|-----------|---|---|-----------|--|
| REBIF TITRATION PACK SOSY                                   | NP        | QL(25.2 ML per fill retail; 25.2 per fill mail); SP | MIPLYFFA  | PA        | QL(3 EA daily); AL(At least 2 yrs old); SP; PA                   |
| REBIF SOSY  | NP        | QL(6 ML per fill retail; 6 per fill mail); SP       | <b>Restless Leg Syndrome (RLS) Agents</b>                             |           |  |
| TASCENSO ODT  | NP        | SP  | HORIZANT  | NP        |  |
| TECFIDERA CDPK ( <i>Use dimethyl fumarate</i> )             | NP        | SP  | <b>Smoking Deterrents</b>   |           |  |
| TECFIDERA CPDR ( <i>Use dimethyl fumarate</i> )             | NP        | SP  | <i>bupropion hcl (smoking deterrent)</i>                              | P         | QL(2 EA daily)   |
| <i>teriflunomide</i>  | PA        | SP; PA  | CHANTIX CONTINUING MONTH PAK TABS ( <i>Use varenicline tartrate</i> ) | NF        | QL(2 EA daily)   |
| TYRUKO CONC IV 300 MG/15ML                                  | NP        | SP  | CHANTIX STARTING MONTH PAK TBPK ( <i>Use varenicline tartrate</i> )   | NF        |  |
| TYSABRI   | PA        | SP; PA  | CHANTIX TABS ( <i>Use varenicline tartrate</i> )                      | NF        | QL(2 EA daily)   |
| VUMERITY  | NP        | SP  | NICORETTE MINI LOZG 4 MG ( <i>Use nicotine polacrilex</i> )           | NF        |  |
| ZEPOSIA 7-DAY STARTER PACK CPPK                             | NP        | SP  | NICORETTE STARTER KIT GUM 2 MG ( <i>Use nicotine polacrilex</i> )     | NF        |  |
| ZEPOSIA STARTER KIT CPPK                                    | NP        | SP  | NICORETTE GUM 4 MG ( <i>Use nicotine polacrilex</i> )                 | NF        |  |
| ZEPOSIA CAPS  | NP        | SP  | <i>nicotine polacrilex GUM</i>  | P         |  |
| <b>Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents</b> |           |   | <i>nicotine polacrilex LOZG</i>                                       | P         |  |
| <i>gabapentin (once-daily) TABS</i>                         | NP        |   | NICOTINE KIT  | P         |  |
| GRALISE TABS ( <i>Use gabapentin (once-daily)</i> )         | NP        |   | <i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>             | P         |  |
| LYRICA CR ( <i>Use pregabalin (once-daily)</i> )            | NF        |   | NICOTROL NS SOLN  | P         |  |
| LYRICA CR ( <i>Use pregabalin (once-daily)</i> )            | NP        |   | NICOTROL INHA   | P         |  |
| <i>pregabalin (once-daily)</i>                              | NP        |   | <i>varenicline tartrate TABS</i>                                      | P         | QL(2 EA daily)   |
| <b>Premenstrual Dysphoric Disorder (PMDD) Agents</b>        |           |   | <i>varenicline tartrate TBPK</i>                                      | P         |  |
| <i>fluoxetine hcl (pmdd) TABS</i>                           | P         | AL(At least 18 yrs old)                             | <b>Transthyretin Amyloidosis Agents</b>                               |           |  |
| <b>Psychotherapeutic and Neurological Agents - Misc.</b>    |           |   | AMVUTTRA  | PA        | QL(0.5 ML per 90 day(s) retail); AL(At least 18 yrs old); SP; PA |
| AQNEURSA  | PA        | QL(4 EA daily); SP; PA                              |   |           |  |
| <i>ergoloid mesylates TABS</i>                              | P         |   |   |           |  |

| Drug Name  | Drug Tier | Requirements/Limits   |
|--|-----------|---|
| ONPATTRO   | PA        | AL(At least 18 yrs old); SP; PA   |
| WAINUA SC 45 MG/0.8ML  | PA        | QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA |
| WAINUA   | PA        | QL(0.8 ML per 30 day(s) retail; 1 ML per 30 days mail); AL(At least 18 yrs old); SP; PA |
| <b>Vasomotor Symptom Agents</b>                                    |           |   |
| <i>paroxetine mesylate (vasomotor)</i>                             | P         | AL(At least 18 yrs old)   |
| <b>RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions</b> |           |   |
| <b>Cystic Fibrosis Agents</b>                                      |           |   |
| ALYFTREK   | PA        | AL(At least 6 yrs old); SP; PA  |
| KALYDECO PACK  | PA        | QL(2 EA daily); SP; PA  |
| KALYDECO TABS  | PA        | QL(2 EA daily); SP; PA  |
| ORKAMBI PACK 125 MG-100 MG, 188 MG-150 MG                          | PA        | QL(2 EA daily); AL(At least 1 yrs old - Up to 5 yrs old); SP; PA                        |
| ORKAMBI PACK 94 MG-75 MG   | PA        | QL(2 EA daily); AL(At least 1 yrs old - Up to 2 yrs old); SP; PA                        |
| ORKAMBI TABS   | PA        | QL(4 EA daily); AL(At least 6 yrs old); SP; PA  |
| PULMOZYME  | P         | SP; PA  |

| Drug Name  | Drug Tier | Requirements/Limits            |
|--|-----------|--------------------------------|
| SYMDEKO  | PA        | AL(At least 6 yrs old); SP; PA |
| TRIKAFTA TBPK  | PA        | AL(At least 2 yrs old); SP; PA |
| TRIKAFTA THPK  | PA        | AL(At least 2 yrs old); SP; PA |
| <b>Pulmonary Fibrosis Agents</b>                           |           |                                |
| <i>ESBRIET CAPS (Use pirfenidone)</i>                      | NF        | SP; PA                         |
| <i>ESBRIET TABS (Use pirfenidone)</i>                      | NF        | SP; PA                         |
| <i>pirfenidone CAPS</i>                                    | P         | SP; PA                         |
| <i>pirfenidone TABS</i>                                    | P         | SP; PA                         |
| <b>TETRACYCLINES - Drugs to Treat Bacterial Infections</b> |           |                                |
| <b>Tetracyclines</b>                                       |           |                                |
| <i>doxycycline (monohydrate) CAPS 50 MG, 100 MG</i>        | P         |                                |
| <i>doxycycline (monohydrate) TABS 50 MG, 100 MG</i>        | P         |                                |
| <i>doxycycline hyclate CAPS</i>                            | P         |                                |
| <i>doxycycline hyclate TABS 100 MG</i>                     | P         |                                |
| <i>minocycline hcl CAPS</i>                                | P         |                                |
| <i>tetracycline hcl CAPS 500 MG</i>                        | P         |                                |
| <i>VIBRAMYCIN CAPS (Use doxycycline hyclate)</i>           | NF        |                                |
| <b>THYROID AGENTS - Drugs to Regulate Thyroid Hormones</b> |           |                                |
| <b>Antithyroid Agents</b>                                  |           |                                |
| <i>methimazole TABS</i>                                    | P         |                                |
| <i>propylthiouracil</i>                                    | P         |                                |
| <b>Thyroid Hormones</b>                                    |           |                                |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG             | P         |                     |
| ARMOUR THYROID TABS   | P         |                     |
| CYTOMEL TABS (Use liothyronine sodium)                      | NF        |                     |
| EVEXITHROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG, 180 MG | P         |                     |
| levothyroxine sodium TABS                                   | P         |                     |
| liothyronine sodium TABS                                    | P         |                     |
| NIVA THYROID TABS   | P         |                     |
| NP THYROID TABS   | P         |                     |
| RENTHYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG          | P         |                     |
| SYNTHROID TABS (Use levothyroxine sodium)                   | NF        |                     |
| THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG             | P         |                     |
| <b>TOXOIDS</b>  |           |                     |
| Toxoid Combinations   |           |                     |
| ADACEL SUSP   | P         |                     |
| BOOSTRIX SUSP   | P         |                     |
| BOOSTRIX SUSY   | P         |                     |
| DAPTACEL  | P         |                     |
| INFANRIX  | P         |                     |
| KINRIX SUSY   | P         |                     |
| PEDIARIX SUSY   | P         |                     |
| PENTACEL  | P         |                     |
| QUADRACEL SUSP  | P         |                     |
| QUADRACEL SUSY  | P         |                     |
| TDVAX SUSP  | P         |                     |
| TETANUS-DIPHtheria TOXOIDS TD SUSP                          | P         |                     |
| VAXELIS SUSP  | P         |                     |
| VAXELIS SUSY  | P         |                     |

| Drug Name   | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <b>ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions</b> |           |                     |
| Antispasmodics  |           |                     |
| ANASPAZ TBDP (Use hyoscyamine sulfate)                                      | NF        |                     |
| BENTYL SOLN IM (Use dicyclomine hcl)  | NF        |                     |
| dicyclomine hcl CAPS  | P         |                     |
| dicyclomine hcl SOLN PO   | P         | QL(40 ML daily)     |
| dicyclomine hcl TABS  | P         |                     |
| glycopyrrolate TABS 1 MG, 2 MG  | P         | QL(4 EA daily)      |
| hyoscyamine sulfate ELIX  | P         |                     |
| hyoscyamine sulfate SOLN PO 0.125 MG/ML                                     | P         |                     |
| hyoscyamine sulfate TB12 0.375 MG   | P         | QL(4 EA daily)      |
| hyoscyamine sulfate TBDP 0.125 MG   | P         |                     |
| LEVbid TB12 (Use hyoscyamine sulfate)                                       | NF        | QL(4 EA daily)      |
| NULEV TBDP 0.125 MG (Use hyoscyamine sulfate)                               | NF        |                     |
| ROBINUL-FORTE TABS (Use glycopyrrolate)                                     | NF        | QL(4 EA daily)      |
| ROBINUL TABS (Use glycopyrrolate)   | NF        | QL(4 EA daily)      |
| H-2 Antagonists   |           |                     |
| cimetidine hcl PO 300 MG/5ML  | NP        |                     |
| cimetidine TABS   | NP        | RX/OTC              |
| famotidine SOLN 20 MG/2ML   | P         |                     |
| FAMOTIDINE SOLN   | P         |                     |
| famotidine SUSR   | P         |                     |
| famotidine TABS   | P         | RX/OTC              |
| famotidine TABS 10 MG, 20 MG  | NP        | RX/OTC              |

| Drug Name  | Drug Tier | Requirements/Limits  |
|--|-----------|--|
| <i>nizatidine CAPS</i>                                 | NP        |  |
| PEPCID TABS ( <i>Use famotidine</i> )                  | NF        | RX/OTC   |
| Misc. Anti-Ulcer                                       |           |  |
| CARAFATE SUSP ( <i>Use sucralfate</i> )                | NF        | QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old) |
| CARAFATE TABS ( <i>Use sucralfate</i> )                | NF        | QL(4 EA daily)   |
| <i>sucralfate SUSP</i>                                 | P         | QL(420 ML per fill retail; 420 per fill mail); AL(Up to 6 yrs old) |
| <i>sucralfate TABS</i>                                 | P         | QL(4 EA daily)   |
| Proton Pump Inhibitors                                 |           |  |
| ACIPHEX TBEC ( <i>Use rabeprazole sodium</i> )         | NF        | QL(1 EA daily)   |
| DEXILANT ( <i>Use dexlansoprazole</i> )                | NP        | QL(1 EA daily)   |
| <i>dexlansoprazole</i>                                 | NP        | QL(1 EA daily)   |
| <i>esomeprazole magnesium CPDR</i>                     | NP        | QL(1 EA daily); RX/OTC   |
| <i>esomeprazole magnesium PACK</i>                     | NP        | QL(1 EA daily)   |
| <i>lansoprazole CPDR</i>                               | NP        | QL(1 EA daily); RX/OTC   |
| <i>lansoprazole TBDD</i>                               | NP        | QL(1 EA daily); RX/OTC   |
| NEXIUM 24HR CPDR ( <i>Use esomeprazole magnesium</i> ) | NF        | RX/OTC   |
| NEXIUM CPDR ( <i>Use esomeprazole magnesium</i> )      | NP        | QL(1 EA daily); RX/OTC   |
| NEXIUM PACK ( <i>Use esomeprazole magnesium</i> )      | NP        | QL(1 EA daily)   |
| <i>omeprazole magnesium CPDR</i>                       | P         |  |

| Drug Name   | Drug Tier | Requirements/Limits    |
|---|-----------|------------------------|
| <i>omeprazole magnesium TBEC</i>                                  | P         |                        |
| <i>omeprazole CPDR</i>  | P         | QL(1 EA daily)         |
| <i>omeprazole CPDR</i>  | P         |                        |
| <i>omeprazole TBDD</i>  | P         |                        |
| <i>omeprazole TBEC</i>  | P         | QL(1 EA daily)         |
| <i>omeprazole TBEC</i>  | P         |                        |
| <i>pantoprazole sodium PACK</i>                                   | NP        |                        |
| <i>pantoprazole sodium SOLR</i>                                   | P         | QL(1 EA daily)         |
| <i>pantoprazole sodium SOLR</i>                                   | P         |                        |
| PANTOPRAZOLE SODIUM SOLR 40 MG ( <i>Use pantoprazole sodium</i> ) | P         |                        |
| <i>pantoprazole sodium TBEC 40 MG</i>                             | P         | QL(1 EA daily)         |
| <i>pantoprazole sodium TBEC</i>                                   | P         |                        |
| PREVACID 24HR CPDR ( <i>Use lansoprazole</i> )                    | NP        | QL(1 EA daily); RX/OTC |
| PREVACID 24HR CPDR ( <i>Use lansoprazole</i> )                    | NF        | RX/OTC                 |
| PREVACID SOLUTAB TBDD ( <i>Use lansoprazole</i> )                 | NP        | QL(1 EA daily); RX/OTC |
| PREVACID CPDR 30 MG ( <i>Use lansoprazole</i> )                   | NP        | QL(1 EA daily)         |
| PRIOLOSEC OTC TBEC ( <i>Use omeprazole magnesium</i> )            | NF        |                        |
| PRIOLOSEC PACK  | NP        |                        |
| PROTONIX PACK ( <i>Use pantoprazole sodium</i> )                  | P         |                        |
| PROTONIX SOLR ( <i>Use pantoprazole sodium</i> )                  | NP        |                        |
| PROTONIX TBEC ( <i>Use pantoprazole sodium</i> )                  | NP        |                        |
| <i>rabeprazole sodium TBEC</i>                                    | NP        | QL(1 EA daily)         |
| Ulcer Drugs - Prostaglandins                                      |           |                        |

| Drug Name  | Drug Tier | Requirements/Limits  | Drug Name   | Drug Tier | Requirements/Limits                        |
|--|-----------|--|---|-----------|--|
| CYTOTEC ( <i>Use misoprostol</i> )                                   | NF        |  | OXYTROL FOR WOMEN PTTW                              | NP        | RX/OTC                                     |
| <i>misoprostol</i>   | P         |  | OXYTROL PTTW  | NP        | RX/OTC                                     |
| Ulcer Therapy Combinations   |           |  | <i>solifenacin succinate TABS</i>                   | P         |  |
| <i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>               | P         | 14 day(s) max supply per 365 day(s) retail                                 | <i>tolterodine tartrate CP24</i>                    | P         |  |
| <i>famotidine-calcium carbonate-magnesium hydroxide</i>              | NP        |  | <i>tolterodine tartrate TABS</i>                    | P         |  |
| KONVOMEK SUSR  | NP        |  | TOVIAZ ( <i>Use fesoterodine fumarate</i> )         | NP        |  |
| VOQUEZNA DUAL PAK  | PA        | QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA | <i>trospium chloride CP24</i>                       | NP        |  |
| VOQUEZNA TRIPLE PAK  | PA        | QL(112 EA per fill retail; 112 per fill mail); AL(At least 18 yrs old); PA | <i>trospium chloride TABS</i>                       | NP        |  |
| URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms |           |  | VESICARE LS SUSP                                    | NP        |  |
| Urinary Antispasmodic - Antimuscarinics (Anticholinergic)            |           |  | VESICARE TABS ( <i>Use solifenacin succinate</i> )  | NP        |  |
| <i>darifenacin hydrobromide</i>                                      | NP        |  | Urinary Antispasmodics - Beta-3 Adrenergic Agonists |           |  |
| DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )                   | NF        |  | GEMTESA   | NP        |  |
| DETROL LA CP24 ( <i>Use tolterodine tartrate</i> )                   | P         |  | <i>mirabegron TB24</i>                              | NP        |  |
| DETROL TABS ( <i>Use tolterodine tartrate</i> )                      | P         |  | MYRBETRIQ SRER 8 MG/ML ( <i>Use mirabegron</i> )    | NP        |  |
| DETROL TABS ( <i>Use tolterodine tartrate</i> )                      | NF        |  | MYRBETRIQ TB24 ( <i>Use mirabegron</i> )            | P         |  |
| <i>fesoterodine fumarate</i>   | P         |  | Urinary Antispasmodics - Cholinergic Agonists       |           |  |
| <i>oxybutynin chloride SOLN</i>                                      | P         |  | <i>bethanechol chloride</i>                         | P         |  |
| <i>oxybutynin chloride TABS 2.5 MG</i>                               | NP        |  | Urinary Antispasmodics - Direct Muscle Relaxants    |           |  |
| <i>oxybutynin chloride TABS 5 MG</i>                                 | P         |  | <i>flavoxate hcl</i>                                | NP        |  |
| <i>oxybutynin chloride TB24</i>                                      | P         |  | VACCINES  |           |  |
|  |           |  | Bacterial Vaccines                                  |           |  |
|  |           |  | ACTHIB SOLR IM                                      | P         |  |
|  |           |  | BCG VACCINE   | P         |  |
|  |           |  | BEXSERO 0.5 ML                                      | P         |  |
|  |           |  | BIOTHRAX  | P         | AL(At least 18 yrs old - Up to 65 yrs old) |
|  |           |  | CAPVAXIVE   | P         |  |
|  |           |  | HIBERIX SOLR IJ                                     | P         |  |
|  |           |  | MENQUADFI 0.5 ML                                    | P         |  |

| Drug Name                      | Drug Tier | Requirements/Limits                 | Drug Name                                   | Drug Tier | Requirements/Limits                                       |
|--------------------------------|-----------|-------------------------------------|---|-----------|---|
| MENVEO SOLN                    | P         |                                     | FLUMIST                                     | P         |   |
| MENVEO SOLR                    | P         |                                     | FLUZONE HIGH-DOSE SUSY                      | P         |   |
| PEDVAX HIB SUSP                | P         |                                     | FLUZONE SUSP                                | P         |   |
| PENBRAYA                       | P         |                                     | FLUZONE SUSY                                | P         |   |
| PENMENVY SUSR IM               | P         | AL(Up to 25 yrs old)                | GARDASIL 9 SUSP 0.5 ML                      | P         | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| PNEUMOVAX 23 SOLN              | P         |                                     | GARDASIL 9 SUSY 0.5 ML                      | P         | 3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old) |
| PNEUMOVAX 23 SOSY              | P         |                                     | HAVRIX IM 720 EL U/0.5ML                    | P         |   |
| PREVNAR 20                     | P         |                                     | HEPLISAV-B SOSY                             | P         | 3 max fill(s) per 999 day(s) retail                       |
| TRUMENBA 0.5 ML                | P         |                                     | IMOVAX RABIES SUSR                          | P         |   |
| TYPHIM VI SOLN                 | P         |                                     | IXCHIQ                                      | P         |   |
| TYPHIM VI SOSY                 | P         |                                     | IXIARO                                      | P         |   |
| VAXCHORA                       | P         |                                     | JYNNEOS                                     | P         |   |
| VAXNEUVANCE                    | P         |                                     | M-M-R II SOLR                               | P         |   |
| VIVOTIF                        | P         |                                     | MNEXSPIKE SUSY 10 MCG/0.2ML                 | P         |   |
| Viral Vaccines                 |           |                                     | MRESVIA                                     | P         | AL(At least 60 yrs old)                                   |
| ABRYSVO                        | P         | AL(At least 60 yrs old)             | NOVAVAX COVID-19 VACCINE SUSY               | P         |   |
| ACAM2000 SOLR IJ               | P         |                                     | NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML | P         |   |
| AFLURIA PRESERVATIVE FREE SUSY | P         |                                     | PREHEVBRIO                                  | P         | 3 max fill(s) per 999 day(s) retail                       |
| AFLURIA SUSP                   | P         |                                     | PRIORIX SUSR                                | P         |   |
| AREXVY                         | P         | AL(At least 60 yrs old)             | PROQUAD SUSR                                | P         |   |
| COMIRNATY SUSY                 | P         |                                     | RABAVERT                                    | P         |   |
| DENGVAXIA                      | P         |                                     | RECOMBIVAX HB SUSP                          | P         | 3 max fill(s) per 999 day(s) retail                       |
| ENGERIX-B SUSP 20 MCG/ML       | P         | 3 max fill(s) per 999 day(s) retail | RECOMBIVAX HB SUSY                          | P         | 3 max fill(s) per 999 day(s) retail                       |
| ENGERIX-B SUSY                 | P         | 3 max fill(s) per 999 day(s) retail |   |           |   |
| ERVEBO                         | P         |                                     |   |           |   |
| FLUAD                          | P         |                                     |   |           |   |
| FLUARIX SUSY                   | P         |                                     |   |           |   |
| FLUBLOK SOSY                   | P         |                                     |   |           |   |
| FLUCELVAX SUSP                 | P         |                                     |   |           |   |
| FLUCELVAX SUSY                 | P         |                                     |   |           |   |
| FLULAVAL SUSY                  | P         |                                     |   |           |   |

| Drug Name   | Drug Tier | Requirements/Limits   | Drug Name                                     | Drug Tier | Requirements/Limits                         |
|---|-----------|---|---|-----------|---|
| ROTARIX SUSP  | P         |   | <i>miconazole nitrate vaginal CREA 4 %</i>    | P         | QL(1.5 GM daily)                            |
| ROTATEQ SOLN  | P         |   | <i>miconazole nitrate vaginal CREA 2 %</i>    | P         | QL(45 GM per fill retail; 45 per fill mail) |
| SHINGRIX  | P         | 2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)                                    | <i>miconazole nitrate vaginal KIT</i>         | P         | QL(1 EA per fill retail; 1 per fill mail)   |
| SHINGRIX IM 50 MCG/0.5ML                                  | P         | 2 max fill(s) per 999 day(s) retail; 2 max fill(s) per 999 day(s) mail; AL(At least 50 yrs old) | <i>miconazole nitrate vaginal SUPP 100 MG</i> | P         | QL(7 EA per fill retail; 7 per fill mail)   |
| SPIKEVAX SUSY   | P         |   | <i>miconazole nitrate vaginal SUPP 200 MG</i> | P         | QL(3 EA per fill retail; 3 per fill mail)   |
| STAMARIL SUSR   | P         |   | NUVESSA                                       | P         |   |
| TICOVAC   | P         |   | <i>terconazole vaginal CREA 0.4 %</i>         | P         | QL(45 GM per fill retail; 45 per fill mail) |
| TWINRIX SUSY  | P         |   | <i>terconazole vaginal CREA 0.8 %</i>         | P         | QL(20 GM per fill retail; 20 per fill mail) |
| VAQTA   | P         |   | <i>terconazole vaginal SUPP</i>               | P         | QL(3 EA per fill retail; 3 per fill mail)   |
| VARIVAX SUSR  | P         | 2 max fill(s) per 999 day(s) retail   | <i>tioconazole vaginal 6.5 %</i>              | P         | QL(5 GM per fill retail; 5 per fill mail)   |
| <b>VAGINAL AND RELATED PRODUCTS</b>                       |           |   |   |           |   |
| Vaginal Anti-infectives                                   |           |   |   |           |   |
| CLEOCIN CREA ( <i>Use clindamycin phosphate vaginal</i> ) | P         |   | VANDAZOLE                                     | NP        |   |
| CLEOCIN SUPP  | P         |   | XACIATO GEL                                   | NP        |   |
| <i>clindamycin phosphate vaginal CREA</i>                 | NP        |   | Vaginal Anti-inflammatory Agents              |           |   |
| CLINDESSE   | NP        |   | <i>hydrocortisone vaginal</i>                 | P         | QL(60 GM per fill retail; 60 per fill mail) |
| <i>clotrimazole vaginal CREA 2 %</i>                      | P         | QL(21 GM per fill retail; 21 per fill mail)   | MONISTAT CARE INSTANT ITCH RLF 1 %            | P         | QL(60 GM per fill retail; 60 per fill mail) |
| <i>clotrimazole vaginal CREA 1 %</i>                      | P         | QL(45 GM per fill retail; 45 per fill mail)   | Vaginal Contraceptive - pH Modulators         |           |   |
| GYNAZOLE-1  | P         |   | PHEXX   | P         |   |
| <i>metronidazole vaginal</i>                              | P         |   | PHEXXI  | P         |   |
| MICONAZOLE 7 SUPP 100 MG                                  | P         | QL(7 EA per fill retail; 7 per fill mail)   | Vaginal Estrogens                             |           |   |
|   |           |   | ESTRACE CREA ( <i>Use estradiol vaginal</i> ) | NF        | QL(1.5 GM daily)                            |
|   |           |   | <i>estradiol vaginal CREA</i>                 | P         | QL(1.5 GM daily)                            |

| Drug Name   | Drug Tier | Requirements/Limits | Drug Name  | Drug Tier | Requirements/Limits                                      |
|---|-----------|---------------------|--|-----------|--|
| <i>estradiol vaginal TABS</i>   | P         |                     | <i>vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT</i> | P         |  |
| PREMARIN  | P         | QL(1.5 GM daily)    | <i>vitamin a TABS 10000 UNIT</i>                             | P         |  |
| VAGIFEM TABS ( <i>Use estradiol vaginal</i> )                           | NF        |                     | VITAMIN D3 LIQD PO 125 MCG/ML                                | P         |  |
| <b>VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions</b>   |           |                     | VITAMIN E/D-ALPHA CAPS 200 UNIT                              | P         | QL(2 EA daily)   |
| Anaphylaxis Therapy Agents  |           |                     | <i>vitamin e CAPS</i>  | P         | QL(2 EA daily)   |
| AUVI-Q SOAJ   | NP        |                     | VITAMIN E CAPS   | P         | QL(2 EA daily)   |
| <i>epinephrine (anaphylaxis) SOAJ</i>                                   | P         |                     | <i>vitamin e SOLN</i>  | P         |  |
| EPIPEN 2-PAK SOAJ ( <i>Use epinephrine (anaphylaxis)</i> )              | P         |                     | VITAMIN E SOLN 15 MG/0.67ML                                  | P         |  |
| EPIPEN JR 2-PAK SOAJ ( <i>Use epinephrine (anaphylaxis)</i> )           | P         |                     | <b>Water Soluble Vitamins</b>                                |           |  |
| NEFFY SOLN NA   | NP        |                     | <i>ascorbic acid CHEW 500 MG</i>                             | P         |  |
| Vasopressors  |           |                     | <i>ascorbic acid POWD PO 500 MG/GM</i>                       | P         |  |
| <i>midodrine hcl</i>  | P         |                     | ASCORBIC ACID POWD PO  | P         |  |
| <b>VITAMINS</b>   |           |                     | <i>ascorbic acid TABS</i>                                    | P         | QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail) |
| Oil Soluble Vitamins  |           |                     | <i>biotin CAPS 5 MG, 5000 MCG</i>                            | P         |  |
| <i>cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT</i>               | P         | QL(0.267 EA daily)  | NIACIN ER TBCR   | P         |  |
| <i>cholecalciferol CAPS</i>   | P         |                     | <i>niacin TABS 50 MG, 100 MG, 500 MG</i>                     | P         |  |
| <i>cholecalciferol CHEW 400 UNIT</i>                                    | P         |                     | <i>niacin TBCR</i>   | NP        |  |
| <i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>   | P         |                     | <i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG, 250 MG</i>      | P         |  |
| <i>cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i> | P         |                     | <i>riboflavin TABS 50 MG, 100 MG</i>                         | P         | QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail) |
| DRISDOL CAPS ( <i>Use ergocalciferol</i> )                              | NF        |                     | <i>thiamine hcl TABS</i>                                     | P         | QL(100 EA per 34 day(s) retail; 100 EA per 34 days mail) |
| <i>ergocalciferol CAPS</i>  | P         |                     |  |           |  |
| <i>ergocalciferol SOLN PO 200 MCG/ML</i>                                | P         |                     |  |           |  |
| <i>phytonadione TABS 5 MG</i>   | P         |                     |  |           |  |

| Drug Name   | Drug Tier | Requirements/<br>Limits   |
|---|-----------|---|
| <i>thiamine mononitrate</i><br><i>TABS 100 MG</i> | P         | QL(100 EA per<br>34 day(s) retail;<br>100 EA per 34<br>days mail) |



|  |  |   |
|--|--|---|
| .....148   | ABRILADA (2 SYRINGE) PSKT .... 4   | SOLN ..... 101  |
| A THRU Z ULTIMATE MENS TABS<br>90 MG-2 MG-40 MCG-200 MCG-600<br>UNIT-6 MCG-1.3 MG-60 MCG-16<br>MG-3500 UNIT-15 MG-8 MG-600<br>MCG-1.2 MG-11 MG-150 MCG-100<br>MG-2 MG-210 MG-80 MG-50 MCG-<br>150 MCG-45 UNIT-20 MG-0.9 MG-5<br>MCG-10 MCG-2.3 MG-100 MCG-10<br>MCG-35 MCG-72 MG ..... 149 | ABRYSVO ..... 209  | ACCUTREND GLUCOSE STRP .. 72  |
| abacavir sulfate SOLN ..... 48   | ABSORICA 10 MG, 20 MG, 40 MG<br>(Use isotretinoin) ..... 59                                | acebutolol hcl CAPS ..... 51  |
| abacavir sulfate TABS ..... 48   | ACAM2000 SOLR IJ ..... 209   | acetaminophen CAPS 500 MG ..... 8   |
| abacavir sulfate-lamivudine ..... 48   | ACANYA GEL (Use clindamycin<br>phosphate-benzoyl peroxide) ..... 59                        | acetaminophen CHEW ..... 8  |
| ABC COMPLETE ADULT TABS . 149  | acarbose ..... 24  | acetaminophen LIQD 160 MG/5ML .8  |
| ABC COMPLETE MENS TABS .. 149  | ACCOLATE (Use zafirlukast) ..... 14  | acetaminophen SOLN PO 160<br>MG/5ML, 325 MG/10.15ML, 650<br>MG/20.3ML ..... 8         |
| ABC COMPLETE SENIOR 50+<br>TABs ..... 149  | ACCU-CHEK AVIVA PLUS STRP .72  | acetaminophen SUPP 120 MG, 650<br>MG ..... 8  |
| ABC COMPLETE SENIOR MENS<br>50+ TABS ..... 149   | ACCU-CHEK AVIVA SOLN ..... 101   | acetaminophen SUSP 160 MG/5ML,<br>325 MG/10.15ML, 650 MG/20.3ML .8                    |
| ABC COMPLETE SENIOR<br>WOMENS 50+ TABS ..... 149   | ACCU-CHEK FASTCLIX LANCET<br>KIT ..... 101   | acetaminophen TABS 325 MG, 500<br>MG ..... 8  |
| ABC COMPLETE WOMENS TABS<br>149  | ACCU-CHEK FASTCLIX LANCETS .<br>101  | acetaminophen w/ codeine SOLN .10   |
| ABILIFY ASIMTUFII PRSY ..... 47  | ACCU-CHEK GUIDE CONTROL<br>LIQD ..... 101  | acetaminophen w/ codeine TABS 15<br>MG-300 MG, 30 MG-300 MG, 60<br>MG-300 MG ..... 10 |
| ABILIFY MAINTENA PRSY ..... 47   | ACCU-CHEK GUIDE KIT ..... 101  | acetazolamide CP12 ..... 83   |
| ABILIFY MAINTENA SRER ..... 47   | ACCU-CHEK GUIDE ME KIT .... 101  | acetazolamide TABS ..... 83   |
| ABILIFY MYCITE MAINTENANCE<br>KIT ..... 47   | ACCU-CHEK GUIDE TEST STRP 72   | acetic acid (otic) ..... 199  |
| ABILIFY MYCITE STARTER KIT 2<br>MG, 10 MG, 15 MG, 20 MG, 30 MG<br>47   | ACCU-CHEK SAFE-T PRO<br>LANCETS ..... 101  | acetylcysteine SOLN ..... 59  |
| ABILIFY TABS (Use aripiprazole) . 47   | ACCU-CHEK SMARTVIEW<br>CONTROL LIQD ..... 101  | ACIPHEX TBEC (Use rabeprazole<br>sodium) ..... 207                                    |
| abiraterone acetate ..... 39   | ACCU-CHEK SMARTVIEW STRP 72  | ACTEMRA ACTPEN SOAJ ..... 6   |
| ABRILADA (1 PEN) AJKT ..... 4  | ACCU-CHEK SOFTCLIX LANCET<br>DEV KIT ..... 101   | ACTEMRA SOLN ..... 6  |
| ABRILADA (2 PEN) AJKT ..... 4  | ACCU-CHEK SOFTCLIX LANCETS<br>101  | ACTEMRA SOSY ..... 6  |
|  | ACCUPRIL (Use quinapril hcl) .... 34   | ACTHIB SOLR IM ..... 208  |
|  | ACCURETIC 12.5 MG-10 MG, 12.5<br>MG-20 MG (Use quinapril-<br>hydrochlorothiazide) ..... 35 | ACTICAL CAPS ..... 149  |
|  | ACCUTREND GLUCOSE CONTROL  | ACTI-LANCE 28G ..... 101  |
|  |  | ACTI-LANCE LITE LANCETS 28G<br>101  |

|   |     |   |    |  |           |
|---|-----|---|----|--|-----------|
| ACTI-LANCE SPECIAL LANCETS<br>17G .....   | 101 | PSKT .....  | 4  | ADBRY SOSY .....   | 67        |
| ACTI-LANCE UNIVERSAL 23G .....  | 102 | ADALIMUMAB-AACF(CD/UC/HS<br>STRT) AJKT .....                    | 4  | ADCIRCA TABS (Use tadalafil<br>(pulmonary hypertension)) ..... | 54        |
| ACTIQ LPOP 400 MCG (Use<br>fentanyl citrate) .....                              | 9   | ADALIMUMAB-AACF(PS/UV<br>STARTER) AJKT .....                    | 4  | ADDERALL TABS (Use<br>amphetamine-dextroamphetamine) ..        | 1         |
| ACTIVELLA TABS 1 MG-0.5 MG<br>(Use estradiol & norethindrone<br>acetate) .....  | 86  | ADALIMUMAB-AATY (1 PEN) AJKT ..                                 | 4  | ADDERALL XR CP24 (Use<br>amphetamine-dextroamphetamine) ..     | 1         |
| ACTIVNUTRIENTS CAPS .....   | 149 | ADALIMUMAB-AATY (2 PEN) AJKT ..                                 | 4  | adefovir dipivoxil .....                                       | 50        |
| ACTIVNUTRIENTS<br>PERFORMANCE CAPS .....  | 149 | ADALIMUMAB-AATY (2 SYRINGE)<br>PSKT .....                       | 4  | ADEMPAS .....  | 54        |
| ACTIVNUTRIENTS W/O IRON<br>CAPS .....   | 149 | ADALIMUMAB-AATY CD/UC/HS<br>START AJKT 80 MG/0.8ML .....        | 4  | ADHESIVE/LARGE/3"X4" PADS ..                                   | 97        |
| ACTONEL TABS 35 MG, 150 MG<br>(Use risedronate sodium) .....                    | 83  | ADALIMUMAB-ADAZ SOAJ .....                                      | 5  | ADHESIVE/MEDIUM/2"X3" PADS                                     | 97        |
| ACTOPLUS MET TABS 850 MG-15<br>MG (Use pioglitazone hcl-metformin<br>hcl) ..... | 24  | ADALIMUMAB-ADAZ SOSY .....                                      | 5  | ADMELOG SOLN IJ .....  | 27        |
| ACTOS (Use pioglitazone hcl) ....   | 28  | ADALIMUMAB-ADBM (2 PEN) AJKT                                    | 5  | ADMELOG SOLOSTAR SOPN ...                                      | 27        |
| ACULAR (Use ketorolac<br>tromethamine (ophth)) .....                            | 198 | ADALIMUMAB-ADBM (2 SYRINGE)<br>PSKT 40 MG/0.4ML, 40 MG/0.8ML .. | 5  | ADRENALIN 0.1 % .....  | 191       |
| ACULAR LS (Use ketorolac<br>tromethamine (ophth)) .....                         | 198 | ADALIMUMAB-ADBM (2 SYRINGE)<br>PSKT .....                       | 5  | ADTHYZA TABS 15 MG, 30 MG, 60<br>MG, 90 MG, 120 MG .....       | 206       |
| ACUVAIL .....   | 198 | ADALIMUMAB-FKJP (2 PEN) AJKT ..                                 | 5  | ADUHELM 170 MG/1.7ML .....                                     | 201       |
| acyclovir CAPS .....  | 50  | ADALIMUMAB-FKJP (2 SYRINGE)<br>PSKT .....                       | 5  | ADULT MASK DEVI .....  | 135       |
| acyclovir SUSP .....  | 50  | ADALIMUMAB-FKJP (2 SYRINGE)<br>PSKT .....                       | 5  | ADVAIR DISKUS AEPB (Use<br>fluticasone-salmeterol) .....       | 15        |
| acyclovir TABS PO .....   | 50  | ADALIMUMAB-RYVK (1 PEN) AJKT                                    | 5  | ADVAIR HFA AERO (Use<br>fluticasone-salmeterol) .....          | 15        |
| acyclovir topical CREA .....  | 64  | ADALIMUMAB-RYVK (2 PEN) AJKT ..                                 | 5  | ADVANCED EYE HEALTH CAPS                                       | 149       |
| acyclovir topical OINT .....  | 64  | ADALIMUMAB-RYVK (2 SYRINGE)<br>PSKT .....                       | 5  | ADVANCED MOBILE LANCET ..                                      | 102       |
| ACZONE (Use dapson (topical))   | 59  | ADALIMUMAB-RYVK (2 SYRINGE)<br>PSKT .....                       | 5  | ADVANTAGE SAFETY LANCETS                                       | 28G ..... |
| ADACEL SUSP .....   | 206 | adapalene CREA .....  | 59 | ADVATE .....   | 90        |
| ADALIMUMAB-AACF (2 PEN) AJKT ..   | 4   | adapalene GEL .....   | 59 | ADVOCATE INSULIN SYRINGE                                       | 133       |
| ADALIMUMAB-AACF (2 SYRINGE)   |     | adapalene-benzoyl peroxide GEL ..                               | 59 | ADVOCATE LANCETS .....   | 102       |
|   |     | ADBRY SOAJ .....  | 67 | ADVOCATE LANCING DEVICE<br>MISC .....                          | 102       |

|   |  |  |
|---|--|--|
| ADVOCATE REDI-CODE STRP .. 72   | MEDIUM MISC ..... 136  | AGAMATRIX AMP TEST STRP ...72  |
| ADVOCATE REDI-CODE+<br>CONTROL SOLN .....102  | AEROCHAMBER PLUS FLO-VU<br>SMALL DEVI .....136                                       | AGAMATRIX CONTROL<br>NORMAL/HIGH SOLN ..... 102                        |
| ADVOCATE REDI-CODE+ DEVI 102  | AEROCHAMBER PLUS FLO-VU<br>SMALL MISC ..... 136                                      | AGAMATRIX CONTROL SOLN ..102   |
| ADVOCATE REDI-CODE+ TEST<br>STRP .....72  | AEROCHAMBER PLUS FLOW VU<br>MISC .....136  | AGAMATRIX JAZZ TEST STRP .. 72   |
| ADVOCATE SAFETY LANCETS<br>21G .....102   | AEROCHAMBER W/FLOWSIGNAL<br>MISC .....136  | AGAMATRIX JAZZ WIRELESS 2 KIT<br>.....102                              |
| ADVOCATE SAFETY LANCETS<br>23G .....102   | AEROCHAMBER Z-STAT PLUS<br>CHAMBR MISC .....136                                      | AGAMATRIX PRESTO KIT ..... 102   |
| ADVOCATE SAFETY LANCETS<br>26G .....102   | AEROCHAMBER Z-STAT PLUS<br>MISC .....136   | AGAMATRIX PRESTO TEST STRP .<br>73                                     |
| ADVOCATE SAFETY LANCETS<br>28G .....102   | AEROCHAMBER Z-STAT<br>PLUS/LARGE MISC .....136                                       | AGAMATRIX ULTRA-THIN<br>LANCETS ..... 102                              |
| ADYNOVATE .....90   | AEROCHAMBER Z-STAT<br>PLUS/MEDIUM MISC ..... 136                                     | AGAMREE ..... 57   |
| ADZENYS XR-ODT TBED 3.1 MG,<br>6.3 MG, 9.4 MG, 12.5 MG, 15.7 MG,<br>18.8 MG (Use amphetamine) ..... 1 | AEROCHAMBER Z-STAT<br>PLUS/SMALL MISC ..... 136                                      | AGONEAZE KIT 2.5 %-2.5 % (Use<br>lidocaine-prilocaine) ..... 68        |
| AEROBIKA DEVI ..... 136   | AEROCHAMBER2GO ANTI-STATIC<br>DEVI ..... 136   | AGRYLIN 0.5 MG (Use anagrelide<br>hcl) ..... 91                        |
| AEROCHAMBER HOLDING<br>CHAMBER DEVI ..... 136   | AEROVENT PLUS DEVI ..... 137   | AIMOVIG .....140   |
| AEROCHAMBER MINI CHAMBER<br>DEVI ..... 136  | AFINITOR DISPERZ TBSO (Use<br>everolimus) .....41                                    | AIMSCO LUBRICATED MISC .....99   |
| AEROCHAMBER MV MISC .....136  | AFINITOR TABS (Use everolimus)<br>41   | AIRDUO RESPICLICK 113/14 AEPB<br>(Use fluticasone-salmeterol) ..... 15 |
| AEROCHAMBER PLS FLOVU<br>MTHPIECE DEVI ..... 136  | AFLORA TABS ..... 149  | AIRDUO RESPICLICK 232/14 AEPB<br>(Use fluticasone-salmeterol) ..... 15 |
| AEROCHAMBER PLUS FLO-VU<br>INTERM DEVI ..... 136  | AFLURIA PRESERVATIVE FREE<br>SUSY ..... 209  | AIRDUO RESPICLICK 55/14 AEPB<br>(Use fluticasone-salmeterol) ..... 15  |
| AEROCHAMBER PLUS FLO-VU<br>LARGE DEVI ..... 136   | AFLURIA SUSP ..... 209   | AIRSUPRA ..... 15  |
| AEROCHAMBER PLUS FLO-VU<br>LARGE MISC ..... 136   | AFREZZA POWD 4 UNIT, 8 UNIT,<br>12 UNIT .....27                                      | AJOVY SOAJ .....140  |
| AEROCHAMBER PLUS FLO-VU<br>MEDIUM DEVI .....136   | AFSTYLA 250 UNIT, 500 UNIT, 1000<br>UNIT, 1500 UNIT, 2000 UNIT, 2500<br>UNIT .....90 | AJOVY SOSY .....140  |
| AEROCHAMBER PLUS FLO-VU   |  | AKEEGA .....39   |
|   |  | AKLIEF .....59   |
|   |  | AKYNZEO .....30  |
|   |  | albuterol sulfate AERS .....16   |
|   |  | albuterol sulfate NEBU .....16   |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| albuterol sulfate SYRP .....                         | 16  | ALIVE MENS COMPLETE MULTI<br>TABS .....              | 149 | alogliptin-metformin hcl .....   | 24  |
| albuterol sulfate TABS .....                         | 16  | ALIVE MENS ULTRA TABS .....                          | 150 | alogliptin-pioglitazone 15 MG-25 MG,<br>30 MG-12.5 MG, 30 MG-25 MG, 45<br>MG-25 MG ..... | 24  |
| alclometasone dipropionate CREA                      | 65  | ALIVE MULTI-VITAMIN LIQD ....                        | 150 | ALORA PTTW 0.025 MG/24HR,<br>0.075 MG/24HR, 0.1 MG/24HR ...                              | 86  |
| alclometasone dipropionate OINT                      | .65 | ALIVE ONCE DAILY WOMENS<br>TABS .....                | 150 | alosetron hcl .....  | 88  |
| ALCON TEARS SOLN .....                               | 194 | ALIVE ULTRA POTENCY ADULT<br>TABS .....              | 150 | ALPHA BETIC TABS .....   | 150 |
| ALDACTONE TABS (Use<br>spironolactone) .....         | 83  | ALIVE ULTRA POTENCY WOMENS<br>50+ TABS .....         | 150 | ALPHAGAN P (Use brimonidine<br>tartrate) .....   | 196 |
| ALECENSA .....                                       | 41  | ALIVE WOMENS 50+ COMPLETE<br>MV TABS .....           | 150 | ALPHANATE SOLR .....   | 90  |
| alendronate sodium SOLN .....                        | 83  | ALIVE WOMENS ENERGY TABS<br>150                      |     | ALPHANINE SD 500 UNIT, 1000<br>UNIT, 1500 UNIT .....                                     | 90  |
| alendronate sodium TABS 10 MG, 35<br>MG, 70 MG ..... | 83  | ALL FLOW 1000 PFT FILTER DEVI .                      | 137 | alprazolam TABS .....  | 13  |
| ALEVE CAPS (Use naproxen<br>sodium) .....            | 6   | ALL FLOW 2000 PFT FILTER DEVI .                      | 137 | ALPROLIX .....   | 90  |
| ALEVE TABS (Use naproxen<br>sodium) .....            | 6   | ALL FLOW 3000 PFT FILTER DEVI .                      | 137 | ALREX SUSP (Use loteprednol<br>etabonate) .....  | 197 |
| alfuzosin hcl .....                                  | 89  | ALL FLOW 4000 PFT FILTER DEVI .                      | 137 | ALTACAIN 0.5 % (Use tetracaine<br>hcl (ophth)) .....                                     | 197 |
| ALHEMO .....   | 90  | ALL FLOW 5000 PFT FILTER DEVI .                      | 137 | ALTACE CAPS 1.25 MG, 5 MG (Use<br>ramipril) .....  | 34  |
| aliskiren fumarate .....                             | 36  | ALL FLOW 6000 PFT FILTER DEVI .                      | 137 | ALTACE CAPS 10 MG (Use ramipril)<br>.....  | 34  |
| ALIVE CALCIUM BONE SUPPORT<br>TABS .....             | 149 | ALL FLOW 7000 PFT FILTER DEVI .                      | 137 | ALTAFRIN SOLN 10 % (Use<br>phenylephrine hcl (mydriatic)) ....                           | 195 |
| ALIVE DAILY ENERGY TABS ...                          | 149 | ALLEGRA ALLERGY TABS (Use<br>fexofenadine hcl) ..... | 31  | ALTAFRIN SOLN 2.5 % (Use<br>phenylephrine hcl (mydriatic)) ....                          | 195 |
| ALIVE DIABETIC MULTIVITAMIN<br>TABS .....            | 149 | allopurinol 100 MG, 300 MG .....                     | 90  | ALTOPREV TB24 20 MG, 40 MG, 60<br>MG .....   | 33  |
| ALIVE ENERGY 50+ TABS .....                          | 149 | allopurinol 200 MG .....                             | 90  | ALTRIXA TABS .....   | 184 |
| ALIVE EVERYDAY IMMUNE<br>HEALTH CAPS .....           | 149 | almotriptan malate .....                             | 140 | ALTUVIIIIO 250 UNIT, 500 UNIT,<br>1000 UNIT, 2000 UNIT, 3000 UNIT,<br>4000 UNIT .....    | 90  |
| ALIVE GARDEN GOODNESS TABS                           | 149 | ALOCRIAL .....                                       | 198 | alum & mag hydrox-simethicone<br>CHEW .....  | 12  |
| ALIVE HAIR, SKIN & NAILS CAPS                        | 149 | alogliptin benzoate .....                            | 25  |  |     |
| ALIVE MAX 6 POTENCY CAPS .                           | 149 |  |     |  |     |
| ALIVE MENS 50+ TABS .....                            | 149 |  |     |  |     |
| ALIVE MENS 50+ ULTRA TABS                            | 149 |  |     |  |     |

|   |   |   |
|---|---|---|
| alum & mag hydrox-simethicone<br>LIQD 400 MG/5ML-40 MG/5ML-400<br>MG/5ML .....12  | amiodarone hcl TABS 200 MG .... 14  | 57 MG/5ML-400 MG/5ML ..... 201  |
| alum & mag hydrox-simethicone<br>LIQD .....12   | AMITIZA (Use lubiprostone) ..... 87   | amoxicillin & pot clavulanate SUSR<br>62.5 MG/5ML-250 MG/5ML ..... 201                  |
| alum & mag hydrox-simethicone<br>SUSP 2400 MG/30ML-240<br>MG/30ML-2400 MG/30ML, 400<br>MG/5ML-40 MG/5ML-400 MG/5ML,<br>400 MG/5ML-400 MG/5ML-40<br>MG/5ML, 800 MG/10ML-80<br>MG/10ML-800 MG/10ML ..... 12 | AMJEVITA SOAJ 40 MG/0.4ML .... 5  | amoxicillin & pot clavulanate TABS<br>125 MG-250 MG .....201                            |
| ALUMINUM HYDROXIDE GEL<br>SUSP .....12  | AMJEVITA SOAJ .....5  | amoxicillin & pot clavulanate TABS<br>125 MG-500 MG, 125 MG-875 MG<br>201               |
| ALUNBRIG TABS .....41   | AMJEVITA SOSY ..... 5   | amoxicillin & pot clavulanate TB12<br>201   |
| ALUNBRIG TBPK .....41   | AMJEVITA-PED 10KG TO <15KG<br>SOSY .....5   | amoxicillin CAPS ..... 200  |
| ALVESCO ..... 15  | AMJEVITA-PED 15KG TO <30KG<br>SOSY .....5   | amoxicillin CHEW 125 MG, 250 MG .<br>200  |
| ALYFTREK .....205   | AMLADEX TABS ..... 184  | amoxicillin SUSR ..... 200  |
| ALYGLO ..... 200  | amlodipine besylate TABS .....52  | amoxicillin TABS 875 MG ..... 200   |
| amantadine hcl CAPS ..... 44  | amlodipine besylate-atorvastatin<br>calcium ..... 53  | amoxicillin-clarithromycin w/<br>lansoprazole THPK .....208                             |
| amantadine hcl SOLN ..... 44  | amlodipine besylate-benazepril hcl<br>35  | amphetamine sulfate TABS ..... 1  |
| amantadine hcl TABS .....44   | amlodipine besylate-olmesartan<br>medoxomil .....35   | amphetamine TBED 3.1 MG, 6.3 MG,<br>9.4 MG, 12.5 MG, 15.7 MG, 18.8 MG<br>..... 1        |
| AMBIEN CR TBCR (Use zolpidem<br>tartrate) .....95   | amlodipine besylate-valsartan .... 35   | amphetamine-dextroamphetamine<br>CP24 12.5 MG, 25 MG, 37.5 MG, 50<br>MG .....1          |
| AMBIEN CR TBCR 6.25 MG (Use<br>zolpidem tartrate) ..... 95  | amlodipine-valsartan-<br>hydrochlorothiazide ..... 35   | amphetamine-dextroamphetamine<br>CP24 5 MG, 10 MG, 15 MG, 20 MG,<br>25 MG, 30 MG .....1 |
| AMBIEN TABS (Use zolpidem<br>tartrate) .....95  | AMONDYS 45 .....191   | amphetamine-dextroamphetamine<br>TABS ..... 1   |
| ambrisentan .....53   | AMORYN MOOD BOOSTER CAPS<br>10 MG-25 MG-20 MG-300 MCG-400<br>UNIT-15 MG-70 MCG-30 MCG-90<br>MG-18 MG .....150 | ampicillin CAPS 500 MG ..... 200  |
| AMD FOAM DRESSING PADS ... 98   | amoxapine .....23   | AMPYRA (Use dalfampridine) ...202   |
| AMD FOAM DRESSING TOPSHEET<br>PADS .....98  | amoxicillin & pot clavulanate CHEW .<br>201   | AMRIX CP24 (Use cyclobenzaprine<br>hcl) ..... 190                                       |
| amiloride & hydrochlorothiazide ..83  | amoxicillin & pot clavulanate SUSR<br>28.5 MG/5ML-200 MG/5ML ..... 201  | AMVUTTRA .....204   |
| amiloride hcl TABS .....83  | amoxicillin & pot clavulanate SUSR<br>42.9 MG/5ML-600 MG/5ML ..... 201  | AMYTAL SODIUM ..... 95  |
| aminocaproic acid TABS 500 MG . 94  | amoxicillin & pot clavulanate SUSR  |   |

|  |  |  |
|--|--|--|
| ANAFRANIL (Use clomipramine hcl)<br>23   | APETIBEX CAPS .....150   | ARANESP (ALBUMIN FREE) SOLN<br>60 MCG/ML .....92   |
| anagrelide hcl ..... 91  | APEXICON E CREA ..... 65   | ARANESP (ALBUMIN FREE) SOSY<br>10 MCG/0.4ML .....93  |
| ANAPROX DS TABS (Use naproxen<br>sodium) .....6  | APIDRA SOLN .....27  | ARANESP (ALBUMIN FREE) SOSY<br>150 MCG/0.3ML, 200 MCG/0.4ML,<br>300 MCG/0.6ML, 500 MCG/ML ... 92 |
| ANASPAZ TBDP (Use hyoscyamine<br>sulfate) .....206   | APIDRA SOLOSTAR SOPN .....27   | ARANESP (ALBUMIN FREE) SOSY<br>25 MCG/0.42ML ..... 92  |
| anastrozole .....39  | APOKYN SOCT .....44  | ARANESP (ALBUMIN FREE) SOSY<br>40 MCG/0.4ML .....93  |
| ANDEMBRY SOAJ SC 200<br>MG/1.2ML .....91   | apomorphine hydrochloride SOCT 44  | ARANESP (ALBUMIN FREE) SOSY<br>60 MCG/0.3ML, 100 MCG/0.5ML . 93                                  |
| ANDROGEL PUMP GEL TD (Use<br>testosterone) ..... 11  | APONVIE EMUL .....30   | ARB LI PO 10 MG/ML .....34   |
| ANNOVERA .....56   | APPE-CURB CAPS ..... 150   | ARCALYST .....6  |
| ANORO ELLIPTA 25 MCG/ACT-62.5<br>MCG/ACT (Use umeclidinium-<br>vilanterol) .....16                       | apraclonidine hcl .....196   | AREXVY ..... 209   |
| ANTIOXIDANT A/C/E/SELENIUM<br>TABS 200 MG-200 UNIT-25 MCG-<br>10000 UNIT .....150                        | aprepitant CAPS 125 MG .....30   | arformoterol tartrate ..... 16   |
| ANTIOXIDANT FORMULA TABS<br>150  | aprepitant CAPS 40 MG, 80 MG ...30   | ARGININE TABS ..... 194  |
| ANTIOXIDANT<br>FORMULA/MINERALS CAPS 250<br>MG-7.5 MG-1 MG-10000 UNIT-200<br>UNIT-1.5 MG-15 MCG .....150 | aprepitant CPPK PO .....30   | ARGYLE STERILE SALINE 0.9 %<br>(Use sodium chloride (gu irrigant)) 89                            |
| ANTI-OXIDANT TABS 250 MG-200<br>UNIT-10000 UNIT ..... 184  | APRETUDE ..... 48  | ARICEPT TABS (Use donepezil<br>hydrochloride) ..... 201  |
| ANTIOXIDANT VITAMINS TABS 60<br>MG-30 UNIT-2 MG-40 MG-40 MCG-<br>5000 UNIT ..... 150                     | APRISO CP24 (Use mesalamine) .87   | ARIKAYCE .....3  |
| ANTIVERT CHEW (Use meclizine<br>hcl) ..... 30  | APTENSIO XR CP24 (Use<br>methylphenidate hcl) ..... 2                            | ARIMIDEX (Use anastrozole) .....39   |
| ANTIVERT TABS 50 MG (Use<br>meclizine hcl) .....30   | APTOM 200 MG, 400 MG, 600 MG,<br>800 MG (Use eslicarbazepine<br>acetate) .....18 | aripiprazole SOLN PO .....47   |
| ANUSOL-HC EX (Use<br>hydrocortisone (rectal)) ..... 12   | APTIVUS CAPS ..... 48  | aripiprazole TABS .....47  |
| ANZUPGO CREA EX 20 MG/GM . 67  | AQ INSULIN SYRINGE .....133  | aripiprazole TBDP .....47  |
| Index 7  | AQNEURSA .....204  | ARISTADA 441 MG/1.6ML, 662<br>MG/2.4ML .....47   |
|  | AQUALANCE LANCETS 30G ...103   | ARISTADA 882 MG/3.2ML, 1064<br>MG/3.9ML .....47  |
|  | AQUORAL SOLN .....145  | ARISTADA INITIO .....47  |
|  | ARANESP (ALBUMIN FREE) SOLN<br>100 MCG/ML .....92                                | ARIXTRA (Use fondaparinux<br>sodium) .....17   |
|  | ARANESP (ALBUMIN FREE) SOLN<br>200 MCG/ML .....92                                |  |
|  | ARANESP (ALBUMIN FREE) SOLN<br>25 MCG/ML .....92                                 |  |
|  | ARANESP (ALBUMIN FREE) SOLN<br>40 MCG/ML .....92                                 |  |

|   |     |   |     |   |     |
|---|-----|---|-----|---|-----|
| armodafinil .....   | 2   | aspirin-dipyridamole .....  | 91  | atazanavir sulfate CAPS .....   | 48  |
| ARMOUR THYROID TABS .....   | 206 | ASSURE 4 CONTROL LEVEL 1 & 2 LIQD .....                           | 103 | ATELVIA TBEC (Use risedronate sodium) .....                             | 83  |
| ARNUITY ELLIPTA 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT (Use fluticasone furoate (inhalation)) ..... | 15  | ASSURE 4 TEST STRP .....  | 73  | atenolol & chlorthalidone .....   | 35  |
| AROMASIN (Use exemestane) ...   | 39  | ASSURE COMFORT LANCETS 28G .....                                  | 103 | atenolol TABS .....   | 51  |
| ARTHROTEC TBEC (Use diclofenac w/ misoprostol) .....  | 6   | ASSURE DOSE CONTROL SOLN 103 .....                                | 103 | ATIVAN SOLN (Use lorazepam) ...   | 13  |
| artificial saliva SOLN .....  | 145 | ASSURE DOSE NORM/HIGH CONTROL SOLN .....                          | 103 | ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam) .....                          | 13  |
| artificial tear solution .....  | 194 | ASSURE LANCE LANCETS .....  | 103 | ATIVAN TABS 1 MG (Use lorazepam) .....                                  | 13  |
| ARYNTA SOLN PO 10 MG/ML .....   | 1   | ASSURE LANCE LANCETS 21G 103 .....                                | 103 | ATMEKSI SUSP PO 750 MG/5ML 190 .....                                    |     |
| ASCENIV .....   | 200 | ASSURE LANCE PLUS SAFETY 25G .....                                | 103 | atomoxetine hcl .....   | 2   |
| ascorbic acid CHEW 500 MG .....   | 211 | ASSURE LANCE PLUS SAFETY 30G .....                                | 103 | ATONCY PO 4 MG/ML .....   | 2   |
| ascorbic acid POWD PO 500 MG/GM .....   | 211 | ASSURE LANCE SAFETY LANCET 28G .....                              | 103 | ATORVALIQ SUSP .....  | 33  |
| ASCORBIC ACID POWD PO .....   | 211 | ASSURE PLATINUM METER DEVI 103 .....                              | 103 | atorvastatin calcium TABS .....   | 33  |
| ascorbic acid TABS .....  | 211 | ASSURE PLATINUM STRP .....  | 73  | ATRALIN GEL (Use tretinoin) .....                                       | 59  |
| asenapine maleate .....   | 46  | ASSURE PRISM CONTROL LEVEL 1&2 SOLN .....                         | 103 | atropine sulfate (ophthalmic) OINT 195 .....                            |     |
| ASMANEX (120 METERED DOSES) AEPB .....  | 15  | ASSURE PRISM MULTI METER DEVI .....                               | 103 | atropine sulfate (ophthalmic) SOLN 195 .....                            |     |
| ASMANEX (14 METERED DOSES) AEPB .....   | 15  | ASSURE PRISM MULTI TEST STRP .....                                | 73  | ATROPINE SULFATE SOLN 1 % (Use atropine sulfate (ophthalmic)) 196 ..... |     |
| ASMANEX (30 METERED DOSES) AEPB .....   | 15  | ASSURE TITANIUM BLOOD GLUCOSE DEVI .....                          | 103 | ATROPINE SULFATE SOLN 1 % 195 .....                                     |     |
| ASMANEX (60 METERED DOSES) AEPB .....   | 15  | ASSURE TITANIUM STRP .....  | 73  | ATROVENT HFA 17 MCG/ACT (Use ipratropium bromide hfa) .....             | 14  |
| ASMANEX HFA AERO .....  | 15  | ATACAND (Use candesartan cilexetil) .....                         | 34  | AUBAGIO (Use teriflunomide) ...   | 202 |
| aspirin buffered (cal carb-mag carb-mag oxide) .....  | 8   | ATACAND HCT (Use candesartan cilexetil-hydrochlorothiazide) ..... | 35  | AUGMENTIN ES-600 SUSR (Use amoxicillin & pot clavulanate) .....         | 201 |
| aspirin CHEW .....  | 8   |   |     | AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML .....                            | 201 |
| ASPIRIN SUPP 300 MG .....   | 8   |   |     | AUGMENTIN TABS 125 MG-500 MG .....                                      |     |
| aspirin TABS 325 MG .....   | 8   |   |     |   |     |
| aspirin TBEC 81 MG, 325 MG .....  | 9   |   |     |   |     |

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| (Use amoxicillin & pot clavulanate)<br>201  | AVERI TABS PO .....55  | AZOPT (Use brinzolamide) ..... 198                                 |
| AUGTYRO ..... 41  | AVMAPKI FAKZYNJA CO-PACK<br>THPK PO ..... 41                   | AZOR (Use amlodipine besylate-<br>olmesartan medoxomil) .....35    |
| AUKELSO SOLN SC 120 MG/1.7ML<br>83  | AVODART (Use dutasteride) ..... 89                             | AZSTARYS ..... 2   |
| AURYXIA 210 MG (Use ferric citrate)<br>.....89                                    | AVONEX PEN AJKT ..... 203                                      | AZULFIDINE EN-TABS TBEC (Use<br>sulfasalazine) ..... 87            |
| AUSTEDO TABS ..... 202  | AVONEX PREFILLED PSKT .....203                                 | AZULFIDINE TABS (Use<br>sulfasalazine) ..... 87                    |
| AUSTEDO XR PATIENT TITRATION<br>TEPK ..... 202                                    | AVOWISE TABS .....184  | bacitracin (topical) OINT ..... 61                                 |
| AUSTEDO XR TB24 ..... 202   | AVSOLA ..... 87  | bacitracin zinc OINT ..... 61                                      |
| AUTO-LANCET MINI MISC ..... 103   | AVTOZMA SOAJ SC 162 MG/0.9ML<br>6                              | bacitracin-polymyxin b (ophth) ...196                              |
| AUTOLET LANCING DEVICE MISC .<br>103  | AVTOZMA SOLN IV 80 MG/4ML,<br>200 MG/10ML, 400 MG/20ML ..... 6 | bacitracin-polymyxin b OINT ..... 61                               |
| AUTOLET LITE LANCING DEVICE<br>MISC .....103                                      | AVTOZMA SOSY SC 162 MG/0.9ML<br>..... 6                        | bacitracin-poly-neomycin-hc .....197                               |
| AUVELITY .....21  | AYVAKIT ..... 41   | BACLOFEN REFILL KIT-<br>SYNCHROMED KIT IT 40 MG/20ML<br>190        |
| AUVELITY TITRATION PACK PO 21   | AZASITE ..... 196  | baclofen SOLN PO 5 MG/5ML, 10<br>MG/5ML .....190                   |
| AUVI-Q SOAJ ..... 211   | azathioprine TABS 50 MG .....143                               | baclofen SUSP ..... 190  |
| AVALIDE (Use irbesartan-<br>hydrochlorothiazide) ..... 35                         | azathioprine TABS 75 MG, 100 MG<br>143                         | baclofen TABS .....190   |
| AVAPRO 150 MG, 300 MG (Use<br>irbesartan) .....34                                 | azelastine hcl (ophth) ..... 198                               | BACMIN TABS ..... 150  |
| AVAR CLEANSER LIQD 10 %-5 %<br>(Use sulfacetamide sodium w/ sulfur)<br>59         | azelastine hcl 0.1 %, 0.15 %, 137<br>MCG/SPRAY ..... 191       | BACTRIM DS TABS (Use<br>sulfamethoxazole-trimethoprim) ... 36      |
| AVAR LS CLEANSER LIQD (Use<br>sulfacetamide sodium w/ sulfur) ... 59              | azelastine hcl-fluticasone propionate<br>SUSP ..... 190        | BACTRIM TABS (Use<br>sulfamethoxazole-trimethoprim) ... 36         |
| AVAR-E EMOLLIENT CREA 10 %-5<br>% (Use sulfacetamide sodium w/<br>sulfur) .....59 | AZILECT (Use rasagiline mesylate) .<br>45                      | BAFIERTAM ..... 203  |
| AVAR-E LS CREA (Use<br>sulfacetamide sodium w/ sulfur) ... 59                     | azilsartan medoxomil 40 MG, 80 MG<br>34                        | BALCOLTRA (Use levonorgestrel-<br>ethinyl estradiol-iron) ..... 55 |
| AVEENO PROTECT+HYDRATE<br>SPF60 LOTN .....71                                      | azithromycin SUSR ..... 97                                     | balsalazide disodium CAPS ..... 87                                 |
|   | azithromycin TABS ..... 97                                     | BALVERSA ..... 41  |
|   | AZO HORMONAL HEALTH CYCLE<br>CARE TABS ..... 150               | BAND-AID ALL-IN-ONE GAUZE LG<br>PADS ..... 98                      |
|   | AZO HORMONAL HEALTH HAPPY<br>CYCL TABS ..... 150               | BAND-AID GAUZE LARGE PADS 98                                       |

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| BAND-AID GAUZE MEDIUM PADS<br>98               | BD INSULIN SYR ULTRAFINE II<br>133                             | BENICAR (Use olmesartan<br>medoxomil) .....34                       |
| BAND-AID GAUZE SMALL PADS .98                  | BD INSULIN SYRINGE .....133                                    | BENICAR HCT (Use olmesartan<br>medoxomil-hydrochlorothiazide) ...35 |
| BAND-AID HURT-FREE NON-STICK<br>PADS .....98   | BD INSULIN SYRINGE HALF-UNIT .<br>133                          | BENLYSTA SOAJ ..... 144   |
| BAND-AID TRU-ABSORB GAUZE<br>PADS .....98      | BD INSULIN SYRINGE MICROFINE<br>.....134                       | BENLYSTA SOLR .....144  |
| BANZEL SUSP (Use rufinamide) ..18              | BD INSULIN SYRINGE U/F ..... 134                               | BENLYSTA SOSY .....144  |
| BANZEL TABS (Use rufinamide) ..18              | BD INSULIN SYRINGE ULTRAFINE<br>.....134                       | BENTYL SOLN IM (Use dicyclomine<br>hcl) .....206                    |
| BAQSIMI ONE PACK POWD .....25                  | BD MICROTAINER LANCETS ..104                                   | BENZAMYCIN GEL (Use benzoyl<br>peroxide-erythromycin) ..... 59      |
| BAQSIMI TWO PACK POWD .....25                  | BD PEN NEEDLE MICRO<br>ULTRAFINE .....134                      | benzonatate 100 MG ..... 58   |
| BARACLUDE TABS (Use entecavir) .<br>50         | BD PEN NEEDLE MINI ULTRAFINE<br>.....134                       | benzonatate 200 MG ..... 58   |
| BARIATRIC MULTIVITAMINS CAPS<br>150            | BD PEN NEEDLE NANO 2ND GEN .<br>134                            | benzoyl peroxide BAR ..... 59                                       |
| BARIATRIC MULTIVITAMINS TABS .<br>150          | BD PEN NEEDLE NANO<br>ULTRAFINE .....134                       | benzoyl peroxide CREA 10 % .....59                                  |
| BARIATRIC MULTIVITAMINS/IRON<br>CAPS ..... 150 | BD PEN NEEDLE ORIG ULTRAFINE<br>.....134                       | benzoyl peroxide GEL 2.5 %, 5 %, 10<br>% .....60                    |
| BASAGLAR KWIKPEN SOPN .....27                  | BD PEN NEEDLE SHORT<br>ULTRAFINE .....134                      | benzoyl peroxide LIQD 4 % .....60                                   |
| BASAGLAR TEMPO PEN SOPN ..27                   | BD SAFETYGLIDE INSULIN<br>SYRINGE ..... 134                    | benzoyl peroxide LIQD 5 %, 10 % .60                                 |
| BASIC AM TABS ..... 150                        | BD VEO INSULIN SYR ULTRAFINE<br>.....134                       | benzoyl peroxide LOTN 5 %, 10 %<br>60                               |
| BASIC PM TABS ..... 150                        | beclomethasone dipropionate 40<br>MCG/ACT, 80 MCG/ACT ..... 15 | benzoyl peroxide-erythromycin GEL .<br>60                           |
| BAXDELA SOLR .....86                           | BELBUCA FILM .....11   | benztropine mesylate SOLN ..... 44                                  |
| BAXDELA TABS .....86                           | BELSOMRA .....96   | benztropine mesylate TABS ..... 44                                  |
| BCG VACCINE .....208                           | benazepril & hydrochlorothiazide .35                           | bepotastine besilate .....198                                       |
| b-complex vitamins CAPS .....145               | benazepril hcl .....34   | BEPREVE (Use bepotastine<br>besilate) .....198                      |
| b-complex vitamins TABS ..... 145              | BENEFIX KIT ..... 90   | BEQVEZ .....90  |
| b-complex w/ c & folic acid CAPS<br>145        |  | BERINERT KIT ..... 91   |
| BD AUTOSHIELD DUO .....133                     |  | besifloxacin hcl 0.6 % .....196                                     |
| BD INS SYR ULTRAFINE 1/2UNIT<br>133            |  | BESIVANCE 0.6 % (Use besifloxacin<br>hcl) .....196                  |

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| betamethasone dipropionate (topical)<br>CREA .....             | 65  | BEYAZ (Use drospirenone-ethinyl<br>estradiol-levomefolate calcium) ...  | 55  | bismuth subsalicylate TABS .....  | 29  |
| betamethasone dipropionate (topical)<br>LOTN .....             | 65  | bicalutamide .....  | 39  | bisoprolol & hydrochlorothiazide ..   | 35  |
| betamethasone dipropionate (topical)<br>OINT .....             | 65  | BIKTARVY .....  | 48  | bisoprolol fumarate .....   | 51  |
| betamethasone dipropionate<br>augmented CREA .....             | 65  | BILDYOS SOSY SC 60 MG/ML ...  | 83  | BIVIGAM SOLN .....  | 200 |
| betamethasone dipropionate<br>augmented GEL 0.05 % .....       | 65  | BILPREVDA SOLN SC 120<br>MG/1.7ML .....   | 83  | BLOOD GLUCOSE MONITOR<br>SYSTEM KIT .....   | 104 |
| betamethasone dipropionate<br>augmented LOTN .....             | 65  | bimatoprost SOLN .....  | 199 | BLOOD GLUCOSE MONITORING<br>333 DEVI .....  | 104 |
| betamethasone dipropionate<br>augmented OINT .....             | 65  | BIMZELX SOAJ .....  | 63  | BLOOD GLUCOSE MONITORING<br>333 STRP .....  | 73  |
| betamethasone valerate CREA ...                                | 65  | BIMZELX SOSY .....  | 63  | BLOOD GLUCOSE TEST STRIPS<br>333 STRP .....   | 73  |
| betamethasone valerate FOAM ...                                | 65  | BINOSTO TBEF .....  | 83  | BLOOD GLUCOSE TEST STRP ..  | 73  |
| betamethasone valerate LOTN ....                               | 65  | BIO-35 GLUTEN-FREE CAPS ...   | 150 | BLOOD SUGAR MANAGER TABS<br>150   |     |
| betamethasone valerate OINT ....                               | 65  | BIO-35 IRON FREE CAPS .....   | 150 | BLULINK CONTROL HIGH & LOW<br>LIQD .....  | 104 |
| BETAPACE AF (Use sotalol hcl<br>(afib/afI)) .....              | 51  | BIOCAL CAPS .....   | 150 | BLULINK GLUCOSE MONITORING<br>SYS DEVI .....  | 104 |
| BETAPACE TABS 80 MG, 120 MG,<br>160 MG (Use sotalol hcl) ..... | 51  | BIOCEL TABS 500 MG-25 MG-300<br>MCG-1 MG-200 UNIT-25 MG-25<br>MG-50 MG-5000 UNIT-25 MG-33<br>MG-125 MG-100 UNIT-60 MG-10<br>MG-50 MCG ..... | 150 | BLULINK GLUCOSE TEST STRP .   | 73  |
| BETASERON KIT .....  | 203 | BIOTECT PLUS CAPS .....   | 150 | BODY/HAIR/SKIN/NAILS CAPS 20<br>MG-0.667 MG-200 MCG-133.333<br>MCG-6.667 MG-0.5 MG-2 MCG-<br>0.567 MG-166.667 MG-33.333 MG-5<br>MG-20 MG-3 MG-0.667 MG-33.333<br>MG-1.667 MG-3.333 MG-2000 UNIT-<br>133.333 MG-66.667 MG-50 MCG-<br>83.333 MG-10 UNIT ..... | 150 |
| betaxolol hcl (ophth) SOLN .....                               | 195 | BIOTEL CARE BLOOD GLUCOSE<br>KIT .....  | 104 | BOMYNTRA SOLN SC 120<br>MG/1.7ML .....  | 83  |
| betaxolol hcl .....  | 51  | BIOTEL CARE TEST STRIPS STRP<br>73  |     | BOMYNTRA SOSY SC 120<br>MG/1.7ML .....  | 84  |
| bethanechol chloride .....                                     | 208 | BIOTHRAX .....  | 208 | BONEUP 3 PER DAY CAPS .....   | 150 |
| BETHKIS NEBU (Use tobramycin) .                                | 4   | biotin CAPS 5 MG, 5000 MCG ...  | 211 | BONEUP CAPS .....   | 150 |
| BETIMOL (Use timolol) .....                                    | 195 | bisacodyl SUPP .....  | 97  | BONEUP VEGETARIAN TABS ..   | 150 |
| BETIMOL .....  | 195 | bisacodyl TBEC .....  | 97  | BONJESTA TBCR .....   | 30  |
| BETOPTIC-S SUSP .....  | 195 | bismuth subsalicylate CHEW 262 MG<br>.....  | 29  | BONSITY SOPN 560 MCG/2.24ML   |     |
| BEVESPI AEROSPHERE .....                                       | 16  | bismuth subsalicylate SUSP 262<br>MG/15ML, 525 MG/15ML, 525<br>MG/30ML, 527 MG/30ML, 1050<br>MG/30ML .....                                  | 29  |   |     |
| bexarotene .....   | 43  |   |     |   |     |
| BEXSERO 0.5 ML .....   | 208 |   |     |   |     |

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| 84   | BREATHE EASE LARGE DEVI ..137  | bromocriptine mesylate TABS 2.5<br>MG ..... 44  |
| BOOSTNOW IMMUNE SUPPORT<br>CAPS ..... 151  | BREATHE EASE MEDIUM DEVI 137   | brompheniramine & phenyleph ELIX .<br>58  |
| BOOSTRIX SUSP .....206   | BREATHE EASE SMALL DEVI ..137  | brompheniramine & pseudoeph ELIX<br>58  |
| BOOSTRIX SUSY .....206   | BREATHERITE VALVED MDI<br>CHAMBER DEVI ..... 137                                   | brompheniramine & pseudoeph LIQD<br>15 MG/5ML-1 MG/5ML ..... 58                       |
| BOSAYA SOSY SC 60 MG/ML ....84   | BREKIYA SOAJ SC 1 MG/ML ....140  | BROMSITE (Use bromfenac sodium<br>(ophth)) ..... 198                                  |
| bosentan TABS ..... 53   | BREO ELLIPTA (Use fluticasone<br>furoate-vilanterol) ..... 16                      | BROVANA (Use arformoterol<br>tartrate) .....16  |
| bosentan TBSO 32 MG ..... 53   | BREO ELLIPTA ..... 16  | BRUKINSA ..... 41   |
| BOSULIF CAPS ..... 41  | BREZTRI AEROSPHERE .....16   | BRUKINSA PO 160 MG ..... 41   |
| BOSULIF TABS 100 MG, 400 MG,<br>500 MG (Use bosutinib) ..... 41  | BRILINTA 60 MG, 90 MG (Use<br>ticagrelor) ..... 91                                 | BRYNOVIN SOLN PO 25 MG/ML .25   |
| BOTOX IJ .....193  | brimonidine tartrate ..... 196   | budesonide (inhalation) SUSP .....15  |
| B-PLEX PLUS TABS 500 MG-25<br>MG-0.15 MG-0.8 MG-50 MCG-25<br>MG-20 MG-100 MG-5000 UNIT-27<br>MG-20 MG-50 MG-22.5 MG-3 MG-5<br>MG-0.1 MG-30 UNIT ..... 151  | brimonidine tartrate-timolol maleate .<br>195                                      | budesonide (intrarectal) ..... 12   |
| BPO FOAMING CLOTHS MISC 6 % .<br>60  | BRINEURA .....85   | budesonide (nasal) .....191   |
| BPROTECTED MULTI-VITE LIQD 60<br>MG/15ML-2 MG/15ML-300<br>MCG/15ML-1.5 MG/15ML-6<br>MCG/15ML-20 MG/15ML-10<br>MG/15ML-9 MG/15ML-3 MG/15ML-<br>25 MCG/15ML-150 MCG/15ML-30<br>UNIT/15ML-25 MCG/15ML-2<br>MG/15ML-1.7 MG/15ML .....151 | brinzolamide ..... 198   | budesonide CPEP ..... 57  |
| BPROTECTED PEDIA POLY-VITE<br>SOLN PO ..... 188  | BRIUMVI .....203   | budesonide TB24 .....57   |
| BPROTECTED PEDIA POLY-<br>VITE/FE SOLN ..... 187   | brivaracetam SOLN IV 50 MG/5ML<br>18   | budesonide-formoterol fumarate<br>dihydrate .....16                                   |
| BRAFTOVI 75 MG ..... 41  | brivaracetam TABS 10 MG, 25 MG,<br>50 MG, 75 MG, 100 MG ..... 18                   | bumetanide TABS ..... 83  |
| BREATHE COMFORT<br>CHAMBER/ADULT DEVI .....137   | BRIVIACT SOLN IV 50 MG/5ML<br>(Use brivaracetam) .....18                           | BUMEX TABS 0.5 MG (Use<br>bumetanide) ..... 83  |
| BREATHE COMFORT<br>CHAMBER/CHILD DEVI ..... 137  | BRIVIACT SOLN PO 10 MG/ML (Use<br>brivaracetam) ..... 18                           | buprenorphine hcl SUBL .....11  |
|  | BRIVIACT TABS 10 MG, 25 MG, 50<br>MG, 75 MG, 100 MG (Use<br>brivaracetam) ..... 18 | buprenorphine hcl-naloxone hcl<br>dihydrate FILM SL 0.5 MG-2 MG, 2<br>MG-8 MG .....11 |
|  | BRIXADI (WEEKLY) SOSY .....11  | buprenorphine hcl-naloxone hcl<br>dihydrate FILM SL 1 MG-4 MG, 3<br>MG-12 MG ..... 11 |
|  | BRIXADI SOSY 64 MG/0.18ML, 96<br>MG/0.27ML, 128 MG/0.36ML .....11                  | buprenorphine hcl-naloxone hcl<br>dihydrate SUBL ..... 11                             |
|  | bromfenac sodium (ophth) .....198  |   |
|  | bromocriptine mesylate CAPS .....44  |   |

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|---|-----|--|-----|---|-----|
| buprenorphine PTWK .....  | 11  | BYQLOVI 0.05 % .....   | 197 | dipropionate SUSP .....   | 65  |
| bupropion hcl (smoking deterrent)<br>204  |     | BYSANTI TABS PO 1 MG, 2 MG, 4<br>MG, 6 MG, 8 MG, 10 MG, 12 MG .  | 45  | calcitonin (salmon) IJ .....  | 84  |
| bupropion hcl TABS .....  | 21  | BYSANTI TITRATION PACK A TBPK<br>PO .....  | 45  | calcitonin (salmon) NA .....  | 84  |
| bupropion hcl TB12 .....  | 21  | BYSANTI TITRATION PACK B TBPK<br>PO .....  | 45  | calcitriol (topical) .....  | 63  |
| bupropion hcl TB24 150 MG, 300 MG<br>.....  | 21  | BYSANTI TITRATION PACK C<br>TBPK PO .....  | 45  | calcitriol CAPS .....   | 85  |
| bupropion hcl TB24 300 MG, 450 MG<br>.....  | 21  | BYSTOLIC (Use nebivolol hcl) ...   | 51  | CALCIUM 600 +D HIGH POTENCY<br>TABS .....                                     | 142 |
| BURIED TREASURE ACTIVE 55<br>PLUS LIQD .....                                      | 151 | BYSTOLIC 2.5 MG, 5 MG, 10 MG<br>(Use nebivolol hcl) .....  | 51  | calcium acetate (phosphate binder)<br>CAPS .....                              | 89  |
| BURN RELIEF GEL .....   | 68  | CABENUVA 600 MG/2ML-400<br>MG/2ML .....  | 48  | calcium acetate (phosphate binder)<br>TABS .....                              | 89  |
| bupirone hcl 15 MG .....  | 13  | CABENUVA 900 MG/3ML-600<br>MG/3ML .....  | 48  | CALCIUM CARB-<br>CHOLECALCIFEROL CHEW ....                                    | 142 |
| bupirone hcl 5 MG, 10 MG .....  | 13  | CABOMETYX TABS .....   | 41  | calcium carbonate (antacid) CHEW<br>500 MG, 750 MG, 1000 MG .....             | 12  |
| bupirone hcl 7.5 MG, 30 MG .....  | 13  | 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 (Use amlodipine<br>besylate-atorvastatin calcium) ..... | 53  | CALCIUM CARBONATE CHEW .  | 142 |
| butalbital-acetaminophen TABS 50<br>MG-325 MG .....                               | 8   | CADUET 10 MG-20 MG, 10 MG-40<br>MG, 10 MG-80 MG, 5 MG-10 MG, 5<br>MG-20 MG, 5 MG-40 MG, 5 MG-80<br>MG (Use amlodipine besylate-<br>atorvastatin calcium) .....             | 53  | calcium carbonate TABS 1250 MG,<br>500 MG .....                               | 142 |
| butalbital-acetaminophen-caffeine<br>CAPS 40 MG-50 MG-325 MG .....                | 8   | caffeine citrate SOLN PO 60<br>MG/3ML .....  | 1   | calcium carbonate-cholecalciferol<br>TABS .....                               | 142 |
| butalbital-acetaminophen-caffeine<br>TABS 40 MG-50 MG-325 MG .....                | 8   | calcipotriene CREA .....   | 63  | calcium carbonate-vitamin d TABS<br>125 UNIT-250 MG, 250 MG-125<br>UNIT ..... | 142 |
| butalbital-acetaminophen-caffeine w/<br>codeine 30 MG-40 MG-50 MG-325<br>MG ..... | 10  | CALCIPOTRIENE FOAM .....   | 63  | calcium carbonate-vitamin d TABS<br>600 MG-200 UNIT .....                     | 142 |
| butalbital-aspirin-caffeine CAPS ....   | 8   | calcipotriene OINT .....   | 63  | CALCIUM CHEW .....  | 142 |
| butalbital-aspirin-caffeine w/cod ...   | 10  | calcipotriene SOLN .....   | 63  | calcium citrate TABS .....  | 142 |
| BUTRANS PTWK (Use<br>buprenorphine) .....   | 11  | calcipotriene-betamethasone<br>dipropionate OINT .....   | 65  | calcium polycarbophil TABS .....  | 96  |
| BYETTA 10 MCG PEN SOPN 10<br>MCG/0.04ML (Use exenatide) .....                     | 25  | calcipotriene-betamethasone<br>dipropionate OINT .....   | 65  | CALQUENCE .....   | 41  |
| BYETTA 5 MCG PEN SOPN 5<br>MCG/0.02ML (Use exenatide) .....                       | 26  | calcipotriene CREA .....   | 63  | CAMCEVI .....   | 39  |
| BYLVAY (PELLETS) CPSP .....   | 87  | calcipotriene-betamethasone<br>dipropionate OINT .....   | 65  | camphor & menthol LOTN .....  | 63  |
| BYLVAY CAPS .....   | 87  | calcipotriene-betamethasone  |     | camphor-menthol-methyl salicylate<br>CREA .....                               | 68  |
|   |     |  |     | camphor-menthol-methyl salicylate   |     |

|   |     |   |     |   |     |
|---|-----|---|-----|---|-----|
| GEL .....   | 68  | carbamazepine TB12 .....  | 18  | CARESENS N FELIZ DEVI .....                 | 104 |
| camphor-menthol-methyl salicylate<br>PTCH EX 3.1 %-10 %-6 % ..... | 68  | carbamide peroxide (otic) 6.5 % ..                              | 199 | CARESENS S CONTROL SOLN A/B<br>LIQD .....   | 104 |
| CANASA SUPP (Use mesalamine)<br>87                                |     | CARBATROL CP12 (Use<br>carbamazepine) .....                     | 18  | CARESENS S FIT BLOOD GLUC<br>MON DEVI ..... | 104 |
| candesartan cilexetil .....                                       | 34  | carbidopa .....   | 44  | CARESENS S FIT BT BLOOD GLUC<br>DEVI .....  | 104 |
| candesartan cilexetil-<br>hydrochlorothiazide .....               | 35  | carbidopa-levodopa CPCR .....                                   | 44  | CARESENS S GLUCOSE TEST<br>STRP .....       | 73  |
| capecitabine .....  | 38  | carbidopa-levodopa TABS .....                                   | 44  | CARETOUCH CONTROL SOL<br>LEVEL 2 LIQD ..... | 104 |
| CAPHOSOL SOLN .....   | 145 | carbidopa-levodopa TBCR .....                                   | 44  | CARETOUCH HYPODERMIC<br>NEEDLE .....        | 134 |
| CAPLYTA .....   | 45  | carbidopa-levodopa TBDP .....                                   | 44  | CARETOUCH INSULIN SYRINGE<br>134            |     |
| CAPRELSA .....  | 41  | carbidopa-levodopa-entacapone ..                                | 44  | CARETOUCH LANCING/EJECTOR<br>MISC .....     | 104 |
| capsaicin CREA 0.025 % .....                                      | 69  | carboxymethylcellulose sodium<br>(ophth) GEL .....              | 194 | CARETOUCH MONITOR SYSTEM<br>KIT .....       | 104 |
| capsaicin CREA 0.075 % .....                                      | 69  | carboxymethylcellulose sodium<br>(ophth) SOLN 0.5 % .....       | 194 | CARETOUCH SAFETY LANCETS<br>105             |     |
| capsaicin CREA 0.1 % .....  | 69  | CARDIZEM CD CP24 (Use diltiazem<br>hcl coated beads) .....      | 52  | CARETOUCH SAFETY LANCETS<br>26G .....       | 105 |
| capsaicin PTCH .....  | 69  | CARDIZEM LA TB24 (Use diltiazem<br>hcl) .....                   | 52  | CARETOUCH TEST STRP .....                   | 73  |
| captopril & hydrochlorothiazide ...                               | 35  | CARDIZEM TABS 30 MG, 60 MG,<br>120 MG (Use diltiazem hcl) ..... | 52  | CARETOUCH TWIST LANCETS<br>28G .....        | 105 |
| captopril .....   | 34  | CARDURA (Use doxazosin<br>mesylate) .....                       | 35  | CARETOUCH TWIST LANCETS<br>30G .....        | 105 |
| CAPVAXIVE .....   | 208 | CARDURA 1 MG, 8 MG (Use<br>doxazosin mesylate) .....            | 35  | CARETOUCH TWIST LANCETS<br>33G .....        | 105 |
| CAPZASIN-HP CREA (Use<br>capsaicin) .....                         | 69  | CARDURA XL .....  | 89  | CARETOUCH TWIST MC LANCETS<br>30G .....     | 105 |
| CAPZASIN-P CREA 0.035 % (Use<br>capsaicin) .....                  | 69  | CAREONE ADVANCED LANCING<br>DEV MISC .....                      | 104 | CARETOUCH TWIST LANCETS<br>30G .....        | 190 |
| CARAC CREA (Use fluorouracil<br>(topical)) .....                  | 62  | CAREONE INSULIN SYRINGE ..                                      | 134 | CARETOUCH TWIST LANCETS<br>30G .....        | 190 |
| CARAFATE SUSP (Use sucralfate)<br>207                             |     | CAREONE LANCET SUPER THIN<br>30G .....                          | 104 | CARNITOR SF SOLN PO (Use                    |     |
| CARAFATE TABS (Use sucralfate)<br>207                             |     | CARESENS CONTROL SOLUTION<br>A/B SOLN .....                     | 104 |   |     |
| carbamazepine CHEW .....  | 18  | CARESENS LANCETS 30G .....                                      | 104 |   |     |
| carbamazepine CP12 .....  | 18  | CARESENS N FELIZ BT DEVI ...                                    | 104 |   |     |
| carbamazepine SUSP .....  | 18  |   |     |   |     |
| carbamazepine TABS .....  | 18  |   |     |   |     |

|  |  |   |
|--|--|---|
| levocarnitine (metabolic modifiers))<br>85   | cefprozil SUSR .....54   | CELONTIN (Use methsuximide) ..21  |
| CARNITOR SOLN PO 1 GM/10ML<br>(Use levocarnitine (metabolic<br>modifiers)) .....85 | cefprozil TABS ..... 54  | CENTANY AT KIT ..... 61   |
| CARNITOR TABS (Use levocarnitine<br>(metabolic modifiers)) .....85                 | ceftriaxone sodium IJ 1 GM, 2 GM,<br>250 MG, 500 MG .....55      | CENTAVITE A-Z COMPLETE-<br>MINERAL TABS 90 MG-3 MG-35<br>MCG-0.4 MG-3 MG-9 MCG-10 MG-<br>3.4 MG-30 MG-5000 UNIT-400<br>UNIT-30 UNIT-1250 UNIT-27 MG-<br>100 MG-5 MG-15 MCG-7.5 MG-15<br>MCG-2 MG-15 MG-40 MG-150<br>MCG-31 MG-10 MCG-7.5 MG ... 151   |
| carteolol hcl (ophth) .....195   | cefuroxime axetil TABS .....55                                   | CENTRAVITES 50 PLUS TABS . 151  |
| carvedilol ..... 51  | CELEBRATE MULTI-COMplete 18<br>CAPS ..... 151                    | CENTRAVITES ADULTS TABS ..151   |
| carvedilol phosphate ..... 51  | CELEBRATE MULTI-COMplete 36<br>CAPS ..... 151                    |   |
| CASGEVY .....92  | CELEBRATE MULTI-COMplete 45<br>CAPS ..... 151                    |   |
| CASODEX (Use bicalutamide) ....39  | CELEBRATE MULTI-COMplete 60<br>CAPS ..... 151                    | CENTRAVITES TABS 60 MG-2 MG-<br>30 MCG-400 MCG-6 MCG-10 MG-<br>1.7 MG-20 MG-1.5 MG-400 UNIT-18<br>MG-100 MG-3.5 MG-160 MCG-5<br>MCG-80 MG-2 MG-150 MCG-65<br>MCG-2 MG-10 MCG-15 MG-162<br>MG-150 MCG-30 UNIT-109 MG-20<br>MCG-10 MCG-5000 UNIT-25 MCG-<br>72 MG .....151  |
| CATAPRES-TTS-1 PTWK (Use<br>clonidine) .....35                                     | CELEBREX 100 MG (Use celecoxib)<br>6                             |   |
| CATAPRES-TTS-2 PTWK (Use<br>clonidine) .....35                                     | CELEBREX 200 MG (Use celecoxib)<br>6                             |   |
| CATAPRES-TTS-3 PTWK (Use<br>clonidine) .....35                                     | CELEBREX 400 MG (Use celecoxib)<br>6                             |   |
| CAYA DPRH .....100   | CELEBREX 50 MG (Use celecoxib) 6                                 | CENTRUM ADULT LIQD 60<br>MG/15ML-300 MCG/15ML-1.1<br>MG/15ML-20 MG/15ML-2 MG/15ML-<br>10 MG/15ML-1.7 MG/15ML-10<br>MCG/15ML-13.5 MG/15ML-9<br>MG/15ML-2 MG/15ML-25<br>MCG/15ML-25 MCG/15ML-3<br>MG/15ML-150 MCG/15ML-390<br>MCG/15ML-6 MCG/15ML ..... 151   |
| CAYSTON .....37  | celecoxib 100 MG .....6  |   |
| cefaclor CAPS ..... 54   | celecoxib 200 MG .....6  |   |
| CEFACTOR ER TB12 ..... 54  | celecoxib 400 MG .....6  |   |
| cefadroxil CAPS .....54  | celecoxib 50 MG .....6   |   |
| cefadroxil SUSR ..... 54   | CELEXA TABS (Use citalopram<br>hydrobromide) ..... 22            | CENTRUM ADULTS TABS 60 MG-2<br>MG-30 MCG-400 MCG-25 MCG-6<br>MCG-10 MG-1.7 MG-25 MCG-20<br>MG-1050 MCG-18 MG-1.5 MG-11<br>MG-50 MG-80 MG-200 MG-150<br>MCG-45 MCG-13.5 MG-20 MG-0.5<br>MG-2.3 MG-55 MCG-35 MCG-72<br>MG, 60 MG-30 MCG-400 MCG-1.5<br>MG-20 MG-2 MG-10 MG-1.7 MG-25<br>MCG-13.5 MG-18 MG-50 MG-2.3<br>MG-45 MCG-80 MG-35 MCG-0.5<br>MG-11 MG-200 MG-150 MCG-20 |
| cefadroxil TABS .....54  | CELLCEPT CAPS (Use<br>mycophenolate mofetil) .....143            |   |
| cefdinir CAPS .....55  | CELLCEPT INTRAVENOUS (Use<br>mycophenolate mofetil hcl) .....143 |   |
| cefdinir SUSR .....55  | CELLCEPT SUSR (Use<br>mycophenolate mofetil) .....143            |   |
| cefixime CAPS .....55  | CELLCEPT TABS (Use<br>mycophenolate mofetil) .....143            |   |
| cefixime SUSR .....55  |  |   |
| cefixime TABS ..... 55   |  |   |
| cefpodoxime proxetil SUSR .....55  |  |   |
| cefpodoxime proxetil TABS .....55  |  |   |

|  |   |   |
|--|---|---|
| MG-55 MCG-1050 MCG-25 MCG-6<br>MCG-72 MG ..... 151   | MCG-4 MG-21 MCG-10 MCG-60<br>MCG-72 MG-2 MG, 120 MG-6 MG-<br>30 MCG-300 MCG-1000 UNIT-100<br>MCG-1.7 MG-60 MCG-20 MG-300<br>MCG-1050 MCG-10 MG-600 MCG-<br>1.5 MG-15 MG-75 MG-80 MG-210<br>MG-50 MCG-150 MCG-27 MG-20<br>MG-0.5 MG-4 MG-21 MCG-60 MCG-<br>72 MG ..... 152   | 60 MG-3 MG-30 MCG-400 MCG-25<br>MCG-1.7 MG-10 MCG-20 MG-250<br>MCG-3500 UNIT-10 MG-300 MCG-<br>1.5 MG-15 MG-2 MG-45 UNIT-100<br>MG-80 MG-150 MCG-200 MG-75<br>MCG-150 MCG-48 MG-5 MCG-2<br>MG-150 MCG-20 MCG-10 MCG-72<br>MG-2 MG, 60 MG-3 MG-30 MCG-<br>400 MCG-500 UNIT-25 MCG-1.7<br>MG-30 MCG-20 MG-2500 UNIT-10<br>MG-1.5 MG-11 MG-150 MCG-50<br>MG-80 MG-220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10 MCG-45<br>MCG-72 MG-2 MG ..... 153 |
| CENTRUM CARDIO TABS ..... 151  | CENTRUM SILVER 50+WOMEN<br>TABS 100 MG-5 MG-30 MCG-400<br>MCG-1000 UNIT-50 MCG-1.1 MG-50<br>MCG-14 MG-300 MCG-3500 UNIT-5<br>MG-8 MG-300 MG-1.1 MG-15 MG-<br>100 MG-80 MG-50 MCG-150 MCG-<br>35 UNIT-20 MG-0.5 MG-5 MCG-2.3<br>MG-22 MCG-10 MCG-52 MCG-72<br>MG-2 MG ..... 152  | CENTRUM SILVER ULTRA<br>WOMENS TABS ..... 152   |
| CENTRUM LIQD 60 MG/15ML-2<br>MG/15ML-300 MCG/15ML-1.5<br>MG/15ML-6 MCG/15ML-10<br>MG/15ML-1.7 MG/15ML-20<br>MG/15ML-400 UNIT/15ML-30<br>UNIT/15ML-9 MG/15ML-2.5<br>MG/15ML-25 MCG/15ML-25<br>MCG/15ML-3 MG/15ML-150<br>MCG/15ML-2500 UNIT/15ML, 60<br>MG/15ML-2 MG/15ML-300<br>MCG/15ML-30 UNIT/15ML-1.1<br>MG/15ML-400 UNIT/15ML-6<br>MCG/15ML-1300 UNIT/15ML-10<br>MG/15ML-1.7 MG/15ML-20<br>MG/15ML-9 MG/15ML-2 MG/15ML-<br>25 MCG/15ML-25 MCG/15ML-3<br>MG/15ML-150 MCG/15ML ..... 153 | CENTRUM SILVER ADULT 50+<br>TABS 60 MG-3 MG-30 MCG-400<br>MCG-500 UNIT-25 MCG-1.7 MG-30<br>MCG-20 MG-250 MCG-2500 UNIT-<br>10 MG-220 MG-300 MCG-1.5 MG-11<br>MG-50 UNIT-50 MG-150 MCG-80<br>MG-45 MCG-150 MCG-20 MG-0.5<br>MG-5 MCG-2.3 MG-55 MCG-10<br>MCG-45 MCG-72 MG-2 MG, 60 MG-<br>30 MCG-400 MCG-1.5 MG-20 MG-3<br>MG-10 MG-1.7 MG-250 MCG-300<br>MCG-25 MCG-22.5 MG-50 MG-2.3<br>MG-45 MCG-80 MG-50 MCG-0.5<br>MG-11 MG-220 MG-150 MCG-20<br>MG-19 MCG-750 MCG-30 MCG-25<br>MCG-72 MG ..... 152 | CENTRUM SILVER WOMEN 50+<br>TABS 100 MG-30 MCG-400 MCG-<br>1.1 MG-14 MG-5 MG-5 MG-1.1 MG-<br>300 MCG-25 MCG-15.8 MG-8 MG-<br>100 MG-2.3 MG-50 MCG-80 MG-52<br>MCG-0.5 MG-15 MG-300 MG-150<br>MCG-20 MG-22 MCG-1050 MCG-50<br>MCG-50 MCG-72 MG ..... 152   |
| CENTRUM MEN TABS ..... 152   | CENTRUM SILVER MEN 50+ TABS<br>120 MG-30 MCG-300 MCG-1.5 MG-<br>20 MG-6 MG-100 MCG-10 MG-1.7<br>MG-300 MCG-600 MCG-1000 UNIT-<br>27 MG-75 MG-4 MG-50 MCG-80<br>MG-60 MCG-0.5 MG-15 MG-210<br>MG-150 MCG-20 MG-21 MCG-1050<br>MCG-60 MCG-72 MG ..... 152   | CENTRUM SPECIALIST HEART<br>TABS ..... 153  |
| CENTRUM MENOPAUSE HOT<br>FLASH TABS ..... 152  | CENTRUM MINIS ADULTS 50+<br>TABS ..... 152  | CENTRUM SPECIALIST IMMUNE<br>TABS ..... 153   |
| CENTRUM MENOPAUSE<br>MIND/MOOD TABS ..... 184  | CENTRUM MINIS MEN 50+ TABS<br>152   | CENTRUM SPECIALIST VISION<br>TABS ..... 153   |
| CENTRUM MINIS ADULTS 50+<br>TABS ..... 152   | CENTRUM MINIS WOMEN 50+<br>TABS ..... 152   | CENTRUM ULTRA WOMENS TABS<br>153  |
| CENTRUM MINIS MEN 50+ TABS<br>152  | CENTRUM MINIS WOMEN IMMUNE<br>SUP TABS ..... 152  | CENTRUM WOMEN TABS 75 MG-2<br>MG-40 MCG-400 MCG-1000 UNIT-6<br>MCG-1.1 MG-50 MCG-14 MG-3500<br>UNIT-15 MG-18 MG-200 MG-1.1<br>MG-8 MG-100 MG-80 MG-50 MCG-<br>150 MCG-35 UNIT-20 MG-0.5 MG-5<br>MCG-10 MCG-1.8 MG-18 MCG-10<br>MCG-32 MCG-72 MG-2 MG, 75 MG-<br>40 MCG-400 MCG-1.1 MG-14 MG-2   |
| CENTRUM MINIS WOMEN 50+<br>TABS ..... 152  | CENTRUM SILVER 50+MEN TABS<br>120 MG-6 MG-30 MCG-300 MCG-<br>1000 UNIT-100 MCG-1.7 MG-60<br>MCG-20 MG-30 MCG-3500 UNIT-10<br>MG-210 MG-600 MCG-1.5 MG-15<br>MG-75 MG-80 MG-72 MG-50 MCG-<br>150 MCG-60 UNIT-20 MG-0.5 MG-5  |   |
| CENTRUM SILVER 50+MEN TABS<br>120 MG-6 MG-30 MCG-300 MCG-<br>1000 UNIT-100 MCG-1.7 MG-60<br>MCG-20 MG-30 MCG-3500 UNIT-10<br>MG-210 MG-600 MCG-1.5 MG-15<br>MG-75 MG-80 MG-72 MG-50 MCG-<br>150 MCG-60 UNIT-20 MG-0.5 MG-5   | CENTRUM SILVER TABS 400 UNIT-   |   |

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| MG-15 MG-1.1 MG-25 MCG-15.8  | CEREZYME 400 UNIT .....92  | chlorhexidine gluconate SOLN EX 4 % .....47                             |
| MG-18 MG-100 MG-1.8 MG-50  | CEROVITE SENIOR TABS 60 MG-3                                       | chloroquine phosphate TABS 250  |
| MCG-80 MG-32 MCG-0.5 MG-8 MG-200 MG-150 MCG-20 MG-18 MCG-1050 MCG-50 MCG-6 MCG-72 MG 153                           | MG-30 MCG-400 MCG-500 UNIT-25                                      | MG ..... 37   |
| CENTURY MATURE TABS 90 MG-3  | MCG-1.7 MG-30 MCG-20 MG-250  | chloroquine phosphate TABS 500  |
| MG-30 MCG-500 MCG-500 UNIT-25  | MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80          | MG ..... 37   |
| MCG-1.7 MG-30 MCG-20 MG-250  | MG-220 MG-45 MCG-150 MCG-50  | chlorpheniramine maleate SYRP ..31                                      |
| MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-80  | UNIT-20 MG-0.5 MG-5 MCG-2.3  | chlorpheniramine maleate TABS .. 31                                     |
| MG-2 MG-220 MG-45 MCG-150  | MG-55 MCG-10 MCG-45 MCG-72   | chlorpromazine hcl SOLN 25 MG/ML 47                                     |
| MCG-50 UNIT-110 MG-0.9 MG-5  | MG-2 MG ..... 154  | chlorpromazine hcl TABS 10 MG ..47                                      |
| MCG-2.3 MG-55 MCG-10 MCG-45  | CERTAVITE SENIOR TABS ..... 154                                    | chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG ..... 47           |
| MCG-72 MG ..... 154  | CERTAVITE SENIOR/ANTIOXIDANT TABS ...154                           | chlorthalidone 25 MG, 50 MG ..... 83                                    |
| CENTURY TABS 90 MG-2 MG-30   | CERTAVITE/ANTIOXIDANTS TABS . 154                                  | chlorzoxazone TABS 250 MG, 375 MG, 750 MG ..... 190                     |
| MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-2 | CETAPHIL DAILY FACIAL SPF 50 LOTN .....71                          | chlorzoxazone TABS 500 MG ....190                                       |
| MG-200 MG-80 MG-45 MCG-150   | cetirizine hcl CAPS .....31  | CHOICEFUL MULTIVITAMIN CAPS . 154                                       |
| MCG-30 UNIT-109 MG-0.9 MG-5  | cetirizine hcl CHEW .....31  | CHOLBAM ..... 87  |
| MCG-10 MCG-2.3 MG-55 MCG-10  | cetirizine hcl SOLN PO ..... 31                                    | cholecalciferol CAPS 1.25 MG, 1250 MCG, 50000 UNIT .....211             |
| MCG-35 MCG-72 MG ..... 154   | cetirizine hcl TABS .....31  | cholecalciferol CAPS .....211   |
| CENVITE LIQD ..... 154   | cetirizine-pseudoephedrine ..... 58                                | cholecalciferol CHEW 400 UNIT . 211                                     |
| cephalexin CAPS 250 MG, 500 MG 54  | CETRAXAL (Use ciprofloxacin hcl (otic)) .....199                   | cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML .....211 |
| cephalexin SUSR ..... 54   | CHANTIX CONTINUING MONTH PAK TABS (Use varenicline tartrate) . 204 | cholecalciferol TABS 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG 211    |
| CEQUA SOLN ..... 197   | CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) .. 204  | cholestyramine light PACK ..... 32                                      |
| CEQUR SIMPLICITY 2U DEVI ...134  | CHANTIX TABS (Use varenicline tartrate) ..... 204                  | cholestyramine light POWD ..... 32                                      |
| CEQUR SIMPLICITY INSERTER MISC ..... 134   | CHEMET ..... 29  | cholestyramine PACK ..... 32  |
| CERAVE THERAPEUTIC HAND CREAM CREA .....70   | chenodiol ..... 87   | cholestyramine POWD ..... 32  |
| CERDELGA ..... 92  | chlordiazepoxide hcl CAPS ..... 13                                 |   |
| CEREBYX 100 MG PE/2ML (Use fosphenytoin sodium) .....20  | chlorhexidine gluconate (mouth-throat) ..... 145                   |   |
| CEREBYX 500 MG PE/10ML (Use fosphenytoin sodium) .....20   |  |   |

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|---|-----|--|--|-----|
| choline fenofibrate                                   | 33  | 199  | CLASSIC PRENATAL TABS                                | 188 |
| CHOSEN LANCETS 30G                                    | 105 | ciprofloxacin-hydrocortisone                                     | CLEMASZ TABS 2.68 MG (Use clemastine fumarate)       | 31  |
| CHOSEN LANCING DEVICE MISC 105                        |     | CITALOPRAM HYDROBROMIDE CAPS 30 MG (Use citalopram hydrobromide) | CLEOCIN (Use clindamycin palmitate hydrochloride)    | 37  |
| CHOSEN SAFETY LANCETS 28G 105                         |     | citalopram hydrobromide CAPS 30 MG                               | CLEOCIN CREA (Use clindamycin phosphate vaginal)     | 210 |
| CIALIS 5 MG (Use tadalafil)                           | 53  | citalopram hydrobromide SOLN                                     | CLEOCIN SUPP   | 210 |
| CIBINQO   | 67  | citalopram hydrobromide TABS                                     | CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) | 60  |
| cilostazol  | 91  | CITRACAL +D3 TABS  | CLEVER CHEK AUTO-CODE DEVI                           | 105 |
| CILOXAN OINT  | 196 | CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG        | CLEVER CHEK AUTO-CODE SYSTEM DEVI                    | 105 |
| CIMDUO  | 48  | 188  | CLEVER CHEK AUTO-CODE TEST STRP                      | 73  |
| cimetidine hcl PO 300 MG/5ML                          | 206 | cladribine (multiple sclerosis) 10 MG                            | CLEVER CHEK AUTO-CODE VOICE DEVI                     | 105 |
| cimetidine TABS                                       | 206 | 203  | CLEVER CHEK AUTO-CODE VOICE STRP                     | 73  |
| CIMZIA (1 SYRINGE) PSKT 200 MG/ML                     | 87  | CLARINEX TABS (Use desloratadine)                                | CLEVER CHEK LANCETS                                  | 105 |
| CIMZIA (2 SYRINGE) PSKT                               | 87  | CLARINEX-D 12 HOUR TB12  | CLEVER CHEK SYSTEM KIT                               | 105 |
| CIMZIA KIT  | 87  | clarithromycin SUSR  | CLEVER CHEK TEST STRP                                | 73  |
| CIMZIA-STARTER PSKT                                   | 87  | clarithromycin TABS  | CLEVER CHOICE AUTO-CODE SYSTEM DEVI                  | 105 |
| CINQAIR   | 14  | clarithromycin TB24  | CLEVER CHOICE AUTO-CODE TEST STRP                    | 74  |
| CINRYZE SOLR IV                                       | 91  | clarithromycin TB24  | CLEVER CHOICE COMFORT EZ                             | 106 |
| CINVANTI EMUL   | 30  | CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)                 | CLEVER CHOICE GLUCOSE CONTROL LIQD                   | 106 |
| CIPRO HC 1 %-0.2 % (Use ciprofloxacin-hydrocortisone) | 199 | CLARITIN CHEW (Use loratadine)                                   | CLEVER CHOICE HOLDING CHAMBER DEVI                   | 137 |
| CIPRO SUSR  | 86  | CLARITIN CHILDRENS CHEW (Use loratadine)                         | CLEVER CHOICE LANCETS 23G                            | 106 |
| CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)     | 86  | CLARITIN REDITABS TBDP (Use loratadine)                          |  |     |
| ciprofloxacin hcl (ophth) SOLN                        | 196 | CLARITIN SOLN (Use loratadine)                                   |  |     |
| ciprofloxacin hcl (otic)                              | 199 | CLARITIN TABS (Use loratadine)                                   |  |     |
| ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG         | 86  | CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)       |  |     |
| ciprofloxacin-dexamethasone                           | 199 | CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)       |  |     |
| ciprofloxacin-fluocinolone acetonide                  |     |  |  |     |

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| CLEVER CHOICE LANCETS 28G<br>106   | clindamycin phosphate-benzoyl<br>peroxide GEL ..... 60     | clonidine hcl TABS ..... 35                             |
| CLEVER CHOICE MICRO SYSTEM<br>KIT ..... 106  | clindamycin phosphate-tretinoin .. 60                      | clonidine PTWK ..... 35                                 |
| CLEVER CHOICE MICRO TEST<br>STRP ..... 74  | CLINDESSE ..... 210  | clopidogrel bisulfate ..... 92                          |
| CLEVER CHOICE MINI SYSTEM<br>DEVI ..... 106  | clobazam SUSP ..... 18                                     | clorazepate dipotassium TABS .... 13                    |
| CLEVER CHOICE NO CODING<br>STRP ..... 74   | clobazam TABS ..... 18                                     | clotrimazole (topical) CREA ..... 61                    |
| CLEVER CHOICE TALK SYSTEM<br>DEVI ..... 106  | clobetasol propionate CREA 0.05 % .<br>65                  | clotrimazole (topical) SOLN ..... 62                    |
| CLEVER CHOICE TALK SYSTEM<br>STRP ..... 74   | clobetasol propionate emollient base<br>0.05 % ..... 65    | clotrimazole vaginal CREA 1 % .. 210                    |
| CLIMARA PTWK 0.025 MG/24HR,<br>0.0375 MG/24HR, 0.05 MG/24HR,<br>0.06 MG/24HR, 0.075 MG/24HR, 0.1<br>MG/24HR (Use estradiol) ..... 86 | clobetasol propionate emulsion .. 65                       | clotrimazole vaginal CREA 2 % .. 210                    |
| CLINDAGEL GEL (Use clindamycin<br>phosphate (topical)) ..... 60  | clobetasol propionate FOAM ..... 65                        | clotrimazole w/ betamethasone<br>CREA ..... 62          |
| clindamycin hcl 150 MG, 300 MG . 37  | clobetasol propionate GEL 0.05 % 65                        | clotrimazole w/ betamethasone<br>LOTN ..... 62          |
| clindamycin palmitate hydrochloride .<br>37  | clobetasol propionate LIQD ..... 65                        | clozapine TABS ..... 46                                 |
| clindamycin phosphate (topical)<br>FOAM ..... 60   | clobetasol propionate LOTN ..... 65                        | clozapine TBDP ..... 46                                 |
| clindamycin phosphate (topical) GEL<br>60  | clobetasol propionate OINT 0.05 %<br>65                    | CLOZARIL TABS 25 MG, 100 MG<br>(Use clozapine) ..... 46 |
| clindamycin phosphate (topical)<br>LOTN ..... 60   | clobetasol propionate SHAM ..... 65                        | CLOZARIL TABS 50 MG, 200 MG<br>(Use clozapine) ..... 46 |
| clindamycin phosphate (topical)<br>SOLN ..... 60   | clobetasol propionate SOLN 0.05 % .<br>65                  | CO MONITOR DEVI ..... 137                               |
| clindamycin phosphate (topical)<br>SWAB ..... 60   | CLOBEX LOTN 0.05 % (Use<br>clobetasol propionate) ..... 65 | COAGADDEX ..... 90                                      |
| clindamycin phosphate vaginal CREA<br>..... 210  | CLOBEX SHAM (Use clobetasol<br>propionate) ..... 65        | COAGUCHEK LANCETS ..... 106                             |
| clindamycin phosphate-benzoyl<br>peroxide (refrigerate) ..... 60   | CLOBEX SPRAY LIQD (Use<br>clobetasol propionate) ..... 65  | coal tar extract SHAM 0.5 % ..... 72                    |
| Index 19   | clocortolone pivalate ..... 65                             | COARTEM ..... 37  |
|  | CLODERM (Use clocortolone<br>pivalate) ..... 65            | COBENFY CAPS ..... 47                                   |
|  | clomipramine hcl ..... 23                                  | COBENFY STARTER PACK CPPK<br>47                         |
|  | clonazepam TABS ..... 18                                   | codeine sulfate TABS 30 MG ..... 9                      |
|  | clonazepam TBDP ..... 18                                   | CODEINE SULFATE TABS ..... 9                            |
|  | clonidine hcl (adhd) TB12 ..... 2                          | COLAZAL CAPS (Use balsalazide<br>disodium) ..... 88     |
|  |  | colchicine CAPS ..... 90                                |
|  |  | colchicine TABS ..... 90                                |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| colchicine w/ probenecid .....                               | 90  | COMPACT SPACE CHAMBER DEVI<br>.....  | 137 | methylphenidate hcl) .....                               | 2   |
| colesevelam hcl PACK .....                                   | 32  | COMPACT SPACE CHAMBER/LG<br>MASK DEVI .....  | 137 | CONEXXENCE SOSY SC 60 MG/ML<br>.....                     | 84  |
| colesevelam hcl TABS .....                                   | 32  | COMPACT SPACE CHAMBER/MED<br>MASK DEVI .....   | 137 | CONJUPRI (Use levamlodipine<br>maleate) .....            | 52  |
| COLESTID GRAN (Use colestipol<br>hcl) .....                  | 32  | COMPACT SPACE CHAMBER/SM<br>MASK DEVI .....  | 137 | CONTOUR CONTROL LIQD ....                                | 106 |
| COLESTID PACK (Use colestipol<br>hcl) .....                  | 32  | COMPANION TABS 100 MG-5 MG-<br>30 MCG-30 UNIT-400 MCG-30   |     | CONTOUR MONITOR DEVI .....                               | 106 |
| COLESTID TABS (Use colestipol hcl)<br>.....                  | 32  | MCG-3500 UNIT-5 MG-100 MG-20<br>MG-10 MG-100 MG-5 MG-100 MG-<br>15 MG-2 MG-250 MCG-2 MG-10             |     | CONTOUR NEXT CONTROL SOLN .<br>106                       |     |
| colestipol hcl GRAN .....                                    | 32  | MCG-75 MCG-150 MCG-120 MCG-<br>20 MCG .....  | 154 | CONTOUR NEXT EZ KIT .....                                | 106 |
| colestipol hcl PACK .....                                    | 32  | COMPETE TABS 90 MG-20.6 MG-<br>0.4 MG-9 MCG-2.6 MG-30 MG-5000  |     | CONTOUR NEXT GEN MONITOR<br>KIT .....                    | 107 |
| colestipol hcl TABS .....                                    | 32  | UNIT-2 MG-400 UNIT-45 UNIT-27<br>MG-22.5 MG .....  | 154 | CONTOUR NEXT LINK KIT .....                              | 107 |
| COLLAVERA GEL 2 % .....                                      | 69  | COMPLERA 200 MG-300 MG-25 MG<br>(Use emtricitabine-rilpivirine-tenofovir<br>disoproxil fumarate) ..... | 48  | CONTOUR NEXT MONITOR KIT<br>107                          |     |
| COMBIGAN (Use brimonidine<br>tartrate-timolol maleate) ..... | 195 | COMPLETE<br>MULTIVITAMIN/MINERAL LIQD 60   |     | CONTOUR NEXT ONE KIT .....                               | 107 |
| COMBIPATCH PTTW .....  | 86  | MG/15ML-300 MCG/15ML-1.5<br>MG/15ML-2 MG/15ML-1000   |     | CONTOUR NEXT TEST STRP ....                              | 74  |
| COMBIVENT RESPIMAT AERS ..                                   | 16  | UNIT/15ML-6 MCG/15ML-1300<br>UNIT/15ML-10 MG/15ML-1.7  |     | CONTOUR PLUS BLUE KIT .....                              | 107 |
| COMETRIQ (100 MG DAILY DOSE)<br>KIT .....                    | 41  | MG/15ML-20 MG/15ML-9 MG/15ML-<br>3 MG/15ML-25 MCG/15ML-150   |     | CONTOUR PLUS TEST STRP ....                              | 74  |
| COMETRIQ (140 MG DAILY DOSE)<br>KIT .....                    | 42  | MCG/15ML-30 UNIT/15ML-2<br>MG/15ML-25 MCG/15ML .....   | 154 | CONTOUR TEST STRP .....                                  | 74  |
| COMETRIQ (60 MG DAILY DOSE)<br>KIT .....                     | 42  | COMPLETE NATAL DHA .....   | 188 | CONTROL SOLN .....                                       | 107 |
| COMFORT ASSURED LANCETS<br>28G .....                         | 106 | COMPLETENATE CHEW .....  | 188 | CONZIP CP24 (Use tramadol hcl) ..                        | 9   |
| COMFORT ASSURED LANCETS<br>33G .....                         | 106 | COMPLETIA DIABETIC MULTIVIT<br>TABS .....  | 154 | COPA ISLAND BORDERED FOAM<br>PADS .....                  | 98  |
| COMFORT EZ INSULIN SYRINGE .<br>134                          |     | CONCEPT DHA .....  | 188 | COPA PLUS HYDROPHILIC FOAM<br>PADS .....                 | 98  |
| COMFORT TOUCH LANCETS 31G .<br>106                           |     | CONCEPT OB .....   | 188 | COPAXONE SOSY 20 MG/ML (Use<br>glatiramer acetate) ..... | 203 |
| COMFORT TOUCH PLUS LANCETS<br>30G .....                      | 106 | CONCERTA TBCR (Use   |     | COPAXONE SOSY 40 MG/ML (Use<br>glatiramer acetate) ..... | 203 |
| COMIRNATY SUSY .....   | 209 |  |     | COPIKTRA .....   | 42  |
|  |     |  |     | COPPERTONE BABY PURE &<br>SIMPLE LOTN .....              | 71  |

|   |     |   |     |   |     |
|---|-----|---|-----|---|-----|
| COPPERTONE COMPLETE SPF30 LOTN .....      | 71  | COREVIA TABS .....                                    | 154 | 34  |     |
| COPPERTONE GLOW PROTECT & TAN LOTN .....  | 71  | CORGARD TABS 20 MG, 40 MG (Use nadolol) .....         | 51  | CREON CPEP .....  | 82  |
| COPPERTONE GLOW SHIMMER SPF15 LOTN .....  | 71  | CORIFACT .....  | 90  | CRESTOR TABS 10 MG (Use rosuvastatin calcium) .....                   | 33  |
| COPPERTONE GLOW SHIMMER SPF30 LOTN .....  | 71  | CORLANOR SOLN .....                                   | 54  | CRESTOR TABS 20 MG, 40 MG (Use rosuvastatin calcium) .....            | 33  |
| COPPERTONE GLOW SHIMMER SPF50 LOTN .....  | 71  | CORLANOR TABS (Use ivabradine hcl) .....              | 54  | CRESTOR TABS 5 MG (Use rosuvastatin calcium) .....                    | 33  |
| COPPERTONE KIDS PURE & SIMPLE LOTN .....  | 71  | CORTEF TABS (Use hydrocortisone) .....                | 57  | CREXONT CPCR .....  | 44  |
| COPPERTONE LIMITED EDITION LOTN .....     | 71  | CORTENEMA (Use hydrocortisone intrarectal) .....      | 12  | cromolyn sodium (nasal) 5.2 MG/ACT .....                              | 191 |
| COPPERTONE OIL FREE FACE SPF30 LOTN ..... | 71  | CORTISONE ACETATE TABS .....                          | 57  | cromolyn sodium (ophth) .....   | 198 |
| COPPERTONE OIL FREE FACE SPF50 LOTN ..... | 71  | COSENTYX (300 MG DOSE) SOSY . 63                      |     | cromolyn sodium NEBU .....  | 14  |
| COPPERTONE PURE & SIMPLE FACE LOTN .....  | 71  | COSENTYX SENSOREADY (300 MG) SOAJ .....               | 63  | CTEXLI TABS PO 250 MG .....   | 87  |
| COPPERTONE SPORT 4-IN-1 SPF15 LOTN .....  | 71  | COSENTYX SENSOREADY PEN SOAJ .....                    | 63  | CULTURELLE PROBIOTIC MEN DAILY CAPS .....                             | 154 |
| COPPERTONE SPORT CLEAR LOTN .....         | 71  | COSENTYX SOLN .....                                   | 63  | CUPRIMINE CAPS (Use penicillamine) .....                              | 143 |
| COPPERTONE TANNING SPF 8 LOTN .....       | 71  | COSENTYX SOSY 150 MG/ML .....                         | 63  | CURITY ALL PURPOSE SPONGES PADS .....                                 | 98  |
| COPPERTONE TANNING SPF15 LOTN .....       | 71  | COSENTYX SOSY 75 MG/0.5ML .....                       | 63  | CURITY AMD ANTIMICROBIAL SPNGE PADS .....                             | 98  |
| COPPERTONE ULTRAGUARD SPF70+ LOTN .....   | 71  | COSENTYX UNOREADY SOAJ .....                          | 63  | CURITY COVER SPONGE PADS .....  | 98  |
| COPPERTONE WATERBABIES SPF50 LOTN .....   | 71  | COSOPT (Use dorzolamide hcl-timolol maleate) .....    | 195 | CURITY DRESSING SPONGES PADS .....                                    | 98  |
| CORAL CALCIUM PLUS CAPS .....             | 154 | COSOPT PF (Use dorzolamide hcl-timolol maleate) ..... | 195 | CURITY GAUZE PADS .....   | 98  |
| COREG (Use carvedilol) .....              | 51  | COTELLIC .....  | 42  | CURITY GAUZE SPONGE PADS .....  | 98  |
| COREG CR (Use carvedilol phosphate) ..... | 51  | COTEMPLA XR-ODT TBED .....                            | 2   | CURITY NON-ADHERENT STRIPS PADS .....                                 | 98  |
|   |     | COVRSITE COVER DRESSING PADS .....                    | 98  | CURITY SPONGES PADS .....   | 98  |
|   |     | COVRSITE PLUS COMPOSITE DRESS PADS .....              | 98  | CURITY STERILE SALINE 0.9 % (Use sodium chloride (gu irrigant)) ..... | 89  |
|   |     | COXANTO CAPS (Use oxaprozin) .....                    | 6   | CUTAQUIG .....  | 200 |
|   |     | COZAAR (Use losartan potassium) .....                 |     | CUVITRU SOLN .....  | 200 |

|                                |     |                                |                                |     |
|--------------------------------|-----|--------------------------------|--------------------------------|-----|
| CUVRIOR .....                  | 143 | 200 MG-2 MG-40 MG-2 MG-1000    | MG-25 MCG-27.5 MCG .....       | 155 |
| CVS ADHESIVE PAD 4"X4" PADS    |     | UNIT-60 UNIT-55 MCG .....      | CVS PRENATAL GUMMY 15 MG-      |     |
| 98                             |     | CVS EYE HEALTH ADULT 50+       | 1.25 MG-400 MCG-200 UNIT-4     |     |
| CVS ADHESIVE PAD 6"X6" PADS    |     | CAPS .....                     | MCG-5 MG-1800 UNIT-25 MG-10    |     |
| 98                             |     | CVS GAUZE PAD STERILE PADS     | MG-7.5 UNIT-1.9 MG-113.5 MG-5  |     |
| CVS ADHESIVE PADS 2.25"X3"     |     | 98                             | MG-35 MG .....                 | 188 |
| PADS .....                     | 98  | CVS GAUZE PADS .....           | CVS PRENATAL TABS 100 MG-2.6   |     |
| CVS ADULT 50+ EYE HEALTH       |     | 98                             | MG-800 MCG-400 UNIT-4 MCG-1.7  |     |
| CAPS .....                     | 154 | CVS GAUZE STERILE PADS .....   | MG-18 MG-27 MG-1.5 MG-25 MG-   |     |
| CVS ADVANCED GLUCOSE TEST      |     | 98                             | 263 MG-11 UNIT-4000 UNIT ..... | 188 |
| STRP .....                     | 74  | CVS GLUCOSE METER TEST         | CVS SPECTRAVITE ADULT 50+      |     |
| CVS ANTIBACTERIAL GAUZE        |     | STRIPS STRP .....              | TABS .....                     | 155 |
| PADS .....                     | 98  | 74                             | CVS SPECTRAVITE ADULTS TABS    |     |
| CVS BLOOD GLUCOSE METER        |     | CVS IMMUNE SUPPORT CAPS .....  | 155                            |     |
| DEVI .....                     | 107 | 155                            | CVS SPECTRAVITE ADVANCED       |     |
| CVS BLOOD GLUCOSE METER KIT    |     | CVS KETONE CARE .....          | TABS 60 MG-2 MG-30 MCG-400     |     |
| .....                          | 107 | 74                             | MCG-400 UNIT-6 MCG-1.7 MG-25   |     |
| CVS DAILY MULTIPLE FOR MEN     |     | CVS LANCETS THIN 26G .....     | MCG-20 MG-3500 UNIT-10 MG-18   |     |
| TABS 60 MG-3 MG-75 MCG-400     |     | 107                            | MG-1.5 MG-50 MG-11 MG-200 MG-  |     |
| MCG-700 UNIT-18 MCG-1.7 MG-20  |     | CVS ONE DAILY ESSENTIAL TABS   | 80 MG-45 MCG-150 MCG-30 UNIT-  |     |
| MCG-18 MG-3500 UNIT-16 MG-300  |     | 60 MG-2 MG-0.4 MG-1.5 MG-400   | 20 MG-0.5 MG-5 MCG-10 MCG-2.3  |     |
| MCG-1.35 MG-140 MG-15 MG-2     |     | UNIT-6 MCG-1.7 MG-20 MG-3000   | MG-75 MCG-55 MCG-10 MCG-35     |     |
| MG-210 MG-22.5 UNIT-2 MG-120   |     | UNIT-10 MG-45 MG-30 UNIT ..... | MCG-72 MG-2 MG, 60 MG-2 MG-30  |     |
| MCG-110 MCG .....              | 155 | 155                            | MCG-400 MCG-400 UNIT-6 MCG-    |     |
| CVS DAILY MULTIPLE WOMEN 50+   |     | CVS ONE DAILY MENS 50+ ADV     | 1.7 MG-25 MCG-20 MG-3500 UNIT- |     |
| TABS 120 MG-6 MG-30 MCG-400    |     | TABS .....                     | 10 MG-18 MG-1.5 MG-50 MG-11    |     |
| MCG-1000 UNIT-25 MCG-3.4 MG-20 |     | 155                            | MG-80 MG-200 MG-45 MCG-150     |     |
| MCG-20 MG-15 MG-500 MG-4.5     |     | CVS ONE DAILY MENS FORMULA     | MCG-30 UNIT-20 MG-0.5 MG-5     |     |
| MG-50 MG-24 MG-90 MCG-150      |     | TABS 60 MG-3 MG-75 MCG-400     | MCG-10 MCG-2.3 MG-75 MCG-55    |     |
| MCG-30 UNIT-2.2 MG-4.2 MG-180  |     | MCG-700 UNIT-18 MCG-1.7 MG-20  | MCG-10 MCG-35 MCG-72 MG-2 MG   |     |
| MCG-3500 UNIT-27 MCG .....     | 155 | MCG-18 MG-16 MG-300 MCG-1.35   | .....                          | 156 |
| CVS DAILY MULTIV/MINERAL       |     | MG-15 MG-2 MG-140 MG-210 MG-   | CVS SPECTRAVITE MEN 50+ TABS   |     |
| MENS TABS .....                | 155 | 22.5 UNIT-2 MG-3500 UNIT-110   | 120 MG-30 MCG-300 MCG-1.5 MG-  |     |
| CVS DAILY MULTIVITAMIN MENS    |     | MCG-120 MCG .....              | 20 MG-6 MG-10 MG-1.7 MG-300    |     |
| TABS .....                     | 155 | 155                            | MCG-600 MCG-25 MCG-27 MG-75    |     |
| CVS DAILY MULTIVITAMIN         |     | CVS ONE DAILY WOMENS 50+       | MG-4 MG-50 MCG-5 MCG-80 MG-2   |     |
| WOMENS TABS .....              | 155 | ADV TABS .....                 | MG-60 MCG-0.5 MG-10 MCG-15     |     |
| CVS EYE HEALTH & LUTEIN TABS   |     | 155                            | MG-210 MG-150 MCG-20 MG-21     |     |
|                                |     | CVS ONE DAILY WOMENS           | MCG-1050 MCG-60 MCG-100 MCG-   |     |
|                                |     | FORMULA TABS 75 MG-1.7 MG-     | 72 MG, 120 MG-6 MG-30 MCG-27   |     |
|                                |     | 1000 MCG-400 MCG-25 MCG-6      | MG-300 MCG-25 MCG-100 MCG-1.7  |     |
|                                |     | MCG-1.3 MG-25 MCG-16 MG-700    | MG-60 MCG-20 MG-300 MCG-1050   |     |
|                                |     | MCG-5 MG-18 MG-380 MG-1.2 MG-  |                                |     |
|                                |     | 8 MG-0.9 MG-150 MCG-7.5 MG-1.8 |                                |     |
|                                |     | MG-25 MCG-27.5 MCG, 75 MG-1.7  |                                |     |
|                                |     | MG-1000 MCG-400 MCG-25 MCG-6   |                                |     |
|                                |     | MCG-1.3 MG-25 MCG-16 MG-700    |                                |     |
|                                |     | MCG-5 MG-18 MG-380 MG-1.2 MG-  |                                |     |
|                                |     | 8 MG-0.9 MG-7.5 MG-150 MCG-1.8 |                                |     |

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|--|---|---|
| MCG-10 MG-600 MCG-1.5 MG-75<br>MG-15 MG-210 MG-80 MG-50 MCG-<br>150 MCG-20 MG-0.5 MG-5 MCG-4<br>MG-21 MCG-10 MCG-60 MCG-72<br>MG-2 MG ..... 156  | 17.5 MG-20 MG-0.5 MG-5 MCG-2.3<br>MG-22 MCG-10 MCG-52 MCG-72<br>MG-2 MG ..... 157   | CYCLOGYL 2 % ..... 196  |
| CVS SPECTRAVITE MEN TABS 90<br>MG-2 MG-40 MCG-200 MCG-25<br>MCG-6 MCG-1.3 MG-60 MCG-16<br>MG-900 MCG-15 MG-8 MG-600<br>MCG-1.2 MG-100 MG-11 MG-210<br>MG-80 MG-50 MCG-150 MCG-45<br>MG-20 MG-0.9 MG-5 MCG-10 MCG-<br>2.3 MG-100 MCG-10 MCG-35 MCG-<br>72 MG-2 MG ..... 156   | CVS SPECTRAVITE WOMEN TABS<br>75 MG-40 MCG-400 MCG-1.1 MG-<br>14 MG-2 MG-15 MG-1.1 MG-25<br>MCG-15.8 MG-18 MG-100 MG-1.8<br>MG-50 MCG-80 MG-32 MCG-0.5<br>MG-8 MG-200 MG-150 MCG-20 MG-<br>18 MCG-1050 MCG-50 MCG-6<br>MCG-72 MG ..... 157  | cyclopentolate hcl 1 % ..... 196  |
| CVS SPECTRAVITE SENIOR TABS<br>60 MG-3 MG-30 MCG-400 MCG-500<br>UNIT-25 MCG-1.7 MG-30 MCG-20<br>MG-250 MCG-2500 UNIT-10 MG-<br>300 MCG-1.5 MG-50 MG-11 MG-80<br>MG-150 MCG-220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10 MCG-45<br>MCG-72 MG-2 MG ..... 156  | CVS SPECTRAVITE WOMENS<br>SENIOR TABS 100 MG-5 MG-30<br>MCG-400 MCG-800 UNIT-50 MCG-<br>1.1 MG-50 MCG-14 MG-300 MCG-<br>3500 UNIT-5 MG-8 MG-1.1 MG-50<br>MG-15 MG-80 MG-150 MCG-500<br>MG-50 MCG-150 MCG-35 UNIT-20<br>MG-0.5 MG-5 MCG-2.3 MG-55<br>MCG-10 MCG-50 MCG-72 MG-2 MG<br>..... 157 | cyclophosphamide CAPS ..... 38  |
| CVS SPECTRAVITE ULTRA MEN<br>50+ TABS ..... 156  | CVS TRUE METRIX GLUCOSE<br>TEST STRP ..... 74   | CYCLOPHOSPHAMIDE TABS 50<br>MG ..... 38   |
| CVS SPECTRAVITE ULTRA MENS<br>TABS ..... 156   | CVS VISION HEALTH CAPS .... 157   | CYCLOSET ..... 25   |
| CVS SPECTRAVITE ULTRA<br>WOMEN TABS ..... 156  | CVS WOMENS ACTIVE DAILY<br>TABS 60 MG-3.2 MG-30 MCG-400<br>MCG-800 UNIT-9.5 MCG-2.7 MG-25<br>MCG-10 MG-2500 UNIT-5 MG-18<br>MG-2.4 MG-50 MG-15 MG-2 MG-300<br>MG-30 UNIT-2 MG-120 MCG-20<br>MCG-180 MG ..... 157  | cyclosporine (ophth) EMUL ..... 197   |
| CVS SPECTRAVITE WOMEN 50+<br>TABS 100 MG-30 MCG-400 MCG-<br>1.1 MG-14 MG-5 MG-5 MG-1.1 MG-<br>300 MCG-25 MCG-17.5 MG-8 MG-<br>100 MG-2.3 MG-50 MCG-5 MCG-80<br>MG-2 MG-52 MCG-0.5 MG-10 MCG-<br>15 MG-300 MG-150 MCG-20 MG-22<br>MCG-1052 MCG-50 MCG-50 MCG-<br>72 MG, 100 MG-5 MG-30 MCG-400<br>MCG-25 MCG-50 MCG-1.1 MG-50<br>MCG-14 MG-300 MCG-1052 MCG-5<br>MG-8 MG-1.1 MG-100 MG-15 MG-<br>300 MG-80 MG-50 MCG-150 MCG- | cyanocobalamin SOLN IJ 1000<br>MCG/ML ..... 92  | cyclosporine CAPS ..... 143   |
|  | cyclobenzaprine hcl CP24 ..... 190  | cyclosporine modified (for<br>microemulsion) CAPS ..... 143   |
|  | cyclobenzaprine hcl TABS 7.5 MG<br>190  | cyclosporine modified (for<br>microemulsion) SOLN ..... 143   |
|  | cyclobenzaprine hcl TABS ..... 190  | cyclosporine SOLN IV 50 MG/ML 143   |
|  | CYCLOGYL (Use cyclopentolate hcl)<br>..... 196  | CYLTEZO (2 PEN) AJKT ..... 5  |
|  | CYCLOGYL 0.5 % ..... 196  | CYLTEZO (2 SYRINGE) PSKT ..... 5  |
|  |   | CYMBALTA CPEP 20 MG (Use<br>duloxetine hcl) ..... 23  |
|  |   | CYMBALTA CPEP 30 MG, 60 MG<br>(Use duloxetine hcl) ..... 23   |
|  |   | cyproheptadine hcl SYRP ..... 32  |
|  |   | cyproheptadine hcl TABS ..... 32  |
|  |   | CYTOGAM SOLN ..... 200  |
|  |   | CYTOMEL TABS (Use liothyronine<br>sodium) ..... 206   |
|  |   | CYTOTEC (Use misoprostol) .... 208  |
|  |   | CYTRA K CRYSTALS PACK 1002<br>MG-3300 MG ..... 89   |
|  |   | dabigatran etexilate mesylate CAPS .<br>17  |
|  |   | DAILY BETIC TABS 60 MG-2.5 MG-<br>75 MCG-200 MCG-50 MG-200 UNIT-<br>5 MCG-2500 UNIT-1.7 MG-20 MG-<br>250 MCG-10 MG-100 MG-1.5 MG-<br>100 MG-30 UNIT-50 MG-75 MCG- |

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|--|-----|---|-----|---|-----|
| 7.5 MG-2.5 MG-25 MCG-50 MCG-100 MCG .....  | 157 | 1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-30 UNIT .....   | 184 | DAWNZERA SOAJ SC 80 MG/0.8ML .....                      | 92  |
| DAILY COMBO MULTI VITAMINS TABS 400 UNIT-60 MG-2 MG-0.4 MG-20 MG-6 MCG-10 MG-1.7 MG-1.5 MG-30 UNIT-27 MG-15 MG-450 MG-5000 UNIT .....  | 157 | DAILY VITES TABS 60 MG-2 MG-0.4 MG-1.5 MG-6 MCG-5000 UNIT-10 MG-1.7 MG-20 MG-400 UNIT-30 UNIT .....       | 184 | DAYAVITE TABS .....                                     | 157 |
| DAILY MULTIPLE VITAMINS TABS .   | 184 | DAILY-VITE MULTIVITAMIN TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG .....           | 184 | DAYBUE .....  | 193 |
| DAILY MULTIPLE VITAMINS/MIN TABS 400 UNIT-60 MG-2 MG-30 MCG-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG-100 MG-10 MCG-130 MG-40 MG-150 MCG-30 UNIT-100 MG-15 MG-2 MG-2.5 MG-10 MCG-10 MCG ...              | 157 | DAILY-VITE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT ..... | 184 | DAYBUE STIX PO 5000 MG, 6000 MG, 8000 MG .....          | 193 |
| DAILY MULTIVITAMIN CAPS 2 MG-30 MCG-30 UNIT-200 MCG-2000 UNIT-6 MCG-10 MG-1.7 MG-100 MCG-20 MG-2 MG-30 MG-500 MCG-1 MG-1.5 MG-15 MG-40 MG-120 MG-2 MG-5000 UNIT-75 MCG-150 MCG-120 MCG-70 MCG ....               | 157 | dalfampridine .....   | 203 | DAYHIST ALLERGY 12 HOUR RELIEF TABS .....               | 31  |
| DAILY VALUE MULTIVITAMIN TABS 400 UNIT-60 MG-2 MG-300 MCG-30 UNIT-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG, 400 UNIT-60 MG-2 MG-300 MCG-400 MCG-1.5 MG-6 MCG-5000 UNIT-1.7 MG-20 MG-10 MG-30 UNIT ..... | 184 | DALIRESP (Use roflumilast) .....  | 15  | DAYPRO TABS (Use oxaprozin) ...                         | 6   |
| DAILY VITAMINS TABS 60 MG-2 MG-0.4 MG-1.5 MG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT .   | 184 | DANTRIUM CAPS 25 MG (Use dantrolene sodium) .....   | 190 | DAYTRANA PTCH (Use methylphenidate) .....               | 2   |
| DAILY VITE MULTIVITAMIN/IRON TABS 50 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-15 MG-1.5 MG .....  | 146 | dantrolene sodium CAPS .....  | 190 | DAYVIGO .....   | 96  |
| DAILY VITE TABS 400 UNIT-60 MG-2 MG-30 UNIT-400 MCG-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-1.5 MG, 60 MG-2 MG-400 UNIT-6 MCG-  |     | DANZITEN .....  | 42  | DDAVP PF SOLN IJ (Use desmopressin acetate) .....       | 85  |
|  |     | dapagliflozin free base-metformin hcl TB24 PO 1000 MG-10 MG, 1000 MG-5 MG .....                           | 24  | DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) ..... | 86  |
|  |     | dapagliflozin TABS PO 5 MG, 10 MG .....   | 28  | DDAVP TABS (Use desmopressin acetate) .....             | 86  |
|  |     | dapagliflozin-saxagliptin .....   | 24  | DECUBI-VITE CAPS .....                                  | 158 |
|  |     | dapsone (topical) .....   | 60  | deferasirox TABS .....                                  | 29  |
|  |     | dapsone .....   | 37  | deflazacort SUSP .....                                  | 57  |
|  |     | DAPTACEL .....  | 206 | deflazacort TABS .....                                  | 57  |
|  |     | darifenacin hydrobromide .....  | 208 | DEKAS PLUS CAPS .....                                   | 158 |
|  |     | darunavir TABS 600 MG .....   | 48  | DEKAS PLUS OCEAN CAPS ....                              | 158 |
|  |     | darunavir TABS 800 MG .....   | 48  | DELSTRIGO .....   | 48  |
|  |     | dasatinib .....   | 42  | DELZICOL CPDR (Use mesalamine)                          | 88  |
|  |     | DAURISMO .....  | 39  | DEMEROL SOLN IJ (Use meperidine hcl) .....              | 9   |
|  |     | DAVIMET-FLUORIDE CHEW ....  | 187 | DENAVIR (Use penciclovir) .....                         | 64  |
|  |     |   |     | DENGVAXIA .....   | 209 |
|  |     |   |     | DEPAKOTE ER TB24 (Use divalproex sodium) .....          | 21  |

|  |     |   |     |  |     |
|--|-----|---|-----|--|-----|
| DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....                        | 21  | DERMACINRX ZINTREXYL-C TABS .....                             | 158 | desoximetasone OINT .....  | 66  |
| DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....                        | 21  | DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide) .....   | 66  | DESOXYN (Use methamphetamine hcl) .....                                      | 1   |
| DEPAKOTE TBEC (Use divalproex sodium) .....                                  | 21  | DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide) .....  | 66  | DESTRESS-IRON TABS .....   | 146 |
| DEPEN TITRATABS TABS (Use penicillamine) .....                               | 143 | DERMAVITE TABS .....  | 158 | DESVENLAFAXINE ER .....  | 23  |
| DEPLIN MA CAPS .....   | 158 | DERMOTIC (Use fluocinolone acetonide (otic)) .....            | 199 | desvenlafaxine succinate .....   | 23  |
| DEPLINPRO MOOD HEALTH CAPS 158   |     | DESCOVY .....   | 48  | DETROL LA CP24 (Use tolterodine tartrate) .....                              | 208 |
| DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive)) ..... | 56  | desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG .... | 23  | DETROL TABS (Use tolterodine tartrate) .....                                 | 208 |
| DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive)) ..... | 56  | desipramine hcl TABS 25 MG ....                               | 23  | dexamethasone ELIX .....   | 57  |
| DEPO-SUBQ PROVERA 104 SUSY SC .....  | 56  | DESLORATADINE SOLN PO 0.5 MG/ML .....                         | 31  | DEXAMETHASONE INTENSOL CONC .....  | 57  |
| DERMACEA DRAIN SPONGES PADS .....  | 98  | desloratadine TABS .....                                      | 31  | dexamethasone sodium phosphate (ophth) .....                                 | 197 |
| DERMACEA GAUZE SPONGE PADS .....   | 98  | desloratadine TBDP .....                                      | 31  | dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML ..... | 57  |
| DERMACEA IV DRAIN SPONGES PADS .....   | 98  | desmopressin acetate SOLN IJ ...                              | 86  | DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML ..                            | 57  |
| DERMACEA IV SPONGES PADS 98  |     | desmopressin acetate spray .....                              | 86  | dexamethasone sodium phosphate SOSY IJ 4 MG/ML .....                         | 57  |
| DERMACEA NON-WOVEN SPONGES PADS .....  | 98  | desmopressin acetate spray refrigerated 0.01 % .....          | 86  | dexamethasone SOLN .....   | 57  |
| DERMACEA TYPE VII GAUZE PADS .....   | 98  | desmopressin acetate TABS .....                               | 86  | dexamethasone TABS .....   | 57  |
| DERMACEA X-RAY SPONGES PADS .....  | 98  | desogestrel & ethinyl estradiol .....                         | 55  | DEXATRAN CAPS .....  | 158 |
| DERMACINRX MULTITAM TABS 158   |     | desogestrel-ethinyl estradiol (biphasic) .....                | 55  | dexchlorpheniramine maleate SOLN .   | 31  |
| DERMACINRX RIBOTIN-E TABS 158  |     | desogestrel-ethinyl estradiol (triphasic) .....               | 55  | DEXCOM G6 RECEIVER .....   | 107 |
|  |     | desonide CREA .....   | 66  | DEXCOM G6 SENSOR .....   | 107 |
|  |     | desonide LOTN .....   | 66  | DEXCOM G6 TRANSMITTER ...  | 107 |
|  |     | desonide OINT .....   | 66  | DEXCOM G7 15 DAY SENSOR .  | 107 |
|  |     | desoximetasone CREA .....                                     | 66  | DEXCOM G7 RECEIVER .....   | 107 |
|  |     | desoximetasone GEL .....                                      | 66  | DEXCOM G7 SENSOR .....   | 107 |
|  |     | desoximetasone LIQD .....                                     | 66  |  |     |

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|---|--|--|
| DEXEDRINE CP24 10 MG, 15 MG<br>(Use dextroamphetamine sulfate) ...1   | DHIVY TABS .....44   | diazepam (anticonvulsant) GEL ... 18                   |
| DEXILANT (Use dexlansoprazole)<br>207   | DIABETES HEALTH FORMULA<br>TABS 90 MG-3 MG-300 MCG-500<br>MCG-600 UNIT-30 MCG-1.7 MG-30<br>MCG-20 MG-250 MCG-2500 UNIT-<br>10 MG-1.5 MG-1.5 MG-50 MG-150<br>MCG-220 MG-80 MG-2 MG-45<br>MCG-150 MCG-50 UNIT-110 MG-5<br>MCG-2.3 MG-35 MCG-10 MCG-600<br>MCG-72 MG-12 MG, 90 MG-3 MG-<br>300 MCG-500 MCG-600 UNIT-30<br>MCG-1.7 MG-30 MCG-20 MG-250<br>MCG-2500 UNIT-10 MG-1.5 MG-1.5<br>MG-50 MG-45 MCG-5 MCG-150<br>MCG-10 MCG-220 MG-80 MG-2<br>MG-150 MCG-50 UNIT-110 MG-35<br>MCG-2.3 MG-200 MCG-72 MG-12<br>MG .....158 | diazepam CONC .....13                                  |
| dexlansoprazole .....207  | DIACOMIT CAPS ..... 18   | diazepam SOLN IJ 5 MG/ML, 10<br>MG/2ML .....13         |
| dexmethylphenidate hcl CP24 .....2  | DIACOMIT PACK ..... 18   | DIAZEPAM SOLN IJ 5 MG/ML .... 13                       |
| dexmethylphenidate hcl TABS .....2  | DIALYVITE 800/ULTRA D TABS 80<br>MG-10 MG-300 MCG-800 MCG-<br>2000 UNIT-6 MCG-10 MG-1.7 MG-<br>20 MG-1.5 MG-15 MG-30 UNIT-70<br>MCG ..... 158  | diazepam SOLN PO 5 MG/5ML ... 13                       |
| DEXTENZA INST .....197  | DIALYVITE SUPREME D TABS . 158   | diazepam TABS .....13                                  |
| dextran 70-hypromellose 0.3 %-0.1<br>% .....195   | diaper rash products OINT .....67  | diazoxide ..... 25                                     |
| dextroamphetamine sulfate CP24 ..1  | DIASTAT PEDIATRIC GEL (Use<br>diazepam (anticonvulsant)) ..... 18  | dibucaine ..... 69                                     |
| dextroamphetamine sulfate SOLN ..1  | DIATROL TABS ..... 158   | DICLEGIS TBEC (Use doxylamine-<br>pyridoxine) ..... 30 |
| dextroamphetamine sulfate TABS .. 1   | DIATRUE CONTROL LEVEL 1<br>SOLN ..... 107  | diclofenac epolamine PTCH EX ... 62                    |
| dextromethorphan polistirex SUER<br>58  | DIATRUE CONTROL LEVEL 2<br>SOLN ..... 107  | diclofenac potassium TABS 50 MG .6                     |
| dextromethorphan-doxylamine-<br>acetaminophen LIQD ..... 58   | DIATRUE CONTROL LEVEL 3<br>SOLN ..... 107  | diclofenac sodium (actinic keratoses)<br>EX .....62    |
| dextromethorphan-guaifenesin LIQD<br>100 MG/5ML-10 MG/5ML, 100<br>MG/5ML-5 MG/5ML, 150 MG/7.5ML-<br>15 MG/7.5ML, 200 MG/10ML-20<br>MG/10ML, 200 MG/5ML-10 MG/5ML,<br>400 MG/20ML-20 MG/20ML .....58 | DIATRUE PLUS BLOOD GLUCOSE<br>DEVI ..... 108   | diclofenac sodium (ophth) ..... 198                    |
| dextromethorphan-guaifenesin SYRP<br>100 MG/5ML-10 MG/5ML, 200<br>MG/10ML-20 MG/10ML .....58  | DIATRUE PLUS TEST STRP .....74   | diclofenac sodium (topical) GEL EX<br>62               |
| dextromethorphan-guaifenesin TABS<br>400 MG-20 MG .....58   |  | diclofenac sodium (topical) SOLN EX<br>1.5 % .....62   |
| dextromethorphan-guaifenesin TB12<br>600 MG-30 MG .....58   |  | diclofenac sodium (topical) SOLN EX<br>2 % .....62     |
| dextromethorphan-phenylephrine-<br>acetaminophen CAPS ..... 58  |  | diclofenac sodium TB24 .....6                          |
| dextrose (diabetic use) CHEW 4 GM .<br>25   |  | diclofenac sodium TBEC .....6                          |
| dextrose (diabetic use) GEL .....25   |  | diclofenac w/ misoprostol TBEC .... 6                  |

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|--|-----|--|-----|---|-----|
| DIFFERIN GEL 0.1 % (Use adapalene) .....         | 60  | hydromorphone hcl) .....   | 9   | DIPROLENE OINT (Use betamethasone dipropionate augmented) ..... | 66  |
| DIFFERIN LOTN .....                              | 60  | diltiazem hcl coated beads CP24 ..                                 | 52  | dipyridamole .....  | 92  |
| DIFICID SUSR .....                               | 97  | diltiazem hcl CP12 .....   | 52  | DISKETS TBSO 40 MG (Use methadone hcl) .....                    | 9   |
| DIFICID TABS 200 MG (Use fidaxomicin) .....      | 97  | diltiazem hcl CP24 .....   | 52  | disopyramide phosphate CAPS ...                                 | 13  |
| diflorasone diacetate CREA .....                 | 66  | diltiazem hcl extended release beads .....                         | 52  | disulfiram 250 MG .....   | 201 |
| diflorasone diacetate OINT .....                 | 66  | diltiazem hcl TABS .....   | 52  | divalproex sodium CSDR .....                                    | 21  |
| DIFLUCAN SUSR (Use fluconazole) .                | 31  | diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG .....    | 52  | divalproex sodium TB24 .....                                    | 21  |
| DIFLUCAN TABS 100 MG (Use fluconazole) .....     | 31  | diltiazem hcl TB24 .....   | 52  | divalproex sodium TBEC .....                                    | 21  |
| DIFLUCAN TABS 200 MG (Use fluconazole) .....     | 31  | dimenhydrinate TABS .....  | 30  | docosanol .....   | 64  |
| diflunisal TABS .....                            | 9   | dimethicone (topical) CREA 1 % ..                                  | 70  | docusate calcium .....  | 97  |
| difluprednate .....                              | 197 | dimethyl fumarate CDPK .....                                       | 203 | docusate sodium CAPS 100 MG, 250 MG .....                       | 97  |
| digoxin SOLN PO 0.05 MG/ML ....                  | 52  | dimethyl fumarate CPDR .....                                       | 203 | docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....               | 97  |
| digoxin TABS 125 MCG, 250 MCG                    | 53  | DIOVAN HCT (Use valsartan-hydrochlorothiazide) .....               | 35  | DOCUSATE SODIUM SYRP .....                                      | 97  |
| dihydroergotamine mesylate SOLN IJ 1 MG/ML ..... | 140 | DIOVAN TABS (Use valsartan) ....                                   | 34  | docusate sodium TABS .....                                      | 97  |
| dihydroergotamine mesylate SOLN NA 4 MG/ML ..... | 140 | DIPENTUM .....   | 88  | dofetilide .....  | 14  |
| DILANTIN (Use phenytoin sodium extended) .....   | 20  | diphenhydramine hcl (sleep) CAPS 94                                |     | DOLOBID TABS .....  | 9   |
| DILANTIN (Use phenytoin sodium extended) .....   | 21  | diphenhydramine hcl (sleep) LIQD 94                                |     | donepezil hydrochloride TABS ...                                | 201 |
| DILANTIN .....                                   | 20  | diphenhydramine hcl (sleep) TABS 25 MG .....                       | 95  | donepezil hydrochloride TBDP ...                                | 201 |
| DILANTIN INFATABS CHEW (Use phenytoin) .....     | 21  | diphenhydramine hcl (sleep) TABS 50 MG .....                       | 94  | DORAL (Use quazepam) .....                                      | 95  |
| DILANTIN SUSP (Use phenytoin) .                  | 21  | diphenhydramine hcl CAPS .....                                     | 31  | dorzolamide hcl .....   | 198 |
| DILANTIN-125 SUSP (Use phenytoin) .....          | 21  | diphenhydramine hcl CAPS .....                                     | 31  | dorzolamide hcl-timolol maleate .                               | 195 |
| DILAUDID TABS (Use                               |     | diphenhydramine hcl ELIX 12.5 MG/5ML .....                         | 31  | DOVATO .....  | 48  |
|  |     | diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML ..... | 31  | doxazosin mesylate .....  | 35  |
|  |     | diphenoxylate w/ atropine LIQD ...                                 | 29  | doxepin hcl (antipruritic) .....                                | 63  |
|  |     | diphenoxylate w/ atropine TABS ...                                 | 29  | doxepin hcl (sleep) .....                                       | 95  |
|  |     |  |     | doxepin hcl CAPS .....  | 23  |
|  |     |  |     | doxepin hcl CONC .....  | 23  |

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|--|-----|-----|--|-----|
| doxycycline (monohydrate) CAPS 50 MG, 100 MG                                       | 30G | 108 | DYANAVEL XR SUER   | 1   |
| doxycycline (monohydrate) TABS 50 MG, 100 MG                                       | 28G | 108 | DYANAVEL XR TBCR   | 1   |
| doxycycline hyclate CAPS   | 30G | 108 | DYMISTA SUSP (Use azelastine hcl-fluticasone propionate) | 190 |
| doxycycline hyclate TABS 100 MG 205  | 33G | 108 | DYSPORT  | 193 |
| doxylamine succinate (sleep)   |     | 95  | E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)   | 97  |
| doxylamine-pyridoxine TBEC   |     | 30  | EASIVENT MASK LARGE MISC                                 | 137 |
| DRISDOL CAPS (Use ergocalciferol) 211  |     |     | EASIVENT MASK MEDIUM MISC                                | 137 |
| DRIZALMA SPRINKLE CSDR   |     | 23  | EASIVENT MASK SMALL MISC                                 | 137 |
| dronabinol CAPS  |     | 30  | EASIVENT MISC  | 138 |
| DRONABINOL SOLN 5 MG/ML  |     | 30  | EASY COMFORT INSULIN SYRINGE                             | 134 |
| droperidol SOLN 2.5 MG/ML  |     | 13  | EASY COMFORT LANCETS                                     | 108 |
| DROPLET GENTEEL LANCING DEVICE MISC  |     | 108 | EASY COMFORT LANCETS TWIST TOP                           | 108 |
| DROPLET INSULIN SYRINGE  |     | 134 | EASY FLOW BLACK/BLUE DEVI                                | 138 |
| DROPLET LANCETS ULTRA THIN 30G   |     | 108 | EASY FLOW BLACK/ORANGE DEVI                              | 138 |
| DROPLET LANCING DEVICE MISC  |     | 108 | EASY FLOW BLACK/RED DEVI                                 | 138 |
| DROPLET PERSONAL LANCETS 30G   |     | 108 | EASY FLOW BLACK/WHITE DEVI                               | 138 |
| DROPSAFE ACTI-LANCE 23G  |     | 108 | EASY FLOW BLACK/YELLOW DEVI                              | 138 |
| DROPSAFE MEDLANCE LANCET 30G   |     | 108 | EASY FLOW WHITE/BLUE DEVI                                | 138 |
| DROPSAFE SAFETY SYRINGE/NEEDLE   |     | 134 | EASY FLOW WHITE/GREEN DEVI                               | 138 |
| drospirenone-ethinyl estradiol   |     | 55  | EASY FLOW WHITE/PINK DEVI                                | 138 |
| drospirenone-ethinyl estradiol-levomefolate calcium                                |     | 55  | EASY FLOW WHITE/WHITE DEVI                               | 138 |
| DROXIA CAPS  |     | 92  | EASY FLOW WHITE/YELLOW DEVI                              |     |
| DRUG MART ON-THE-GO LANCET   |     |     |  |     |
|  | 30G | 108 |  |     |
|  | 28G | 108 |  |     |
|  | 30G | 108 |  |     |
|  | 33G | 108 |  |     |
| DRY EYE FORMULA CAPS 33.333 MG-3.333 MG-16.667 UNIT-6.667 MG-133.333 MG-166.667 MG |     | 158 |  |     |
| DRYMAX EXTRA PADS  |     | 98  |  |     |
| DUAKLIR PRESSAIR   |     | 16  |  |     |
| DUETACT (Use pioglitazone hcl-glimepiride)   |     | 24  |  |     |
| DUEXIS (Use ibuprofen-famotidine)  |     | 6   |  |     |
| DULCOLAX TBEC (Use bisacodyl)  |     | 97  |  |     |
| DULERA   |     | 16  |  |     |
| duloxetine hcl CPEP  |     | 23  |  |     |
| DUOPA SUSP   |     | 44  |  |     |
| DUPIXENT SOAJ  |     | 67  |  |     |
| DUPIXENT SOSY 200 MG/1.14ML, 300 MG/2ML  |     | 67  |  |     |
| DUREX EXTRA SENSITIVE THIN DEVI  |     | 100 |  |     |
| DUREX EXTRA SENSITIVE THIN MISC  |     | 100 |  |     |
| DUREX TROPICAL MISC  |     | 100 |  |     |
| DUREZOL (Use difluprednate)  |     | 197 |  |     |
| DURYSTA IMPL   |     | 199 |  |     |
| dutasteride  |     | 89  |  |     |
| dutasteride-tamsulosin hcl   |     | 89  |  |     |
| DUVYZAT  |     | 191 |  |     |

|  |  |   |
|--|--|---|
| 138  | EASY TOUCH LANCETS 21G .. 109                    | EASY TRAK II CONTROL LIQD . 110                                   |
| EASY MINI EJECT LANCING<br>DEVICE MISC ..... 108 | EASY TOUCH LANCETS 23G .. 109                    | EASY TRAK II GLUCOSE TEST<br>STRP ..... 75                        |
| EASY PLUS II CONTROL SOLN .108                   | EASY TOUCH LANCETS 26G .. 109                    | EASYGLUCO KIT ..... 110   |
| EASY PLUS II GLUCOSE SYSTEM<br>DEVI ..... 108    | EASY TOUCH LANCETS 28G .. 109                    | EASYGLUCO STRP ..... 75   |
| EASY PLUS II GLUCOSE TEST<br>STRP ..... 74       | EASY TOUCH LANCETS<br>28G/TWIST ..... 109        | EASYMAX 15 LEVEL 2 CONTROL<br>SOLN ..... 110                      |
| EASY STEP CONTROL SOLN ...109                    | EASY TOUCH LANCETS 30G .. 109                    | EASYMAX 15 TEST STRP ..... 75                                     |
| EASY STEP GLUCOSE MONITOR<br>DEVI ..... 109      | EASY TOUCH LANCETS<br>30G/TWIST ..... 109        | EASYMAX CONTROL SOLN .... 110                                     |
| EASY STEP TEST STRP ..... 74                     | EASY TOUCH LANCETS 32G .. 109                    | EASYMAX NG BLOOD GLUCOSE<br>DEVI ..... 110                        |
| EASY TALK BLOOD GLUCOSE<br>SYSTEM DEVI ..... 109 | EASY TOUCH LANCETS<br>32G/TWIST ..... 110        | EASYMAX NG BLOOD GLUCOSE<br>KIT ..... 110                         |
| EASY TALK BLOOD GLUCOSE<br>TEST STRP ..... 75    | EASY TOUCH LANCETS<br>33G/TWIST ..... 110        | EASYMAX TEST STRP ..... 75  |
| EASY TALK CONTROL SOLN ...109                    | EASY TOUCH LANCING DEVICE<br>MISC ..... 110      | EASYMAX V BLOOD GLUCOSE<br>DEVI ..... 110                         |
| EASY TALK PLUS II CONTROL<br>SOLN ..... 109      | EASY TOUCH SAFETY LANCETS<br>21G ..... 110       | EBGLYSS SOAJ ..... 67   |
| EASY TALK PLUS II TEST STRIPS<br>STRP ..... 75   | EASY TOUCH SAFETY LANCETS<br>23G ..... 110       | EBGLYSS SOSY ..... 67   |
| EASY TOUCH CONTROL HIGH &<br>LOW SOLN ..... 109  | EASY TOUCH SAFETY LANCETS<br>26G ..... 110       | EC-NAPROSYN TBEC (Use<br>naproxen) ..... 6                        |
| EASY TOUCH FLIPLOCK INSULIN<br>SY ..... 134      | EASY TOUCH SAFETY LANCETS<br>28G ..... 110       | econazole nitrate CREA ..... 62                                   |
| EASY TOUCH GLUCOSE SYSTEM<br>KIT ..... 109       | EASY TOUCH SAFETY LANCETS<br>SYRINGE ..... 134   | EDARBI 40 MG, 80 MG (Use<br>azilsartan medoxomil) ..... 34        |
| EASY TOUCH HEALTHPRO<br>GLUCOSE KIT ..... 109    | EASY TOUCH TEST STRP ..... 75                    | EDARBYCLOR ..... 35   |
| EASY TOUCH HEALTHPRO<br>HIGH/LOW LIQD ..... 109  | EASY TRAK BLOOD GLUCOSE<br>SYSTEM DEVI ..... 110 | EDLUAR SUBL ..... 95  |
| EASY TOUCH INSULIN SAFETY<br>SYR ..... 134       | EASY TRAK BLOOD GLUCOSE<br>TEST STRP ..... 75    | EDURANT 25 MG (Use rilpivirine hcl)<br>..... 48                   |
| EASY TOUCH INSULIN SYRINGE<br>134                | EASY TRAK CONTROL SOLN .. 110                    | EDURANT PED PO 2.5 MG ..... 48                                    |
|  | EASY TRAK II BLOOD GLUCOSE<br>SYS DEVI ..... 110 | efavirenz CAPS 200 MG ..... 48                                    |
|  |  | efavirenz CAPS 50 MG ..... 48                                     |
|  |  | efavirenz TABS ..... 48   |
|  |  | efavirenz-emtricitabine-tenofovir<br>disoproxil fumarate ..... 48 |

|   |                       |                       |                       |                           |
|---|-----------------------|-----------------------|-----------------------|---------------------------|
| efavirenz-lamivudine-tenofovir              | ELEVIDYS 16.5-17.4 KG | ..... 191             | ELEVIDYS 46.5-47.4 KG | ..... 192                 |
| disoproxil fumarate                         | .....48               | ELEVIDYS 17.5-18.4 KG | ..... 191             | ELEVIDYS 47.5-48.4 KG     |
| EFFER-K TBEF 25 MEQ                         | .....142              | ELEVIDYS 18.5-19.4 KG | ..... 191             | ELEVIDYS 48.5-49.4 KG     |
| EFFEXOR XR CP24 (Use venlafaxine hcl)       | ..... 23              | ELEVIDYS 19.5-20.4 KG | ..... 191             | ELEVIDYS 49.5-50.4 KG     |
| EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) | ..... 23              | ELEVIDYS 20.5-21.4 KG | ..... 192             | ELEVIDYS 50.5-51.4 KG     |
| EFFIENT (Use prasugrel hcl)                 | ..... 92              | ELEVIDYS 21.5-22.4 KG | ..... 192             | ELEVIDYS 51.5-52.4 KG     |
| EFUDEX CREA (Use fluorouracil (topical))    | .....63               | ELEVIDYS 22.5-23.4 KG | ..... 192             | ELEVIDYS 52.5-53.4 KG     |
| EKTERLY TABS PO 300 MG                      | .....91               | ELEVIDYS 23.5-24.4 KG | ..... 192             | ELEVIDYS 53.5-54.4 KG     |
| ELEMENT COMPACT CONTROL 2 SOLN              | ..... 111             | ELEVIDYS 24.5-25.4 KG | ..... 192             | ELEVIDYS 54.5-55.4 KG     |
| ELEMENT COMPACT CONTROL 3 SOLN              | ..... 111             | ELEVIDYS 25.5-26.4 KG | ..... 192             | ELEVIDYS 55.5-56.4 KG     |
| ELEMENT COMPACT GLUCOSE SYSTEM DEVI         | .....111              | ELEVIDYS 26.5-27.4 KG | ..... 192             | ELEVIDYS 56.5-57.4 KG     |
| ELEMENT COMPACT TEST STRP 75                | .....75               | ELEVIDYS 27.5-28.4 KG | ..... 192             | ELEVIDYS 57.5-58.4 KG     |
| ELEMENT COMPACT V GLUCOSE SYS DEVI          | .....111              | ELEVIDYS 28.5-29.4 KG | ..... 192             | ELEVIDYS 58.5-59.4 KG     |
| ELEMENT CONTROL LIQD                        | .....111              | ELEVIDYS 29.5-30.4 KG | ..... 192             | ELEVIDYS 59.5-60.4 KG     |
| ELEMENT PLUS DEVI                           | .....111              | ELEVIDYS 30.5-31.4 KG | ..... 192             | ELEVIDYS 60.5-61.4 KG     |
| ELEMENT TEST STRP                           | .....75               | ELEVIDYS 31.5-32.4 KG | ..... 192             | ELEVIDYS 61.5-62.4 KG     |
| ELEPSIA XR TB24                             | .....18               | ELEVIDYS 32.5-33.4 KG | ..... 192             | ELEVIDYS 62.5-63.4 KG     |
| eletriptan hydrobromide                     | .....140              | ELEVIDYS 33.5-34.4 KG | ..... 192             | ELEVIDYS 63.5-64.4 KG     |
| ELEVIDYS 10.0-10.4 KG                       | ..... 191             | ELEVIDYS 34.5-35.4 KG | ..... 192             | ELEVIDYS 64.5-65.4 KG     |
| ELEVIDYS 10.5-11.4 KG                       | ..... 191             | ELEVIDYS 35.5-36.4 KG | ..... 192             | ELEVIDYS 65.5-66.4 KG     |
| ELEVIDYS 11.5-12.4 KG                       | ..... 191             | ELEVIDYS 36.5-37.4 KG | ..... 192             | ELEVIDYS 66.5-67.4 KG     |
| ELEVIDYS 12.5-13.4 KG                       | ..... 191             | ELEVIDYS 37.5-38.4 KG | ..... 192             | ELEVIDYS 67.5-68.4 KG     |
| ELEVIDYS 13.5-14.4 KG                       | ..... 191             | ELEVIDYS 38.5-39.4 KG | ..... 192             | ELEVIDYS 68.5-69.4 KG     |
| ELEVIDYS 14.5-15.4 KG                       | ..... 191             | ELEVIDYS 39.5-40.4 KG | ..... 192             | ELEVIDYS 69.5 KG PLUS     |
| ELEVIDYS 15.5-16.4 KG                       | ..... 191             | ELEVIDYS 40.5-41.4 KG | ..... 192             | ELFABRIO                  |
|   |                       | ELEVIDYS 41.5-42.4 KG | ..... 192             | ELFOLATE TABS             |
|   |                       | ELEVIDYS 42.5-43.4 KG | ..... 192             | ELIDEL (Use pimecrolimus) |
|   |                       | ELEVIDYS 43.5-44.4 KG | ..... 192             | ELIGARD KIT SC 22.5 MG    |
|   |                       | ELEVIDYS 44.5-45.4 KG | ..... 192             | ELIGARD KIT SC 7.5 MG     |
|   |                       | ELEVIDYS 45.5-46.4 KG | ..... 192             | ELIGARD SC 30 MG          |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| ELIGARD SC 45 MG .....                       | 39  | EMBRACE EVO CONTROL LEVEL<br>1 LIQD .....    | 111 | aprepitant) .....  | 30  |
| ELIMITE CREA (Use permethrin) .              | 71  | EMBRACE EVO GLUCOSE<br>MONITOR DEVI .....    | 111 | EMEND SOLR (Use fosaprepitant<br>dimeglumine) .....              | 30  |
| ELIQUIS (1.5 MG PACK) TBSO PO .              | 17  | EMBRACE EVO GLUCOSE<br>MONITORING KIT .....  | 111 | EMEND SUSR .....   | 30  |
| ELIQUIS (2 MG PACK) TBSO PO .                | 17  | EMBRACE GLUCOSE CONTROL<br>LIQD .....        | 111 | EMEND TRIPACK CPPK PO (Use<br>aprepitant) .....                  | 30  |
| ELIQUIS CPSP PO 0.15 MG .....                | 17  | EMBRACE LANCETS ULTRA THIN<br>30G .....      | 111 | EMFLAZA SUSP (Use deflazacort)<br>57                             |     |
| ELIQUIS DVT/PE STARTER PACK<br>TBPk .....    | 17  | EMBRACE LANCING<br>DEVICE/EJECTOR MISC ..... | 111 | EMFLAZA TABS (Use deflazacort)<br>57                             |     |
| ELIQUIS TABS .....                           | 17  | EMBRACE PRESSURE ACTIVATED<br>21G .....      | 111 | EMGALITY (300 MG DOSE) SOSY<br>140                               |     |
| ELIQUIS TBSO PO 0.5 MG .....                 | 17  | EMBRACE PRESSURE ACTIVATED<br>28G .....      | 111 | EMGALITY SOAJ .....  | 140 |
| ELLA .....                                   | 56  | EMBRACE PRO GLUCOSE<br>CONTROL LIQD .....    | 111 | EMGALITY SOSY .....  | 140 |
| ELOCTATE .....                               | 90  | EMBRACE PRO GLUCOSE METER<br>DEVI .....      | 111 | emollient OINT .....   | 68  |
| ELYXYB .....                                 | 140 | EMBRACE TALK BLOOD GLUCOSE<br>DEVI .....     | 111 | EMSAM .....  | 22  |
| EMBECTA AUTOSHIELD DUO .                     | 134 | EMBRACE TALK GLUCOSE<br>CONTROL SOLN .....   | 111 | emtricitabine CAPS .....   | 48  |
| EMBECTA INS SYR U/F 1/2 UNIT<br>134          |     | EMBRACE TALK GLUCOSE TEST<br>STRP .....      | 75  | emtricitabine-rilpivirine-tenofovir<br>disoproxil fumarate ..... | 48  |
| EMBECTA INSULIN SYR<br>ULTRAFINE .....       | 134 | EMBRACE WAVE GLUCOSE<br>CONTROL LIQD .....   | 112 | emtricitabine-tenofovir disoproxil<br>fumarate .....             | 48  |
| EMBECTA INSULIN SYRINGE .                    | 134 | EMCyt .....                                  | 40  | EMTRIVA CAPS (Use emtricitabine) .<br>48                         |     |
| EMBECTA INSULIN SYRINGE U-<br>100 .....      | 134 | EMEND BIPACK CAPS 80 MG (Use                 |     | EMTRIVA SOLN .....   | 48  |
| EMBECTA PEN NEEDLE NANO<br>134               |     |  |     | enalapril maleate &<br>hydrochlorothiazide .....                 | 35  |
| EMBECTA PEN NEEDLE NANO 2<br>GEN .....       | 134 |  |     | enalapril maleate SOLN .....                                     | 34  |
| EMBECTA PEN NEEDLE<br>ULTRAFINE .....        | 134 |  |     | enalapril maleate TABS .....                                     | 34  |
| EMBRACE BLOOD GLUCOSE<br>MONITOR DEVI .....  | 111 |  |     | ENBRACE HR .....   | 188 |
| EMBRACE BLOOD GLUCOSE<br>TEST STRP .....     | 75  |  |     | ENBREL MINI SOCT .....   | 8   |
| EMBRACE CONTROL SOLN ....                    | 111 |  |     | ENBREL SOLN .....  | 8   |
| EMBRACE EVO BLOOD GLUCOSE<br>TEST STRP ..... | 75  |  |     | ENBREL SOSY .....  | 8   |
|  |     |  |     | ENBREL SURECLICK SOAJ .....                                      | 8   |

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|---|-----|--|-----|---|--|
| ENFAMIL POLY-VI-SOL-IRON SOLN 11 MG/ML .....  | 187 | EPIDIOLEX .....  | 18  | MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG-2 MG, 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-20 MG-0.5 MG-5 MCG-2.3 MG-45 MCG-55 MCG-10 MCG-72 MG-2 MG ..... | 158  |
| ENGERIX-B SUSP 20 MCG/ML .  | 209 | EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide) .....  | 60  | EQ COMPLETE MULTIVITAMIN-ADULT TABS .....   | 158  |
| ENGERIX-B SUSY .....  | 209 | EPIDUO GEL (Use adapalene-benzoyl peroxide) .....  | 60  | EQ GAUZE PADS .....   | 98   |
| ENOBY SOSY SC 60 MG/ML .....  | 84  | EPIFOAM FOAM .....   | 66  | EQ ONE DAILY MENS 50+ TABS  | 158  |
| enoxaparin sodium SOLN IJ 300 MG/3ML .....  | 17  | epinastine hcl (ophth) .....   | 198 | EQ ONE DAILY MENS HEALTH TABS .....   | 158  |
| enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML .....                                     | 17  | epinephrine (anaphylaxis) SOAJ .   | 211 | EQ ONE DAILY WOMENS 50+ TABS .....  | 158  |
| enoxaparin sodium SOSY 30 MG/0.3ML .....  | 17  | epinephrine hcl (nasal) .....  | 191 | EQ ONE DAILY WOMENS HEALTH TABS .....   | 158  |
| enoxaparin sodium SOSY 40 MG/0.4ML .....  | 17  | EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....  | 211 | EQ SPACE CHAMBER ANTI-STATIC DEVI .....   | 138  |
| enoxaparin sodium SOSY 60 MG/0.6ML .....  | 17  | EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis)) .....   | 211 | EQ SPACE CHAMBER ANTI-STATIC L DEVI .....   | 138  |
| enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML .....                                | 17  | EPIVIR SOLN (Use lamivudine) ...   | 48  | EQ SPACE CHAMBER ANTI-STATIC M DEVI .....   | 138  |
| ENSACOVE CAPS PO 25 MG, 100 MG .....  | 42  | EPIVIR TABS 150 MG (Use lamivudine) .....  | 48  | EQ SPACE CHAMBER ANTI-STATIC S DEVI .....   | 138  |
| ENSPRYNG .....  | 143 | EPIVIR TABS 300 MG (Use lamivudine) .....  | 48  | EQ VISION FORMULA 50+ CAPS  | 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG ... |
| ENSTILAR FOAM .....   | 66  | EPOGEN 10000 UNIT/ML .....   | 93  | 159   |  |
| entacapone .....  | 44  | EPOGEN 2000 UNIT/ML .....  | 93  | EQL CENTURY MATURE ADULTS 50+ TABS .....  | 159  |
| entecavir TABS .....  | 50  | EPOGEN 20000 UNIT/ML .....   | 93  | EQL CENTURY MATURE MEN 50+ TABS 120 MG-6 MG-30 MCG-300 MCG-600 UNIT-100 MCG-10 MG-1.7 MG-60 MCG-20 MG-300 MCG-3500 UNIT-600 MCG-1.5 MG-15 MG-0.7  |  |
| ENTRESTO CPSP .....   | 53  | EPOGEN 3000 UNIT/ML .....  | 93  |   |  |
| ENTRESTO TABS 103 MG-97 MG, 26 MG-24 MG, 51 MG-49 MG (Use sacubitril-valsartan) ..... | 53  | EPOGEN 4000 UNIT/ML .....  | 93  |   |  |
| ENTYVIO PEN SOAJ .....  | 88  | EPRONTIA SOLN 25 MG/ML (Use topiramate) .....  | 18  |   |  |
| ENTYVIO SOLR .....  | 88  | EPSOLAY CREA .....   | 60  |   |  |
| EOHILIA SUSP .....  | 57  | EQ BLOOD GLUCOSE TEST STRP .   | 76  |   |  |
| EPANED SOLN (Use enalapril maleate) .....   | 34  | EQ COMPLETE MULTIVIT ADULT 50+ TABS 60 MG-3 MG-30 MCG-400 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-220 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 UNIT-50 MG-80 MG-45 MCG-150 MCG-20 MG-0.5 |     |   |  |
| EPCLUSA PACK .....  | 50  |  |     |   |  |
| EPCLUSA TABS .....  | 50  |  |     |   |  |

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| MG-50 MG-5 MCG-250 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-4 MG-60 UNIT-100 MCG-72 MG-10 MCG-60 MCG-150 MCG ..... 159  | MG-2.2 MG-110 MG-90 MCG-150 MCG-25.5 UNIT-4.2 MG-180 MCG-117 MCG .....159  | erythromycin (acne aid) PADS .... 60  |
| EQL CENTURY MATURE TABS 90 MG-3 MG-30 MCG-500 MCG-500 UNIT-25 MCG-1.7 MG-30 MCG-20 MG-250 MCG-2500 UNIT-10 MG-300 MCG-1.5 MG-11 MG-150 MCG-50 MG-2 MG-220 MG-80 MG-45 MCG-150 MCG-50 UNIT-110 MG-0.9 MG-5 MCG-2.3 MG-55 MCG-10 MCG-45 MCG-72 MG ..... 159        | EQL ONE DAILY MENS HEALTH TABS 400 UNIT-90 MG-3 MG-30 MCG-400 MCG-18 MCG-1.7 MG-20 MCG-16 MG-3500 UNIT-5 MG-210 MG-0.6 MG-1.2 MG-15 MG-2 MG-120 MG-100 MG-45 UNIT-2 MG-120 MCG-105 MCG ..... 159         | erythromycin (acne aid) SOLN .... 60  |
| EQL CENTURY MATURE WOMEN 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-800 UNIT-50 MCG-5 MG-1.1 MG-50 MCG-14 MG-300 MCG-3500 UNIT-8 MG-1.1 MG-15 MG-0.5 MG-50 MG-5 MCG-500 MG-80 MG-15 MG-50 MCG-150 MCG-20 MG-2.3 MG-35 UNIT-55 MCG-72 MG-10 MCG-50 MCG-150 MCG ..... 159 | EQL ONE DAILY MENS TABS ...159   | erythromycin (ophth) .....196   |
| EQL CENTURY MENS TABS .... 159   | EQL ONE DAILY WOMENS 50+ ADV TABS 120 MG-6 MG-30 MCG-400 MCG-1000 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-500 MG-4.5 MG-24 MG-2.2 MG-50 MG-90 MCG-150 MCG-30 UNIT-4.2 MG-180 MCG-27 MCG .....159 | erythromycin base CPEP .....97  |
| EQL CENTURY TABS 90 MG-2 MG-30 MCG-500 MCG-400 UNIT-6 MCG-1.7 MG-25 MCG-20 MG-250 MCG-3500 UNIT-10 MG-18 MG-300 MCG-1.5 MG-11 MG-150 MCG-100 MG-80 MG-200 MG-45 MCG-150 MCG-30 UNIT-109 MG-0.9 MG-5 MCG-10 MCG-2.3 MG-55 MCG-10 MCG-35 MCG-72 MG-2 MG .....159   | EQL PRENATAL FORMULA TABS 188  | erythromycin base TABS ..... 97   |
| EQL CENTURY WOMENS TABS 159  | EQL VISION FORMULA TABS 200 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG ..... 160   | erythromycin base TBEC ..... 97   |
| EQL GAUZE PADS .....98   | EQUETRO ..... 45   | erythromycin ethylsuccinate SUSR 97   |
| EQL GAUZE STERILE PADS ..... 98  | ergocalciferol CAPS .....211   | erythromycin ethylsuccinate TABS 97   |
| EQL ONE DAILY MENS 50+ ADVANCE TABS 120 MG-6 MG-30 MCG-400 MCG-700 UNIT-25 MCG-3.4 MG-20 MCG-20 MG-3500 UNIT-15 MG-120 MG-370 MCG-4.5 MG-24  | ergocalciferol SOLN PO 200 MCG/ML .....211   | erythromycin stearate TABS 250 MG 97  |
|  | ergoloid mesylates TABS .....204   | ERZOFRI .....45   |
|  | ERIVEDGE .....39   | ESBRIET CAPS (Use pirfenidone) 205  |
|  | ERLEADA ..... 40   | ESBRIET TABS (Use pirfenidone) 205  |
|  | erlotinib hcl ..... 39   | ESCITALOPRAM OXALATE CAPS PO 15 MG .....22  |
|  | ERVEBO .....209  | escitalopram oxalate SOLN ..... 22  |
|  | ERYPED 200 SUSR (Use erythromycin ethylsuccinate) ..... 97   | escitalopram oxalate TABS .....22   |
|  | ERYPED 400 SUSR (Use erythromycin ethylsuccinate) ..... 97   | ESGIC TABS (Use butalbital-acetaminophen-caffeine) .....8   |
|  | erythromycin (acne aid) GEL ..... 60   | eslicarbazepine acetate 200 MG, 400 MG, 600 MG, 800 MG ..... 18   |
|  |  | esomeprazole magnesium CPDR 207   |
|  |  | esomeprazole magnesium PACK 207   |
|  |  | ESPEROCT ..... 90   |
|  |  | ESSENTIA TABS 100 MG-6 MG-30 MCG-400 MCG-2000 UNIT-25 MCG-3000 UNIT-10 MG-100 MCG-100 MG-25 MG-10 MG-18 MG-100 MG-10 MG-100 MG-15 MG-2 MG-250 MCG-60 UNIT-2 MG-10 MCG-75 MCG-150 MCG-70 MCG-100 MCG |

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|------------------------------------|--------------------------------------|-----|-------------------------------------|-----|
| 160                                | etodolac TB24 .....                  | 6   | EVOLUTION AUTOCODE DEVI .           | 112 |
| ESSENTIAL BALANCE TABS 120         | etonogestrel-ethinyl estradiol ..... | 56  | EVOLUTION AUTOCODE STRP .           | 76  |
| MG-2 MG-30 MCG-400 MCG-400         | etoposide CAPS .....                 | 44  | EVOLUTION CONTROL SOLN ..           | 112 |
| UNIT-6 MCG-1.7 MG-250 MCG-3000     | etravirine 100 MG .....              | 48  | EVOTAZ .....                        | 48  |
| UNIT-10 MG-9 MG-1.5 MG-15 MG-2     | etravirine 200 MG .....              | 48  | EVRYSDI .....                       | 194 |
| MG-150 MCG-20 MG-100 MG-40         | EUCERIN INTENSIVE REPAIR             |     | EVRYSDI PO 5 MG .....               | 194 |
| MG-2 MG-100 MG-25 MCG-150          | OINT .....                           | 68  | EXCILON AMD DRAIN SPONGES           |     |
| MCG-50 UNIT-77 MG-5 MCG-10         | EUCERIN REDNESS RELIEF DAY           |     | PADS .....                          | 98  |
| MCG-2 MG-120 MCG-25 MCG-25         | LOTN .....                           | 71  | EXCILON AMD NON-WOVEN               |     |
| MCG-10 MCG-36 MG .....             | EUCRISA .....                        | 70  | SPONGES PADS .....                  | 98  |
| estazolam .....                    | EULEXIN .....                        | 40  | EXCILON DRAIN SPONGES PADS .        | 98  |
| ESTRACE CREA (Use estradiol        | EVEKEO TABS (Use amphetamine         |     | EXCILON IV SPONGES PADS ...         | 98  |
| vaginal) .....                     | sulfate) .....                       | 1   | EXDENSUR SOSY SC 100 MG/ML          |     |
| ESTRACE TABS (Use estradiol) ..    | EVENTY .....                         | 84  | 14                                  |     |
| estradiol & norethindrone acetate  | everolimus (immunosuppressant)       |     | EXELON (Use rivastigmine) .....     | 201 |
| TABS .....                         | 143                                  |     | exemestane .....                    | 40  |
| estradiol PTTW .....               | everolimus TABS .....                | 42  | exenatide SOPN 10 MCG/0.04ML        | 26  |
| estradiol PTWK .....               | everolimus TBSO .....                | 42  | exenatide SOPN 5 MCG/0.02ML ..      | 26  |
| estradiol TABS .....               | EVERSENSE 365                        |     | EXFORGE (Use amlodipine             |     |
| estradiol vaginal CREA .....       | SENSOR/HOLDER .....                  | 112 | besylate-valsartan) .....           | 35  |
| estradiol vaginal TABS .....       | EVERSENSE 365 SMART                  |     | EXFORGE HCT (Use amlodipine-        |     |
| ESTROFACTORS TABS .....            | TRANSMIT .....                       | 112 | valsartan-hydrochlorothiazide) .... | 35  |
| estrogens, conjugated TABS 0.3 MG, | EVERSENSE E3 SENSOR/HOLDER           |     | EXONDYS 51 .....                    | 193 |
| 0.45 MG, 0.625 MG, 0.9 MG, 1.25    | .....                                | 112 | EXTENDED INFUSION SET               |     |
| MG .....                           | EVERSENSE E3 SMART                   |     | 23"/6MM MISC .....                  | 112 |
| ESTROVEN MENOPAUSE                 | TRANSMITTER .....                    | 112 | EXTENDED INFUSION SET               |     |
| SUPPLEMENT TABS .....              | EVERVITA TABS .....                  | 160 | 23"/9MM MISC .....                  | 112 |
| eszopiclone .....                  | EVEXITHROID TABS 15 MG, 30           |     | EXTENDED INFUSION SET               |     |
| ethambutol hcl TABS .....          | MG, 60 MG, 90 MG, 120 MG, 180        |     | 32"/6MM MISC .....                  | 112 |
| ethosuximide CAPS .....            | MG .....                             | 206 | EXTENDED INFUSION SET               |     |
| ethosuximide SOLN .....            | EVISTA (Use raloxifene hcl) .....    | 84  | 32"/9MM MISC .....                  | 112 |
| ethynodiol diacet & eth estrad     | EVKEEZA 1200 MG/8ML .....            | 32  | EXTENDED INFUSION SET               |     |
| .....                              | EVKEEZA 345 MG/2.3ML .....           | 32  | 43"/6MM MISC .....                  | 112 |
| etodolac CAPS .....                |                                      |     |                                     |     |
| etodolac TABS .....                |                                      |     |                                     |     |

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| EXTENDED INFUSION SET<br>43"/9MM MISC .....                        | 112 | FANTASY LUBRICATED MISC ..   | 100 | fentanyl citrate LPOP 400 MCG, 800<br>MCG .....   | 9   |
| EXTENDED RESERVOIR 3ML MISC<br>.....                               | 112 | FANTASY<br>LUBRICATED/SPERMICIDE MISC                              | 100 | fentanyl PT72 12 MCG/HR, 25<br>MCG/HR, 37.5 MCG/HR, 50<br>MCG/HR, 62.5 MCG/HR, 75<br>MCG/HR, 87.5 MCG/HR, 100<br>MCG/HR ..... | 9   |
| EXXUA TB24 PO 18.2 MG, 36.3 MG,<br>54.5 MG, 72.6 MG .....          | 23  | FARESTON (Use toremifene citrate)<br>.....                         | 40  | FERRETTS TABS .....   | 94  |
| EXXUA TITRATION PACK TB24 PO<br>18.2 MG .....                      | 23  | FARXIGA TABS PO (Use<br>dapagliflozin) .....                       | 28  | ferric citrate .....  | 89  |
| EYE HEALTH + LUTEIN TABS ..  | 160 | FASENRA PEN SOAJ .....   | 14  | ferrous fumarate TABS .....   | 94  |
| EYE HEALTH AREDS 2 CAPS ..   | 160 | FASENRA SOSY .....   | 14  | ferrous fumarate-fa-b complex-c-zn-<br>mg-mn-cu TABS .....  | 94  |
| EYE HEALTH CAPS .....  | 160 | FC2 FEMALE CONDOM .....  | 100 | ferrous gluconate TABS 324 MG ..  | 94  |
| EYE MULTIVITAMIN/SODIUM TABS<br>.....                              | 160 | febuxostat .....   | 90  | ferrous gluconate TABS .....  | 94  |
| EYE VITAMINS CAPS 60 MG-6 MG-<br>15 MG-2 MG-30 UNIT-22 MG ....     | 160 | FEIBA .....  | 90  | ferrous sulfate dried TBCR .....  | 94  |
| EYE-VITES TABS 60 MG-40 MG-2<br>MG-5000 UNIT-30 UNIT-40 MCG<br>160 |     | felbamate SUSP .....   | 20  | ferrous sulfate SOLN 15 MG/ML, 15<br>MG/ML .....  | 94  |
| EYSUVIS SUSP .....   | 197 | felbamate TABS .....   | 20  | ferrous sulfate SOLN 220 MG/5ML,<br>300 MG/6.8ML .....  | 94  |
| ezetimibe .....  | 33  | FELBATOL SUSP (Use felbamate)<br>20                                |     | ferrous sulfate TABS .....  | 94  |
| ezetimibe-simvastatin .....  | 32  | FELBATOL TABS (Use felbamate)<br>20                                |     | ferrous sulfate TBEC .....  | 94  |
| famciclovir .....  | 51  | felodipine .....   | 52  | ferrous sulfate TABS .....  | 94  |
| famotidine SOLN 20 MG/2ML ....                                     | 206 | FEMARA (Use letrozole) .....                                       | 40  | fesoterodine fumarate .....   | 208 |
| FAMOTIDINE SOLN .....  | 206 | FEMCAP DEVI .....  | 100 | FETZIMA CP24 .....  | 23  |
| famotidine SUSR .....  | 206 | FEMLYV TBDP .....  | 55  | FETZIMA TITRATION C4PK .....  | 23  |
| famotidine TABS 10 MG, 20 MG .                                     | 206 | fenofibrate CAPS .....   | 33  | FEVERALL INFANTS SUPP .....   | 8   |
| famotidine TABS .....  | 206 | fenofibrate micronized 43 MG, 67<br>MG, 130 MG, 134 MG, 200 MG ... | 33  | FEVERALL JUNIOR STRENGTH<br>SUPP .....  | 8   |
| famotidine-calcium carbonate-<br>magnesium hydroxide .....         | 208 | fenofibrate TABS 40 MG, 120 MG .                                   | 33  | fexofenadine hcl SUSP .....   | 31  |
| FANAPT .....   | 45  | fenofibrate TABS 48 MG, 54 MG, 145<br>MG, 160 MG .....             | 33  | fexofenadine hcl TABS 60 MG, 180<br>MG .....  | 31  |
| FANAPT TITRATION PACK A ....                                       | 45  | fenofibric acid .....  | 33  | fexofenadine-pseudoephedrine TB12<br>.....  | 58  |
| FANAPT TITRATION PACK B ....                                       | 45  | FENOGLIDE TABS (Use fenofibrate)<br>33                             |     | fexofenadine-pseudoephedrine TB24<br>.....  | 58  |
| FANAPT TITRATION PACK C ....                                       | 45  | FENSOLVI (6 MONTH) SC .....  | 85  |   |     |

|  |     |  |     |   |     |
|--|-----|--|-----|---|-----|
| FIASP FLEXTOUCH SOPN .....   | 27  | flecainide acetate .....   | 14  | flunisolide (nasal) .....                         | 191 |
| FIASP PENFILL SOCT .....   | 27  | FLECTOR PTCH EX (Use diclofenac<br>epolamine) .....                                  | 62  | fluocinolone acetonide (otic) .....               | 199 |
| FIASP PUMPCART SOCT .....  | 27  | FLEET ENEMA PR (Use sodium<br>phosphate monobasic-sodium<br>phosphate dibasic) ..... | 96  | fluocinolone acetonide CREA .....                 | 66  |
| FIASP SOLN .....   | 27  | FLEQSUVY SUSP (Use baclofen)<br>190  |     | fluocinolone acetonide OIL .....                  | 66  |
| FIBRICOR 105 MG (Use fenofibric<br>acid) .....   | 33  | FLEXICHAMBER DEVI .....  | 138 | fluocinolone acetonide OINT .....                 | 66  |
| FIBRICOR 35 MG (Use fenofibric<br>acid) .....  | 33  | FLORAFOL FE PEDIATRIC SOLN<br>186  |     | fluocinolone acetonide SOLN .....                 | 66  |
| fidaxomicin TABS 200 MG .....  | 97  | FLORAFOL PEDIATRIC SUSP 0.25<br>MG/ML .....  | 187 | fluocinonide CREA .....                           | 66  |
| FIFTY50 SUPERIOR COMFORT<br>SYR .....  | 134 | FLORAVITA MINI TABS .....  | 146 | fluocinonide emulsified base .....                | 66  |
| FILKRI SOSY IJ 300 MCG/0.5ML,<br>480 MCG/0.8ML .....   | 93  | FLORRAVITE TABS .....  | 160 | fluocinonide GEL .....                            | 66  |
| FILSPARI .....   | 89  | FLORRAXYL TABS .....   | 160 | fluocinonide OINT .....                           | 66  |
| FILSUVEZ .....   | 72  | FLOTREX CHEW 0.5 MG .....  | 187 | fluocinonide SOLN .....                           | 66  |
| finasteride .....  | 89  | FLOVENT HFA 44 MCG/ACT (Use<br>fluticasone propionate hfa) .....                     | 15  | fluorometholone (ophth) SUSP ...                  | 197 |
| FINAZOL TABS .....   | 160 | FLUAD .....  | 209 | fluorouracil (topical) CREA 0.5 %                 | 63  |
| FINGERSTIX LANCETS .....   | 112 | FLUARIX SUSY .....   | 209 | fluorouracil (topical) CREA 5 %                   | 63  |
| fingolimod hcl .....   | 203 | FLUBLOK SOSY .....   | 209 | fluorouracil (topical) SOLN .....                 | 63  |
| FINTEPLA .....   | 18  | FLUCELVAX SUSP .....   | 209 | fluorouracil (topical) SOLN .....                 | 63  |
| FIORICET/CODEINE 30 MG-40 MG-<br>50 MG-300 MG (Use butalbital-<br>acetaminophen-caffeine w/ codeine) .<br>10 |     | FLUCELVAX SUSY .....   | 209 | fluoxetine hcl (pmdd) TABS .....                  | 204 |
| FIRAZYR SOSY (Use  icatibant<br>acetate) .....   | 91  | fluconazole SUSR .....   | 31  | fluoxetine hcl CAPS .....                         | 22  |
| FIRVANQ SOLR PO (Use<br>vancomycin hcl) .....  | 37  | fluconazole TABS 100 MG .....  | 31  | fluoxetine hcl CPDR .....                         | 22  |
| FITNESS TABS FOR MEN AM/PM<br>TABS .....   | 160 | fluconazole TABS 150 MG .....  | 31  | fluoxetine hcl SOLN .....                         | 22  |
| FITNESS TABS FOR WOMEN<br>AM/PM TABS .....   | 160 | fluconazole TABS 200 MG .....  | 31  | FLUOXETINE HCL TABS (Use<br>fluoxetine hcl) ..... | 22  |
| FLAREX .....   | 197 | fluconazole TABS 50 MG .....   | 31  | fluoxetine hcl TABS .....                         | 22  |
| flavoxate hcl .....  | 208 | fludrocortisone acetate TABS .....   | 57  | fluphenazine decanoate .....                      | 47  |
|  |     | FLULAVAL SUSY .....  | 209 | fluphenazine hcl CONC .....                       | 47  |
|  |     | FLUMIST .....  | 209 | fluphenazine hcl ELIX .....                       | 47  |
|  |     |  |     | fluphenazine hcl SOLN .....                       | 47  |
|  |     |  |     | fluphenazine hcl TABS .....                       | 47  |
|  |     |  |     | flurandrenolide LOTN .....                        | 66  |
|  |     |  |     | flurazepam hcl .....                              | 95  |
|  |     |  |     | flurbiprofen sodium .....                         | 198 |

|   |     |   |     |  |     |
|---|-----|---|-----|--|-----|
| flurbiprofen TABS 100 MG .....  | 6   | dexmethylphenidate hcl) .....                               | 3   | FONDCIRCLE LANCING DEVICE<br>MISC .....      | 112 |
| flurbiprofen TABS 50 MG .....   | 6   | FOCALIN TABS 2.5 MG (Use<br>dexmethylphenidate hcl) .....   | 3   | FONDCIRCLE SINGLE USE<br>LANCETS .....       | 112 |
| fluticasone furoate (inhalation) 50<br>MCG/ACT, 100 MCG/ACT, 200<br>MCG/ACT ..... | 15  | FOCALIN XR CP24 (Use<br>dexmethylphenidate hcl) .....       | 2   | FORA 6 CONNECT STRP .....                    | 76  |
| fluticasone furoate-vilanterol .....  | 16  | FOCALIN XR CP24 40 MG (Use<br>dexmethylphenidate hcl) ..... | 2   | FORA 6 CONNECT/GTEL TEST<br>STRP .....       | 76  |
| fluticasone propionate (inhalation)<br>AEPB .....                                 | 15  | FOCINVEZ SOLN .....   | 30  | FORA BLOOD GLUCOSE TEST<br>STRP .....        | 76  |
| fluticasone propionate (nasal) SUSP .<br>191                                      |     | FOLAGENT DHA CAPS .....                                     | 160 | FORA CONTROL SOLN .....                      | 112 |
| fluticasone propionate CREA 0.05 %<br>66  |     | FOLAMAX TABS .....  | 160 | FORA D15G BLOOD GLUCOSE<br>TEST STRP .....   | 76  |
| fluticasone propionate hfa 110<br>MCG/ACT, 220 MCG/ACT .....                      | 15  | FOLAMED DHA CAPS .....                                      | 160 | FORA D20 2-IN-1 MONITOR DEVI<br>112          |     |
| fluticasone propionate hfa 44<br>MCG/ACT .....                                    | 15  | FOLAPRIME TABS .....  | 160 | FORA D20 BLOOD GLUCOSE TEST<br>STRP .....    | 76  |
| fluticasone propionate LOTN .....   | 66  | FOLASYNC DHA CAPS .....                                     | 160 | FORA D40/G31 BLOOD GLUCOSE<br>STRP .....     | 76  |
| fluticasone propionate OINT .....   | 66  | FOLATEN TABS .....  | 160 | FORA G20 BLOOD GLUCOSE<br>SYSTEM KIT .....   | 112 |
| fluticasone-salmeterol AEPB .....   | 16  | FOLAWISE TABS .....   | 184 | FORA G20 BLOOD GLUCOSE<br>TEST STRP .....    | 76  |
| fluticasone-salmeterol AERO .....   | 16  | FOLCYTEINE TABS .....                                       | 184 | FORA G30/PREM V10 GLUCOSE<br>TEST STRP ..... | 76  |
| fluvastatin sodium CAPS .....   | 33  | folic acid TABS 1 MG .....                                  | 92  | FORA G30A BLOOD GLUCOSE<br>SYSTEM DEVI ..... | 113 |
| fluvastatin sodium TB24 .....   | 33  | folic acid TABS 400 MCG, 800 MCG .<br>92                    |     | FORA GD20 BLOOD GLUCOSE<br>SYSTEM DEVI ..... | 113 |
| fluvoxamine maleate CP24 .....  | 22  | FOLIFLEX TABS .....   | 160 | FORA GD20 TEST STRP .....                    | 76  |
| fluvoxamine maleate TABS .....  | 22  | FOLITIN-Z TABS .....  | 160 | FORA GD50 BLOOD GLUCOSE<br>SYSTEM DEVI ..... | 113 |
| FLUZONE HIGH-DOSE SUSY ...  | 209 | FOLIVANE-OB .....   | 188 | FORA GD50 BLOOD GLUCOSE<br>TEST STRP .....   | 76  |
| FLUZONE SUSP .....  | 209 | FOLIXIA TABS .....  | 160 | FORA GTEL BLOOD GLUCOSE<br>TEST STRP .....   | 76  |
| FLUZONE SUSY .....  | 209 | FOLYRA TABS .....   | 160 |  |     |
| FML FORTE SUSP .....  | 197 | fondaparinux sodium .....                                   | 17  |  |     |
| FML LIQUIFILM SUSP (Use<br>fluorometholone (ophth)) .....                         | 197 | FONDCIRCLE BLOOD GLUCOSE<br>MONIT KIT .....                 | 112 |  |     |
| FOCALIN TABS (Use<br>dexmethylphenidate hcl) .....                                | 3   | FONDCIRCLE BLOOD GLUCOSE<br>TEST STRP .....                 | 76  |  |     |
| FOCALIN TABS 10 MG (Use   |     | FONDCIRCLE CONTROL<br>SOLUTION LIQD .....                   | 112 |  |     |

|  |  |  |     |
|--|--|--|-----|
| FORA GTEL BLOOD KETONE TEST<br>.....77       | 113  | FOTIVDA .....  | 42  |
| FORA LANCETS .....                           | 113  | FRAGMIN SOLN 10000 UNIT/4ML,<br>95000 UNIT/3.8ML .....               | 17  |
| FORA LANCING DEVICE MISC .                   | 113  | FRAGMIN SOSY .....   | 17  |
| FORA PREMIUM V10 BLE SYSTEM<br>DEVI .....    | 113  | FRAICHE 5000 DENTAL GEL 1.1 %<br>(Use sodium fluoride (dental)) .... | 145 |
| FORA TEST N' GO MONITOR DEVI<br>113          | FORACARE PREMIUM V10 DEVI<br>113                     | FREEDAVITE TABS .....  | 160 |
| FORA TEST N'GO ADV-VOICE-6<br>CON .....      | 77   | FREESTYLE CONTROL SOLUTION<br>LIQD .....                             | 113 |
| FORA TN'G ADVANCE PRO STRP<br>77             | FORACARE TEST N GO MONITOR<br>DEVI .....             | FREESTYLE FREEDOM LITE KIT<br>114                                    | 113 |
| FORA TN'G VOICE KIT .....                    | 113  | FREESTYLE INSULINX TEST STRP<br>.....                                | 77  |
| FORA TN'G/TN'G VOICE STRP ...                | 77   | FREESTYLE LANCETS .....  | 114 |
| FORA V10 BLOOD GLUCOSE<br>SYSTEM DEVI .....  | 113  | FREESTYLE LIBRE 14 DAY<br>READER .....                               | 114 |
| FORA V10 BLOOD GLUCOSE TEST<br>STRP .....    | 77   | FREESTYLE LIBRE 14 DAY<br>SENSOR .....                               | 114 |
| FORA V10/V12/D10/D20 TEST KIT<br>113         | FORFIVO XL TB24 (Use bupropion<br>hcl) .....         | FREESTYLE LIBRE 2 PLUS<br>SENSOR .....                               | 114 |
| FORA V12 BLOOD GLUCOSE<br>SYSTEM DEVI .....  | 113  | FREESTYLE LIBRE 2 READER .   | 114 |
| FORA V12 BLOOD GLUCOSE TEST<br>STRP .....    | 77   | FREESTYLE LIBRE 2 SENSOR   | 114 |
| FORA V20 BLOOD GLUCOSE<br>SYSTEM DEVI .....  | 113  | FREESTYLE LIBRE 3 PLUS<br>SENSOR .....                               | 114 |
| FORA V20 BLOOD GLUCOSE TEST<br>STRP .....    | 77   | FREESTYLE LIBRE 3 READER .   | 114 |
| FORA V30A BLOOD GLUCOSE<br>SYSTEM DEVI ..... | 113  | FREESTYLE LIBRE 3 SENSOR   | 114 |
| FORA V30A BLOOD GLUCOSE<br>SYSTEM KIT .....  | 113  | FREESTYLE LITE DEVI .....  | 114 |
| FORA V30A BLOOD GLUCOSE<br>TEST STRP .....   | 77   | FREESTYLE LITE KIT .....   | 114 |
| FORACARE GD40 MONITOR DEVI .                 | FORFIVO XL TB24 (Use bupropion<br>hcl) .....         | FREESTYLE LITE TEST STRP ...   | 77  |
|  | FORMALDEHYDE SOLN .....                              | FREESTYLE PRECISION NEO<br>SYSTEM KIT .....                          | 114 |
|  | formoterol fumarate NEBU .....                       | FREESTYLE PRECISION NEO<br>TEST STRP .....                           | 77  |
|  | FORTEO SOPN (Use teriparatide)                       | FREESTYLE TEST STRP .....  | 78  |
|  | FOSAMAX PLUS D .....                                 |  |     |
|  | FOSAMAX TABS 70 MG (Use<br>alendronate sodium) ..... |  |     |
|  | fosamprenavir calcium TABS .....                     |  |     |
|  | fosaprepitant dimeglumine SOLR .                     |  |     |
|  | fosinopril sodium &<br>hydrochlorothiazide .....     |  |     |
|  | fosinopril sodium .....                              |  |     |
|  | fosphenytoin sodium 100 MG<br>PE/2ML .....           |  |     |
|  | fosphenytoin sodium 500 MG<br>PE/10ML .....          |  |     |
|  | FOSRENOL CHEW (Use lanthanum<br>carbonate) .....     |  |     |
|  | FOSRENOL PACK .....                                  |  |     |

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| FREESTYLE UNISTICK II LANCETS<br>.....114  | furosemide TABS ..... 83  | GM/200ML, 40 GM/400ML ..... 200                |
| FROVA (Use frovatriptan succinate)<br>140  | FUZEON SOLR ..... 48  | GAMUNEX-C 5 GM/50ML ..... 200                  |
| frovatriptan succinate ..... 140   | FYCOMPA SUSP 0.5 MG/ML (Use<br>perampanel) .....17                                      | GARDASIL 9 SUSP 0.5 ML ..... 209               |
| FRUITY CHEWS/IRON CHEW 60<br>MG-1.05 MG-300 MCG-1.05 MG-4.5<br>MCG-1.2 MG-13.5 MG-400 UNIT-15<br>UNIT-15 MG-2500 UNIT .....187 | FYCOMPA TABS 2 MG, 4 MG, 6<br>MG, 8 MG, 10 MG, 12 MG (Use<br>perampanel) .....18        | GARDASIL 9 SUSY 0.5 ML ..... 209               |
| FRUZAQLA .....38   | FYLNETRA .....93  | gatifloxacin (ophth) .....196                  |
| FT ADHESIVE PADS/SHEER PADS<br>99  | gabapentin (once-daily) TABS ... 204  | GAUZE DRESSING PADS ..... 99                   |
| FT CENTURY 50+ TABS .....160   | gabapentin CAPS .....18   | GAUZE PADS PADS ..... 99                       |
| FT CENTURY ADULTS TABS ... 160   | gabapentin SOLN .....18   | GAUZE TYPE VII MEDI-PAK PADS .<br>99           |
| FT CENTURY MEN 50+ TABS ...160   | gabapentin TABS 600 MG, 800 MG<br>19  | GAVRETO ..... 42                               |
| FT CENTURY MEN TABS ..... 160  | GALAFOLD .....85  | GE100 BLOOD GLUCOSE SYSTEM<br>DEVI ..... 114   |
| FT CENTURY WOMEN 50+ TABS<br>160   | galantamine hydrobromide CP24 201   | GE100 BLOOD GLUCOSE SYSTEM<br>KIT ..... 114    |
| FT CENTURY WOMEN TABS ... 160  | galantamine hydrobromide SOLN<br>202  | GE100 BLOOD GLUCOSE TEST<br>STRP .....78       |
| FT EYE HEALTH CAPS .....160  | galantamine hydrobromide TABS 202   | GE100 CONTROL SOLN ..... 114                   |
| FT EYE HEALTH TABS .....160  | GAMASTAN IM .....200  | gefitinib ..... 39                             |
| FT HAIR SKIN & NAILS EXTRA STR<br>TABS .....160  | GAMMAGARD 1 GM/10ML, 2.5<br>GM/25ML, 10 GM/100ML, 20<br>GM/200ML, 30 GM/300ML ..... 200 | gemfibrozil TABS ..... 33                      |
| FT ONE DAILY MENS 50+ TABS<br>161  | GAMMAGARD 5 GM/50ML ..... 200   | GEMTESA ..... 208                              |
| FT ONE DAILY MENS TABS .....161  | GAMMAGARD ERC 10 GM/100ML<br>200  | GENOTROPIN CART SC ..... 84                    |
| FT ONE DAILY WOMENS 50+ TABS<br>.....161   | GAMMAGARD ERC 5 GM/50ML 200   | GENOTROPIN MINIQUICK PRSY 84                   |
| FT ONE DAILY WOMENS TABS 161   | GAMMAGARD S/D LESS IGA SOLR<br>.....200   | gentamicin sulfate (ophth) SOLN .196           |
| FT PRENATAL TABS ..... 188   | GAMMAKED 1 GM/10ML, 10<br>GM/100ML, 20 GM/200ML ..... 200                               | gentamicin sulfate (topical) CREA .61          |
| FULPHILA .....93   | GAMMAKED 5 GM/50ML ..... 200  | gentamicin sulfate (topical) OINT ..61         |
| furosemide SOLN IJ 10 MG/ML ... 83   | GAMMAPLEX SOLN ..... 200  | GENTEEL BUTTERFLY TOUCH<br>LANCET .....114     |
| FUROSEMIDE SOLN IJ ..... 83  | GAMUNEX-C 1 GM/10ML, 2.5<br>GM/25ML, 10 GM/100ML, 20                                    | GENTEEL LANCING KIT (BLUE) KIT<br>.....115     |
|  |   | GENTEEL PLUS LANCING<br>(PURPLE) MISC .....115 |
|  |   | GENTEEL PLUS LANCING (WHITE)<br>MISC .....115  |

|  |     |   |  |     |
|--|-----|---|--|-----|
| GENTEEL PLUS LANCING<br>DEV(BLUE) MISC .....   | 115 | glatiramer acetate SOSY 40 MG/ML .<br>203               | CONTROL SOLN .....                           | 115 |
| GENTEEL PLUS LANCING<br>DEV(PINK) MISC .....   | 115 | GLEEVEC TABS (Use imatinib<br>mesylate) .....           | GLUCOCARD EXPRESSION<br>MONITOR KIT .....    | 115 |
| GENVOYA .....  | 48  | GLEOSTINE (Use lomustine) .....                         | GLUCOCARD EXPRESSION TEST<br>STRP .....      | 78  |
| GEODON (Use ziprasidone hcl) ..  | 45  | glimepiride 1 MG, 2 MG, 4 MG ....                       | GLUCOCARD SHINE CONNEX KIT .<br>115          |     |
| GEODON 40 MG, 60 MG (Use<br>ziprasidone hcl) .....   | 45  | glipizide TABS .....                                    | GLUCOCARD SHINE CONTROL<br>SOLN .....        | 115 |
| GERI-FREEDA SENIOR FORMULA<br>TABS .....   | 161 | glipizide TB24 .....                                    | GLUCOCARD SHINE DEVI .....                   | 115 |
| GERITOL NUTRITION SUPPORT<br>TABS 57 MG-2 MG-44 MCG-0.38<br>MG-400 UNIT-6.7 MCG-1.7 MG-24<br>MCG-13 MG-1.5 MG-13.5 MG-1.8<br>MG-20 MG-6100 UNIT-86 MG-36<br>MG-1 MCG-120 MCG-30 UNIT-118<br>MG-148 MG-2.4 MG-12 MCG-1<br>MCG-16 MG-20 MG .....                         | 161 | glipizide-metformin hcl .....                           | GLUCOCARD SHINE EXPRESS KIT<br>.....         | 115 |
| GERI-TUSSIN SYRP .....   | 59  | GLOBAL EASY GLIDE INSULIN<br>SYR .....                  | GLUCOCARD SHINE KIT .....                    | 116 |
| GERIVITE COMPLETE TABS 60<br>MG-2 MG-45 MCG-400 MCG-20<br>MG-1.5 MG-6 MCG-10 MG-1.7 MG-<br>400 UNIT-30 UNIT-18 MG-100 MG-<br>2.5 MG-15 MCG-5 MCG-37.5 MG-80<br>MCG-15 MCG-2 MG-10 MCG-15<br>MG-162 MG-150 MCG-125 MG-15<br>MCG-10 MCG-6000 UNIT-25 MCG-<br>34 MG ..... | 161 | GLOBAL INJECT EASE INSULIN<br>SYR .....                 | GLUCOCARD SHINE TEST STRP<br>78              |     |
| GHT BLOOD GLUCOSE MONITOR<br>KIT .....   | 115 | GLOBAL INJECT EASE LANCETS<br>28G .....                 | GLUCOCARD SHINE XL DEVI ..                   | 115 |
| GHT TEST STRP .....  | 78  | GLOBAL INJECT EASE LANCETS<br>30G .....                 | GLUCOCARD VITAL MONITOR KIT<br>116           |     |
| GILENYA (Use fingolimod hcl) ..  | 203 | GLOBAL INSULIN SYRINGES ..                              | GLUCOCARD VITAL TEST STRP 78                 |     |
| GILENYA .....  | 203 | GLOBAL LANCING DEVICE MISC<br>115                       | GLUCOCOM BLOOD GLUCOSE<br>MONITOR DEVI ..... | 116 |
| GILOTRIF .....   | 39  | GLOPERBA SOLN PO .....                                  | GLUCOCOM CONTROL LIQD ...                    | 116 |
| GIMOTI SOLN NA .....   | 87  | GLUCAGON EMERGENCY .....                                | GLUCOCOM LANCETS 28G ....                    | 116 |
| glatiramer acetate SOSY 20 MG/ML .<br>203  |     | GLUCAGON EMERGENCY SOLR IJ<br>1 MG (Use glucagon) ..... | GLUCOCOM LANCETS 30G ....                    | 116 |
|  |     | glucagon SOLR IJ 1 MG .....                             | GLUCOCOM LANCETS 33G ....                    | 116 |
|  |     | GLUCOCARD 01 BLOOD<br>GLUCOSE KIT .....                 | GLUCOCOM MONITOR KIT .....                   | 116 |
|  |     | GLUCOCARD 01 CONTROL LIQD<br>115                        | GLUCOCOM TEST STRP .....                     | 78  |
|  |     | GLUCOCARD 01 CONTROL SOLN .<br>115                      | GLUCONAVII BLOOD GLUCOSE<br>TEST STRP .....  | 78  |
|  |     | GLUCOCARD 01 SENSOR PLUS<br>STRP .....                  | GLUCOPRO INSULIN SYRINGE<br>134              |     |
|  |     | GLUCOCARD EXPRESSION                                    | GLUCOSE CONTROL SOLN ....                    | 116 |
|  |     |   | GLUCOSE METER TEST STRP ..                   | 78  |

|   |     |  |     |  |     |
|---|-----|--|-----|--|-----|
| GLUCOTROL XL TB24 10 MG (Use glipizide) .....   | 29  | MCG-15.8 MG-20 MG-0.5 MG-2.3 MG-1050 MCG-22 MCG-52 MCG-72 MG .....   | 161 | GNP INSULIN SYRINGES 29GX1/2" .....  | 135 |
| GLUCOTROL XL TB24 5 MG (Use glipizide) .....  | 29  | GNP CHILDRENS CHEWABLES/IRON CHEW 15 MG 187  |     | GNP INSULIN SYRINGES 30GX5/16" .....   | 135 |
| GLUMETZA TB24 (Use metformin hcl) .....   | 25  | GNP EASY TOUCH CONT HIGH/LOW SOLN .....  | 116 | GNP INSULIN SYRINGES 31GX5/16" .....   | 135 |
| glyburide micronized 1.5 MG, 3 MG, 6 MG .....   | 29  | GNP EASY TOUCH GLUCOSE METER DEVI .....  | 116 | GNP LANCING SYSTEM DEVICE MISC .....   | 116 |
| glyburide TABS .....  | 29  | GNP EASY TOUCH GLUCOSE TEST STRP .....   | 78  | GNP MEGA MULTI FOR MEN TABS 150 MG-125 MCG-200 MCG-15 MG-15 MG-2.5 MG-5 MG-5 MG-15 MG-15 MG-15 MG-5 MG-250 MCG-5 MG-175 MCG-2.5 MCG-33.5 MG-25 MG-50 MG-2.5 MG-25 MCG-1 MG-12.5 MG-105 MG-75 MCG-50 MCG-25 MG-1500 MCG-37.5 MCG-12.5 MG-15 MCG-5 MCG-35 MG-15 MG-35 MG-35 MG-15 MG-25 MG-25 MG, 150 MG-25 MG-15 MG-125 MCG-50 UNIT-200 MCG-2.5 MG-5 MG-100 UNIT-15 MCG-15 MG-37.5 MCG-5 MG-5 MG-15 MG-250 MCG-15 MG-5 MG-175 MCG-15 MG-50 MG-12.5 MG-1 MG-100 MG-2.5 MG-5000 UNIT-75 MCG-25 MG-12.5 MG-25 MCG-5 MCG-15 MG-15 MG-35 MG-35 MG-50 MCG-35 MG-25 MG-25 MG ..... | 162 |
| glyburide-metformin .....   | 24  | GNP ESSENTIAL ONE DAILY TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-75 MG-1.5 MG-30 UNIT .....   | 185 | GNP MEGA MULTI FOR WOMEN TABS 100 MG-40 MG-40 MCG-50 UNIT-200 MCG-200 UNIT-40 MCG-5000 UNIT-40 MG-37.5 MCG-5 MG-10 MCG-40 MG-250 MCG-40 MG-5 MG-250 MG-40 MG-100 MG-7.5 MG-12.5 MG-13.5 MG-2.5 MG-25 MCG-1 MG-50 MCG-1 MG-50 MCG-75 MCG-12.5 MG-1 MG-1 MG-1 MG-25 MG .....   | 162 |
| glycerin (laxative) SUPP 1.2 GM, 2 GM, 2.1 GM .....   | 96  | GNP HAIR SKIN & NAILS EXTRA ST TABS .....  | 161 | GNP ONE DAILY MAXIMUM TABS .....   | 162 |
| glycopyrrolate TABS 1 MG, 2 MG 206  |     | GNP HAIR/SKIN/NAILS TABS 50 MG-3.5 MG-6.5 MG-25 MCG-25 MCG-7.5 MG-7.2 MG-50 UNIT-25 MCG-2500 UNIT-5 MG-25 MG-10 MG-10 MG-15 MG-3.3 MG-10 MG-5 MG-20 MG-0.5 MG-150 MCG-25 UNIT-54 MG-73 MG-897 MCG-10 MG-50 MG-0.6 MG-10 MG ..... | 161 | GNP ONE DAILY MENS HEALTH 50+ TABS 120 MG-6 MG-30 MCG-   |     |
| GLYXAMBI .....  | 24  | GNP HEALTHY EYES SUPERVISION 2 CAPS 250 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT 161   |     |  |     |
| GNP CENTURY ADULT FORMULA TABS 60 MG-30 MCG-400 MCG-1.5 MG-20 MG-2 MG-10 MG-1.7 MG-25 MCG-13.5 MG-18 MG-50 MG-2.3 MG-45 MCG-80 MG-35 MCG-0.5 MG-11 MG-200 MG-150 MCG-20 MG-55 MCG-1050 MCG-25 MCG-6 MCG-72 MG ..... | 161 | GNP HEALTHY EYES TABS 200 MG-2 MG-27 MG-2 MG-40 MG-185 MG-55 MCG-300 MCG, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....  | 161 |  |     |
| GNP CENTURY ADULT TABS ...  | 161 | GNP INSULIN SYRINGE .....  | 134 |  |     |
| GNP CENTURY ADULTS MEN TABS .....   | 161 | GNP INSULIN SYRINGES .....   | 134 |  |     |
| GNP CENTURY ADULTS WOMEN TABS .....   | 161 | GNP INSULIN SYRINGES 28GX1/2" .....  | 134 |  |     |
| GNP CENTURY MATURE ADULTS 50+ TABS .....  | 161 |  |     |  |     |
| GNP CENTURY MATURE MEN'S 50+ TABS .....   | 161 |  |     |  |     |
| GNP CENTURY MATURE WOMEN'S 50+ TABS 100 MG-5 MG-30 MCG-400 MCG-25 MCG-50 MCG-1.1 MG-50 MCG-14 MG-300 MCG-5 MG-8 MG-1.1 MG-100 MG-15 MG-80 MG-300 MG-50 MCG-150  |     |  |     |  |     |

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| 400 MCG-400 UNIT-25 MCG-3.4<br>MG-20 MCG-20 MG-2500 UNIT-15<br>MG-120 MG-600 MCG-4.5 MG-100<br>MG-22.5 MG-40 MG-90 MCG-150<br>MCG-33 UNIT-2 MG-180 MCG-4<br>MG-105 MCG-120 MG ..... 162                                | GNP TRUE METRIX GLUCOSE<br>METER KIT .....116  | GRASTEK SUBL .....3                             |
| GNP ONE DAILY MENS HEALTH<br>TABS .....162   | GNP TRUE METRIX GLUCOSE<br>STRIPS STRP ..... 78                                      | griseofulvin microsize SUSP ..... 30            |
| GNP ONE DAILY MENS/LYCOPENE<br>TABS 90 MG-3 MG-30 MCG-400<br>MCG-400 UNIT-18 MCG-1.7 MG-20<br>MCG-16 MG-3500 UNIT-5 MG-210<br>MG-600 MCG-1.2 MG-120 MG-15<br>MG-2 MG-100 MG-45 UNIT-2 MG-<br>120 MCG-105 MCG ..... 162 | GNP TRUETRACK TEST STRIPS<br>STRP .....78  | griseofulvin microsize TABS .....30             |
| GNP ONE DAILY WOMENS 50+<br>TABS 60 MG-6 MG-30 MCG-400<br>MCG-800 UNIT-25 MCG-3.4 MG-20<br>MCG-20 MG-15 MG-405 MG-4.5<br>MG-50 MG-22.5 MG-90 MCG-150<br>MCG-33 UNIT-2 MG-180 MCG-4<br>MG-2500 UNIT-20 MCG-120 MG 162   | GNP ULTRA COM INSULIN<br>SYRINGE ..... 135   | griseofulvin ultramicrosize ..... 30            |
| GNP ONE DAILY WOMENS TABS<br>60 MG-120 MG-3.2 MG-30 MCG-400<br>MCG-800 UNIT-9.5 MCG-2.7 MG-25<br>MCG-10 MG-2500 UNIT-5 MG-18<br>MG-300 MG-2.4 MG-50 MG-15 MG-<br>22.5 UNIT-2 MG-2 MG-120 MCG-20<br>MCG-50 MG ..... 162 | GNP WATERPROOF ADHESIVE<br>4"X4" PADS .....99  | GRISEOFULVIN ULTRAMICROSIZED<br>165 MG ..... 30 |
| GNP PRENATAL TABS ..... 188  | GOCOVRI CP24 .....44   | guaifenesin LIQD ..... 59                       |
| GNP PRENATAL/FOLIC ACID TABS<br>.....188   | GOJJI BLOOD GLUCOSE TEST<br>STRP .....78   | guaifenesin TB12 ..... 59                       |
| GNP SHEER ADHESIVE PADS ...99  | GOJJI BLOOD KETONE TEST ...79  | guaifenesin-codeine SOLN ..... 58               |
| GNP STERILE GAUZE PADS ....99  | GOJJI BLOOD TEST<br>STRIP/LANCETS STRP .....79                                       | guanfacine hcl (adhd) ..... 2                   |
| GNP STERILE LANCETS 30G ...116   | GOJJI CONTROL SOLN ..... 116   | guanfacine hcl .....35                          |
| GNP STERILE LANCETS 33G ...116   | GOJJI LANCING DEVICE/CLEAR<br>CAP MISC ..... 116                                     | GUARDIAN 4 GLUCOSE SENSOR .<br>117              |
| GNP THERAPEUTIC-M TABS ...162  | GOJJI STERILE LANCETS .....117   | GUARDIAN 4 TRANSMITTER .. 117                   |
| GNP TRUE METRIX AIR METER<br>KIT ..... 116   | GOLD BOND ULTIMATE HEALING<br>OINT .....68   | GUARDIAN CONNECT<br>TRANSMITTER .....117        |
|  | GOLYTELY SOLR (Use peg 3350-<br>kcl-sod bicarb-sod chloride-sod<br>sulfate) ..... 96 | GUARDIAN LINK 3 TRANSMITTER<br>117              |
|  | GOMEKLI CAPS PO 1 MG, 2 MG .42   | GUARDIAN SENSOR (3) .....117                    |
|  | GOMEKLI TBSO PO 1 MG .....42   | GUARDIAN SENSOR 3 ..... 117                     |
|  | GORDONS UREA CREA 40 % ...67   | GVOKE HYPOPEN 1-PACK SOAJ<br>25                 |
|  | GRALISE TABS (Use gabapentin<br>(once-daily)) ..... 204                              | GVOKE HYPOPEN 2-PACK SOAJ<br>25                 |
|  | granisetron hcl TABS ..... 29  | GVOKE KIT SOLN .....25                          |
|  | GRANISOL SOLN PO ..... 29  | GVOKE PFS SOSY 1 MG/0.2ML .25                   |
|  | GRANIX SOLN 300 MCG/ML .....93   | GYNAZOLE-1 .....210                             |
|  | GRANIX SOSY .....93  | HADLIMA PUSH TOUCH SOAJ ....5                   |
|  |  | HADLIMA SOSY ..... 5                            |
|  |  | HAEGARDA SOLR SC ..... 91                       |
|  |  | HAIR SKIN & NAILS ADVANCED<br>TABS .....162     |

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|--|-----|--|-----|--|-----|
| HAIR SKIN & NAILS TABS .....   | 163 | haloperidol TABS 0.5 MG, 1 MG, 10<br>MG .....  | 46  | HEMGENIX .....   | 90  |
| HAIR SKIN AND NAILS FORMULA<br>TABS 30 MG-2.5 MG-2500 MCG-100<br>MCG-5 MG-2.5 MG-500 UNIT-4<br>MCG-2500 UNIT-2.5 MG-5 MG-15<br>MG-12.5 MG-7.5 MG-5 MG-4 MG-<br>130 MG-3.75 MG-1 MG-25 MG-7.5<br>UNIT-64 MG-15 MG-5 MG-50 MG-<br>1.5 MG-25 MG ..... | 163 | haloperidol TABS 2 MG, 5 MG, 20<br>MG .....  | 46  | HEMLIBRA .....   | 90  |
| HAIR SKIN NAILS CAPS 30 MG-<br>1.667 MG-1666.667 MCG-10 UNIT-<br>133.333 MCG-666.667 UNIT-2.667<br>MCG-1666.667 UNIT-1.667 MG-<br>8.333 MG-5 MG-3.333 MG-1.667<br>MG-2.5 MG-10 MG-0.333 MG-10<br>MG-1 MG-20 MG-8.333 MG-4.167<br>MCG .....         | 163 | HARVONI PACK .....   | 50  | HEMOFIL M SOLR 250 UNIT, 500<br>UNIT, 1000 UNIT, 1700 UNIT .....   | 90  |
| HAIR/SKIN/NAI LS CAPS .....  | 163 | HARVONI TABS .....   | 50  | HEMORRHOIDAL 0.25 %-85.5 %-3<br>% .....  | 12  |
| HAIR/SKIN/NAI LS TABS .....  | 163 | HAVRIX IM 720 EL U/0.5ML .....   | 209 | HEPAGAM B SOLN IJ .....  | 200 |
| halcinonide CREA .....   | 66  | HEAD CARE PROACTIVE HEALTH<br>TAB S .....  | 163 | heparin sodium (porcine) SOLN IJ<br>1000 UNIT/ML, 5000 UNIT/0.5ML,<br>5000 UNIT/ML, 10000 UNIT/ML,<br>20000 UNIT/ML .....  | 17  |
| halcinonide SOLN 0.1 % .....   | 66  | HEALTHPRO BLOOD GLUCOSE<br>MONITO KIT .....  | 117 | HEPLISAV-B SOSY .....  | 209 |
| HALCION 0.25 MG (Use triazolam)<br>95  |     | HEALTHWISE INSULIN<br>SYR/NEEDLE .....   | 135 | HERNEXEOS TABS PO 60 MG ...  | 39  |
| HALDOL DECANOATE (Use<br>haloperidol decanoate) .....  | 46  | HEALTHY EYES SUPERVISION 2<br>CAPS .....   | 163 | HETLIOZ CAPS (Use tasimelteon)<br>96   |     |
| halobetasol propionate CREA .....  | 66  | HEALTHY EYES TABS 200 MG-2<br>MG-40 MG-2 MG-1000 UNIT-60<br>UNIT-55 MCG .....  | 163 | HETLIOZ LQ SUSP .....  | 96  |
| halobetasol propionate FOAM .....  | 66  | HEALTHY EYES/LUTEIN-<br>ZEAXANTHIN CAPS 60 MG-13.5<br>MG-6 MG-15 MG .....  | 163 | HIBERIX SOLR IJ .....  | 208 |
| HALOBETASOL PROPIONATE<br>LOTN 0.05 % .....  | 66  | HEALTHY HAIR/SKIN/NAI LS TABS<br>2 MG-2000 MCG-400 MCG-25 MG-<br>100 MG-25 MCG-1.7 MG-10 MG-40<br>MG-1.5 MG-50 MG-2500 UNIT-50<br>MG-50 MG ..... | 185 | HIGH POTENCY MULTIVIT/FA<br>TAB S .....  | 163 |
| halobetasol propionate OINT .....  | 66  | H-E-B INCONTROL ADV LANCING<br>MISC .....  | 117 | HIGH POTENCY MULTIVITAMIN<br>TAB S .....   | 185 |
| HALOG CREA (Use halcinonide) ..  | 66  | H-E-B INCONTROL LANCING<br>MISC .....  | 117 | HI-KOVITE 2-PART FORMULA<br>TAB S 400 UNIT-200 MG-10 MG-30<br>MCG-400 MCG-10 MG-10 MCG-<br>5000 UNIT-10 MG-10 MG-100 MG-<br>10 MG-9 MG-0.5 MG-7.5 MG-35 MG-<br>60 MG-30 UNIT-1 MG-120 MG-75<br>MCG-17.5 MCG-10 MG-10 MG .. | 163 |
| HALOG SOLN 0.1 % (Use<br>halcinonide) .....  | 66  | H-E-B INCONTROL LANCETS 28G .<br>117   |     | HIZENTRA SOLN .....  | 200 |
| haloperidol decanoate .....  | 46  | H-E-B INCONTROL LANCETS 30G .<br>117   |     | HIZENTRA SOSY .....  | 200 |
| haloperidol lactate CONC .....   | 46  | H-E-B INCONTROL LANCETS 33G .<br>117   |     | HM ADHESIVE ANTIBACTERIAL<br>PADS .....  | 99  |
| haloperidol lactate SOLN .....   | 46  | HEMANGEOL SOLN PO .....  | 51  | HM COMPLETE MEN TABS .....   | 163 |
|  |     | HEMATINIC PLUS VIT/MINERALS<br>TAB S .....   | 94  | HM EMBRACE TALK SYSTEM KIT<br>117  |     |

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|---|--|---|
| HM STERILE PADS PADS .....99                        | HW EMBRACE PRO GLUCOSE<br>METER DEVI .....117  | hydrocortisone (topical) LOTN 1 %<br>66             |
| HM ULTICARE INSULIN SYRINGE<br>135                  | HW EMBRACE PRO GLUCOSE<br>TEST STRP .....79  | hydrocortisone (topical) LOTN 2.5 %<br>66           |
| HORIZANT .....204                                   | HW EMBRACE TALK BLOOD<br>GLUCOSE DEVI .....117   | hydrocortisone (topical) OINT ..... 66              |
| HULIO (2 PEN) AJKT .....5                           | HW EMBRACE TALK GLUCOSE<br>TEST STRP .....79   | hydrocortisone acetate (topical) OINT<br>.....66    |
| HULIO (2 SYRINGE) PSKT .....5                       | HYCAMTIN CAPS ..... 44   | HYDROCORTISONE ACETATE<br>CREA ..... 66             |
| HUMALOG JUNIOR KWIKPEN<br>SOPN ..... 27             | HYCODAN SOLN (Use hydrocodone<br>bitartrate-homatropine<br>methylbromide) ..... 58                                     | hydrocortisone butyrate CREA .... 66                |
| HUMALOG KWIKPEN SOPN ..... 27                       | hydralazine hcl TABS .....36   | hydrocortisone butyrate OINT ..... 67               |
| HUMALOG MIX 50/50 KWIKPEN<br>SUPN ..... 27          | HYDREA (Use hydroxyurea) .....43   | hydrocortisone butyrate SOLN .... 67                |
| HUMALOG MIX 75/25 KWIKPEN<br>SUPN ..... 27          | hydrochlorothiazide CAPS .....83   | HYDROCORTISONE COMPLETE<br>KIT THPK ..... 67        |
| HUMALOG SOCT ..... 27                               | hydrochlorothiazide TABS ..... 83  | HYDROCORTISONE GEL 2 % ... 67                       |
| HUMALOG SOLN IJ ..... 27                            | hydrocodone bitartrate CP12 .....9   | hydrocortisone TABS ..... 57                        |
| HUMALOG TEMPO PEN SOPN .. 27                        | hydrocodone bitartrate T24A .....9   | hydrocortisone vaginal .....210                     |
| HUMATE-P SOLR ..... 90                              | hydrocodone bitartrate-homatropine<br>methylbromide SOLN ..... 58  | hydrocortisone valerate CREA .... 67                |
| HUMATROPE CART IJ .....84                           | hydrocodone-acetaminophen SOLN<br>108 MG/5ML-2.5 MG/5ML, 217<br>MG/10ML-5 MG/10ML, 325<br>MG/15ML-7.5 MG/15ML ..... 10 | hydrocortisone valerate OINT ..... 67               |
| HUMIRA (2 PEN) AJKT .....5                          | hydrocodone-acetaminophen SOLN<br>325 MG/15ML-10 MG/15ML ..... 10  | hydrocortisone w/acetic acid .....199               |
| HUMIRA (2 SYRINGE) PSKT .....5                      | hydrocodone-acetaminophen TABS<br>325 MG-10 MG .....10   | HYDROMORPHONE HCL SUPP ...9                         |
| HUMIRA-CD/UC/HS STARTER<br>AJKT 80 MG/0.8ML ..... 5 | hydrocodone-acetaminophen TABS<br>325 MG-5 MG .....10  | hydromorphone hcl TABS .....9                       |
| HUMIRA-PSORIASIS/UVEIT<br>STARTER AJKT .....5       | hydrocortisone (intrarectal) .....12   | hydromorphone hcl TB24 ..... 9                      |
| HUMULIN 70/30 KWIKPEN SUPN 27                       | hydrocortisone (rectal) EX ..... 12  | hydroxychloroquine sulfate 200 MG<br>37             |
| HUMULIN 70/30 SUSP ..... 27                         | hydrocortisone (topical) CREA ..... 66   | hydroxyurea ..... 43                                |
| HUMULIN N KWIKPEN SUPN .... 27                      |  | hydroxyzine hcl SOLN 25 MG/ML, 50<br>MG/ML ..... 13 |
| HUMULIN N SUSP ..... 27                             |  | hydroxyzine hcl SYRP ..... 13                       |
| HUMULIN R SOLN IJ .....27                           |  | hydroxyzine hcl TABS ..... 13                       |
| HUMULIN R U-500 KWIKPEN SOPN<br>SC ..... 27         |  | hydroxyzine pamoate CAPS .....13                    |
|   |  | HYLAZINC TABS .....163                              |

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|---|-----|--|-----|--|-----|
| HYMPAVZI .....  | 90  | IBRANCE TABS .....   | 42  | IDACIO-CROHNS/UC STARTER<br>AJKT .....       | 5   |
| hyoscyamine sulfate ELIX .....                                    | 206 | IBSRELA .....  | 88  | IDACIO-PSORIASIS STARTER<br>AJKT .....       | 5   |
| hyoscyamine sulfate SOLN PO 0.125<br>MG/ML .....                  | 206 | IBTROZI CAPS PO 200 MG .....   | 42  | IDELVION .....                               | 90  |
| hyoscyamine sulfate TB12 0.375 MG<br>206                          |     | ibuprofen CAPS .....   | 6   | IDHIFA .....                                 | 42  |
| hyoscyamine sulfate TBDP 0.125 MG<br>.....                        | 206 | ibuprofen CHEW .....   | 7   | IDOSE TR IMPL .....                          | 199 |
| HYPERHEP B SOLN IM .....  | 200 | ibuprofen SUSP 50 MG/1.25ML, 100<br>MG/5ML, 200 MG/10ML .....  | 7   | IDVYNZO TABS PO .....                        | 48  |
| HYPERHEP B SOSY 110<br>UNIT/0.5ML .....                           | 200 | ibuprofen TABS 200 MG, 300 MG,<br>400 MG, 600 MG .....   | 7   | IHEALTH BLOOD GLUCOSE TEST<br>STR STRP ..... | 79  |
| HYPERRAB SOLN .....   | 200 | ibuprofen TABS 400 MG .....  | 7   | IHEALTH CONTROL SOLUTION<br>LIQD .....       | 117 |
| HYPOLANCE AST LANCING KIT<br>117                                  |     | ibuprofen TABS 600 MG .....  | 7   | IHEALTH GLUCO+ KIT 10 KIT ...                | 117 |
| HYQVIA .....  | 200 | ibuprofen TABS 800 MG .....  | 7   | ILARIS SOLN .....                            | 6   |
| HYRIMOZ SOAJ .....  | 5   | ibuprofen-acetaminophen TABS ...   | 6   | ILET CONTACT DETACH 23" 6MM<br>MISC .....    | 117 |
| HYRIMOZ SOSY .....  | 5   | ibuprofen-famotidine .....   | 7   | ILET INFUSION-FLEX 23" 6MM<br>MISC .....     | 117 |
| HYRIMOZ-CROHNS/UC STARTER<br>SOAJ .....                           | 5   | ICAPS AREDS FORMULA TABS<br>163  |     | ILET INFUSION-INSET 23" 6MM<br>MISC .....    | 117 |
| HYRIMOZ-PED<40KG CROHN<br>STARTER SOSY .....                      | 5   | ICAPS CAPS 226 MG-34.8 MG-0.8<br>MG-14320 UNIT-200 MG .....  | 163 | ILET INFUSION-INSET 32" 6MM<br>MISC .....    | 118 |
| HYRIMOZ-PED>/=40KG CROHN<br>START SOSY .....                      | 5   | ICAPS LUTEIN & OMEGA-3 CAPS<br>240 MCG-1.2 MG-16 MG-1.3 MG-2.4<br>MCG-1.3 MG-10 MG-600 MCG-45<br>MG-2 MG-10 UNIT-2.3 MG-0.9 MG-7<br>MG-1 MG-34 MCG-280 MG .....  | 163 | ILET INSULIN PUMP DEVI .....                 | 118 |
| HYRIMOZ-PLAQ PSOR/UEVIT<br>START SOAJ .....                       | 5   | ICAPS MV TABS 128 MG-7.5 MCG-<br>100 MCG-0.5 MG-100 UNIT-1.5<br>MCG-2.5 MG-6.25 MCG-2.5 MG-<br>1.67 MG-2.5 MG-0.83 MG-83.25 MG-<br>0.075 MG-0.38 MG-25 MG-21.15<br>MG-0.9 MG-18.75 MCG-30 MCG-<br>37.5 MCG-107.5 UNIT-35 MG-0.5<br>MG-10 MCG ..... | 163 | ILET STARTER - CONTACT<br>DETACH MISC .....  | 118 |
| HYRNUO TABS PO 10 MG .....  | 42  | icatibant acetate SOSY .....   | 91  | ILET STARTER KIT - INSET 23"<br>MISC .....   | 118 |
| HYSINGLA ER T24A 20 MG, 30 MG,<br>40 MG, 60 MG, 80 MG, 100 MG ... | 9   | ICLUSIG .....  | 42  | ILET STARTER KIT - INSET 32"<br>MISC .....   | 118 |
| HYZAAR (Use losartan potassium &<br>hydrochlorothiazide) .....    | 35  | icosapent ethyl .....  | 32  | ILEVRO .....                                 | 198 |
| ibandronate sodium SOLN .....                                     | 84  | ICOTYDE TABS PO 200 MG .....   | 63  | ILUMYA .....                                 | 63  |
| ibandronate sodium TABS .....                                     | 84  |  |     | ILUVIEN .....                                | 197 |
| IBRANCE CAPS 100 MG, 125 MG<br>42                                 |     |  |     | imatinib mesylate TABS .....                 | 42  |
|   |     |  |     | IMBRUVICA CAPS .....                         | 42  |

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|---|-----|--|-----|---|-----|
| IMBRUVICA SUSP .....  | 42  | INCRUSE ELLIPTA .....                          | 14  | INSULIN ASPART FLEXPEN SOPN .                       | 27  |
| IMBRUVICA TABS 140 MG, 280 MG,<br>420 MG .....                                  | 42  | indapamide TABS 1.25 MG, 2.5 MG .              | 83  | INSULIN ASPART SOLN IJ .....                        | 27  |
| imipramine hcl TABS .....   | 23  | INDERAL LA CP24 (Use propranolol<br>hcl) ..... | 51  | INSULIN DEGLUDEC FLEXTOUCH<br>SOPN .....            | 27  |
| imipramine pamoate .....  | 23  | INDERAL XL .....                               | 51  | INSULIN DEGLUDEC SOLN .....                         | 27  |
| imiquimod 5 % .....   | 68  | INDOCIN SUSP (Use indomethacin) .              | 7   | INSULIN GLARGINE MAX<br>SOLOSTAR SOPN .....         | 27  |
| IMITREX STATDOSE REFILL SOCT<br>4 MG/0.5ML .....                                | 140 | indomethacin CAPS 25 MG, 50 MG 7               |     | INSULIN GLARGINE SOLOSTAR<br>SOPN 300 UNIT/ML ..... | 27  |
| IMITREX STATDOSE REFILL SOCT<br>6 MG/0.5ML .....                                | 140 | indomethacin CPCR .....                        | 7   | INSULIN GLARGINE-YFGN SOLN                          | 27  |
| IMITREX STATDOSE SYSTEM<br>SOAJ 4 MG/0.5ML .....                                | 140 | indomethacin SUPP .....                        | 7   | INSULIN GLARGINE-YFGN SOPN                          | 27  |
| IMITREX STATDOSE SYSTEM<br>SOAJ 6 MG/0.5ML (Use sumatriptan<br>succinate) ..... | 140 | indomethacin SUSP .....                        | 7   | INSULIN LISPRO (1 UNIT DIAL)<br>SOPN .....          | 27  |
| IMITREX TABS 25 MG (Use<br>sumatriptan succinate) .....                         | 141 | INFANRIX .....                                 | 206 | INSULIN LISPRO JUNIOR<br>KWIKPEN SOPN .....         | 27  |
| IMITREX TABS 50 MG, 100 MG<br>(Use sumatriptan succinate) .....                 | 141 | INFINITY BLOOD GLUCOSE<br>SYSTEM KIT .....     | 118 | INSULIN LISPRO PROT & LISPRO<br>SUPN .....          | 27  |
| IMKELDI SOLN .....  | 42  | INFINITY BLOOD GLUCOSE TEST<br>STRP .....      | 79  | INSULIN LISPRO SOLN IJ .....                        | 27  |
| IMMUNE 24 HOUR+ CAPS .....  | 163 | INFINITY CONTROL SOLN .....                    | 118 | INSULIN LISPRO SYRINGE .....                        | 135 |
| IMMUNE ESSENTIALS DAILY CAPS<br>.....   | 163 | INFLECTRA SOLR .....                           | 88  | INSULIN SYRINGE-NEEDLE U-100                        | 135 |
| IMOVAX RABIES SUSR .....  | 209 | INFLIXIMAB .....                               | 88  | INTELENCE 100 MG (Use etravirine)                   | 48  |
| IMULDOSA SOLN IV 130 MG/26ML .  | 88  | INGREZZA CAPS .....                            | 202 | INTELENCE 200 MG (Use etravirine)                   | 48  |
| IMULDOSA SOSY SC 45 MG/0.5ML,<br>90 MG/ML .....                                 | 63  | INGREZZA CPPK .....                            | 202 | INTELENCE 25 MG .....                               | 48  |
| IMURAN TABS (Use azathioprine)  | 143 | INGREZZA CPSP .....                            | 202 | INTUNIV (Use guanfacine hcl<br>(adhd)) .....        | 2   |
| INBRIJA CAPS .....  | 44  | INLURIYO TABS PO 200 MG .....                  | 40  | INVEGA 3 MG, 6 MG, 9 MG (Use<br>paliperidone) ..... | 45  |
| IN-CHECK DIAL FLOW TRAINER<br>DEVI .....  | 138 | INLYTA .....                                   | 39  | INVEGA HAFYERA 1092 MG/3.5ML .                      | 45  |
| IN-CHECK INSPIRATORY FLOW<br>MTR DEVI .....                                     | 138 | INNOPRAN XL .....                              | 51  |   |     |
|   |     | INPEFA .....                                   | 53  |   |     |
|   |     | INQOVI .....                                   | 41  |   |     |
|   |     | INREBIC .....                                  | 42  |   |     |
|   |     | INSPIREASE MISC .....                          | 138 |   |     |
|   |     | INSPIREASE RESERVOIR BAGS                      | 138 |   |     |

|  |   |   |
|--|---|---|
| INVEGA HAFYERA 1560 MG/5ML<br>45       | (Use isosorbide dinitrate) ..... 12                                   | JADENU TABS (Use deferasirox) .29   |
| INVEGA SUSTENNA ..... 45               | isosorbide dinitrate TABS 5 MG, 10<br>MG, 20 MG, 30 MG ..... 13       | JAKAFI ..... 42   |
| INVEGA TRINZA 273 MG/0.88ML 45         | isosorbide mononitrate TABS ..... 13                                  | JAKAFI XR PO 11 MG, 22 MG, 33<br>MG, 44 MG, 55 MG ..... 42  |
| INVEGA TRINZA 410 MG/1.32ML 46         | isosorbide mononitrate TB24 ..... 13                                  | JALYN (Use dutasteride-tamsulosin<br>hcl) ..... 90  |
| INVEGA TRINZA 546 MG/1.75ML 46         | isotretinoin 10 MG, 20 MG, 40 MG 60                                   | JANUMET TABS 1000 MG-50 MG,<br>500 MG-50 MG (Use sitagliptin<br>phosphate-metformin hcl) ..... 24 |
| INVEGA TRINZA 819 MG/2.63ML 45         | isradipine CAPS ..... 52  | JANUMET XR TB24 ..... 24  |
| INVELTYS SUSP ..... 197                | ISTALOL SOLN (Use timolol maleate<br>(ophth)) ..... 195               | JANUVIA 25 MG, 50 MG, 100 MG<br>(Use sitagliptin phosphate) ..... 25                              |
| INVOKAMET TABS ..... 24                | ISTODAX SOLR (Use romidepsin) 42                                      | JARDIANCE ..... 28  |
| INVOKAMET XR TB24 ..... 24             | ITCH RELIEF CREA ..... 62   | JATENZO CAPS ..... 11   |
| INVOKANA ..... 28                      | ITOVEBI ..... 42  | JAYPIRCA ..... 42   |
| IOPIDINE ..... 196                     | ivabradine hcl TABS ..... 54  | JENLIVA PRENATAL/POSTNATAL<br>CAPS ..... 188  |
| ipratropium bromide hfa 17             | ivermectin (pediculicide) ..... 71                                    | JENTADUETO TABS ..... 24  |
| MCG/ACT ..... 14                       | I-VITE TABS 200 MG-2 MG-40 MG-2<br>MG-1000 UNIT-60 UNIT-55 MCG<br>163 | JENTADUETO XR TB24 ..... 24   |
| ipratropium bromide SOLN 0.02 % 14     | I-VITE W/LUTEIN TABS ..... 163  | JIVI ..... 90   |
| ipratropium-albuterol SOLN ..... 16    | IWILFIN ..... 44  | JOENJA ..... 143  |
| IQIRVO ..... 89                        | IXCHIQ ..... 209  | JOINT HEALTH & BONE<br>STRENGTH TABS ..... 164  |
| irbesartan ..... 34                    | IXIARO ..... 209  | JORNAY PM CP24 ..... 3  |
| irbesartan-hydrochlorothiazide .... 35 | IXINITY SOLR 500 UNIT, 1000<br>UNIT, 1500 UNIT, 3000 UNIT ..... 90    | JOURNAVX ..... 8  |
| IRESSA (Use gefitinib) ..... 39        | IYUZEH SOLN ..... 199   | JUBBONTI SOSY SC 60 MG/ML .84   |
| IRON CHEWS PEDIATRIC CHEW<br>94        | J & J ADHESIVE LARGE PADS .. 99                                       | JUBEREQ SOLN SC 120 MG/1.7ML<br>84  |
| iron sucrose 20 MG/ML ..... 94         | J & J GAUZE PADS ..... 99   | JULUCA ..... 48   |
| ISENTRESS CHEW 100 MG ..... 48         | J & J GAUZE SPONGES 12-PLY<br>MISC ..... 99                           | JUXTAPID 2 MG, 5 MG, 10 MG, 20<br>MG, 30 MG ..... 33  |
| ISENTRESS CHEW 25 MG ..... 48          | J & J GAUZE SPONGES 16-PLY<br>MISC ..... 99                           | JYLAMVO SOLN PO ..... 38  |
| ISENTRESS HD TABS ..... 48             | J & J GAUZE SPONGES 8-PLY<br>MISC ..... 99                            | JYNARQUE TBPK 15 MG (Use  |
| ISENTRESS PACK ..... 48                | J & J NON-STICK LARGE PADS .. 99                                      |   |
| ISENTRESS TABS ..... 48                |   |   |
| isoniazid SYRP ..... 38                |   |   |
| isoniazid TABS ..... 38                |   |   |
| ISORDIL TITRADOSE TABS 5 MG            |   |   |

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|--|-----|---------------------------------------|-----|--------------------------------|-----|
| tolvaptan) .....   | 86  | ketoconazole (topical) SHAM 2 %       | .62 | KISQALI (200 MG DOSE) .....    | 42  |
| JYNNEOS .....  | 209 | KETONE TEST STRP .....                | 79  | KISQALI (400 MG DOSE) .....    | 42  |
| KALBITOR .....   | 91  | ketoprofen CAPS 50 MG, 75 MG ...      | 7   | KISQALI (600 MG DOSE) .....    | 42  |
| KALETRA SOLN .....   | 48  | ketoprofen CP24 .....                 | 7   | KISQALI FEMARA (200 MG DOSE) . | 41  |
| KALETRA TABS 25 MG-100 MG<br>(Use lopinavir-ritonavir) ..... | 48  | ketorolac tromethamine (ophth) .      | 198 | KISQALI FEMARA (400 MG DOSE) . | 41  |
| KALETRA TABS 50 MG-200 MG<br>(Use lopinavir-ritonavir) ..... | 48  | ketorolac tromethamine TABS .....     | 7   | KISQALI FEMARA (600 MG DOSE) . | 41  |
| KALYDECO PACK .....  | 205 | KETOSTIX STRP .....                   | 79  | KISQALI FEMARA (600 MG DOSE) . | 41  |
| KALYDECO TABS .....  | 205 | ketotifen fumarate (ophth) 0.035 %    | 198 | KISUNLA .....                  | 202 |
| KAMELEON LUBRICATED MISC<br>100                              |     | KEVZARA SOAJ .....                    | 6   | KITABIS PAK (W/ NEBULIZER)     |     |
| KAPSPARGO SPRINKLE CS24 ..                                   | 51  | KEVZARA SOSY .....                    | 6   | NEBU 300 MG/5ML (Use           |     |
| KATERZIA .....   | 52  | KEYFOLIC TABS .....                   | 164 | tobramycin) .....              | 4   |
| KCENTRA .....  | 91  | KEYLOSA TABS .....                    | 164 | KLARON (Use sulfacetamide      |     |
| KEDRAB SOLN .....  | 200 | KIMONO COLORS DEVI .....              | 100 | sodium (acne)) .....           | 60  |
| KENDALL HYDROPHILIC FOAM<br>DRESS PADS .....                 | 99  | KIMONO MAXX-LARGE FLARE<br>MISC ..... | 100 | KLONOPIN TABS (Use clonazepam) |     |
| KENDALL HYDROPHILIC FOAM<br>PLUS PADS .....                  | 99  | KIMONO MICRO THIN PLUS MISC .         | 100 | .....                          | 18  |
| KEPPRA SOLN IV 500 MG/5ML<br>(Use levetiracetam) .....       | 19  | KIMONO MISC .....                     | 100 | KLOR-CON 10 TBCR 10 MEQ (Use   |     |
| KEPPRA SOLN PO 100 MG/ML (Use                                |     | KIMONO PLUS MISC .....                | 100 | potassium chloride) .....      | 142 |
| levetiracetam) .....   | 19  | KIMONO PS MISC .....                  | 100 | KLOR-CON TBCR 8 MEQ (Use       |     |
| KEPPRA TABS (Use levetiracetam) .                            | 19  | KIMONO PS PLUS MISC .....             | 100 | potassium chloride) .....      | 142 |
| 19   |     | KIMONO SENSATION MISC ....            | 100 | KLOXXADO LIQD .....            | 29  |
| KEPPRA XR TB24 (Use  |     | KIMONO SENSATION PLUS MISC            | 100 | KOATE SOLR .....               | 91  |
| levetiracetam) .....   | 19  | 100                                   |     | KOATE-DVI SOLR 1000 UNIT ....  | 91  |
| KERI AGE DEFY & PROTECT LOTN                                 |     | KIMONO SPECIAL DEVI .....             | 100 | .....                          | 91  |
| .....  | 71  | KINERET SOSY .....                    | 6   | KOGENATE FS KIT 250 UNIT, 500  |     |
| KERLIX SPONGES PADS .....                                    | 99  | KINRAY INSULIN SYRINGE ....           | 135 | UNIT, 3000 UNIT .....          | 91  |
| KESIMPTA .....   | 203 | KINRIX SUSY .....                     | 206 | KOMZIFTI CAPS PO 200 MG .....  | 41  |
| ketoconazole (topical) CREA .....                            | 62  | KIRSTY SOLN IJ 100 UNIT/ML ...        | 27  | KONSYL DAILY FIBER PACK 100 %  |     |
|  |     | KIRSTY SOPN SC 100 UNIT/ML ..         | 27  | .....                          | 96  |
|  |     |                                       |     | KONVOMEK SUSR .....            | 208 |
|  |     |                                       |     | KOSELUGO .....                 | 42  |
|  |     |                                       |     | KOSELUGO PO 5 MG, 7.5 MG ...   | 42  |
|  |     |                                       |     | KOVALTRY .....                 | 91  |
|  |     |                                       |     | KP ADULTS 50+ DAILY FORMULA    |     |

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|--|---|---|
| TABS 60 MG-3 MG-30 MCG-400<br>MCG-500 UNIT-25 MCG-1.7 MG-30<br>MCG-20 MG-250 MCG-2500 UNIT-<br>10 MG-300 MCG-1.5 MG-50 MG-11<br>MG-80 MG-150 MCG-220 MG-45<br>MCG-150 MCG-50 UNIT-20 MG-0.5<br>MG-5 MCG-2.3 MG-55 MCG-10<br>MCG-45 MCG-72 MG-2 MG, 60 MG-<br>3 MG-30 MCG-400 MCG-500 UNIT-<br>25 MCG-1.7 MG-30 MCG-20 MG-<br>250 MCG-2500 UNIT-10 MG-300<br>MCG-1.5 MG-50 MG-11 MG-80 MG-<br>150 MCG-220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10 MCG-45<br>MG-72 MG-2 MG ..... 164 | MG-180 MCG-110 MCG-120 MG 164<br>KP MENS DAILY FORMULA TABS<br>60 MG-3 MG-30 MCG-400 MCG-700<br>UNIT-18 MCG-1.7 MG-20 MCG-16<br>MG-3500 UNIT-5 MG-300 MCG-1.2<br>MG-120 MG-15 MG-2 MG-100 MG-<br>210 MG-22.5 UNIT-2 MG-120 MCG-<br>110 MCG, 60 MG-3 MG-75 MCG-400<br>MCG-700 UNIT-18 MCG-1.7 MG-20<br>MCG-18 MG-3500 UNIT-16 MG-210<br>MG-300 MCG-1.35 MG-140 MG-15<br>MG-2 MG-22.5 UNIT-2 MG-120<br>MCG-110 MCG ..... 165  | MCG-10 MG-2500 UNIT-5 MG-18<br>MG-500 MG-1.6 MG-50 MG-15 MG-<br>22.5 UNIT-2 MG-2 MG-120 MCG-20<br>MCG ..... 165<br>K-PAX IMMUNE PROFESSIONAL<br>ST TABS ..... 165<br>K-PHOS-NEUTRAL (Use pot<br>phosphate monobasic w/ sod<br>phosphate dibasic & monobasic) .142<br>KPN PRENATAL TABS ..... 188<br>KRAZATI ..... 42<br>KRINTAFEL ..... 38<br>KROGER AUTOLET LANCING<br>DEVICE MISC ..... 118<br>KROGER HEALTHPRO CONTROL<br>HI/LO LIQD ..... 118<br>KROGER HEALTHPRO GLUCOSE<br>TEST STRP ..... 79<br>KROGER HEALTHPRO LANCET<br>26G ..... 118<br>K-TAB TBCR 20 MEQ (Use<br>potassium chloride) ..... 142<br>KYLEENA ..... 56<br>labetalol hcl TABS ..... 51<br>lacosamide SOLN IV 200 MG/20ML .<br>19<br>lacosamide TABS ..... 19<br>lactic acid (ammonium lactate) CREA<br>..... 68<br>lactic acid (ammonium lactate) LOTN<br>12 % ..... 68<br>lactulose (encephalopathy) ..... 88<br>lactulose SOLN ..... 96<br>LAMICTAL CHEW (Use lamotrigine) .<br>19 |
| KP ADULTS DAILY FORMULA<br>TABS 60 MG-2 MG-30 MCG-400<br>MCG-400 UNIT-6 MCG-1.7 MG-25<br>MCG-20 MG-3500 UNIT-10 MG-18<br>MG-1.5 MG-50 MG-11 MG-80 MG-75<br>MCG-200 MG-45 MCG-150 MCG-30<br>UNIT-20 MG-0.5 MG-5 MCG-10<br>MCG-2.3 MG-55 MCG-10 MCG-35<br>MCG-72 MG-2 MG, 60 MG-2 MG-30<br>MCG-400 UNIT-1.7 MG-25 MCG-20<br>MG-3500 UNIT-10 MG-18 MG-1.5<br>MG-50 MG-11 MG-80 MG-200 MG-<br>45 MCG-150 MCG-30 UNIT-20 MG-<br>0.5 MG-5 MCG-10 MCG-2.3 MG-75<br>MCG-55 MCG-10 MCG-35 MG-72<br>MG-2 MG ..... 164    | KP VISION FORMULA TABS 60 MG-<br>40 MG-1000 UNIT-30 UNIT-2 MG-40<br>MCG ..... 165<br>KP VISION FORMULA/LUTEIN<br>TABS 200 MG-2 MG-40 MG-2 MG-<br>1000 UNIT-60 UNIT-55 MCG .... 165<br>KP WOMENS 50+ DAILY FORMULA<br>TABS 120 MG-6 MG-30 MCG-400<br>MCG-1000 UNIT-25 MCG-3.4 MG-20<br>MCG-20 MG-3500 UNIT-10 MG-500<br>MG-4.5 MG-50 MG-24 MG-2.2 MG-<br>90 MCG-150 MCG-30 UNIT-4.2 MG-<br>180 MCG-27 MCG, 60 MG-6 MG-30<br>MCG-400 MCG-1000 UNIT-25 MCG-<br>3.4 MG-20 MCG-20 MG-2500 UNIT-<br>15 MG-4.5 MG-50 MG-22.5 MG-500<br>MG-90 MCG-150 MCG-22.5 UNIT-2<br>MG-4 MG-180 MCG-20 MCG-120<br>MG ..... 165 |   |
| KP MENS 50+ DAILY FORMULA<br>TABS 120 MG-6 MG-30 MCG-400<br>MCG-700 UNIT-25 MCG-3.4 MG-20<br>MCG-20 MG-3500 UNIT-15 MG-120<br>MG-370 MCG-4.5 MG-110 MG-24<br>MG-90 MCG-150 MCG-30 UNIT-2.2<br>MG-4.2 MG-180 MCG-117 MCG, 60<br>MG-6 MG-30 MCG-400 MCG-700<br>UNIT-25 MCG-3.4 MG-20 MCG-20<br>MG-2500 UNIT-15 MG-300 MG-4.5<br>MG-100 MG-22.5 MG-120 MG-90<br>MCG-150 MCG-22.5 UNIT-2 MG-4  | KP WOMENS DAILY FORMULA<br>TABS 60 MG-2 MG-30 MCG-400<br>MCG-1000 UNIT-6 MCG-1.7 MG-25<br>MCG-10 MG-2500 UNIT-5 MG-18<br>MG-1.5 MG-50 MG-15 MG-500 MG-<br>22.5 UNIT-2 MG-2 MG-120 MCG-20<br>MCG, 60 MG-2 MG-30 MCG-400<br>MCG-1000 UNIT-6 MCG-1.7 MG-25   |   |

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| LAMICTAL ODT KIT (Use lamotrigine) .....                         | 19  | LANCETS MICRO THIN 33G ....                       | 118 | LENVIMA (20 MG DAILY DOSE) ..                     | 39  |
| LAMICTAL ODT TBDP (Use lamotrigine) .....                        | 19  | LANCETS SUPER THIN 28G ...                        | 118 | LENVIMA (24 MG DAILY DOSE) ..                     | 39  |
| LAMICTAL STARTER KIT 25 MG (Use lamotrigine) .....               | 19  | LANCETS ULTRA THIN .....                          | 118 | LENVIMA (4 MG DAILY DOSE) ..                      | 39  |
| LAMICTAL TABS (Use lamotrigine) 19                               |     | LANCETS ULTRA THIN 30G ....                       | 118 | LENVIMA (8 MG DAILY DOSE) ..                      | 39  |
| LAMICTAL XR KIT .....  | 19  | LANCING DEVICE MISC .....                         | 119 | LEQEMBI .....                                     | 202 |
| LAMICTAL XR TB24 (Use lamotrigine) .....                         | 19  | LAND BEFORE TIME MULTIVITAMIN CHEW 15 MG ...      | 187 | LEQEMBI IQLIK SC 360 MG/1.8ML                     | 202 |
| LAMISIL AT ATHLETES FOOT CREA (Use terbinafine hcl (topical)) 62 |     | LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) ..... | 53  | LEQVIO .....                                      | 34  |
| LAMISIL AT CREA (Use terbinafine hcl (topical)) .....            | 62  | lansoprazole CPDR .....                           | 207 | LESCOL XL TB24 (Use fluvastatin sodium) .....     | 33  |
| LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....  | 62  | lansoprazole TBDD .....                           | 207 | LETAIRIS (Use ambrisentan) .....                  | 53  |
| lamivudine SOLN .....  | 49  | lanthanum carbonate CHEW .....                    | 89  | letrozole .....                                   | 40  |
| lamivudine TABS 150 MG .....                                     | 49  | LANTUS SOLN .....                                 | 27  | leucovorin calcium TABS .....                     | 44  |
| lamivudine TABS 300 MG .....                                     | 49  | LANTUS SOLOSTAR SOPN .....                        | 27  | LEUKERAN .....                                    | 38  |
| lamivudine-zidovudine .....                                      | 49  | LANZO MISC .....                                  | 119 | LEUKINE SOLR IJ .....                             | 93  |
| lamotrigine CHEW .....   | 19  | lapatinib ditosylate .....                        | 42  | leuprolide acetate (3 month) INJ 22.5 MG .....    | 40  |
| lamotrigine KIT 25 MG .....                                      | 19  | LASIX TABS (Use furosemide) ...                   | 83  | leuprolide acetate KIT IJ 1 MG/0.2ML .....        | 40  |
| lamotrigine TABS .....   | 19  | LASTACFT .....                                    | 198 | levabuterol hcl .....                             | 16  |
| lamotrigine TB24 .....   | 19  | latanoprost SOLN .....                            | 199 | levabuterol hcl 1.25 MG/0.5ML ...                 | 16  |
| lamotrigine TBDP .....   | 19  | LATUDA (Use lurasidone hcl) ....                  | 45  | levabuterol tartrate .....                        | 16  |
| LANCET DEVICE WITH EJECTOR MISC .....                            | 118 | LAZCLUZE .....                                    | 39  | levamlodipine maleate .....                       | 52  |
| LANCETS .....  | 118 | LEADER ADVANCED LANCING DEVICE MISC .....         | 119 | LEVIBID TB12 (Use hyoscyamine sulfate) .....      | 206 |
| LANCETS 28G THIN .....   | 118 | LEDIPASVIR-SOFOSBUVIR TABS 50                     |     | LEVEMIR FLEXPEN SOPN .....                        | 27  |
| LANCETS 30G .....  | 118 | LEMTRADA .....                                    | 203 | LEVEMIR SOLN .....                                | 27  |
| LANCETS 33G .....  | 118 | lenalidomide .....                                | 143 | levetiracetam SOLN IV 500 MG/5ML 19               |     |
|  |     | LENVIMA (10 MG DAILY DOSE) ..                     | 39  | levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML ..... | 19  |
|  |     | LENVIMA (12 MG DAILY DOSE) ..                     | 39  | levetiracetam TABS .....                          | 19  |
|  |     | LENVIMA (14 MG DAILY DOSE) ..                     | 39  |   |     |
|  |     | LENVIMA (18 MG DAILY DOSE) ..                     | 39  |   |     |

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|---|-----|--|-----|---|-----|
| levetiracetam TB24 .....  | 19  | LIBERVANT FILM .....   | 18  | PO .....  | 40  |
| levetiracetam TB3D 250 MG, 500<br>MG .....                          | 19  | LIDAFLEX PTCH .....  | 69  | LIFYORLI (150 MG DOSE) CPPK<br>PO .....                           | 40  |
| levobunolol hcl 0.5 % .....   | 195 | LIDO BDK KIT 2.5 %-2.5 % (Use<br>lidocaine-prilocaine) .....                           | 69  | LILETTA (52 MG) .....   | 56  |
| levocarnitine (metabolic modifiers)<br>SOLN PO 1 GM/10ML .....      | 85  | lidocaine CREA 4 % .....   | 69  | linezolid SOLN .....  | 37  |
| levocarnitine (metabolic modifiers)<br>TABS .....                   | 85  | lidocaine hcl (mouth-throat) 2 % ..  | 144 | linezolid SUSR .....  | 37  |
| levocetirizine dihydrochloride SOLN<br>31 .....                     | 31  | lidocaine hcl (mouth-throat) 4 % ..  | 144 | linezolid TABS .....  | 37  |
| levocetirizine dihydrochloride TABS<br>31 .....                     | 31  | lidocaine hcl CREA 3 % .....   | 69  | LINZESS .....   | 88  |
| levofloxacin (ophth) 0.5 % .....                                    | 196 | lidocaine hcl CREA 4 % .....   | 69  | liothyronine sodium TABS .....                                    | 206 |
| levofloxacin SOLN PO .....  | 86  | lidocaine hcl GEL 2 % .....  | 69  | LIPITOR TABS (Use atorvastatin<br>calcium) .....                  | 33  |
| levofloxacin TABS .....   | 87  | lidocaine hcl LIQD .....   | 69  | LIPOFEN CAPS (Use fenofibrate) .                                  | 33  |
| levonorgestrel & eth estradiol TABS<br>55 .....                     | 55  | lidocaine hcl PRSY .....   | 69  | LIPOFEN CAPS 50 MG (Use<br>fenofibrate) .....                     | 33  |
| levonorgestrel (emergency oc) 1.5<br>MG .....                       | 56  | lidocaine hcl SOLN .....   | 69  | liraglutide .....   | 26  |
| levonorgestrel-eth estradiol<br>(triphasic) .....                   | 55  | lidocaine OINT 5 % .....   | 69  | lisdexamfetamine dimesylate CAPS 1                                | 1   |
| levonorgestrel-ethinyl estradiol (91-<br>day) 0.03 MG-0.15 MG ..... | 55  | lidocaine OINT 5 % .....   | 70  | lisdexamfetamine dimesylate CHEW .                                | 1   |
| levonorgestrel-ethinyl estradiol<br>(continuous) .....              | 55  | lidocaine PTCH 4 % .....   | 70  | lisinopril & hydrochlorothiazide ...                              | 35  |
| levonorgestrel-ethinyl estradiol-iron<br>55 .....                   | 55  | lidocaine PTCH 5 % .....   | 70  | lisinopril TABS 2.5 MG, 5 MG, 10<br>MG, 20 MG, 30 MG, 40 MG ..... | 34  |
| levothyroxine sodium TABS .....                                     | 206 | lidocaine-hydrocortisone acetate<br>(rectal) CREA EX .....                             | 12  | LITETOUCH INSULIN SYRINGE   | 135 |
| LEXAPRO TABS (Use escitalopram<br>oxalate) .....                    | 22  | lidocaine-hydrocortisone acetate<br>(rectal) KIT 0.5 %-3 %, 2.5 %-3 % ..               | 12  | lithium .....   | 45  |
| LEXETTE FOAM (Use halobetasol<br>propionate) .....                  | 67  | lidocaine-menthol PTCH 4 %-4 % ..  | 69  | lithium carbonate CAPS .....                                      | 45  |
| LIALDA TBEC (Use mesalamine) .                                      | 88  | lidocaine-prilocaine CREA .....  | 70  | lithium carbonate TABS .....                                      | 45  |
| LIBERTY GLUCOSE CONTROL<br>LIQD .....                               | 119 | lidocaine-prilocaine KIT .....   | 70  | lithium carbonate TBCR .....                                      | 45  |
|   |     | LIDOCORT CREA EX 0.5 %-3 %<br>(Use lidocaine-hydrocortisone<br>acetate (rectal)) ..... | 12  | LITHOBID TBCR (Use lithium<br>carbonate) .....                    | 45  |
|   |     | LIDODERM PTCH (Use lidocaine)  | 70  | LIVALO (Use pitavastatin calcium)                                 | 33  |
|   |     | LIDOMAX GEL 2 % .....  | 70  | LIVDELZI .....  | 89  |
|   |     | LIDOPIN CREA 3 % (Use lidocaine<br>hcl) .....  | 70  | LIVER DETOX TABS .....  | 165 |
|   |     | LIFYORLI (125 MG DOSE) CPPK  |     |   |     |

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|---|-----|---|--|--|
| LIVITA ADULTS LIQD .....  | 165 | loratadine & pseudoephedrine TB12 .<br>58   | MG (Use amlodipine besylate-<br>benazepril hcl) .....                                | 36   |
| LIVITA CHILDREN LIQD .....                                      | 187 | loratadine & pseudoephedrine TB24 .<br>58   | LOTREL 20 MG-10 MG, 20 MG-5<br>MG (Use amlodipine besylate-<br>benazepril hcl) ..... | 36   |
| LIVIXIL PAK KIT 2.5 %-2.5 % (Use<br>lidocaine-prilocaine) ..... | 70  | loratadine CHEW .....   | 32   |  |
| LIVMARLI .....  | 87  | loratadine SOLN .....   | 32   | LOTRIMIN AF CREA (Use<br>clotrimazole (topical)) .....           |
| LIVMARLI PO 10 MG, 15 MG, 20<br>MG, 30 MG .....                 | 87  | loratadine TABS .....   | 32   | LOTRIMIN AF JOCK ITCH CREA<br>(Use clotrimazole (topical)) ..... |
| LIVTENCITY .....  | 50  | loratadine TBDP 10 MG .....   | 32   | LOTRONEX (Use alosetron hcl) ..                                  |
| l-methylfolate TABS 7.5 MG, 15 MG .<br>82                       |     | lorazepam CONC .....  | 13   | lovastatin TABS .....  |
| LO LOESTRIN FE TABS .....                                       | 55  | LORAZEPAM SOLN 2 MG/ML ....   | 13   | LOVAZA (Use omega-3-acid ethyl<br>esters) .....                  |
| LODINE TABS (Use etodolac) .....                                | 7   | lorazepam SOLN .....  | 13   | 32   |
| LODOSYN (Use carbidopa) .....                                   | 44  | lorazepam TABS 0.5 MG, 2 MG ...   | 13   | LOVENOX SOLN IJ 300 MG/3ML<br>(Use enoxaparin sodium) .....      |
| lofexidine hcl .....  | 201 | lorazepam TABS 1 MG .....   | 13   | 17   |
| LOHIST-D LIQD .....   | 58  | LORBRENA .....  | 42   | LOVENOX SOSY 100 MG/ML, 150<br>MG/ML (Use enoxaparin sodium) .   |
| LOKELMA .....   | 144 | losartan potassium &<br>hydrochlorothiazide .....   | 36   | LOVENOX SOSY 30 MG/0.3ML (Use<br>enoxaparin sodium) .....        |
| LOMOTIL TABS (Use diphenoxylate<br>w/ atropine) .....           | 29  | losartan potassium .....  | 34   | 17   |
| lomustine .....   | 38  | LOTEMAX GEL (Use loteprednol<br>etabonate) .....  | 197  | LOVENOX SOSY 40 MG/0.4ML (Use<br>enoxaparin sodium) .....        |
| LONSURF .....   | 41  | LOTEMAX OINT .....  | 197  | 17   |
| loperamide hcl CAPS .....                                       | 29  | LOTEMAX SM GEL .....  | 197  | LOVENOX SOSY 60 MG/0.6ML (Use<br>enoxaparin sodium) .....        |
| loperamide hcl TABS .....                                       | 29  | LOTEMAX SUSP (Use loteprednol<br>etabonate) .....   | 197  | 17   |
| LOPID TABS (Use gemfibrozil) ....                               | 33  | LOTENSIN 10 MG, 20 MG, 40 MG<br>(Use benazepril hcl) .....  | 34   | loxapine succinate .....   |
| lopinavir-ritonavir SOLN .....                                  | 49  | LOTENSIN HCT 12.5 MG-10 MG,<br>12.5 MG-20 MG, 25 MG-20 MG (Use<br>benazepril & hydrochlorothiazide) . | 36   | L-TRYPTOPHAN TABS .....  |
| lopinavir-ritonavir TABS 25 MG-100<br>MG .....                  | 49  | loteprednol etabonate GEL .....   | 198  | 194  |
| lopinavir-ritonavir TABS 50 MG-200<br>MG .....                  | 49  | loteprednol etabonate SUSP .....  | 198  | lubiprostone .....   |
| LOPRESSOR SOLN PO 10 MG/ML .<br>51                              |     | loteprednol etabonate-tobramycin<br>198   |  | 87   |
| LOPRESSOR TABS (Use metoprolol<br>tartrate) .....               | 51  | LOTREL 10 MG-5 MG, 40 MG-10   |  | LUCEMYRA (Use lofexidine hcl) 201                                |
| LOQTORZI .....  | 39  |   |  | LUMAKRAS .....   |
|   |     |   |  | 42   |
|   |     |   |  | LUMIGAN SOLN 0.01 % (Use<br>bimatoprost) .....                   |
|   |     |   |  | 199  |
|   |     |   |  | LUMIVANCE CAPS .....   |
|   |     |   |  | 165  |
|   |     |   |  | LUNESTA (Use eszopiclone) .....                                  |
|   |     |   |  | 95   |

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| LUPRON DEPOT (1-MONTH) KIT IM<br>.....40                                       | 333.333 MCG-16.667 MG-133.333<br>MG-16.667 MG-133.333 UNIT-<br>16.667 MCG-133.333 MG-66.667   | 400 MG/5ML, 1200 MG/15ML, 2400<br>MG/30ML .....96                         |
| LUPRON DEPOT (3-MONTH) KIT IM<br>.....40                                       | MG-16.667 MG-5 MG-1666.667<br>UNIT-66.667 MG-5 MG-66.667  | magnesium oxide (mg supplement)<br>TABS .....142                          |
| LUPRON DEPOT (4-MONTH) IM .40  | UNIT-5 MCG-26.667 MG-3.333 MG-<br>1.667 MG-0.667 MG-33.333 MCG  | magnesium oxide TABS 400 MG ..12  |
| LUPRON DEPOT (6-MONTH) IM .40  | 165   | malathion .....71   |
| LUPRON DEPOT-PED (1-MONTH) .<br>85   | LYSODREN .....40  | maraviroc TABS 150 MG .....49   |
| LUPRON DEPOT-PED (3-MONTH) .<br>85   | LYTGOBI (12 MG DAILY DOSE) .42  | maraviroc TABS 300 MG .....49   |
| LUPRON DEPOT-PED (6-MONTH)<br>IM .....85                                       | LYTGOBI (16 MG DAILY DOSE) .42  | MARINOL CAPS 2.5 MG (Use<br>dronabinol) .....30                           |
| lurasidone hcl .....45   | LYTGOBI (20 MG DAILY DOSE) .42  | MARINOL CAPS 5 MG, 10 MG (Use<br>dronabinol) .....30                      |
| LURBIPR TABS 100 MG (Use<br>flurbiprofen) .....7                               | LYUMJEV KWIKPEN SOPN .....28  | MARPLAN .....22   |
| LURBIRO TABS 100 MG (Use<br>flurbiprofen) .....7                               | LYUMJEV SOLN .....28  | MASONATAL TABS .....188   |
| LUTEIN-ZEAXANTHIN TABS 60<br>MG-5 MG-1 MG-15 MG-1 MG-750<br>MCG-20 MG .....165 | LYUMJEV TEMPO PEN SOPN ... 28   | MATULANE .....43  |
| LUTRATE DEPOT INJ 22.5 MG ...40  | LYVISPAH PACK 5 MG .....190   | MAVENCLAD (10 TABS) 10 MG<br>(Use cladribine (multiple sclerosis))<br>203 |
| LYBALVI .....202   | macitentan 10 MG .....54  | MAVENCLAD (4 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYFGENIA .....92   | MACROBID (Use nitrofurantoin<br>monohyd macro) .....37  | MAVENCLAD (5 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYNKUET CAPS PO 60 MG .....85  | MACRODANTIN (Use nitrofurantoin<br>macrocrystal) .....37  | MAVENCLAD (6 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYNPARZA TABS .....42  | MACULAR HEALTH FORMULA<br>CAPS 250 MG-10 MG-100 MCG-10<br>MG-500 UNIT-5 MG-5 MG-1 MG-1<br>MG-20 MG-25 MCG-200 UNIT-7.5<br>MG-10 MG .....166 | MAVENCLAD (7 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYRICA CAPS (Use pregabalin) ...19   | MACUVITE EYE CARE TABS 113<br>MG-17.4 MG-0.4 MG-100 UNIT-7160<br>UNIT .....166  | MAVENCLAD (8 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYRICA CAPS 25 MG, 50 MG, 100<br>MG, 150 MG (Use pregabalin) ....19            | MACUVITE TABS 60 MG-40 MG-2<br>MG-40 MCG-30 UNIT-5000 UNIT<br>166   | MAVENCLAD (9 TABS) 10 MG (Use<br>cladribine (multiple sclerosis)) ...203  |
| LYRICA CR (Use pregabalin (once-<br>daily)) .....204                           | MAGELLAN INSULIN SAFETY SYR<br>.....135   | MAVYRET PACK .....50  |
| LYRICA SOLN (Use pregabalin) ...19   | magnesium citrate 1.745 GM/30ML<br>96   | MAVYRET TABS .....50  |
| LYSIPLEX PLUS LIQD .....165  | magnesium hydroxide SUSP 7.75 %,  | MAXALT TABS 10 MG (Use<br>rizatriptan benzoate) .....141                  |



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|---|---|--|
| MG-5000 UNIT-18 MG-10 MG-5 MG-30 MG-2 MG-100 MG-22.5 MG-2 MG-150 MG-30 UNIT-150 MG-75 MCG-5 MG-5 MG-25 MCG .....166 | pyridostigmine bromide) ..... 38  | methylergonovine maleate TABS 199                                  |
| MENS MULTI HEALTH FORMULA TABS .....166   | METADATE CD CPR (Use methylphenidate hcl) ..... 3                                 | METHYLIN SOLN (Use methylphenidate hcl) ..... 3                    |
| MENS MULTIVITAMIN TABS .... 167   | metaxalone .....190   | methylphenidate hcl CHEW .....3                                    |
| MENVEO SOLN .....209  | metformin hcl SOLN ..... 25   | methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ..... 3 |
| MENVEO SOLR .....209  | metformin hcl TABS 500 MG, 850 MG, 1000 MG ..... 25                               | methylphenidate hcl CP24 ..... 3                                   |
| meperidine hcl SOLN PO 50 MG/5ML ..... 9  | metformin hcl TB24 500 MG, 1000 MG ..... 25                                       | methylphenidate hcl CPR ..... 3                                    |
| meperidine hcl TABS 50 MG ..... 9   | metformin hcl TB24 ..... 25   | methylphenidate hcl SOLN .....3                                    |
| meprobamate .....13   | methadone hcl CONC .....9   | methylphenidate hcl TABS .....3                                    |
| mercaptapurine SUSP 2000 MG/100ML ..... 38  | methadone hcl SOLN PO .....9  | methylphenidate hcl TB24 ..... 3                                   |
| mercaptapurine TABS ..... 38  | methadone hcl TABS .....9   | methylphenidate hcl TBCR 10 MG, 20 MG ..... 3                      |
| MERILOG SOLN SC 100 UNIT/ML 28  | methadone hcl TBSO .....9   | methylphenidate hcl TBCR 18 MG, 27 MG, 36 MG, 54 MG .....3         |
| MERILOG SOLOSTAR SOPN SC 100 UNIT/ML .....28  | METHADOSE CONC (Use methadone hcl) .....9   | methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG .....3                |
| mesalamine CP24 ..... 88  | METHADOSE SUGAR-FREE CONC (Use methadone hcl) .....9                              | methylphenidate PTCH ..... 3                                       |
| mesalamine CPR .....88  | methamphetamine hcl .....1  | methylprednisolone TABS 4 MG, 8 MG ..... 57                        |
| mesalamine CPDR .....88   | methazolamide TABS .....83  | methylprednisolone TBPK .....57                                    |
| mesalamine ENEM ..... 88  | methenamine mandelate .....37   | methyltestosterone TABS .....11                                    |
| mesalamine SUPP .....88   | methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 81.6 MG . 36            | metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML ..... 87           |
| mesalamine TBEC 1.2 GM ..... 88   | methimazole TABS .....205   | metoclopramide hcl TABS .....87                                    |
| mesalamine TBEC 800 MG .....88  | methocarbamol TABS 500 MG, 750 MG .....190  | metolazone .....83   |
| mesalamine w/ cleanser .....88  | methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML ..... 38 | metoprolol & hydrochlorothiazide TABS .....36                      |
| mesna TABS .....44  | methotrexate sodium TABS 2.5 MG 38  | metoprolol succinate TB24 ..... 51                                 |
| MESNEX TABS .....44   | methotrexate sodium TABS 2.5 MG 38  | metoprolol tartrate SOLN IV 5 MG/5ML .....51                       |
| MESTINON TABS (Use pyridostigmine bromide) ..... 38   | methsuximide .....21  | metoprolol tartrate TABS ..... 51                                  |
| MESTINON TBCR (Use  | methylidopa TABS .....35  | METROCREAM CREA (Use   |

|   |   |  |
|---|---|--|
| metronidazole (topical)) .....71                                | SYSTEM KIT ..... 119  | MINIMED INSTINCT GLUC<br>SENSOR .....120   |
| METROGEL GEL 1 % (Use<br>metronidazole (topical)) .....71       | MICRODOT CONTROL HIGH/LOW<br>SOLN ..... 119   | MINIMED MIO ADVANCE INFUSE<br>SET MISC ..... 120   |
| metronidazole (topical) CREA ..... 71                           | MICRODOT TEST STRP .....79  | MINIMED PUMP RESERVOIR 3ML<br>MISC .....120  |
| metronidazole (topical) GEL 0.75 %<br>71                        | MICROLET LANCETS .....119   | MINIMED QUICK SET INF SET 18"<br>MISC .....120   |
| metronidazole (topical) LOTN ..... 71                           | MICROLET NEXT LANCETS ....119   | MINIMED QUICK SET INF SET 23"<br>MISC .....120   |
| metronidazole TABS .....36                                      | MICROLET NEXT LANCING<br>DEVICE MISC ..... 119  | MINIMED QUICK SET INF SET 32"<br>MISC .....120   |
| metronidazole vaginal .....210                                  | MICROSPACER MISC .....138   | MINIMED QUICK SET INF SET 43"<br>MISC .....120   |
| mexiletine hcl .....14  | midazolam hcl SOLN IJ .....95   | MINIMED QUICK-SERTER MISC<br>120   |
| MIACALCIN IJ (Use calcitonin<br>(salmon)) .....84               | MIDAZOLAM HCL SOLN IJ ..... 95  | MINIMED RESERVOIR 1.8ML MISC<br>120  |
| MICARDIS 20 MG (Use telmisartan) .<br>35                        | midazolam hcl SYRP ..... 95   | MINIMED RESERVOIR 3ML MISC<br>120  |
| MICARDIS 40 MG, 80 MG (Use<br>telmisartan) .....34              | midodrine hcl .....211  | MINIMED SILHOUETTE INF SET<br>32" MISC .....120  |
| MICARDIS HCT (Use telmisartan-<br>hydrochlorothiazide) ..... 36 | MIEBO ..... 198   | MINIMED SILHOUETTE INF SET<br>43" MISC .....120  |
| MICATIN CREA (Use miconazole<br>nitrate (topical)) ..... 62     | miglitol .....24  | MINIVELLE PTTW (Use estradiol) 86  |
| MICONAZOLE 7 SUPP 100 MG .210                                   | miglustat .....92   | minocycline hcl CAPS .....205  |
| miconazole nitrate (topical) CREA .62                           | MIGRANAL SOLN NA (Use<br>dihydroergotamine mesylate) ....140  | minoxidil 2.5 MG, 10 MG ..... 36   |
| miconazole nitrate vaginal CREA 2 %<br>.....210                 | MILK OF MAGNESIA<br>CONCENTRATE SUSP ..... 96   | MIPLYFFA ..... 204   |
| miconazole nitrate vaginal CREA 4 %<br>.....210                 | milnacipran hcl MISC .....202   | mirabegron TB24 .....208   |
| miconazole nitrate vaginal KIT ... 210                          | milnacipran hcl TABS 12.5 MG, 25<br>MG, 50 MG, 100 MG ..... 202   | MIRALAX POWD (Use polyethylene<br>glycol 3350) .....96   |
| miconazole nitrate vaginal SUPP 100<br>MG .....210              | MINCORA TABS ..... 185  | MIRAPEX ER TB24 0.375 MG, 0.75<br>MG, 2.25 MG, 3 MG, 3.75 MG, 4.5<br>MG (Use pramipexole<br>dihydrochloride) .....44 |
| miconazole nitrate vaginal SUPP 200<br>MG .....210              | MINI LANCING DEVICE MISC ...119   |  |
| MICROCHAMBER DEVI ..... 138                                     | MINI MULTI VITAMINS/IRON TABS<br>60 MG-400 MCG-1.5 MG-20 MG-2<br>MG-10 MG-1.7 MG-10 MCG-13.5<br>MG-18 MG-25 MG-900 MCG-6 MCG<br>146 |  |
| MICROCHAMBER MISC .....138                                      | MINIMED 630G INSULIN PUMP KIT<br>119  |  |
| MICRODOT BLOOD GLUCOSE  | MINIMED 780G INSULIN PUMP KIT<br>120  |  |

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| MIRASORB SPONGES MISC .....99                                      | molindone hcl .....47   | MOTRIN CHILDRENS CHEW (Use<br>ibuprofen) .....7  |
| MIRCERA .....93  | mometasone furoate (nasal) SUSP<br>191  | MOUNJARO 12.5 MG/0.5ML, 15<br>MG/0.5ML .....26   |
| MIRCETTE (Use desogestrel-ethinyl<br>estradiol (biphasic)) .....55 | mometasone furoate CREA .....67   | MOUNJARO 2.5 MG/0.5ML, 5<br>MG/0.5ML, 7.5 MG/0.5ML, 10<br>MG/0.5ML .....26   |
| MIRENA (52 MG) .....56   | mometasone furoate OINT .....67   | MOVANTIK .....88   |
| mirtazapine TABS .....21   | mometasone furoate SOLN .....67   | moxifloxacin hcl (ophth) SOLN OP<br>196  |
| mirtazapine TBDP .....21   | MONISTAT CARE INSTANT ITCH<br>RLF 1 % .....210                                      | moxifloxacin hcl TABS .....87  |
| misoprostol .....208   | MONOJECT INSULIN SYRINGE<br>135   | MOZOBIL (Use plerixafor) .....94   |
| MITIGARE CAPS (Use colchicine) 90                                  | MONOJECT ULTRA COMFORT<br>SYRINGE .....135  | MRESVIA .....209   |
| MIUDELLA INTRAUTERINE<br>COPPER .....56                            | MONOLET LANCETS .....120  | MS CONTIN TBCR 100 MG (Use<br>morphine sulfate) .....9   |
| MM BLOOD GLUCOSE SYSTEM<br>REFILL KIT .....120                     | montelukast sodium CHEW .....14   | MS CONTIN TBCR 15 MG, 30 MG,<br>60 MG, 200 MG (Use morphine<br>sulfate) .....10  |
| MM EASY TOUCH GLUCOSE<br>METER KIT .....120                        | montelukast sodium PACK .....14   | MUCINEX DM MAXIMUM<br>STRENGTH TB12 (Use<br>dextromethorphan-guaifenesin) ...58  |
| MM EASY TOUCH GLUCOSE STRP<br>.....79                              | montelukast sodium TABS .....14   | MUCINEX DM TB12 (Use<br>dextromethorphan-guaifenesin) ...58  |
| MM INSULIN SYRINGE/NEEDLE<br>135                                   | MOOD FOOD CAPS .....167   | MUCINEX MAXIMUM STRENGTH<br>TB12 (Use guaifenesin) .....59   |
| MM LANCING DEVICE MISC ....120                                     | MOOD FOOD ES CAPS .....167  | MUCINEX TB12 (Use guaifenesin)<br>59   |
| MM TWIST LANCETS .....120  | morphine sulfate beads .....9   | MULTI COMPLETE CAPS 60 MG-2<br>MG-30 MCG-400 MCG-1000 UNIT-6<br>MCG-1.7 MG-40 MCG-20 MG-10<br>MG-18 MG-1.5 MG-40 MG-15 MG-2<br>MG-2500 UNIT-100 MG-45 MCG-<br>150 MCG-50 UNIT-4 MG-120 MCG-<br>20 MCG .....167 |
| M-M-R II SOLR .....209   | morphine sulfate CP24 10 MG, 20<br>MG, 30 MG, 50 MG, 60 MG, 80 MG,<br>100 MG .....9 |  |
| M-NATAL PLUS TABS .....188   | morphine sulfate SOLN PO 10<br>MG/5ML, 20 MG/5ML .....9                             |  |
| MNEXSPIKE SUSY 10 MCG/0.2ML .<br>209                               | morphine sulfate SOLN PO 20<br>MG/ML, 100 MG/5ML .....9                             |  |
| MOBI 2ML CARTRIDGE MISC ...120                                     | morphine sulfate SUPP .....9  |  |
| modafinil .....3   | morphine sulfate TABS 15 MG .....9  |  |
| MODD1 PATIENT WELCOME KIT<br>KIT .....120                          | morphine sulfate TABS 30 MG .....9  |  |
| MODD1 SUPPLY KIT KIT .....120                                      | morphine sulfate TBCR .....9  |  |
| MODEYSO CAPS PO 125 MG ....41                                      | MOTTEGRITY (Use prucalopride<br>succinate) .....87                                  | MULTI COMPLETE/IRON TABS 180<br>MG-2 MG-30 MG-400 MCG-1000<br>UNIT-6 MCG-1.7 MG-80 MCG-20<br>MG-2500 UNIT-10 MG-18 MG-162  |
| moexipril hcl .....34  | MOTPOLY XR CP24 .....19   |  |
| MOLESKIN FOAM PADS .....99   |   |  |

|   |   |   |
|---|---|---|
| MG-1.5 MG-15 MG-100 MG-75<br>MCG-150 MCG-50 UNIT-2 MG-4<br>MG-120 MCG-70 MCG ..... 167  | 3000 UNIT-1.5 MG-100 MG-15 MG-<br>150 MCG-400 UNIT-20 MG-18 MG-<br>40 MG-10 MCG-120 MCG-2 MG-10<br>MCG-150 MCG-25 MCG-77 MG-5<br>MCG-2 MG-50 UNIT-25 MCG-250<br>MG-36 MG-2 MG ..... 167   | 25 MCG-20 MG-10 MG-27 MG-2.25<br>MG-100 MG-15 MG-5000 UNIT-30<br>MG-162 MG-150 MCG-34 UNIT-125<br>MG-2 MG-5 MG-27 MG-25 MCG-25<br>MCG-300 MCG-25 MCG ..... 168  |
| MULTI FOR HER 50+ CAPS 60 MG-<br>6 MG-30 MCG-400 MCG-1000 UNIT-<br>25 MCG-1.7 MG-80 MCG-20 MG-10<br>MG-1.5 MG-100 MG-15 MG-2 MG-<br>2500 UNIT-200 MG-75 MCG-150<br>MCG-60 UNIT-4 MG-120 MCG-70<br>MCG, 60 MG-6 MG-30 MCG-400<br>MCG-1000 UNIT-25 MCG-1.7 MG-80<br>MCG-20 MG-10 MG-200 MG-1.5<br>MG-100 MG-15 MG-2 MG-2500<br>UNIT-75 MCG-150 MCG-60 UNIT-4<br>MG-120 MCG-70 MCG, 60 MG-6<br>MG-30 MCG-60 UNIT-400 MCG-<br>1000 UNIT-25 MCG-1.7 MG-80<br>MCG-20 MG-10 MG-1.5 MG-100<br>MG-15 MG-2 MG-2500 UNIT-200<br>MG-75 MCG-150 MCG-4 MG-120<br>MCG-70 MCG ..... 167 | MULTI FOR HIM 50+ TABS 180 MG-<br>6 MG-30 MCG-400 MCG-1000 UNIT-<br>25 MCG-10 MG-1.7 MG-80 MCG-1.5<br>MG-15 MG-20 MG-100 MG-120<br>MCG-2 MG-162 MG-150 MCG-75<br>MCG-4 MG-60 UNIT-2500 UNIT-105<br>MCG ..... 167  | MULTIA CAPS ..... 168   |
| MULTI FOR HER 50+ TABS 180<br>MG-6 MG-30 MCG-400 MCG-1000<br>UNIT-25 MCG-10 MG-1.7 MG-80<br>MCG-1.5 MG-15 MG-20 MG-100<br>MG-120 MCG-2 MG-200 MG-150<br>MCG-75 MCG-4 MG-60 UNIT-2500<br>UNIT-70 MCG ..... 167   | MULTI FOR HIM CAPS 60 MG-4<br>MG-30 MCG-400 MCG-1000 UNIT-<br>18 MCG-1.7 MG-40 MCG-20 MG-10<br>MG-1.5 MG-40 MG-15 MG-2 MG-<br>2500 UNIT-100 MG-45 MCG-150<br>MCG-50 UNIT-4 MG-120 MCG-40<br>MCG, 60 MG-4 MG-30 MCG-400<br>MCG-25 MCG-18 MCG-1.7 MG-40<br>MCG-20 MG-10 MG-100 MG-1.5<br>MG-40 MG-15 MG-2 MG-750 MCG-<br>45 MCG-150 MCG-22.5 MG-4 MG-<br>120 MCG-40 MCG ..... 168 | MULTI-LANCET DEVICE 2 KIT .. 120  |
| MULTI FOR HER CAPS 60 MG-2<br>MG-30 MCG-600 MCG-1000 UNIT-6<br>MCG-1.7 MG-40 MCG-20 MG-10<br>MG-18 MG-1.5 MG-40 MG-15 MG-2<br>MG-2500 UNIT-100 MG-45 MCG-<br>150 MCG-50 UNIT-4 MG-120 MCG-<br>20 MCG, 60 MG-2 MG-30 MCG-600<br>MCG-1000 UNIT-6 MCG-1.7 MG-40<br>MCG-20 MG-10 MG-18 MG-100 MG-<br>1.5 MG-40 MG-15 MG-2 MG-2500<br>UNIT-45 MCG-150 MCG-50 UNIT-4<br>MG-120 MCG-20 MCG ..... 167   | MULTI FOR HIM TABS 180 MG-4<br>MG-30 MCG-400 MCG-1000 UNIT-<br>18 MCG-10 MG-1.7 MG-80 MCG-1.5<br>MG-100 MG-15 MG-20 MG-120<br>MCG-2 MG-162 MG-150 MCG-75<br>MCG-4 MG-50 UNIT-2500 UNIT-70<br>MCG ..... 168  | MULTIPLE VIT/MINERALS/NO IRON<br>TABS 60 MG-1 MG-400 MCG-400<br>UNIT-1 MCG-5 MG-2.5 MG-15 MG-<br>5000 UNIT-2.5 MG-2.5 MG-100 MG-<br>75 MCG-15 UNIT-80 MG-1.5 MG-<br>0.37 MG-0.5 MG ..... 168  |
| MULTI FOR HER TABS 120 MG-2<br>MG-30 MCG-400 MCG-6 MCG-10<br>MG-1.7 MG-100 MCG-250 MCG-   | MULTI PRENATAL TABS ..... 188   | multiple vitamin TABS ..... 185   |
|   | MULTI VITAMIN TABS ..... 185  | MULTIPLE VITAMIN-FOLIC ACID<br>TABS 60 MG-2 MG-400 MCG-1.5<br>MG-400 UNIT-6 MCG-1.7 MG-20<br>MG-5000 UNIT-10 UNIT ..... 185   |
|   | MULTI VITAMIN W/D-3 TABS ... 185  | MULTIPLE VITAMINS ESSENTIAL<br>TABS 60 MG-2 MG-0.4 MG-20 MG-<br>1.5 MG-6 MCG-10 MG-1.7 MG-400<br>UNIT-30 UNIT-5000 UNIT ..... 185   |
|   | MULTI VITAMIN/MINERALS TABS<br>60 MG-1 MG-400 MCG-400 UNIT-1<br>MCG-2.5 MG-15 MG-5000 UNIT-5<br>MG-7.5 MG-2.5 MG-100 MG-75<br>MCG-15 UNIT-80 MG-1.5 MG-0.375<br>MG-0.5 MG, 90 MG-3 MG-45 MCG-<br>400 MCG-400 UNIT-9 MCG-2.6 MG-   | MULTIPLE VITAMINS TABS 60 MG-<br>2 MG-400 MCG-1.5 MG-400 UNIT-6<br>MCG-10 MG-1.7 MG-20 MG-5000<br>UNIT-30 UNIT, 60 MG-2 MG-400<br>MCG-400 UNIT-1.7 MG-20 MG-10<br>MG-1.5 MG-30 UNIT-5000 UNIT, 60<br>MG-400 MCG-2 MG-6 MCG-10 MG-<br>1.7 MG-20 MG-5000 UNIT-1.5 MG-<br>400 UNIT-30 UNIT ..... 185 |
|   |   | multiple vitamins w/ iron TABS ... 146  |
|   |   | multiple vitamins w/ minerals CAPS<br>168   |
|   |   | multiple vitamins w/ minerals TABS<br>168   |
|   |   | MULTIPLE VITAMINS/IRON TABS<br>60 MG-2 MG-400 MCG-1.5 MG-20<br>MG-6 MCG-10 MG-1.7 MG-400<br>UNIT-30 UNIT-18 MG-5000 UNIT, 60  |

|   |   |   |
|---|---|---|
| MG-2 MG-400 MCG-400 UNIT-6<br>MCG-1.7 MG-20 MG-5000 UNIT-10<br>MG-18 MG-1.5 MG-30 UNIT, 60 MG-<br>2 MG-400 MCG-400 UNIT-6 MCG-10<br>MG-1.7 MG-20 MG-5000 UNIT-18<br>MG-1.5 MG-30 UNIT ..... 146   | MG-80 MG-45 MCG-150 MCG-50<br>UNIT-20 MG-0.5 MG-5 MCG-2.3<br>MG-45 MCG-55 MCG-10 MCG-72<br>MG-2 MG, 60 MG-3 MG-30 MCG-<br>400 MCG-500 UNIT-25 MCG-1.7<br>MG-30 MCG-20 MG-250 MCG-2500<br>UNIT-10 MG-220 MG-300 MCG-1.5<br>MG-11 MG-150 MCG-50 UNIT-50<br>MG-80 MG-45 MCG-150 MCG-20<br>MG-0.5 MG-5 MCG-2.3 MG-45<br>MCG-55 MCG-10 MCG-72 MG-2<br>MG, 60 MG-3 MG-30 MCG-400<br>MCG-500 UNIT-25 MCG-1.7 MG-30<br>MCG-20 MG-250 MCG-2500 UNIT-<br>10 MG-300 MCG-1.5 MG-50 MG-11<br>MG-150 MCG-80 MG-220 MG-45<br>MCG-150 MCG-50 UNIT-20 MG-0.5<br>MG-5 MCG-2.3 MG-55 MCG-10<br>MCG-45 MCG-72 MG-2 MG, 60 MG-<br>3 MG-30 MCG-400 MCG-500 UNIT-<br>25 MCG-1.7 MG-30 MCG-250 MCG-<br>2500 UNIT-10 MG-220 MG-300<br>MCG-1.5 MG-11 MG-20 MG-50 MG-<br>80 MG-45 MCG-150 MCG-50 UNIT-<br>20 MG-0.5 MG-5 MCG-2.3 MG-19<br>MCG-10 MCG-50 MCG-72 MG-2 MG<br>.....169 | .....187<br><br>MULTIVITAMIN HEALTH<br>FORM/CA/FE TABS .....169<br><br>MULTIVITAMIN INFANT &<br>TODDLER SOLN PO .....188<br><br>MULTIVITAMIN<br>INFANTS/TODDLERS SOLN 11<br>MG/ML .....187<br><br>MULTIVITAMIN IRON-FREE TABS<br>60 MG-2 MG-400 MCG-400 UNIT-6<br>MCG-1.7 MG-20 MG-3000 UNIT-10<br>MG-45 MG-1.5 MG-30 UNIT ..... 185<br><br>MULTIVITAMIN LIQD 60 MG/15ML-<br>300 MCG/15ML-30 UNIT/15ML-1.5<br>MG/15ML-2 MG/15ML-400<br>UNIT/15ML-6 MCG/15ML-1300<br>UNIT/15ML-10 MG/15ML-1.7<br>MG/15ML-20 MG/15ML-9 MG/15ML-<br>3 MG/15ML-25 MCG/15ML-150<br>MCG/15ML-2 MG/15ML-25<br>MCG/15ML .....171<br><br>MULTIVITAMIN MEN 50+ TABS 120<br>MG-30 MCG-300 MCG-1.5 MG-20<br>MG-6 MG-10 MG-1.7 MG-300 MCG-<br>600 MCG-25 MCG-27 MG-75 MG-4<br>MG-50 MCG-80 MG-60 MCG-0.5<br>MG-15 MG-210 MG-150 MCG-20<br>MG-21 MCG-1050 MCG-60 MCG-<br>100 MCG-72 MG, 120 MG-30 MCG-<br>400 MCG-4.5 MG-20 MG-6 MG-15<br>MG-3.4 MG-370 MCG-17.5 MCG-<br>11.4 MG-110 MG-4.2 MG-90 MCG-<br>180 MCG-2.2 MG-24 MG-120 MG-<br>150 MCG-117 MCG-940 MCG-20<br>MCG-25 MCG, 120 MG-6 MG-30<br>MCG-27 MG-300 MCG-25 MCG-100<br>MCG-1.7 MG-60 MCG-20 MG-300<br>MCG-10 MG-600 MCG-1.5 MG-75<br>MG-15 MG-80 MG-210 MG-50 MCG-<br>150 MCG-20 MG-0.5 MG-5 MCG-4<br>MG-1050 MCG-21 MCG-10 MCG-60<br>MCG-72 MG-2 MG, 120 MG-6 MG- |
| MULTIPLE VITAMINS/WOMENS<br>TABS 60 MG-2 MG-400 MCG-1.5<br>MG-20 MG-6 MCG-10 MG-1.7 MG-<br>400 UNIT-30 UNIT-27 MG-15 MG-<br>450 MG-5000 UNIT .....168   |   |   |
| MULTIPLE VITAMINS-MINERALS<br>LIQD 60 MG/15ML-300 MCG/15ML-<br>1.1 MG/15ML-20 MG/15ML-2<br>MG/15ML-10 MG/15ML-1.7<br>MG/15ML-10 MCG/15ML-14<br>MG/15ML-9 MG/15ML-2 MG/15ML-<br>25 MCG/15ML-13 MG/15ML-25<br>MCG/15ML-3 MG/15ML-150<br>MCG/15ML-390 MCG/15ML-6<br>MCG/15ML .....168  |   |   |
| MULTIPRO CAPS 25 MG-300 MCG-<br>1000 MCG-10 MCG-10 MCG-3 MG-2<br>MG-5 MG-32 MG-2 MG-7 MG-6 MG-<br>30 MG-315 MG-1 MG-30 MG .... 168  |   |   |
| MULTITOL-M TABS ..... 168   |   |   |
| MULTIVITAMIN ADULT (MINERALS)<br>TABS .....168  |   |   |
| MULTIVITAMIN ADULT TABS ... 185   |   |   |
| MULTIVITAMIN ADULTS 50+ TABS<br>60 MG-3 MG-30 MCG-400 MCG-<br>12.5 MCG-25 MCG-1.7 MG-30 MCG-<br>20 MG-250 MCG-750 MCG-10 MG-<br>300 MCG-1.5 MG-50 MG-11 MG-150<br>MCG-80 MG-220 MG-45 MCG-150<br>MCG-22.75 MG-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10 MCG-45<br>MCG-72 MG-2 MG, 60 MG-3 MG-30<br>MCG-400 MCG-500 UNIT-25 MCG-<br>1.7 MG-30 MCG-20 MG-250 MCG-<br>2500 UNIT-10 MG-220 MG-300<br>MCG-1.5 MG-11 MG-150 MCG-50 | MULTIVITAMIN ADULTS TABS 60<br>MG-2 MG-30 MCG-400 MCG-10<br>MCG-6 MCG-1.7 MG-25 MCG-20<br>MG-10 MG-18 MG-1.5 MG-50 MG-11<br>MG-80 MG-200 MG-45 MCG-150<br>MCG-13.5 MG-20 MG-0.5 MG-5<br>MCG-10 MCG-2.3 MG-75 MCG-1050<br>MCG-55 MCG-10 MCG-35 MCG-72<br>MG-2 MG, 60 MG-30 MCG-400<br>MCG-1.5 MG-20 MG-2 MG-10 MG-<br>1.7 MG-25 MCG-13.5 MG-18 MG-50<br>MG-2.3 MG-45 MCG-80 MG-2 MG-<br>10 MCG-35 MCG-0.5 MG-10 MCG-<br>11 MG-200 MG-150 MCG-20 MG-55<br>MCG-1050 MCG-25 MCG-6 MCG-72<br>MG .....169   |   |
|   | MULTIVITAMIN DROPS/IRON SOLN  |   |

|  |   |   |
|--|---|---|
| 30 MCG-300 MCG-600 UNIT-100<br>MCG-1.7 MG-60 MCG-20 MG-300<br>MCG-3500 UNIT-10 MG-600 MCG-<br>1.5 MG-75 MG-15 MG-210 MG-80<br>MG-50 MCG-150 MCG-60 UNIT-20<br>MG-0.5 MG-4 MG-21 MCG-60 MCG-<br>72 MG .....170  | MG, 100 MG-5 MG-30 MCG-400<br>MCG-800 UNIT-50 MCG-1.1 MG-50<br>MCG-14 MG-300 MCG-3500 UNIT-5<br>MG-8 MG-300 MG-1.1 MG-15 MG-35<br>UNIT-100 MG-80 MG-150 MCG-20<br>MG-0.5 MG-5 MCG-2.3 MG-22<br>MCG-50 MCG-10 MCG-52 MCG-72<br>MG-2 MG ..... 170 | MVW COMPLETE FORMULATION<br>CAPS ..... 171  |
| MULTIVITAMIN MEN TABS .....170   | MULTIVITAMIN WOMEN TABS . 171   | MVW COMPLETE FORMULATION<br>D3000 CAPS ..... 171  |
| MULTI-VITAMIN MONOCAPS TABS<br>170   | MULTIVITAMIN WOMENS 50+ ADV<br>TABS 120 MG-30 MCG-400 MCG-<br>4.5 MG-20 MG-6 MG-15 MG-3.4 MG-<br>25 MCG-13.5 MG-50 MG-4.2 MG-90<br>MCG-180 MCG-2.2 MG-24 MG-300<br>MG-150 MCG-27 MCG-940 MCG-20<br>MCG-25 MCG ..... 171                         | MVW COMPLETE FORMULATION<br>D5000 CAPS ..... 171  |
| MULTIVITAMIN PLUS IRON ADULT<br>TABS 60 MG-2 MG-13.5 MG-400<br>MCG-10 MCG-6 MCG-1.7 MG-20<br>MG-1500 MCG-10 MG-18 MG-75<br>MG-1.5 MG ..... 146   | MULTIVITAMIN/FLUORIDE CHEW<br>0.5 MG, 1 MG .....187   | MVW MODULATOR FORMULATION<br>CAPS ..... 171   |
| MULTI-VITAMIN TABS 60 MG-2 MG-<br>30 MCG-400 MCG-400 UNIT-6<br>MCG-1.7 MG-20 MG-5000 UNIT-10<br>MG-1.5 MG-30 UNIT ..... 185  | MULTIVITAMIN/FLUORIDE SUSP<br>0.25 MG/ML .....187   | MVW MODULATOR FORMULATION<br>MINI CAPS .....171   |
| MULTIVITAMIN TABS .....185   | MULTI-VITAMIN/IRON TABS 400<br>UNIT-60 MG-2 MG-400 MCG-6<br>MCG-5000 UNIT-1.7 MG-20 MG-10<br>MG-18 MG-1.5 MG-30 UNIT, 60 MG-<br>2 MG-400 MCG-400 UNIT-6 MCG-<br>1.7 MG-20 MG-5000 UNIT-10 MG-18<br>MG-1.5 MG-30 UNIT ..... 146                  | MYAMBUTOL TABS 400 MG (Use<br>ethambutol hcl) ..... 38  |
| MULTIVITAMIN WOMEN 50+ TABS<br>100 MG-30 MCG-400 MCG-1.1 MG-<br>14 MG-5 MG-5 MG-1.1 MG-300<br>MCG-25 MCG-15.8 MG-8 MG-100<br>MG-2.3 MG-50 MCG-80 MG-52<br>MCG-0.5 MG-15 MG-300 MG-150<br>MCG-20 MG-22 MCG-1050 MCG-50<br>MCG-50 MCG-72 MG, 100 MG-5<br>MG-30 MCG-400 MCG-14 MG-25<br>MCG-50 MCG-1.1 MG-50 MCG-300<br>MCG-1050 MCG-5 MG-8 MG-1.1<br>MG-15 MG-100 MG-2 MG-300 MG-<br>80 MG-50 MCG-150 MCG-15.7 MG-<br>20 MG-2.3 MG-22 MCG-0.5 MG-10<br>MCG-52 MCG-72 MG, 100 MG-5<br>MG-30 MCG-400 MCG-800 UNIT-50<br>MCG-1.1 MG-50 MCG-14 MG-300<br>MCG-3500 UNIT-5 MG-8 MG-1.1<br>MG-15 MG-35 UNIT-50 MG-500 MG-<br>80 MG-150 MG-20 MG-0.5 MG-5<br>MCG-2.3 MG-150 MCG-55 MCG-50<br>MCG-10 MCG-50 MCG-72 MG-2 | MULTI-VITAMIN/IRON TABS 400<br>UNIT-60 MG-2 MG-400 MCG-6<br>MCG-5000 UNIT-1.7 MG-20 MG-10<br>MG-18 MG-1.5 MG-30 UNIT, 60 MG-<br>2 MG-400 MCG-400 UNIT-6 MCG-<br>1.7 MG-20 MG-5000 UNIT-10 MG-18<br>MG-1.5 MG-30 UNIT ..... 146                  | MYAMULTI TABS 60 MG-3 MG-30<br>MCG-400 MCG-1.7 MG-6 MCG-10<br>MG-2 MG-20 MG-5000 UNIT-400<br>UNIT-30 UNIT-18 MG-100 MG-2.5<br>MG-25 MCG-5 MCG-40 MG-10<br>MCG-150 MCG-25 MCG-2 MG-10<br>MCG-15 MG-162 MG-150 MCG-125<br>MG-25 MCG-10 MCG-25 MCG-36.3<br>MG .....171 |
| MULTI-VITAMIN/IRON TABS 400<br>UNIT-60 MG-2 MG-400 MCG-6<br>MCG-5000 UNIT-1.7 MG-20 MG-10<br>MG-18 MG-1.5 MG-30 UNIT, 60 MG-<br>2 MG-400 MCG-400 UNIT-6 MCG-<br>1.7 MG-20 MG-5000 UNIT-10 MG-18<br>MG-1.5 MG-30 UNIT ..... 146   | MULTI-VITAMIN/MINERALS TABS<br>60 MG-2 MG-0.4 MG-20 MG-1.2 MG-<br>6 MCG-1.7 MG-400 UNIT-15 MG-<br>100 MG-160 MG-150 MCG-18 MG-<br>125 MG-5000 UNIT .....171   | MYCOBUTIN (Use rifabutin) .....38   |
| MULTI-VITAMIN/MINERALS TABS<br>171   | MULTIVITAMIN/ZINC STRESS<br>TABS .....171   | mycophenolate mofetil CAPS .... 143   |
| MULTI-VITE LIQD .....171   | MULTIVITAMIN-MINERALS TABS<br>171   | mycophenolate mofetil hcl ..... 143   |
| mupirocin calcium (topical) .....61  | MULTIVITAMIN-MINERALS TABS<br>171   | mycophenolate mofetil SUSR .... 143   |
| mupirocin OINT ..... 61  | MULTIVITAMIN-MINERALS TABS<br>171   | mycophenolate mofetil TABS ....143  |
|  |   | mycophenolate sodium 180 MG ..143   |
|  |   | mycophenolate sodium 360 MG ..143   |
|  |   | MYDAYIS CP24 (Use amphetamine-<br>dextroamphetamine) ..... 1  |
|  |   | MYDRIACYL SOLN (Use<br>tropicamide) .....196  |
|  |   | MYFEMBREE ..... 86  |
|  |   | MYFORTIC 180 MG (Use  |

|   |  |  |
|---|--|--|
| mycophenolate sodium) ..... 143                                   | 28 MG (Use memantine hcl) ..... 202  | NAT-RUL THERAVITE-M TABS . 171   |
| MYFORTIC 360 MG (Use mycophenolate sodium) ..... 143              | NAMZARIC C4PK ..... 202  | NATRUL-VITES TABS ..... 171  |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT ..... 120                         | NAMZARIC CP24 (Use memantine hcl-donepezil hcl) ..... 202  | NAVAGE NASAL ASPIRATOR BABY DEVI ..... 138                                   |
| MYGLUCOHEALTH CONTROL SOLN ..... 120                              | NAMZARIC CP24 ..... 202  | NAYZILAM ..... 18  |
| MYGLUCOHEALTH LANCETS 30G 121                                     | NAPRELAN TB24 375 MG, 500 MG (Use naproxen sodium) ..... 7   | neбиволол hcl ..... 51   |
| MYGLUCOHEALTH TEST STRP . 79                                      | NAPRELAN TB24 500 MG, 750 MG (Use naproxen sodium) ..... 7   | NEBULIZER CUP/TUBING DEVI 138  |
| MYLERAN TABS ..... 38   | NAPROSYN SUSP (Use naproxen) 7   | NEBUSAL NEBU 3 %, 6 % (Use sodium chloride (inhalant)) ..... 59              |
| MYNEPHRON CAPS 1 MG ..... 145                                     | NAPROSYN TABS 500 MG (Use naproxen) ..... 7  | nefazodone hcl ..... 23  |
| MYOBLOC ..... 193   | naproxen sodium CAPS ..... 7   | NEFFY SOLN NA ..... 211  |
| MYRBETRIQ SRER 8 MG/ML (Use mirabegron) ..... 208                 | naproxen sodium TABS 220 MG ... 7  | NEMLUVIO ..... 68  |
| MYRBETRIQ TB24 (Use mirabegron) ..... 208                         | naproxen sodium TABS ..... 7   | NEOMULTIVITE TABS ..... 185  |
| MYSOLINE (Use primidone) ..... 19                                 | naproxen sodium TB24 ..... 7   | neomycin sulfate TABS ..... 4  |
| MYXREDLIN ..... 28  | naproxen SUSP ..... 7  | neomycin-bacitracin zn-polymyxin 196   |
| NABI-HB SOLN IM ..... 200   | naproxen TABS ..... 7  | neomycin-bacitracin-polymyxin OINT 61  |
| nabumetone ..... 7  | naproxen TBEC ..... 7  | neomycin-polymy-dexameth OINT 198  |
| nadolol TABS 20 MG, 40 MG, 80 MG ..... 51                         | naproxen-esomeprazole magnesium ..... 7  | neomycin-polymy-dexameth SUSP 0.1 %-3.5 MG/ML-10000 UNIT/ML, 0.1 % ..... 198 |
| naloxone hcl LIQD ..... 29  | naratriptan hcl ..... 141  | neomycin-polymyxin w/ pramoxine 61   |
| naloxone hcl SOCT ..... 29  | NARCAN LIQD (Use naloxone hcl) 29  | neomycin-polymyxin-gramicidin . 196  |
| naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML ..... 29                   | NARDIL (Use phenelzine sulfate) .22  | neomycin-polymyxin-hc (ophth) . 198  |
| naloxone hcl SOSY 0.4 MG/ML ... 29                                | NATAZIA ..... 55   | neomycin-polymyxin-hc (otic) SOLN . 199                                      |
| naloxone hcl SOSY 2 MG/2ML .... 29                                | nateglinide ..... 28   | neomycin-polymyxin-hc (otic) SUSP . 199                                      |
| naltrexone hcl ..... 29   | NATESTO GEL NA ..... 11  | NEONATAL PRENATAL TABS .. 188  |
| NAMENDA TITRATION PAK TABS (Use memantine hcl) ..... 202          | NATROBA (Use spinosad) ..... 71  | NEONATAL VITAMIN TABS ..... 188  |
| NAMENDA XR CP24 14 MG, 21 MG, 28 MG (Use memantine hcl) ..... 202 | NAT-RUL DAILY-VITE+IRON TABS 60 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-5000 UNIT-10 MG-18 MG-1.5 MG-2 MG-30 UNIT ..... 146 |  |

|   |     |  |  |     |
|---|-----|--|--|-----|
| NEORAL CAPS (Use cyclosporine modified (for microemulsion)) . . . . | 143 | 42   | nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR . . . . . | 204 |
| NEORAL SOLN (Use cyclosporine modified (for microemulsion)) . . . . | 144 | NEXCARE ABSOLUTE   | NICOTROL INHA . . . . .                                      | 204 |
| NEO-VITAL RX TABS . . . . .   | 188 | WATERPROOF PADS . . . . .  | NICOTROL NS SOLN . . . . .                                   | 204 |
| NEOVITE TABS . . . . .  | 171 | NEXIUM 24HR CPDR (Use esomeprazole magnesium) . . . . .            | nifedipine CAPS . . . . .                                    | 52  |
| NERLYNX . . . . .   | 42  | NEXIUM CPDR (Use esomeprazole magnesium) . . . . .                 | nifedipine TB24 . . . . .                                    | 52  |
| NESTABS . . . . .   | 188 | NEXIUM PACK (Use esomeprazole magnesium) . . . . .                 | NILANDRON (Use nilutamide) . . . .                           | 40  |
| NESTABS DHA . . . . .   | 188 | NEXLETOL . . . . .   | NILOTINIB D-TARTRATE CAPS PO 50 MG, 150 MG, 200 MG . . . . . | 42  |
| NESTABS ONE . . . . .   | 188 | NEXLIZET . . . . .   | nilotinib hcl 50 MG, 150 MG, 200 MG . . . . .                | 42  |
| NEULASTA ONPRO SOSY 6 MG/0.6ML . . . . .                            | 93  | NEXPLANON . . . . .  | nilutamide . . . . .   | 40  |
| NEULASTA SOLN SC 4 MG/0.4ML 93                                      |     | NEXTSTELLIS . . . . .  | NINLARO . . . . .  | 42  |
| NEULASTA SOSY . . . . .   | 93  | NGENLA . . . . .   | nisoldipine 8.5 MG, 17 MG, 34 MG                             | 52  |
| NEUPOGEN SOLN . . . . .   | 93  | niacin (antihyperlipidemic) TABS . .                               | NITRO-DUR PT24 (Use nitroglycerin) . . . . .                 | 13  |
| NEUPOGEN SOSY . . . . .   | 93  | niacin (antihyperlipidemic) TBCR . .                               | nitrofurantoin 25 MG/5ML . . . . .                           | 37  |
| NEUPRO . . . . .  | 44  | NIACIN ER TBCR . . . . .   | nitrofurantoin macrocrystal 50 MG, 100 MG . . . . .          | 37  |
| NEURONTIN CAPS (Use gabapentin) . . . . .                           | 19  | niacin TABS 50 MG, 100 MG, 500 MG . . . . .                        | nitrofurantoin monohyd macro . . . .                         | 37  |
| NEURONTIN SOLN (Use gabapentin) . . . . .                           | 19  | niacin TBCR . . . . .  | nitroglycerin OINT . . . . .                                 | 13  |
| NEURONTIN TABS (Use gabapentin) . . . . .                           | 19  | NICADAN TABS . . . . .   | nitroglycerin PT24 . . . . .                                 | 13  |
| NEUTEK 2TEK CONTROL SOLN 121  |     | nicardipine hcl CAPS . . . . .                                     | nitroglycerin SUBL . . . . .                                 | 13  |
| NEUTEK 2TEK TEST STRP . . . . .                                     | 79  | NICAZEL FORTE TABS . . . . .                                       | NITROSTAT SUBL (Use nitroglycerin) . . . . .                 | 13  |
| NEVANAC . . . . .   | 198 | NICAZEL TABS . . . . .   | NITRO-TIME CPCR 2.5 MG, 6.5 MG, 9 MG . . . . .               | 13  |
| nevirapine SUSP . . . . .   | 49  | NICORETTE GUM 4 MG (Use nicotine polacrilex) . . . . .             | NIVA THYROID TABS . . . . .                                  | 206 |
| nevirapine TABS . . . . .   | 49  | NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex) . . . . .       | NIVESTYM SOLN . . . . .                                      | 93  |
| nevirapine TB24 400 MG . . . . .                                    | 49  | NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex) . . . . . | NIVESTYM SOSY . . . . .                                      | 93  |
| NEWVITE TABS . . . . .  | 185 | NICOTINE KIT . . . . .   | nizatidine CAPS . . . . .                                    | 207 |
| NEXAVAR (Use sorafenib tosylate) .                                  |     | nicotine polacrilex GUM . . . . .                                  | NO IRON MULT VITAMIN-  |     |
|   |     | nicotine polacrilex LOZG . . . . .                                 |  |     |

|   |          |  |     |   |     |
|---|----------|--|-----|---|-----|
| MINERALS TABS .....   | 171      | desipramine hcl) .....                                   | 23  | SUPN .....                              | 28  |
| NORDITROPIN FLEXPEN SOPN  | .84      | nortriptyline hcl CAPS .....                             | 23  | NOVOLIN N FLEXPEN SUPN .....            | 28  |
| norelgestromin-ethinyl estradiol  | ..56     | nortriptyline hcl SOLN .....                             | 23  | NOVOLIN N RELION SUSP .....             | 28  |
| norethin acet & estrad-fe CAPS  | ... 55   | NORVASC TABS (Use amlodipine besylate) .....             | 52  | NOVOLIN N SUSP .....                    | 28  |
| norethin acet & estrad-fe CHEW  | .. 55    | NORVASC TABS 5 MG, 10 MG (Use amlodipine besylate) ..... | 52  | NOVOLIN R FLEXPEN RELION SOPN IJ .....  | 28  |
| norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG ..... | 55       | NORVEXA TABS .....                                       | 171 | NOVOLIN R FLEXPEN SOPN IJ ..            | 28  |
| norethindrone & eth estradiol   | ..... 55 | NORVIR PACK .....  | 49  | NOVOLIN R RELION SOLN IJ ....           | 28  |
| norethindrone & ethinyl estradiol-fe 55                                     |          | NORVIR TABS (Use ritonavir) .....                        | 49  | NOVOLIN R SOLN IJ .....                 | 28  |
| norethindrone (contraceptive) .....   | 57       | NOURIANZ .....   | 44  | NOVOLOG 70/30 FLEXPEN RELION SUPN ..... | 28  |
| norethindrone acet & eth estra TABS 55                                      |          | NOVA MAX GLUCOSE TEST STRP . 79                          |     | NOVOLOG FLEXPEN RELION SOPN .....       | 28  |
| norethindrone acetate TABS .....  | 201      | NOVA MAX PLUS KETONE TEST 80                             |     | NOVOLOG FLEXPEN SOPN .....              | 28  |
| norethindrone acetate-ethinyl estradiol .....                               | 86       | NOVA SAFETY LANCETS 23G .121                             |     | NOVOLOG MIX 70/30 FLEXPEN SUPN .....    | 28  |
| norethindrone acetate-ethinyl estradiol-fe .....                            | 55       | NOVA SAFETY LANCETS 28G .121                             |     | NOVOLOG MIX 70/30 RELION SUSP .....     | 28  |
| norethindrone-eth estradiol (triphasic) .....                               | 55       | NOVA SUREFLEX LANCETS ...121                             |     | NOVOLOG MIX 70/30 SUSP .....            | 28  |
| norgestimate-ethinyl estradiol (triphasic) .....                            | 55       | NOVA SUREFLEX LANCING DEVICE MISC .....                  | 121 | NOVOLOG MIX 70/30 SUSP .....            | 28  |
| norgestimate-ethinyl estradiol  | .....55  | NOVAFERRUM PED MULTI VIT-IRON SOLN 10 MG/ML .....        | 187 | NOVOLOG PENFILL SOCT .....              | 28  |
| norgestrel & ethinyl estradiol 30 MCG-0.3 MG .....                          | 55       | NOVAMV PEDIATRIC MULTI-VITAMIN LIQD .....                | 188 | NOVOLOG RELION SOLN IJ .....            | 28  |
| NORIXA TABS .....   | 171      | NOVAVAX COVID-19 VACCINE SUSY .....                      | 209 | NOVOLOG SOLN IJ .....                   | 28  |
| NORLIQVA SOLN .....   | 52       | NOVOEIGHT .....  | 91  | NOVOSEVEN RT 1 MG, 2 MG, 8 MG .....     | 91  |
| NORPACE CAPS (Use disopyramide phosphate) .....                             | 13       | NOVAVAX COVID-19 VACCINE SUSY .....                      | 209 | NOVOSEVEN RT 5 MG .....                 | 91  |
| NORPACE CR CP12 150 MG .....  | 13       | NOVOEIGHT .....  | 91  | NP THYROID TABS .....                   | 206 |
| NORPRAMIN TABS 10 MG (Use desipramine hcl) .....                            | 23       | NOVOLIN 70/30 FLEXPEN RELION SUPN .....                  | 28  | NU GAUZE 4PLY PADS .....                | 99  |
| NORPRAMIN TABS 25 MG (Use   |          | NOVOLIN 70/30 FLEXPEN SUPN                               | 28  | NU GAUZE GENERAL-USE SPONGES MISC ..... | 99  |
|   |          | NOVOLIN 70/30 RELION SUSP ..                             | 28  | NUBEQA .....                            | 40  |
|   |          | NOVOLIN 70/30 SUSP .....                                 | 28  | NUCALA SOAJ .....                       | 14  |
|   |          | NOVOLIN N FLEXPEN RELION                                 |     | NUCALA SOLR .....                       | 14  |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| NUCALA SOSY .....  | 14  | NYSTATIN (Use nystatin (mouth-throat)) .....   | 145 | OCUVITE ADULT 50+ CAPS ....  | 172 |
| NUCYNTA TABS 50 MG, 75 MG, 100 MG (Use tapentadol hcl) .....   | 10  | nystatin (mouth-throat) .....  | 145 | OCUVITE ADULT FORMULA CAPS .   | 172 |
| NULEV TBDP 0.125 MG (Use hyoscyamine sulfate) .....  | 206 | nystatin (topical) CREA .....  | 62  | OCUVITE EXTRA TABS 200 MG-5 MG-3 MG-40 MG-40 MG-2 MG-5 MG-50 UNIT-6000 UNIT-40 MCG   | 172 |
| NUMOISYN LIQD .....  | 145 | nystatin (topical) OINT .....  | 62  | OCUVITE EYE + MULTI TABS 75 MG-1 MG-15 MCG-200 MCG-200 UNIT-3 MCG-0.85 MG-15 MCG-10 MG-5 MG-5 MG-1 MG-150 MCG-1 MG-0.75 MG-11.5 MG-500 UNIT-50 MG-100 MG-37.5 MCG-75 MCG-25 UNIT-7 MG-60 MCG-1 MG-35 MCG . | 172 |
| NUPLAZID CAPS .....  | 45  | nystatin (topical) POWD EX .....   | 62  | OCUVITE EYE HEALTH FORMULA CAPS 150 MG-30 UNIT-5 MG-1 MG-1 MG-9 MG-90 MG-160 MG-250 MG   | 172 |
| NUPLAZID TABS 10 MG .....  | 45  | nystatin TABS .....  | 30  | OCUVITE EYE PERFORMANCE CAPS .....   | 172 |
| NURTEC .....   | 140 | nystatin-triamcinolone CREA .....  | 62  | OCUVITE-LUTEIN CAPS .....  | 172 |
| NUTRALYN TABS .....  | 171 | nystatin-triamcinolone OINT .....  | 62  | OCUVITE-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....  | 172 |
| NUTRAVANCE TABS .....  | 171 | NYVEPRIA .....   | 93  | ODEFSEY .....  | 49  |
| NUTRICAP TABS .....  | 171 | OB COMPLETE ONE .....  | 188 | ODOMZO .....   | 39  |
| NUTRIFAC ZX TABS 500 MG-25 MG-200 MCG-1000 MCG-50 MCG-25 MG-20 MG-100 MG-5000 UNIT-20 MG-50 MG-20 MG-400 UNIT-50 UNIT-2.5 MG-66 MG-50 MCG-5 MG-200 MCG ..... | 172 | OB COMPLETE PETITE .....   | 188 | ofloxacin (ophth) .....  | 196 |
| NUTRIVIO CAPS 1 MG .....   | 145 | OB COMPLETE PREMIER .....  | 188 | ofloxacin (otic) .....   | 199 |
| NUTROPIN AQ NUSPIN 10 SOPN 84  |     | OB COMPLETE TABS .....   | 188 | ofloxacin 300 MG, 400 MG .....   | 87  |
| NUTROPIN AQ NUSPIN 20 SOPN 84  |     | OB COMPLETE/DHA .....  | 188 | OGSIVEO 100 MG, 150 MG .....   | 42  |
| NUTROPIN AQ NUSPIN 5 SOPN .84  |     | OBIZUR .....   | 91  | OHTUVAYRE .....  | 15  |
| NUVARING (Use etonogestrel-ethinyl estradiol) .....  | 56  | OCALIVA .....  | 87  | OIL EMULSIONS DRESSING/NON-ADH PADS .....  | 99  |
| NUVAXOVID COVID-19 VACCINE SUSY 5 MCG/0.5ML .....  | 209 | OCREVUS .....  | 203 | OJEMDA SUSR .....  | 42  |
| NUVESSA .....  | 210 | OCREVUS ZUNOVO .....   | 203 |  |     |
| NUVIGIL (Use armodafinil) .....  | 3   | OCTAGAM SOLN .....   | 200 |  |     |
| NUWIQ KIT .....  | 91  | octreotide acetate KIT .....   | 86  |  |     |
| NUWIQ SOLR .....   | 91  | OCUFLOX (Use ofloxacin (ophth)) 196  |     |  |     |
| NYMALIZE SOLN 6 MG/ML .....  | 52  | OCULAR VITAMINS TABS .....   | 172 |  |     |
| NYPOZI .....   | 93  | OCUTABS TABS 113 MG-17.4 MG-0.4 MG-100 UNIT-7160 UNIT, 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG ..... | 172 |  |     |
|  |     | OCUTABS-LUTEIN TABS 200 MG-2 MG-40 MG-2 MG-1000 UNIT-60 UNIT-55 MCG .....                                    | 172 |  |     |
|  |     | OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT  |     |  |     |

|   |     |  |     |   |     |
|---|-----|--|-----|---|-----|
| OJEMDA TABS .....   | 43  | OMNIPOD CLASSIC PODS (GEN 3) MISC .....  | 121 | ondansetron hcl TABS 8 MG .....   | 30  |
| OJJAARA .....   | 43  | OMNIPOD DASH INTRO (GEN 4) KIT .....   | 121 | ondansetron TBDP 16 MG .....  | 30  |
| olanzapine TABS .....                                     | 46  | OMNIPOD DASH PDM (GEN 4) KIT .   | 121 | ondansetron TBDP 4 MG .....   | 30  |
| olanzapine TBDP .....                                     | 46  | OMNIPOD DASH PODS (GEN 4) MISC .....   | 121 | ondansetron TBDP 8 MG .....   | 30  |
| olanzapine-fluoxetine hcl .....                           | 202 | OMNIPOD GO KIT .....   | 121 | ONE A DAY ENERGY TABS .....   | 172 |
| olmesartan medoxomil .....                                | 35  | OMNITROPE SOCT .....   | 84  | ONE A DAY MEN 50 PLUS TABS  | 172 |
| olmesartan medoxomil-amlodipine-hydrochlorothiazide ..... | 36  | OMNITROPE SOLR SC .....  | 84  | ONE A DAY POSTNATAL CAPS  | 172 |
| olmesartan medoxomil-hydrochlorothiazide .....            | 36  | OMVOH (300 MG DOSE) SOAJ ..  | 88  | ONE A DAY TRIPLE IMMUNE SUPPRT TABS .....   | 172 |
| olopatadine hcl (nasal) .....                             | 191 | OMVOH (300 MG DOSE) SOSY ..  | 88  | ONE A DAY WOMEN 50 PLUS TABS .....  | 172 |
| olopatadine hcl .....                                     | 199 | OMVOH SOAJ .....   | 88  | ONE A DAY WOMENS MULTI TABS .....   | 172 |
| OLUMIANT .....  | 4   | OMVOH SOLN .....   | 88  | ONE DAILY 50 PLUS TABS 120 MG-6 MG-30 MCG-400 MCG-400 UNIT-30 MCG-3.4 MG-20 MCG-20 MG-5000 UNIT-15 MG-120 MG-4.5 MG-22.5 MG-2 MG-100 MG-37.5 MG-90 MCG-150 MCG-60 UNIT-4 MG-180 MCG-105 MCG-34 MG ..... | 172 |
| OMBRA TABLE TOP COMPRESSOR DEVI .....                     | 138 | OMVOH SOSY .....   | 88  | ONE DAILY CALCIUM/IRON TABS 400 UNIT-60 MG-2 MG-400 MCG-1.5 MG-6 MCG-10 MG-1.7 MG-20 MG-2500 UNIT-2500 UNIT-27 MG-15 MG-450 MG-30 UNIT .....  | 172 |
| omega-3 fatty acids CAPS 1000 MG, 1200 MG .....           | 194 | ON CALL EXPRESS BLOOD GLUCOSE STRP .....   | 80  | ONE DAILY COMPLETE FOR MEN TABS 60 MG-3 MG-75 MCG-400 MCG-700 UNIT-18 MCG-1.7 MG-20 MCG-18 MG-3500 UNIT-16 MG-210 MG-300 MCG-1.35 MG-140 MG-15 MG-2 MG-22.5 UNIT-2 MG-120 MCG-110 MCG .....             | 173 |
| omega-3-acid ethyl esters .....                           | 32  | ON CALL EXPRESS MONITORING SYS KIT .....   | 121 | ONE DAILY COMPLETE TABS 60 MG-2 MG-30 MCG-400 MCG-20 MG-1.5 MG-6 MCG-10 MG-1.7 MG-5000 UNIT-400 UNIT-30 UNIT-18 MG-100 MG-2.5 MG-10 MCG-37.5 MG-10 MCG-2 MG-15 MG-130 MG-                               |     |
| omeprazole CPDR .....                                     | 207 | ONAPGO SOCT 98 MG/20ML ....  | 44  |   |     |
| omeprazole magnesium CPDR ..                              | 207 | ONCE DAILY TABS 400 UNIT-50 MG-1 MG-2 MG-1 MCG-5000 UNIT-1 MG-2.5 MG-20 MG ..... | 185 |   |     |
| omeprazole magnesium TBEC ..                              | 207 | ONCOVITE TABS .....  | 172 |   |     |
| omeprazole TBDD .....                                     | 207 | ondansetron hcl SOLN IJ 4 MG/2ML .   | 29  |   |     |
| omeprazole TBEC .....                                     | 207 | ondansetron hcl SOLN IJ 40 MG/20ML .....   | 29  |   |     |
| OMNARIS SUSP .....  | 191 | ondansetron hcl SOLN PO 4 MG/5ML .....   | 29  |   |     |
| OMNICAP TABS .....  | 185 | ondansetron hcl SOSY .....   | 29  |   |     |
| OMNIFLEX DIAPHRAGM .....                                  | 100 | ondansetron hcl TABS 24 MG .....   | 29  |   |     |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT .....                   | 121 | ondansetron hcl TABS 4 MG .....  | 30  |   |     |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC .....                   | 121 |  |     |   |     |
| OMNIPOD 5 LIBRE INTRO KIT ..                              | 121 |  |     |   |     |
| OMNIPOD 5 LIBRE PODS MISC                                 | 121 |  |     |   |     |

|  |   |   |
|--|---|---|
| 150 MCG-100 MG-10 MCG-34 MG<br>173   | 50 MG-30 UNIT-2 MG-2 MG-200<br>MCG-70 MCG ..... 173   | ONE DAILY MENS TABS 90 MG-3<br>MG-30 MCG-400 MCG-400 UNIT-18<br>MCG-1.7 MG-16 MG-3500 UNIT-5<br>MG-210 MG-600 MCG-1.2 MG-120<br>MG-15 MG-2 MG-100 MG-45 UNIT-2<br>MG-120 MCG-20 MCG-105 MCG, 99<br>MG-43 MCG-240 MCG-1.32 MG-<br>17.6 MG-2.17 MG-15.5 MG-1.43 MG-<br>210 MG-300 MCG-25 MCG-15 MG-<br>120 MG-2.3 MG-35 MCG-0.9 MG-11<br>MG-150 MCG-55 MCG-900 MCG-30<br>MCG-6.24 MCG-408 MCG ..... 174 |
| ONE DAILY ESSENTIAL TABS ..185   | ONE DAILY HEALTHY WEIGHT<br>TABs 60 MG-2.5 MG-400 MCG-400<br>UNIT-7.5 MCG-2.125 MG-25 MG-<br>12.5 MG-18 MG-300 MG-1.9 MG-50<br>MG-15 MG-2500 UNIT-30 UNIT-2<br>MG-2 MG-200 MCG-80 MCG-70<br>MCG-32 MG, 60 MG-3 MG-30 MCG-<br>400 MCG-400 UNIT-25 MCG-1.7<br>MG-20 MG-250 MCG-3500 UNIT-10<br>MG-200 MG-300 MCG-1.5 MG-100<br>MG-15 MG-2 MG-80 MG-150 MCG-<br>150 MCG-75 MCG-45 UNIT-48 MG-5<br>MCG-2 MG-150 MCG-10 MCG-20<br>MCG-10 MCG-72 MG-2 MG .....174 | ONE DAILY MULTIVIT/IRON-FREE<br>TABs 60 MG-2 MG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-20 MG-3000<br>UNIT-10 MG-1.5 MG-45 MG-30 UNIT<br>.....174  |
| ONE DAILY ESSENTIALS TABS 185  | ONE DAILY MAXIMUM TABS 60<br>MG-2 MG-30 MCG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-25 MCG-20<br>MG-2500 UNIT-10 MG-18 MG-1.5<br>MG-100 MG-15 MG-150 MCG-162<br>MG-80 MG-160 MCG-150 MCG-30<br>UNIT-109 MG-2 MG-5 MCG-10<br>MCG-65 MCG-3.5 MG-20 MCG-10<br>MCG-72 MG-2 MG ..... 174  | ONE DAILY MULTIVITAMIN ADULT<br>TABs 60 MG-2 MG-0.4 MG-1.5 MG-<br>400 UNIT-6 MCG-1.7 MG-20 MG-<br>5000 UNIT ..... 185   |
| ONE DAILY FOR MEN 50+<br>ADVANCED TABS 120 MG-6 MG-30<br>MCG-400 MCG-400 UNIT-25 MCG-<br>3.4 MG-20 MCG-20 MG-2500 UNIT-<br>15 MG-120 MG-600 MCG-4.5 MG-<br>100 MG-22.5 MG-40 MG-90 MCG-<br>150 MCG-33 UNIT-2 MG-4 MG-180<br>MCG-105 MCG-120 MG .....173  | ONE DAILY MEN FORMULA W/O<br>IRON TABS .....174   | ONE DAILY MULTIVITAMIN MEN<br>TABs 60 MG-3 MG-75 MCG-400<br>MCG-700 UNIT-18 MCG-1.7 MG-20<br>MCG-18 MG-3500 UNIT-16 MG-300<br>MCG-1.35 MG-15 MG-2 MG-22.5<br>UNIT-140 MG-210 MG-2 MG-120<br>MCG-110 MCG ..... 174   |
| ONE DAILY FOR MEN/LYCOPENE<br>TABs 90 MG-3 MG-30 MCG-400<br>MCG-400 UNIT-18 MCG-1.7 MG-20<br>MCG-16 MG-3500 UNIT-5 MG-210<br>MG-600 MCG-1.2 MG-120 MG-15<br>MG-2 MG-100 MG-45 UNIT-2 MG-<br>120 MCG-105 MCG ..... 173  | ONE DAILY MENS 50+ MULTIVIT<br>TABs .....174  | ONE DAILY MULTIVITAMIN<br>WOMEN TABS ..... 174  |
| ONE DAILY FOR WOMEN 50+ ADV<br>TABs 60 MG-6 MG-30 MCG-400<br>MCG-800 UNIT-25 MCG-3.4 MG-20<br>MCG-20 MG-2500 UNIT-15 MG-405<br>MG-4.5 MG-50 MG-22.5 MG-90<br>MCG-150 MCG-33 UNIT-2 MG-4<br>MG-180 MCG-20 MCG-120 MG . 173  | ONE DAILY MENS 50+/LYCOPENE<br>TABs 120 MG-6 MG-30 MCG-25.5<br>UNIT-400 MCG-700 UNIT-25 MCG-<br>3.4 MG-20 MCG-20 MG-3500 UNIT-<br>15 MG-120 MG-370 MCG-4.5 MG-24<br>MG-110 MG-90 MCG-150 MCG-2.2<br>MG-4.2 MG-180 MCG-117 MCG .174  | ONE DAILY MULTIVITAMIN/IRON<br>TABs 60 MG-2 MG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-20 MG-5000<br>UNIT-10 MG-18 MG-1.5 MG-30 UNIT<br>.....146   |
| ONE DAILY FOR WOMEN TABs 60<br>MG-2 MG-30 MCG-400 MCG-1000<br>UNIT-6 MCG-1.7 MG-25 MCG-10<br>MG-2500 UNIT-5 MG-18 MG-450<br>MG-1.5 MG-15 MG-50 MG-30 UNIT-<br>2 MG-2 MG-120 MCG-20 MCG, 60<br>MG-2 MG-30 MCG-400 MCG-1000<br>UNIT-6 MCG-1.7 MG-25 MCG-10<br>MG-2500 UNIT-5 MG-18 MG-450<br>MG-1.5 MG-50 MG-15 MG-30 UNIT-<br>2 MG-2 MG-120 MCG-20 MCG .. 173 | ONE DAILY MENS HEALTH TABs<br>60 MG-3 MG-30 MCG-400 MCG-700<br>UNIT-18 MCG-1.7 MG-20 MCG-16<br>MG-3500 UNIT-5 MG-210 MG-300<br>MCG-1.2 MG-120 MG-15 MG-2 MG-<br>22.5 UNIT-2 MG-120 MCG-110 MCG  | ONE DAILY TABs 60 MG-2 MG-1.5<br>MG-400 UNIT-6 MCG-1.7 MG-20<br>MG-5000 UNIT ..... 185  |
| ONE DAILY HEALTHY WEIGHT<br>ADV TABs 60 MG-10 MG-2.5 MG-<br>400 MCG-400 UNIT-7.5 MCG-2.1<br>MG-80 MCG-25 MG-2500 UNIT-12.5<br>MG-18 MG-200 MG-1.9 MG-15 MG-  |   | ONE DAILY WOMENS 50 PLUS<br>TABs 75 MG-3 MG-30 MCG-400  |

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|---|---|---|
| MCG-400 UNIT-18 MCG-1.7 MG-14<br>MG-3000 UNIT-5 MG-240 MG-1.1<br>MG-120 MG-15 MG-2 MG-100 MG-<br>33 UNIT-2 MG-120 MCG-20 MCG-70<br>MCG-10 MG ..... 175  | multiple vitamin) ..... 186   | ONE-DAILY MULTI VITAMINS TABS<br>50 MG-20 MG-1 MG-1.5 MG-400<br>UNIT-3 MCG-1 MG-1.7 MG-4000<br>UNIT-60 MG ..... 186   |
| ONE DAILY WOMENS 50+ TABS 60<br>MG-6 MG-30 MCG-400 MCG-800<br>UNIT-25 MCG-3.4 MG-20 MCG-20<br>MG-15 MG-405 MG-4.5 MG-50 MG-<br>22.5 MG-90 MCG-150 MCG-33<br>UNIT-2 MG-180 MCG-4 MG-2500<br>UNIT-20 MCG-120 MG ..... 175 | ONE-A-DAY PROACTIVE 65+ TABS<br>.....175  | ONE-DAILY MULTI-VIT/MINERAL<br>TABS 50 MG-2 MG-20 MG-1 MG-1<br>MG-2.5 MG-10 MCG-4.5 MG-10 MG-<br>1 MG-5 MCG-3.75 MG-150 MCG-5<br>MCG-1500 MCG-1 MCG ..... 176 |
| ONE DAILY WOMENS TABS .... 175  | ONE-A-DAY TEEN<br>ADVANTAGE/HIM TABS .....175   | ONE-DAILY MULTI-VITAMIN TABS<br>50 MG-1 MG-1.5 MG-10 MCG-3<br>MCG-1.7 MG-20 MG-1200 MCG-1<br>MG-60 MG ..... 186   |
| ONE DAILY/MINERALS TABS 50<br>MG-1 MG-100 MCG-1.5 MG-3 MCG-<br>1.7 MG-20 MG-5000 UNIT-400<br>UNIT-5 MG-1 MG-125 MG-150<br>MCG-10 UNIT ..... 175   | ONE-A-DAY WOMENS 50 PLUS<br>TABS (Use multiple vitamins w/<br>minerals) ..... 175   | ONE-DAILY MULTI-VITAMIN/IRON<br>TABS 50 MG-1 MG-20 MG-2 MG-10<br>MCG-1 MCG-2.5 MG-1500 MCG-1<br>MG-18 MG ..... 146  |
| ONE FLOW SPIROMETER DEVI<br>138   | ONE-A-DAY WOMENS 50+<br>ADVANTAGE TABS (Use multiple<br>vitamins w/ minerals) ..... 175   | ONE-DAILY/IRON TABS 50 MG-2<br>MG-20 MG-1 MG-400 UNIT-1 MCG-<br>1 MG-2.5 MG-18 MG-5000 UNIT 146   |
| ONE VITE DAILY MULTIVITAMIN<br>TABS .....185  | ONE-A-DAY WOMENS 50+<br>ADVANTAGE TABS 120 MG-6 MG-<br>30 MCG-400 MCG-1000 UNIT-25<br>MCG-3.4 MG-20 MCG-20 MG-3500<br>UNIT-15 MG-4.5 MG-50 MG-24 MG-<br>2.2 MG-500 MG-90 MCG-150 MCG-<br>30 UNIT-4.2 MG-180 MCG-27 MCG .<br>175 | ONETOUCH DELICA PLUS<br>LANCET30G ..... 121   |
| ONE VITE WOMENS TABS .....188   | ONE-A-DAY WOMENS 50+ TABS<br>175  | ONETOUCH DELICA PLUS<br>LANCET33G ..... 121   |
| ONE-A-DAY ENERGY TABS .... 175  | ONE-A-DAY WOMENS HEALTHY<br>SKIN TABS (Use multiple vitamins w/<br>minerals) ..... 175  | ONETOUCH DELICA PLUS<br>LANCING MISC ..... 121  |
| ONE-A-DAY ESSENTIAL TABS (Use<br>multiple vitamin) ..... 185  | ONE-A-DAY WOMENS MIND &<br>BODY TABS (Use multiple vitamins<br>w/ minerals) ..... 175   | ONETOUCH DELICA SAFETY<br>LANCING ..... 121   |
| ONE-A-DAY MENOPAUSE<br>FORMULA TABS ..... 175   | ONE-A-DAY WOMENS PETITES<br>TABS 30 MG-1 MG-15 MCG-200<br>MCG-500 UNIT-3 MCG-0.85 MG-<br>12.5 MCG-5 MG-1250 UNIT-2.5 MG-<br>9 MG-250 MG-0.75 MG-25 MG-7.5<br>MG-1 MG-11.25 UNIT-1 MG-60<br>MCG-10 MCG ..... 175                 | ONETOUCH ULTRA 2 KIT ..... 121  |
| ONE-A-DAY MENS (MINERALS)<br>TABS .....175  | ONE-A-DAY WOMENS TABS ... 175   | ONETOUCH ULTRA BLUE TEST<br>STRP ..... 80   |
| ONE-A-DAY MENS 50+<br>ADVANTAGE TABS ..... 175  | ONE-DAILY MULTI CAPS CAPS 175   | ONETOUCH ULTRA CONTROL<br>LIQD ..... 122  |
| ONE-A-DAY MENS 50+ TABS ... 175   |   | ONETOUCH ULTRA STRP ..... 80  |
| ONE-A-DAY MENS HEALTH<br>FORMULA TABS ..... 175   |   | ONETOUCH ULTRA TEST STRP .80  |
| ONE-A-DAY MENS PRO EDGE<br>TABS .....175  |   | ONETOUCH ULTRASOFT 2<br>LANCETS ..... 122   |
| ONE-A-DAY MENS TABS (Use  |   | ONETOUCH VERIO FLEX SYSTEM  |

|   |     |  |  |     |
|---|-----|--|--|-----|
| KIT .....   | 122 | MG-30 UNIT-5000 UNIT-40 MCG<br>176   | ORGOVYX .....  | 40  |
| ONETOUCH VERIO LIQD .....   | 122 | OPTIC-VITES WITH LUTEIN TABS<br>200 MG-2 MG-40 MG-2 MG-1000<br>UNIT-60 UNIT-55 MCG .....   | ORIAHNN .....  | 86  |
| ONETOUCH VERIO REFLECT KIT<br>122                                 |     | 176  | ORLISSA .....  | 84  |
| ONETOUCH VERIO STRP .....   | 80  | OPTIMUM PMS TABS 250 MG-4.16<br>MG-33.3 MCG-4.16 MG-10.4 MCG-<br>2083.3 UNIT-4.16 MG-52.08 MG-<br>4.16 MG-4.16 MG-16.7 UNIT-2.5<br>MG-41.7 MG-1.67 MG-7.9 MG-16.7<br>MCG-0.08 MG-4.16 MG-12.5 MCG-<br>16.7 MCG-16.7 UNIT ..... | ORKAMBI PACK 125 MG-100 MG,<br>188 MG-150 MG .....   | 205 |
| ONEVITE TABS .....  | 176 | 176  | ORKAMBI PACK 94 MG-75 MG .   | 205 |
| ONEXTON GEL (Use clindamycin<br>phosphate-benzoyl peroxide) ..... | 60  | 176  | ORKAMBI TABS .....   | 205 |
| ONFI SUSP (Use clobazam) .....                                    | 18  | 176  | ORLADEYO .....   | 91  |
| ONFI TABS (Use clobazam) .....                                    | 18  | 80   | ORLADEYO PO 72 MG, 96 MG, 108<br>MG, 132 MG .....  | 91  |
| ONGENTYS .....  | 44  | 80   | orphenadrine citrate TB12 .....  | 190 |
| ONGLYZA 5 MG (Use saxagliptin<br>hcl) .....                       | 25  | 80   | ORSERDU .....  | 40  |
| ONPATTRO .....  | 205 | 80   | ORUDIS CAPS 75 MG .....  | 7   |
| ONTRALFY SOLN PO 2 MG/5ML<br>190                                  |     | 176  | oseltamivir phosphate CAPS .....   | 51  |
| ONUREG TABS .....   | 38  | 176  | oseltamivir phosphate SUSR .....   | 51  |
| ONYDA XR SUER .....   | 2   | 176  | OSEVELT SOLN SC 120<br>MG/1.7ML .....  | 84  |
| OPILL .....   | 57  | 176  | OSTEOPRIME PLUS TABS .....   | 176 |
| OPIPZA FILM .....   | 47  | 29   | OSTEOPRIME ULTRA TABS 30<br>MG-6.25 MG-200 MCG-5 MG-200<br>UNIT-12.5 MCG-5 MG-75 MCG-12.5<br>MG-5 MG-0.5 MG-5 MG-11.25 MCG-<br>1.25 MG-75 MG-3.75 MG-0.75 MG-<br>200 MG-12.5 MCG-32 MG-25 MCG-<br>1.5 MG-5 MG-1.75 MG-50 MCG . | 176 |
| OPSUMIT .....   | 54  | 67   | OSVYRTI SOSY SC 60 MG/ML ...   | 84  |
| OPSYNVI .....   | 53  | 142  | OTEZLA TABS .....  | 8   |
| OPTICHAMBER DIAMOND DEVI<br>138                                   |     | 3  | OTEZLA TBPK .....  | 8   |
| OPTICHAMBER DIAMOND MISC<br>139                                   |     | 8  | OTEZLA XR TB24 PO 75 MG .....  | 7   |
| OPTICHAMBER DIAMOND-LG<br>MASK DEVI .....                         | 139 | 8  | OTEZLA/OTEZLA XR INITIATION<br>PK TBPK .....   | 8   |
| OPTICHAMBER DIAMOND-MD<br>MASK MISC .....                         | 139 | 8  | OTOVEL (Use ciprofloxacin-<br>fluocinolone acetonide) .....  | 199 |
| OPTICHAMBER DIAMOND-SM<br>MASK MISC .....                         | 139 | 53   | OTREXUP SOAJ 10 MG/0.4ML, 12.5   |     |
| OPTIC-VITES TABS 60 MG-40 MG-2                                    |     | 53   |  |     |
|   |     | 53   |  |     |

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|---|-----|--|---------------------------------------|---|-----|
| MG/0.4ML, 15 MG/0.4ML, 17.5<br>MG/0.4ML, 20 MG/0.4ML, 22.5<br>MG/0.4ML, 25 MG/0.4ML ..... | 4   | 10   | PARAGARD INTRAUTERINE<br>COPPER ..... | 56  |     |
| OTULFI SOLN SC 45 MG/0.5ML ..   | 63  | oxycodone hcl TABS .....   | 10                                    | PARI MANUAL INTERRUPTER<br>DEVI .....   | 139 |
| OTULFI SOSY SC 45 MG/0.5ML, 90<br>MG/ML .....   | 63  | oxycodone w/ acetaminophen TABS<br>325 MG-10 MG, 325 MG-5 MG, 325<br>MG-7.5 MG ..... | 10                                    | PARI TREK S COMBO PACK DEVI .   | 139 |
| OVACE PLUS WASH GEL (Use<br>sulfacetamide sodium) .....                                   | 64  | OXYCONTIN T12A .....   | 10                                    | PARLODEL CAPS (Use<br>bromocriptine mesylate) .....   | 44  |
| OVACE PLUS WASH LIQD (Use<br>sulfacetamide sodium) .....                                  | 64  | oxymorphone hcl TB12 .....   | 10                                    | PARLODEL TABS (Use<br>bromocriptine mesylate) .....   | 44  |
| OVACE WASH LIQD (Use<br>sulfacetamide sodium) .....                                       | 64  | OXYTROL FOR WOMEN PTTW .   | 208                                   | PARNATE (Use tranlycypromine<br>sulfate) .....  | 22  |
| OVIDE (Use malathion) .....   | 71  | OXYTROL PTTW .....   | 208                                   | paroxetine hcl SUSP .....   | 22  |
| oxaprozin CAPS .....  | 7   | oyster shell .....   | 142                                   | paroxetine hcl TABS .....   | 22  |
| oxaprozin TABS .....  | 7   | OYSTER SHELL CALCIUM/D TABS<br>500 MG-200 UNIT .....                                 | 142                                   | paroxetine hcl TB24 .....   | 22  |
| oxazepam CAPS 10 MG, 30 MG ..   | 13  | OZEMPIC (0.25 OR 0.5 MG/DOSE)<br>SOPN .....  | 26                                    | paroxetine mesylate (vasomotor)<br>205  |     |
| oxcarbazepine SUSP .....  | 19  | OZEMPIC (1 MG/DOSE) SOPN 4<br>MG/3ML .....   | 26                                    | PARVA-CAL 200 UNIT-500 MG ..  | 142 |
| oxcarbazepine TABS .....  | 19  | OZEMPIC (2 MG/DOSE) SOPN ..  | 26                                    | PARVLEX TABS .....  | 176 |
| oxcarbazepine TB24 .....  | 19  | OZEMPIC TABS 1.5 MG, 4 MG, 9<br>MG .....   | 26                                    | PAXIL CR TB24 (Use paroxetine hcl)<br>.....   | 22  |
| OXERVATE .....  | 197 | OZOBAX DS SOLN PO (Use<br>baclofen) .....  | 190                                   | PAXIL SUSP (Use paroxetine hcl) .   | 22  |
| OXLUMO .....  | 89  | paliperidone .....   | 46                                    | PAXIL TABS (Use paroxetine hcl) .   | 22  |
| OXTELLAR XR TB24 (Use<br>oxcarbazepine) .....   | 19  | PAMELOR CAPS (Use nortriptyline<br>hcl) .....  | 24                                    | PAXLOVID (150/100) .....  | 50  |
| oxybutynin chloride SOLN .....  | 208 | PANDEL .....   | 67                                    | PAXLOVID (300/100 & 150/100) .  | 50  |
| oxybutynin chloride TABS 2.5 MG<br>208  |     | pantoprazole sodium PACK .....   | 207                                   | PAXLOVID (300/100) .....  | 50  |
| oxybutynin chloride TABS 5 MG .   | 208 | PANTOPRAZOLE SODIUM SOLR<br>40 MG (Use pantoprazole sodium)<br>207                   |                                       | pazopanib hcl .....   | 43  |
| oxybutynin chloride TB24 .....  | 208 | pantoprazole sodium SOLR .....   | 207                                   | PC PEDIATRIC POLY-VITA/FE<br>DROP SOLN .....  | 187 |
| oxycodone hcl CAPS .....  | 10  | pantoprazole sodium TBEC 40 MG<br>207  |                                       | PC PEDIATRIC POLY-VITAMIN<br>DROP SOLN PO .....   | 188 |
| oxycodone hcl CONC 100 MG/5ML<br>10   |     | PANZYGA .....  | 200                                   | ped multivitamins w/fl & iron SOLN<br>35 MG/ML-0.4 MG/ML-0.5 MG/ML-<br>400 UNIT/ML-1500 UNIT/ML-0.6 |     |
| oxycodone hcl SOLN .....  | 10  |  |                                       |   |     |
| oxycodone hcl T12A 20 MG, 40 MG .   |     |  |                                       |   |     |

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|---|-----|--|-----|---|-----|
| MG/ML-8 MG/ML-0.25 MG/ML-10<br>MG/ML-5 UNIT/ML .....              | 187 | pentoxifylline .....   | 91  | PHARMACIST CHOICE NO<br>CODING STRP .....                             | 80  |
| PEDIA-LAX SUPP .....  | 96  | PEPCID TABS (Use famotidine) .   | 207 | PHENAZOPYRIDINE HCL TABS 100<br>MG, 200 MG .....                      | 90  |
| PEDIAPRED SOLN (Use<br>prednisolone sodium phosphate) ..          | 57  | perampanel SUSP 0.5 MG/ML ....   | 18  | phenazopyridine hcl TABS 95 MG,<br>100 MG, 200 MG .....               | 90  |
| PEDIARIX SUSY .....   | 206 | perampanel TABS 2 MG, 4 MG, 6<br>MG, 8 MG, 10 MG, 12 MG .....                                      | 18  | phenelzine sulfate .....  | 22  |
| pediatric multivitamins w/fl CHEW<br>187                          |     | PERCOCET TABS 325 MG-10 MG,<br>325 MG-5 MG, 325 MG-7.5 MG (Use<br>oxycodone w/ acetaminophen) .... | 11  | phenobarbital ELIX .....  | 95  |
| pediatric multivitamins w/fl SUSP<br>0.25 MG/ML, 0.5 MG/ML .....  | 187 | PERCOCET TABS 325 MG-2.5 MG<br>(Use oxycodone w/ acetaminophen) .                                  | 10  | phenobarbital sodium SOLN .....                                       | 95  |
| pediatric vitamins acd w/ fluoride<br>SOLN .....                  | 187 | PERFECT POINT SAFETY<br>LANCETS .....  | 122 | phenobarbital TABS .....  | 95  |
| PEDVAX HIB SUSP .....   | 209 | PERFOROMIST NEBU (Use<br>formoterol fumarate) .....  | 16  | phenylephrine hcl (mydriatic) SOLN<br>2.5 % .....                     | 196 |
| peg 3350-kcl-sod bicarb-sod<br>chloride-sod sulfate SOLR .....    | 96  | PERIDEX (Use chlorhexidine<br>gluconate (mouth-throat)) .....                                      | 145 | phenylephrine hcl (oral) TABS ...                                     | 191 |
| peg 3350-potassium chloride-sod<br>bicarbonate-sod chloride ..... | 96  | perindopril erbumine .....   | 34  | PHENYLEPHRINE HCL SOLN (Use<br>phenylephrine hcl (mydriatic)) ....    | 196 |
| PEGASYS SOLN .....  | 50  | PERMETHRIN CREA 5 % (Use<br>permethrin) .....  | 71  | phenylephrine-chlorphen-dm LIQD<br>10 MG/5ML-4 MG/5ML-15 MG/5ML<br>58 |     |
| PEGASYS SOSY .....  | 50  | permethrin CREA .....  | 71  | phenylephrine-dm LIQD 2.5<br>MG/5ML-5 MG/5ML .....                    | 58  |
| PEMAZYRE .....  | 43  | permethrin LIQD EX .....   | 71  | phenylephrine-dm SOLN .....   | 58  |
| PENBRAYA .....  | 209 | perphenazine TABS .....  | 47  | phenylephrine-guaifenesin LIQD 5<br>MG/5ML-100 MG/5ML .....           | 59  |
| perciclovir .....   | 64  | perphenazine-amitriptyline .....   | 202 | phenytoin CHEW .....  | 21  |
| penicillamine CAPS .....  | 143 | PERSERIS PRSY .....  | 46  | phenytoin sodium extended 100 MG,<br>200 MG, 300 MG .....             | 21  |
| penicillamine TABS .....  | 143 | PERTZYE CPEP .....   | 82  | phenytoin sodium extended 200 MG,<br>300 MG .....                     | 21  |
| penicillin v potassium SOLR .....                                 | 200 | PHARMACIST CHOICE AUTOCODE<br>STRP .....   | 80  | phenytoin sodium SOLN .....   | 21  |
| penicillin v potassium TABS .....                                 | 200 | PHARMACIST CHOICE AUTOCODE<br>SYS KIT .....  | 122 | phenytoin SUSP 125 MG/5ML ....  | 21  |
| PENMENVY SUSR IM .....  | 209 | PHARMACIST CHOICE LANCETS .  | 122 | PHEXX .....   | 210 |
| PENNSAID SOLN EX 2 % (Use<br>diclofenac sodium (topical)) .....   | 62  | PHARMACIST CHOICE MINI<br>SYSTEM DEVI .....  | 122 | PHEXXI .....  | 210 |
| PENTACEL .....  | 206 |  |     | PHOSPHA 250 NEUTRAL 852 MG-<br>155 MG-130 MG (Use pot phosphate       |     |
| PENTASA CPCR (Use mesalamine) .                                   | 88  |  |     |   |     |
| PENTASA CPCR .....  | 88  |  |     |   |     |

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| monobasic w/ sod phosphate dibasic & monobasic) .....    | 142 | PIVOT INSULIN PUMP STARTER KIT KIT .....                            | 122 | POLYMEM FILM DOT PADS .....                                    | 99  |
| PHYRAGO 20 MG, 50 MG, 70 MG, 80 MG, 100 MG, 140 MG ..... | 43  | PIVOT SUPPLY KIT KIT .....  | 122 | POLYMEM NON-ADHESIVE PADS .                                    | 99  |
| PHYTOMULTI TABS .....                                    | 176 | PLAQUENIL (Use hydroxychloroquine sulfate) .....                    | 38  | polymyxin b-trimethoprim .....                                 | 196 |
| phytonadione TABS 5 MG .....                             | 211 | PLAVIX 75 MG (Use clopidogrel bisulfate) .....                      | 92  | polysaccharide iron complex CAPS                               | 94  |
| PIFELTRO .....   | 49  | PLEGRIDY SOAJ .....   | 203 | POLY-VI-FLOR CHEW .....  | 187 |
| pilocarpine hcl (oral) 5 MG .....                        | 145 | PLEGRIDY SOSY IM .....  | 203 | POLY-VI-FLOR SUSP .....  | 187 |
| pilocarpine hcl SOLN 1 %, 2 %, 4 % .                     | 196 | PLEGRIDY STARTER PACK SOAJ .  | 203 | POLY-VI-FLOR/IRON CHEW ....                                    | 187 |
| pilocarpine hcl SOLN 1.25 % .....                        | 196 | PLEGRIDY STARTER PACK SOSY SC .....                                 | 203 | POLY-VI-FLOR/IRON SUSP .....                                   | 187 |
| pimecrolimus .....                                       | 68  | plerixafor .....  | 94  | polyvinyl alcohol 1.4 % .....                                  | 195 |
| pindolol TABS .....                                      | 51  | PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ...      | 60  | polyvinyl alcohol-povidone (ophth)                             | 195 |
| pioglitazone hcl .....                                   | 28  | PLEXION LOTN (Use sulfacetamide sodium w/ sulfur) .....             | 60  | polyvinyl alcohol-povidone (ophth) 0.5 %-0.6 % .....           | 195 |
| pioglitazone hcl-glimepiride .....                       | 24  | PLIAGLIS CREA .....   | 70  | POLY-VI-SOL SOLN PO .....                                      | 188 |
| pioglitazone hcl-metformin hcl TABS .                    | 24  | PNEUMOVAX 23 SOLN .....   | 209 | POLY-VITA SOLN PO .....  | 188 |
| PIP BLOOD GLUCOSE MONITORING DEVI .....                  | 122 | PNEUMOVAX 23 SOSY .....   | 209 | POLY-VITA/IRON SOLN .....                                      | 187 |
| PIP BLOOD GLUCOSE TEST STRIP STRP .....                  | 80  | PNV-OMEGA .....   | 188 | POLY-VITE PEDIATRIC SOLN PO                                    | 188 |
| PIP GLUCOSE CONTROL SOLUTION LIQD .....                  | 122 | POCKET CHAMBER DEVI .....   | 139 | POLY-VITE/IRON SOLN .....                                      | 187 |
| PIP LANCETS 28G .....                                    | 122 | POCKET SPACER DEVI .....  | 139 | pomalidomide 1 MG, 2 MG, 3 MG, 4 MG .....                      | 41  |
| PIP LANCETS 30G .....                                    | 122 | podofilox SOLN .....  | 68  | POMALYST 1 MG, 2 MG, 3 MG, 4 MG (Use pomalidomide) .....       | 41  |
| PIQRAY (200 MG DAILY DOSE) .                             | 43  | POGO AUTOMATIC BLOOD GLUCOSE DEVI .....                             | 122 | PONVORY STARTER PACK TBPK                                      | 203 |
| PIQRAY (250 MG DAILY DOSE) .                             | 43  | POGO AUTOMATIC TEST CARTRIDGES TEST .....                           | 80  | PONVORY TABS .....   | 203 |
| PIQRAY (300 MG DAILY DOSE) .                             | 43  | polyethylene glycol 3350 PACK ...                                   | 97  | pot phosphate monobasic w/ sod phosphate dibasic & monobasic . | 142 |
| pirfenidone CAPS .....                                   | 205 | polyethylene glycol 3350 POWD ..                                    | 97  | potassium bicarbonate TBEF ....                                | 142 |
| pirfenidone TABS .....                                   | 205 | polyethylene glycol-propylene glycol (ophth) SOLN 0.3 %-0.4 % ..... | 195 | potassium chloride CPCR 10 MEQ                                 | 142 |
| piroxicam CAPS .....                                     | 7   |   |     |  |     |
| pitavastatin calcium .....                               | 33  |   |     |  |     |

|   |   |  |
|---|---|--|
| potassium chloride CPCR 8 MEQ<br>142                              | PRECISION XTRA-<br>GLUCOSE/KETONE DEVI .....122   | PRENATAL (W/IRON & FA) TABS<br>188   |
| potassium chloride<br>microencapsulated crystals er ...142        | PRED FORTE (Use prednisolone<br>acetate (ophth)) .....198   | PRENATAL FORMULA CAPS ... 188  |
| potassium chloride PACK PO 20<br>MEQ ..... 142                    | PRED MILD .....198  | PRENATAL FORTE TABS ..... 188  |
| potassium chloride SOLN PO 10 %,<br>20 %, 10 % .....142           | prednisolone acetate (ophth) .... 198   | PRENATAL MULTIVIT PLUS<br>FOLATE TABS 0.8 MG .....189  |
| potassium chloride TBCR 8 MEQ, 10<br>MEQ, 20 MEQ ..... 142        | PREDNISOLONE SODIUM<br>PHOSPHATE ..... 198  | PRENATAL ONE DAILY TABS .. 189   |
| potassium citrate (alkalinizer) TBCR .<br>89                      | prednisolone sodium phosphate<br>SOLN 15 MG/5ML ..... 57  | PRENATAL TABS 120 MG-10 MG-1<br>MG-10 MCG-12 MCG-3 MG-20 MG-<br>1200 MCG-27 MG-200 MG-1.84 MG-<br>25 MG-2 MG-10 MG ..... 189   |
| povidone-iodine SOLN 10 % ..... 47                                | prednisolone sodium phosphate<br>SOLN 20 MG/5ML ..... 57  | PRENATAL TABS ..... 189  |
| PRADAXA CAPS (Use dabigatran<br>etexilate mesylate) .....17       | prednisolone sodium phosphate<br>SOLN 5 MG/5ML ..... 57   | prenatal vit w/ ferrous fumarate-l<br>methylfolate-folic acid ..... 189  |
| PRADAXA CAPS 75 MG (Use<br>dabigatran etexilate mesylate) .....17 | prednisolone SOLN ..... 57  | prenatal vit w/ iron carbonyl-folic acid<br>TABs 120 MG-10 MG-1.25 MG-315<br>UNIT-15 MCG-3.4 MG-10 MG-1 MG-<br>2 MG-15 MG-10 MG-20 UNIT-2100<br>UNIT-50 MG ..... 189   |
| PRADAXA PACK ..... 17   | prednisone INTENSOL CONC 57   | PRENATAL VITAMIN AND<br>MINERAL TABS ..... 189   |
| PRALUENT SOAJ ..... 34  | prednisone SOLN .....57   | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| pramipexole dihydrochloride TABS<br>44                            | prednisone TABS ..... 57  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| pramipexole dihydrochloride TB24 44                               | prednisone TBEC 1 MG, 2 MG .... 57  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| PRAMOTIC ..... 199  | prednisone TBPK ..... 57  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| pramoxine hcl (rectal) FOAM EX .. 12                              | pregabalin (once-daily) ..... 204   | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| prasugrel hcl .....92   | pregabalin CAPS .....19   | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| pravastatin sodium .....33  | pregabalin SOLN .....19   | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| prazosin hcl CAPS .....35   | PREHEVBRIO ..... 209  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| PRECISION GLUCOSE KETONE<br>CONTR LIQD .....122                   | PREMARIN ..... 211  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| PRECISION SURE-DOSE SYRINGE<br>.....135                           | PREMARIN TABS 0.3 MG, 0.45 MG,<br>0.625 MG, 0.9 MG, 1.25 MG (Use<br>estrogens, conjugated) ..... 86 | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| PRECISION XTRA BLOOD<br>GLUCOSE STRP ..... 80                     | PREMIUM LIDOCAINE OINT 5 %<br>(Use lidocaine) ..... 70  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
| PRECISION XTRA KETONE ..... 80                                    | PREMPHASE ..... 86  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |
|   | PREMPRO ..... 86  | PRENATAL VITAMINS TABS 100<br>MG-800 MCG-1.84 MG-18 MG-2.6<br>MG-1.7 MG-27 MG-10 MCG-4.95<br>MG-25 MG-200 MG-160 MG-1200<br>MCG-4 MCG, 120 MG-2.6 MG-800<br>MCG-400 UNIT-8 MCG-1.7 MG-20<br>MG-28 MG-200 MG-1.8 MG-25 MG-<br>4000 UNIT-30 UNIT ..... 189 |

|   |     |  |     |  |     |
|---|-----|--|-----|--|-----|
| PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG .....   | 189 | lansoprazole) .....  | 207 | (Use primaquine phosphate) .....                   | 38  |
| PRENATE ELITE 75 MG-21 MG-330 MCG-400 MCG-600 UNIT-13 MCG-3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG-40 UNIT-600 MCG-20 MG ..... | 189 | PREVACID CPDR 30 MG (Use lansoprazole) .....                   | 207 | primaquine phosphate TABS .....                    | 38  |
| PRENATE ENHANCE .....   | 189 | PREVACID SOLUTAB TBDD (Use lansoprazole) .....                 | 207 | primidone .....                                    | 19  |
| PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG-155 MG-50 MG-300 MG-150 MCG-10 UNIT-40 MG-600 MCG-18 MG .....                         | 189 | PREVENT CAPS .....   | 176 | PRIORIX SUSR .....                                 | 209 |
| PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG-1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT-600 MCG-25 MG .....                              | 189 | PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))    | 145 | PRISTIQ (Use desvenlafaxine succinate) .....       | 23  |
| PRENATE PIXIE .....   | 189 | PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) .....  | 145 | PRISTIQ 50 MG (Use desvenlafaxine succinate) ..... | 23  |
| PRENATE RESTORE .....   | 189 | PREVIDENT GEL (Use sodium fluoride (dental)) .....             | 145 | PRIVIGEN SOLN .....                                | 200 |
| PRENATVITE RX TABS .....  | 189 | PREVIDENT SOLN (Use sodium fluoride (dental)) .....            | 145 | PRO COMFORT INSULIN SYRINGE .....                  | 135 |
| PRENOVA TABS 0.8 MG .....   | 189 | PREVNAR 20 .....   | 209 | PRO COMFORT LANCETS 30G 122                        |     |
| PRESCRIPTION SUPPORT MULTIVIT CAPS .....  | 176 | PREV-RX TABS .....   | 176 | PRO COMFORT LANCETS 31G 123                        |     |
| PRESERVISION AREDS 2 CAPS 176   |     | PREZCOBIX .....  | 49  | PRO COMFORT SAFETY LANCETS 30G .....               | 123 |
| PRESERVISION AREDS 2+COQ10 CAPS .....   | 176 | PREZISTA SUSP .....  | 49  | PRO COMFORT SPACER ADULT MISC .....                | 139 |
| PRESERVISION AREDS 2+MULTI VIT CAPS .....   | 176 | PREZISTA TABS 150 MG .....                                     | 49  | PRO COMFORT SPACER CHILD MISC .....                | 139 |
| PRESERVISION AREDS 3 CAPS 176   |     | PREZISTA TABS 600 MG (Use darunavir) .....                     | 49  | PRO COMFORT SPACER INFANT DEVI .....               | 139 |
| PRESERVISION AREDS CAPS .....   | 176 | PREZISTA TABS 75 MG .....                                      | 49  | PRO VOICE V8 GLUCOSE SYSTEM DEVI .....             | 123 |
| PRESERVISION AREDS TABS .....   | 176 | PREZISTA TABS 800 MG (Use darunavir) .....                     | 49  | PRO VOICE V8/V9 GLUCOSE STRP .....                 | 80  |
| PRESERVISION/LUTEIN CAPS .....  | 176 | PRILOSEC OTC TBEC (Use omeprazole magnesium) .....             | 207 | PRO VOICE V9 GLUCOSE SYSTEM DEVI .....             | 123 |
| PREVACID 24HR CPDR (Use   |     | PRILOSEC PACK .....  | 207 | PROAIR RESPICLICK AEPB .....                       | 16  |
| Index 73  |     | PRILOVIX KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) .....      | 70  | probenecid .....                                   | 90  |
|   |     | PRILOVIX PLUS KIT 2.5 %-2.5 % (Use lidocaine-prilocaine) ..... | 70  | PROBIOTICS + BARIATRIC MULTI CAPS .....            | 176 |
|   |     | PRIMACARE .....  | 189 | PRO-CAL TABS .....                                 | 176 |
|   |     | PRIMAQUINE PHOSPHATE TABS                                      |     |  |     |

|   |     |  |     |  |     |
|---|-----|--|-----|--|-----|
| PROCARDIA XL TB24 30 MG, 60 MG (Use nifedipine) ..... | 52  | PRODIGY POCKET BLOOD GLUCOSE KIT .....                   | 123 | propafenone hcl TABS .....                               | 14  |
| PROCARDIA XL TB24 60 MG, 90 MG (Use nifedipine) ..... | 52  | PRODIGY SAFETY LANCETS 26G . 123                         |     | propranolol hcl CP24 .....                               | 52  |
| PROCARE SPACER/ADULT MASK DEVI .....                  | 139 | PRODIGY TWIST TOP LANCETS 28G .....                      | 123 | propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML .....       | 52  |
| PROCARE SPACER/CHILD MASK DEVI .....                  | 139 | PRODIGY VOICE BLOOD GLUCOSE KIT .....                    | 123 | propranolol hcl TABS .....                               | 52  |
| PROCERV HP TABS .....                                 | 176 | PROFILNINE .....   | 91  | propylthiouracil .....                                   | 205 |
| PROCHAMBER VHC DEVI .....                             | 139 | PROFOLA TABS .....                                       | 176 | PROQUAD SUSR .....                                       | 209 |
| prochlorperazine .....                                | 47  | progesterone CAPS .....                                  | 201 | PRORENAL + D TABS .....                                  | 177 |
| prochlorperazine edisylate 10 MG/2ML .....            | 47  | PROGLYCEM (Use diazoxide) ...                            | 25  | PRORENAL + D W/ OMEGA-3 CAPS .....                       | 176 |
| prochlorperazine maleate TABS ...                     | 47  | PROGRAF CAPS (Use tacrolimus) 144                        |     | PROSCAR (Use finasteride) .....                          | 90  |
| PROCRIT 10000 UNIT/ML .....                           | 93  | PROGRAF PACK .....                                       | 144 | PROSIGHT TABS 60 MG-40 MG-2 MG-30 MG-5000 UNIT-40 MCG .  | 177 |
| PROCRIT 2000 UNIT/ML .....                            | 93  | PROGRAF SOLN 5 MG/ML (Use tacrolimus) .....              | 144 | PROTECT CARDIO AF CAPS ...                               | 177 |
| PROCRIT 20000 UNIT/ML .....                           | 93  | PROLATE SOLN .....                                       | 11  | PROTECT PLUS SO CAPS .....                               | 177 |
| PROCRIT 3000 UNIT/ML .....                            | 94  | PROLATE TABS .....                                       | 11  | PROTEGRA CAPS .....                                      | 177 |
| PROCRIT 4000 UNIT/ML .....                            | 93  | PROLENSA (Use bromfenac sodium (ophth)) .....            | 199 | PROTONIX PACK (Use pantoprazole sodium) .....            | 207 |
| PROCRIT 40000 UNIT/ML .....                           | 93  | PROLIA SOSY .....  | 84  | PROTONIX SOLR (Use pantoprazole sodium) .....            | 207 |
| PROCTOFOAM FOAM EX 1 % ...                            | 12  | promethazine & phenylephrine SYRP .....                  | 59  | PROTONIX TBEC (Use pantoprazole sodium) .....            | 207 |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVI .....             | 123 | promethazine hcl SOLN PO 6.25 MG/5ML, 12.5 MG/10ML ..... | 32  | protriptyline hcl .....                                  | 24  |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT .....              | 123 | promethazine hcl SUPP .....                              | 32  | PROVENTIL HFA AERS (Use albuterol sulfate) .....         | 16  |
| PRODIGY CONTROL SOLUTION SOLN .....                   | 123 | promethazine hcl TABS .....                              | 32  | PROVERA 5 MG, 10 MG (Use medroxyprogesterone acetate) .. | 201 |
| PRODIGY INSULIN SYRINGE ..                            | 135 | promethazine w/codeine SOLN ...                          | 59  | PROVIDA OB .....   | 189 |
| PRODIGY LANCETS 28G .....                             | 123 | promethazine w/codeine SYRP ...                          | 59  | PROVIGIL (Use modafinil) .....                           | 3   |
| PRODIGY LANCING DEVICE MISC . 123                     |     | promethazine-dm SYRP .....                               | 59  | PROVIT TABS .....  | 177 |
| PRODIGY NO CODING BLOOD GLUC STRP .....               | 81  | PROMETRIUM CAPS (Use progesterone) .....                 | 201 | PROXIVOL GEL 2 % .....                                   | 70  |
|   |     |  |     | PROZAC CAPS (Use fluoxetine hcl) .                       | 22  |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| prucalopride succinate .....   | 87  | pyrazinamide .....   | 38  | MCG-72 MG .....  | 177 |
| PRUDOXIN (Use doxepin hcl<br>(antipruritic)) .....                     | 63  | pyrethrins-piperonyl butoxide SHAM<br>4 %-0.33 % .....   | 72  | QC DAILY MULTIVITAMINS/IRON<br>TABS 60 MG-2 MG-400 MCG-400<br>UNIT-6 MCG-1.7 MG-20 MG-5000<br>UNIT-10 MG-18 MG-1.5 MG-30 UNIT<br>.....   | 146 |
| pseudoephed-bromphen-dm SYRP<br>10 MG/5ML-30 MG/5ML-2 MG/5ML<br>59     |     | pyrethrins-piperonyl butoxide-<br>permethrin-nit remover 4 %-0.33 %-<br>0.5 % .....  | 72  | QC ESSENTIALS TABS 60 MG-2<br>MG-400 MCG-400 UNIT-6 MCG-1.7<br>MG-20 MG-5000 UNIT-10 MG-1.5<br>MG-30 UNIT .....  | 186 |
| pseudoephedrine hcl TABS .....   | 191 | PYRIDIDIUM TABS (Use<br>phenazopyridine hcl) .....   | 90  | QC HAIR SKIN & NAILS TABS 50<br>MG-50 MG-3.5 MG-6.5 MG-25 MCG-<br>25 UNIT-25 MCG-7.5 MG-7.2 MG-50<br>UNIT-25 MCG-2500 UNIT-15 MG-5<br>MG-25 MG-10 MG-3.3 MG-10 MG-5<br>MG-10 MG-20 MG-0.6 MG-150<br>MCG-54 MG-70 MG-897 MCG-0.6<br>MG .....  | 177 |
| pseudoephedrine hcl TB12 .....   | 191 | pyridostigmine bromide TABS 60 MG<br>.....   | 38  | QC LANCETS SUPER THIN 30G<br>124   |     |
| pseudoephedrine-guaifenesin TB12<br>1200 MG-120 MG, 600 MG-60 MG<br>59 |     | pyridostigmine bromide TBCR .....  | 38  | QC MENS DAILY MULTIVITAMIN<br>TABS 90 MG-3 MG-30 MCG-400<br>MCG-400 UNIT-18 MCG-1.7 MG-20<br>MCG-16 MG-3500 UNIT-5 MG-210<br>MG-600 MCG-1.2 MG-120 MG-15<br>MG-2 MG-100 MG-45 UNIT-2 MG-<br>120 MCG-105 MCG .....  | 177 |
| pseudoephedrine-ibuprofen TABS 59                                      |     | pyridoxine hcl TABS 25 MG, 50 MG,<br>100 MG, 250 MG .....  | 211 | QC MULTI-VITE 50 & OVER TABS<br>60 MG-3 MG-30 MCG-400 MCG-500<br>UNIT-25 MCG-1.7 MG-30 MCG-20<br>MG-250 MCG-2500 UNIT-10 MG-<br>300 MCG-1.5 MG-50 MG-11 MG-80<br>MG-150 MCG-220 MG-45 MCG-150<br>MCG-50 UNIT-20 MG-0.5 MG-5<br>MCG-2.3 MG-55 MCG-10 MCG-45<br>MCG-72 MG-2 MG ..... | 177 |
| psyllium CAPS 0.52 GM .....  | 96  | PYRUKYND TABS .....  | 92  | QC MULTI-VITE TABS .....   | 177 |
| psyllium POWD 28.3 %, 30 %, 43 %, 58.6 %, 100 % .....                  | 96  | PYRUKYND TAPER PACK TBPK .....   | 92  | QC OCUHEALTH VISION<br>SUPPORT 2 CAPS .....  | 177 |
| PULMICORT FLEXHALER AEPB .15   |     | PYZCHIVA 45 MG/0.5ML, 90 MG/ML<br>.....  | 63  | QC PRENATAL TABS .....   | 189 |
| PULMICORT SUSP (Use<br>budesonide (inhalation)) .....                  | 15  | PYZCHIVA SC 45 MG/0.5ML .....  | 63  |  |     |
| PULMOZYME .....  | 205 | QALSODY .....  | 191 |  |     |
| PURE COMFORT 3-BALL<br>BREATHE EX DEVI .....                           | 139 | QBRELIS SOLN .....   | 34  |  |     |
| PURE COMFORT LANCETS 30G<br>123  |     | QC ADVANCED LANCING DEVICE<br>MISC .....   | 124 |  |     |
| PURE COMFORT SAFETY LANCET<br>30G .....                                | 123 | QC ALL PURPOSE DRESSINGS<br>PADS .....   | 99  |  |     |
| PURE COMFORT SPACER<br>CHAMBER DEVI .....                              | 139 | QC BORDER ISLAND GAUZE PADS<br>.....   | 99  |  |     |
| PURIXAN SUSP 2000 MG/100ML<br>(Use mercaptopurine) .....               | 38  | QC CHILDRENS VITAMINS/IRON<br>CHEW 15 MG .....   | 187 |  |     |
| PX ADVANCED LANCING DEVICE<br>MISC .....                               | 123 | QC DAILY<br>MULTIVIT/MULTIMINERAL TABS 50<br>MG-2 MG-30 MCG-400 MCG-400<br>UNIT-6 MCG-2500 UNIT-1.7 MG-25<br>MCG-20 MG-10 MG-18 MG-1.5 MG-<br>100 MG-15 MG-150 MCG-80 MG-2<br>MG-162 MG-160 MCG-150 MCG-30<br>UNIT-109 MG-2 MG-5 MCG-10<br>MCG-3.5 MG-65 MCG-20 MCG-10 |     |  |     |
| PX INSULIN SYRINGE .....   | 135 |  |     |  |     |
| PX LANCETS MICROTHIN 33G 123   |     |  |     |  |     |
| PX LANCETS ULTRA THIN 28G<br>124                                       |     |  |     |  |     |

|   |     |   |     |  |     |
|---|-----|---|-----|--|-----|
| QC STERILE PADS PADS .....  | 99  | QUESTRAN PACK (Use<br>cholestyramine) .....           | 32  | QUTENZA .....  | 70  |
| QC THERIN-M TABS 90 MG-6 MG-<br>30 MCG-400 MCG-400 UNIT-12<br>MCG-3.4 MG-28 MCG-20 MG-5000<br>UNIT-10 MG-9 MG-3 MG-100 MG-15<br>MG-150 MCG-7.5 MG-2 MG-40 MG-<br>75 MCG-150 MCG-60 UNIT-31 MG-2<br>MG-5 MCG-10 MCG-2 MG-50 MCG-<br>70 MCG-10 MCG-7.5 MG ..... | 177 | QUESTRAN POWD (Use<br>cholestyramine) .....           | 32  | QUVIVIQ .....  | 96  |
| QC UNILET LANCETS 28G .....   | 124 | quetiapine fumarate TABS .....                        | 46  | QVAR REDIHALER .....   | 15  |
| QC UNILET LANCETS MICRO THIN<br>.....   | 124 | quetiapine fumarate TB24 .....                        | 46  | RABAVERT .....   | 209 |
| QC WOMENS DAILY<br>MULTIVITAMIN TABS 60 MG-2 MG-<br>30 MCG-400 MCG-500 UNIT-5<br>MCG-2500 UNIT-1.7 MG-25 MCG-10<br>MG-5 MG-15 MG-450 MG-5 MG-50<br>MG-15 MG-30 UNIT-2 MG-2 MG-120<br>MCG-20 MCG .....   | 177 | QUFLORA FE .....                                      | 184 | rabeprazole sodium TBEC .....  | 207 |
| QDOLO SOLN (Use tramadol hcl) .   | 10  | QUFLORA FE PEDIATRIC LIQD                             | 187 | RAGWITEK SUBL .....  | 3   |
| QELBREE .....   | 2   | QUFLORA PEDIATRIC CHEW ..                             | 187 | RALDESY SOLN PO 10 MG/ML ..  | 23  |
| QFITLIA SOAJ SC 50 MG/0.5ML ..  | 91  | QUFLORA PEDIATRIC SUSP 0.25<br>MG/ML, 0.5 MG/ML ..... | 187 | raloxifene hcl .....   | 84  |
| QFITLIA SOLN SC 20 MG/0.2ML ..  | 91  | QUILLICHEW ER CHER .....                              | 3   | ramelteon .....  | 96  |
| QINLOCK .....   | 43  | QUILLIVANT XR SRER .....                              | 3   | ramipril CAPS .....  | 34  |
| QIVIGY SOLN IV 5 GM/50ML, 10<br>GM/100ML .....  | 200 | QUIN B STRONG TABS .....                              | 177 | RAPAFLO (Use silodosin) .....  | 90  |
| QNASL .....   | 191 | quinapril hcl .....                                   | 34  | RAPAMUNE SOLN (Use sirolimus)<br>144   |     |
| QNASL CHILDRENS .....   | 191 | quinapril-hydrochlorothiazide .....                   | 36  | RAPAMUNE TABS (Use sirolimus)<br>144   |     |
| QUADRACEL SUSP .....  | 206 | quinidine gluconate TBCR .....                        | 13  | RAPIVAB .....  | 51  |
| QUADRACEL SUSY .....  | 206 | quinidine sulfate TABS .....                          | 13  | rasagiline mesylate .....  | 45  |
| QUAKE DEVI .....  | 139 | QUINTABS TABS .....                                   | 186 | RASUVO SOAJ 7.5 MG/0.15ML, 10<br>MG/0.2ML, 12.5 MG/0.25ML, 15<br>MG/0.3ML, 17.5 MG/0.35ML, 20<br>MG/0.4ML, 22.5 MG/0.45ML, 25<br>MG/0.5ML, 30 MG/0.6ML ..... | 4   |
| quazepam .....  | 95  | QUINTABS-M TABS .....                                 | 177 | RAYALDEE .....   | 85  |
| QUDEXY XR CS24 (Use topiramate)<br>19   |     | QUINTET AC BLOOD GLUCOSE<br>DEVI .....                | 124 | RAYASAL CREA .....   | 68  |
| QUESTRAN LIGHT POWD (Use<br>cholestyramine light) .....   | 32  | QUINTET AC BLOOD GLUCOSE<br>TEST STRP .....           | 81  | RAYAVIT TABS .....   | 177 |
|   |     | QUINTET BLOOD GLUCOSE<br>SYSTEM DEVI .....            | 124 | RAY-TEC X-RAY DETECTABLE<br>SPNGE MISC .....   | 99  |
|   |     | QUINTET BLOOD GLUCOSE TEST<br>STRP .....              | 81  | REALITY INSULIN SYRINGE ...  | 135 |
|   |     | QUINTET CONTROL<br>HIGH/NORMAL SOLN .....             | 124 | REALITY LATEX CONDOMS MISC .<br>100  |     |
|   |     | QULIPTA .....   | 140 | REALITY LATEX/ULTRA<br>TEXTURED DEVI .....   | 100 |
|   |     | QUTENZA (2 PATCH) .....                               | 70  | REALITY LATEX/ULTRA THIN DEVI  |     |
|   |     | QUTENZA (4 PATCH) .....                               | 70  |  |     |

|  |                             |  |                      |  |     |
|--|-----------------------------|--|----------------------|--|-----|
| 100  | RELION INSULIN SYRINGE .... | 135  | REMEDIENT CAPS ..... | 177  |     |
| REBIF REBIDOSE SOAJ .....                        | 203                         | RELION KETONE TEST STRP ...                          | 81                   | REMERON SOLTAB TBDP (Use<br>mirtazapine) .....   | 21  |
| REBIF REBIDOSE TITRATION<br>PACK SOAJ .....      | 203                         | RELION LANCET DEVICES 30G<br>124                     |                      | REMERON TABS 15 MG, 30 MG<br>(Use mirtazapine) .....   | 21  |
| REBIF SOSY .....                                 | 204                         | RELION LANCETS MICRO-THIN<br>33G .....               | 124                  | REMICADE .....   | 88  |
| REBIF TITRATION PACK SOSY                        | 204                         | RELION LANCETS THIN 26G ...                          | 124                  | RENAL CAPS 1 MG .....  | 145 |
| REBINYN .....                                    | 91                          | RELION LANCETS ULTRA-THIN<br>30G .....               | 124                  | RENAL MULTIVITAMIN TABS ...  | 177 |
| REBLOZYL .....                                   | 94                          | RELION MICRO KIT .....                               | 125                  | RENAPLEX TABS 60 MG-10 MG-<br>300 MCG-800 MCG-6 MCG-1.7 MG-<br>20 MG-10 MG-1.5 MG-12.5 MG .. | 178 |
| RECOMBINATE SOLR .....                           | 91                          | RELION PREMIER BLU MONITOR<br>DEVI .....             | 125                  | RENAPLEX-D TABS .....  | 178 |
| RECOMBIVAX HB SUSP .....                         | 209                         | RELION PREMIER CLASSIC DEVI<br>125                   |                      | RENFLEXIS .....  | 88  |
| RECOMBIVAX HB SUSY .....                         | 209                         | RELION PREMIER COMPACT<br>SYSTEM KIT .....           | 125                  | RENO CAPS CAPS 1 MG .....  | 145 |
| REFRESH .....                                    | 195                         | RELION PREMIER TEST STRP ..                          | 81                   | RENTHYROID TABS 15 MG, 30 MG,<br>60 MG, 90 MG, 120 MG .....                                  | 206 |
| REFUAH PLUS BLOOD GLUCOSE<br>TEST STRP .....     | 81                          | RELION PREMIER VOICE<br>MONITOR DEVI .....           | 125                  | RENVELA PACK (Use sevelamer<br>carbonate) .....  | 89  |
| REFUAH PLUS GLUCOSE<br>CONTROL SOLN .....        | 124                         | RELION PRIME MONITOR DEVI<br>125                     |                      | RENVELA TABS (Use sevelamer<br>carbonate) .....  | 89  |
| REFUAH PLUS MONITORING<br>SYSTEM KIT .....       | 124                         | RELION PRIME TEST STRP .....                         | 81                   | repaglinide .....  | 28  |
| REGLAN TABS (Use<br>metoclopramide hcl) .....    | 87                          | RELION TRUE MET AIR GLUC<br>METER KIT .....          | 125                  | REPATHA PUSHTRONEX SYSTEM<br>SOCT .....  | 34  |
| RELCARE TABS .....                               | 186                         | RELION TRUE METRIX TEST<br>STRIPS STRP .....         | 81                   | REPATHA SOSY .....   | 34  |
| RELENZA DISKHALER .....                          | 51                          | RELION ULTIMA GLUCOSE<br>SYSTEM KIT .....            | 125                  | REPATHA SURECLICK SOAJ ....  | 34  |
| RELEUKO SOSY .....                               | 94                          | RELION ULTIMA TEST STRP ....                         | 81                   | RESTASIS EMUL (Use cyclosporine<br>(ophth)) .....  | 197 |
| RELEXXII TBCR (Use<br>methylphenidate hcl) ..... | 3                           | RELION ULTRA THIN LANCETS<br>30G .....               | 125                  | RESTASIS MULTIDOSE EMUL ..   | 197 |
| RELEXXII TBCR .....                              | 3                           | RELION ULTRA THIN LANCETS<br>30G .....               | 125                  | RESTORE CONTACT LAYER PADS<br>.....  | 99  |
| RELION ALL-IN-ONE .....                          | 124                         | RELIPAX (Use eletriptan<br>hydrobromide) .....       | 141                  | RESTORE FOAM DRESSING PADS<br>.....  | 99  |
| RELION BLOOD GLUCOSE TEST<br>STRP .....          | 81                          | RELIPAX 40 MG (Use eletriptan<br>hydrobromide) ..... | 141                  | RESTORE ODOR ABSORBING<br>DRESS PADS .....   | 99  |
| RELION CONFIRM GLUCOSE<br>MONITOR KIT .....      | 124                         |  |                      |  |     |
| RELION CONFIRM/MICRO TEST<br>STRP .....          | 81                          |  |                      |  |     |

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| RESTORE TRIO ABSORBENT DRESS PADS                              | (Use atazanavir sulfate)               | 49  | RIGHTEST GT333 BLOOD GLUCOSE STRP                               | 82  |
| RESTORIL (Use temazepam)                                       | REYATAZ PACK                           | 49  | RIGHTEST GT333 GLUCOSE TEST STRP                                | 82  |
| RETACRIT   | REYVOW                                 | 141 | rilpivirine hcl 25 MG   | 49  |
| RETEVMO CAPS   | REZDIFFRA                              | 87  | rimantadine hydrochloride TABS                                  | 51  |
| RETEVMO TABS   | REZLIDHIA                              | 43  | RINVOQ LQ SOLN  | 4   |
| RETIN-A CREA (Use tretinoin)                                   | REZVOGLAR KWIKPEN                      | 28  | RINVOQ TB24   | 4   |
| RETIN-A GEL (Use tretinoin)                                    | RHAPSIDO TABS PO 25 MG                 | 143 | RIOMET SOLN (Use metformin hcl)                                 | 25  |
| RETIN-A MICRO (Use tretinoin microsphere)                      | RHOPRESSA                              | 197 | ribavirin (hepatitis c) CAPS                                    | 50  |
| RETIN-A MICRO PUMP (Use tretinoin microsphere)                 | ribavirin (hepatitis c) TABS 200 MG 50 | 50  | ribavirin (hepatitis c) TABS 200 MG 50                          | 84  |
| RETIN-A MICRO PUMP 0.08 % (Use tretinoin microsphere)          | riboflavin TABS 50 MG, 100 MG          | 211 | risedronate sodium TBEC   | 84  |
| RETISERT   | rifabutin                              | 38  | RISPERDAL CONSTA (Use risperidone microspheres)                 | 46  |
| RETROVIR CAPS (Use zidovudine)                                 | rifampin CAPS                          | 38  | RISPERDAL SOLN (Use risperidone)                                | 46  |
| 49   | RIGHTEST GC300 CONTROL LIQD 125        |     | RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) | 46  |
| RETROVIR SOLN  | RIGHTEST GD500 LANCING DEVICE MISC     | 125 | RISPERDAL TABS 3 MG (Use risperidone)                           | 46  |
| 49   | RIGHTEST GL300 LANCETS                 | 125 | risperidone microspheres  | 46  |
| REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) | RIGHTEST GM100 BLOOD GLUCOSE KIT       | 125 | risperidone SOLN  | 46  |
| 54   | RIGHTEST GM300 BLOOD GLUCOSE KIT       | 125 | risperidone TABS  | 46  |
| REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) | RIGHTEST GM550 BLOOD GLUCOSE KIT       | 125 | risperidone TBDP  | 46  |
| 54   | RIGHTEST GS100 BLOOD GLUCOSE STRP      | 81  | RITALIN LA CP24 (Use methylphenidate hcl)                       | 3   |
| REVATIO TABS (Use sildenafil citrate (pulmonary hypertension)) | RIGHTEST GS300 BLOOD GLUCOSE STRP      | 81  | RITALIN TABS (Use methylphenidate hcl)                          | 3   |
| 54   | RIGHTEST GS550 BLOOD GLUCOSE STRP      | 81  | RITEFLO DEVI  | 139 |
| REVLIMID (Use lenalidomide)                                    | RIGHTEST GT333 BLOOD GLUCOSE DEVI      | 125 | ritonavir TABS  | 49  |
| 143  |  |     | rivaroxaban SUSR 1 MG/ML  | 17  |
| REVUFORJ   |  |     | rivaroxaban TABS 2.5 MG   | 17  |
| 41   |  |     |   |     |
| REVUFORJ 25 MG   |  |     |   |     |
| 41   |  |     |   |     |
| REYRA TABS   |  |     |   |     |
| 178  |  |     |   |     |
| REXTOVY LIQD   |  |     |   |     |
| 29   |  |     |   |     |
| REXULTI  |  |     |   |     |
| 47   |  |     |   |     |
| REYATAZ CAPS 200 MG, 300 MG                                    |  |     |   |     |

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| rivastigmine .....  | 202 | ROZEREM (Use ramelteon) .....   | 96  | salsalate .....  | 9   |
| rivastigmine tartrate CAPS .....                          | 202 | ROZLYTREK CAPS .....  | 43  | SANCUSO PTCH .....   | 30  |
| RIVFLOZA SOLN .....                                       | 89  | ROZLYTREK PACK .....  | 43  | SANDIMMUNE CAPS (Use<br>cyclosporine) .....                                | 144 |
| RIVFLOZA SOSY .....                                       | 89  | RUBRACA .....   | 43  | SANDIMMUNE SOLN IV 50 MG/ML .<br>144                                       |     |
| RIXUBIS SOLR .....  | 91  | RUCONEST .....  | 91  | SANDIMMUNE SOLN PO 100<br>MG/ML .....                                      | 144 |
| rizatriptan benzoate TABS .....                           | 141 | rufinamide SUSP .....   | 19  | SANDOSTATIN LAR DEPOT KIT<br>(Use octreotide acetate) .....                | 86  |
| rizatriptan benzoate TBDP .....                           | 141 | rufinamide TABS .....   | 19  | SAPHNELO .....   | 144 |
| ROBINUL TABS (Use glycopyrrolate)<br>.....                | 206 | RUKOBIA .....   | 49  | SAPHNELO PEN SC 120 MG/0.8ML<br>144  |     |
| ROBINUL-FORTE TABS (Use<br>glycopyrrolate) .....          | 206 | RYALTRIS .....  | 190 | SAPHNELO SC 120 MG/0.8ML ..  | 144 |
| ROCALTROL CAPS (Use calcitriol)<br>85                     |     | RYBELSUS TABS .....   | 26  | SAPHRIS (Use asenapine maleate) .<br>46                                    |     |
| ROCKLATAN .....   | 197 | RYDAPT .....  | 43  | SAPHRIS 5 MG, 10 MG (Use<br>asenapine maleate) .....                       | 46  |
| ROCTAVIAN .....   | 91  | RYKINDO SRER .....  | 46  | SAPS HEALTH PLUS LANCETS<br>126  |     |
| roflumilast .....   | 15  | RYPLAZIM .....  | 91  | SAPS HEALTH TWIST TOP<br>LANCETS .....                                     | 126 |
| ROLVEDON .....  | 94  | RYSTIGGO .....  | 143 | SAPS TWIST TOP LANCETS ...   | 126 |
| romidepsin SOLR .....                                     | 43  | RYTARY CPCR 145 MG-36.25 MG,<br>195 MG-48.75 MG, 245 MG-61.25<br>MG, 95 MG-23.75 MG (Use<br>carbidopa-levodopa) ..... | 44  | SAVAYSA .....  | 17  |
| ROMVIMZA CAPS PO 14 MG, 20<br>MG, 30 MG .....             | 43  | RYZNEUTA SOSY SC 20 MG/ML   | 94  | SAVELLA TABS 12.5 MG, 25 MG, 50<br>MG, 100 MG (Use milnacipran hcl)<br>202 |     |
| ropinirole hydrochloride TABS .....                       | 44  | SABRIL PACK (Use vigabatrin) ...  | 20  | SAVELLA TITRATION PACK MISC<br>(Use milnacipran hcl) .....                 | 202 |
| ropinirole hydrochloride TB24 .....                       | 44  | SABRIL TABS (Use vigabatrin) ...  | 20  | saxagliptin hcl .....  | 25  |
| rosuvastatin calcium TABS 10 MG                           | 33  | sacubitril-valsartan TABS .....   | 53  | saxagliptin-metformin hcl .....  | 24  |
| rosuvastatin calcium TABS 20 MG,<br>40 MG .....           | 33  | SAFETY LANCET 30G/PRESSURE<br>ACT .....   | 125 | SB FIB LAX ORANGE POWD 30 %,<br>33 % .....                                 | 96  |
| rosuvastatin calcium TABS 5 MG .                          | 33  | SAFETY LANCETS 21G .....  | 125 | SB HEMORRHOID 0.25 %-71.9 %-<br>14 %-3 % .....                             | 12  |
| ROTARIX SUSP .....  | 210 | SAFETY LANCETS 23G .....  | 126 |  |     |
| ROTATEQ SOLN .....  | 210 | SAFETY LANCETS 28G .....  | 126 |  |     |
| ROWASA (Use mesalamine w/<br>cleanser) .....              | 88  | SAFYRAL (Use drospirenone-ethinyl<br>estradiol-levomefolate calcium) ...  | 55  |  |     |
| ROXICODONE TABS 15 MG, 30 MG<br>(Use oxycodone hcl) ..... | 10  | SALAGEN 5 MG (Use pilocarpine hcl<br>(oral)) .....  | 145 |  |     |
|   |     | saline SOLN 0.65 % .....  | 191 |  |     |

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|--|-----|---|-----|---|-----|
| SB INSULIN SYRINGE .....   | 135 | SELZENTRY TABS 300 MG (Use maraviroc) .....   | 49  | SEROQUEL TABS (Use quetiapine fumarate) .....                 | 46  |
| SCEMBLIX .....   | 43  | SEMGLEE (YFGN) SOLN .....   | 28  | SEROQUEL XR TB24 (Use quetiapine fumarate) .....              | 46  |
| SDAMLO SOLR PO 2.5 MG, 5 MG, 10 MG .....                         | 52  | SEMGLEE (YFGN) SOPN .....   | 28  | SEROSTIM SC 4 MG, 5 MG, 6 MG 84                               |     |
| SEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day)) ..... | 56  | SE-NATAL 19 CHEW .....  | 189 | SERTRALINE HCL CAPS 150 MG, 200 MG (Use sertraline hcl) ..... | 22  |
| SECUADO .....  | 46  | SE-NATAL 19 TABS .....  | 189 | sertraline hcl CAPS 150 MG, 200 MG .....                      | 22  |
| SECURESAFE INSULIN SYRINGE . 135                                 |     | SENIOR TABS TABS 60 MG-3 MG-30 MCG-400 MCG-1.5 MG-20 MG-25 MCG-10 MG-1.7 MG-250 MCG-300 MCG-400 UNIT-45 UNIT-100 MG-2 MG-75 MCG-5 MCG-80 MG-2 MG-150 MCG-150 MCG-2 MG-10 MCG-15 MG-200 MG-150 MCG-48 MG-20 MCG-3500 UNIT-10 MCG-72 MG ..... | 178 | sertraline hcl CONC .....                                     | 22  |
| SEGLUROMET .....   | 24  | senna SYRP 176 MG/5ML .....   | 97  | sertraline hcl TABS .....                                     | 23  |
| SELARSDI SOLN SC 45 MG/0.5ML . 63                                |     | sennosides LIQD .....   | 97  | sevelamer carbonate PACK .....                                | 89  |
| SELARSDI SOSY SC 45 MG/0.5ML, 90 MG/ML .....                     | 63  | sennosides SYRP .....   | 97  | sevelamer carbonate TABS .....                                | 89  |
| SELECT-OB CHEW .....   | 189 | sennosides TABS 8.6 MG, 15 MG, 17.2 MG .....  | 97  | sevelamer hcl .....   | 89  |
| SELECT-OB+DHA MISC .....   | 189 | sennosides-docusate sodium TABS 96  |     | SEVENFACT .....   | 91  |
| selegiline hcl CAPS .....  | 45  | SENSILANCE SAFETY LANCETS 21G .....   | 126 | SF 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental)) .....  | 145 |
| selegiline hcl TABS .....  | 45  | SENSILANCE SAFETY LANCETS 26G .....   | 126 | SF GEL 1.1 % (Use sodium fluoride (dental)) .....             | 145 |
| selenium sulfide LOTN 1 % .....                                  | 64  | SENSILANCE SAFETY LANCETS 28G .....   | 126 | SFROWASA ENEM .....   | 88  |
| selenium sulfide LOTN 2.5 % .....                                | 64  | SENTRY SENIOR MENS 50+ TABS . 178   |     | SHINGRIX .....  | 210 |
| selenium sulfide SHAM 1 % .....                                  | 64  | SENTRY SENIOR TABS .....  | 178 | SHINGRIX IM 50 MCG/0.5ML ...                                  | 210 |
| SELSUN BLUE CARE MENS MAX STR LOTN (Use selenium sulfide) 64     |     | SENTRY SENIOR/LUTEIN TABS 178   |     | SIDEROL TABS .....  | 178 |
| SELSUN BLUE DAILY LOTN (Use selenium sulfide) .....              | 64  | SEREVENT DISKUS .....   | 16  | sildenafil citrate (pulmonary hypertension) SOLN .....        | 54  |
| SELSUN BLUE LOTN (Use selenium sulfide) .....                    | 64  |   |     | sildenafil citrate (pulmonary hypertension) SUSR .....        | 54  |
| SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) .....          | 64  |   |     | sildenafil citrate (pulmonary hypertension) TABS .....        | 54  |
| SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) .....       | 64  |   |     | SILENOR (Use doxepin hcl (sleep)) . 95                        |     |
| SELZENTRY SOLN .....   | 49  |   |     | SILIGENTLE FOAM DRESSING PADS .....                           | 99  |
| SELZENTRY TABS 150 MG (Use maraviroc) .....                      | 49  |   |     |   |     |

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| silodosin .....  | 90  | sirolimus TABS .....   | 144 | SMARTEST CONTROL MEDIUM SOLN .....  | 126 |
| SILVADENE (Use silver sulfadiazine) .....                | 65  | sitagliptin 25 MG, 50 MG, 100 MG TABS .....                                | 25  | SMARTEST EJECT DEVI .....   | 126 |
| silver sulfadiazine .....                                | 65  | sitagliptin free base-metformin hcl TABS 1000 MG-50 MG, 500 MG-50 MG ..... | 24  | SMARTEST EJECT STARTER KIT .....  | 126 |
| SIMBRINZA .....  | 196 | sitagliptin free base-metformin hcl TB24 .....                             | 24  | SMARTEST LANCETS 28G .....  | 127 |
| simethicone CHEW 80 MG .....                             | 87  | sitagliptin phosphate 25 MG, 50 MG, 100 MG .....                           | 25  | SMARTEST PERSONA STARTER KIT .....  | 127 |
| simethicone SUSP .....                                   | 87  | sitagliptin phosphate-metformin hcl TABS .....                             | 24  | SMARTEST PRONTO STARTER KIT .....   | 127 |
| SIMLANDI (1 PEN) AJKT .....                              | 5   | SIVEXTRO SOLR .....  | 37  | SMARTEST PROTEGE DEVI .....   | 127 |
| SIMLANDI (1 SYRINGE) PSKT .....                          | 5   | SIVEXTRO TABS .....  | 37  | SMARTEST PROTEGE STARTER KIT .....  | 127 |
| SIMLANDI (2 PEN) AJKT .....                              | 5   | SKIN HAIR & NAILS ADVANCED CAPS .....                                      | 178 | SOAANZ TABS 20 MG .....   | 83  |
| SIMLANDI (2 SYRINGE) PSKT .....                          | 5   | SKYCLARYS .....  | 191 | sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....                    | 12  |
| SIMPLE DIAGNOSTICS LANCING DEV MISC .....                | 126 | SKYLA .....  | 56  | sodium chloride (gu irrigant) 0.9 % .....                                 | 89  |
| SIMPLERA SENSOR .....                                    | 126 | SKYRIZI PEN SOAJ .....   | 63  | sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 % .....                    | 59  |
| SIMPLERA SYNC SENSOR .....                               | 126 | SKYRIZI SOCT .....   | 88  | SODIUM CHLORIDE SOLN IJ 0.9 % .....                                       | 143 |
| SIMPLERA SYSTEM .....                                    | 126 | SKYRIZI SOLN .....   | 88  | sodium chloride SOLN IV 0.9 % .....                                       | 142 |
| SIMPONI ARIA SOLN .....                                  | 5   | SKYRIZI SOSY .....   | 63  | sodium citrate & citric acid .....  | 89  |
| SIMPONI SOAJ .....                                       | 5   | SKYTROFA .....   | 84  | sodium fluoride (dental) CREA .....                                       | 145 |
| SIMPONI SOSY .....                                       | 5   | SLYND .....  | 57  | sodium fluoride (dental) GEL .....  | 145 |
| simvastatin TABS .....                                   | 33  | SM ADHESIVE PADS 2"X3" PADS .....  | 99  | sodium fluoride (dental) SOLN 0.2 % .....                                 | 145 |
| SINEMET TABS 100 MG-10 MG (Use carbidopa-levodopa) ..... | 45  | SM IPECAC SYRUP .....  | 29  | SODIUM FLUORIDE 5000 PLUS CREA 1.1 % (Use sodium fluoride (dental)) ..... | 145 |
| SINEMET TABS 100 MG-25 MG (Use carbidopa-levodopa) ..... | 44  | SM PRENATAL VITAMINS TABS .....  | 189 | sodium fluoride CHEW .....  | 142 |
| SINGULAIR CHEW 4 MG (Use montelukast sodium) .....       | 15  | SM STERILE PADS .....  | 99  | sodium fluoride SOLN 0.5 MG/ML .....                                      | 142 |
| SINGULAIR CHEW 5 MG (Use montelukast sodium) .....       | 14  | SMART DIABETES VANTAGE LANCING MISC .....                                  | 126 | SODIUM FLUORIDE SOLN 0.5 .....  |     |
| SINGULAIR PACK (Use montelukast sodium) .....            | 15  | SMARTEST BLOOD GLUCOSE TEST STRP .....                                     | 82  |   |     |
| SINGULAIR TABS (Use montelukast sodium) .....            | 15  |  |     |   |     |
| sirolimus SOLN .....                                     | 144 |  |     |   |     |

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| MG/ML .....   | 142 | SOLUS V2 TWIST LANCETS 30G<br>127                            | SPRITAM TB3D 250 MG, 500 MG,<br>750 MG, 1000 MG (Use<br>levetiracetam) ..... | 19   |     |
| sodium hypochlorite SOLN EX .....   | 47  | SOMA TABS (Use carisoprodol) .                               | 190  | SPRITAM TB3D .....   | 19  |
| sodium oxybate SOLN .....   | 201 | SOMAVERT .....   | 84   | SPRYCEL (Use dasatinib) .....                                      | 43  |
| sodium phosphate monobasic-<br>sodium phosphate dibasic PR 19<br>GM/118ML-7 GM/118ML, 19<br>GM/197ML-7 GM/197ML, 6<br>GM/133ML-16 GM/133ML, 7<br>GM/118ML-19 GM/118ML, 9.5<br>GM/59ML-3.5 GM/59ML ..... | 96  | sorafenib tosylate .....                                     | 43   | SSS 10-5 CREA 10 %-5 % (Use<br>sulfacetamide sodium w/ sulfur) ... | 61  |
| sodium polystyrene sulfonate POWD<br>144  |     | SORBITOL PO 70 % .....                                       | 97   | SSS 10-5 FOAM 10 %-5 % .....                                       | 61  |
| sodium polystyrene sulfonate SUSP<br>CO 15 GM/60ML .....  | 144 | SORILUX FOAM .....   | 63   | STALEVO 150 (Use carbidopa-<br>levodopa-entacapone) .....          | 45  |
| sodium sulfate-potassium sulfate-<br>magnesium sulfate .....  | 96  | sotalol hcl (afib/af) .....                                  | 52   | STAMARIL SUSR .....  | 210 |
| sodium tetradecyl sulfate .....   | 144 | sotalol hcl TABS .....                                       | 52   | STARJEMZA SOLN IV 130<br>MG/26ML .....                             | 88  |
| SOFOSBUVIR-VELPATASVIR TABS<br>.....  | 50  | SOTYKTU .....  | 63   | STARJEMZA SOSY SC 45<br>MG/0.5ML, 90 MG/ML .....                   | 64  |
| SOF-WICK PADS .....   | 99  | SOTYLIZE SOLN PO .....                                       | 52   | STEGLATRO .....  | 28  |
| SOGROYA .....   | 84  | SOVALDI PACK .....   | 50   | STEGLUJAN .....  | 24  |
| solifenacin succinate TABS .....  | 208 | SOVALDI TABS .....   | 50   | STELARA 130 MG/26ML .....  | 88  |
| SOLIQUA .....   | 24  | SOVUNA 200 MG .....  | 38   | STELARA SOSY .....   | 64  |
| SOLO TABS .....   | 178 | SPECTRAVITE TABS .....                                       | 178  | STEQEYMA .....   | 64  |
| SOLTAMOX SOLN .....   | 40  | SPEVIGO SOLN .....   | 63   | STEQEYMA SC .....  | 64  |
| SOLUS V2 BLOOD GLUCOSE<br>SYSTEM DEVI .....   | 127 | SPEVIGO SOSY .....   | 64   | STERILANCE TL .....  | 127 |
| SOLUS V2 BLOOD GLUCOSE<br>SYSTEM KIT .....  | 127 | SPIKEVAX SUSY .....  | 210  | STERILE GAUZE PADS .....   | 99  |
| SOLUS V2 CONTROL SOLN ....  | 127 | spinosad .....   | 72   | STERILE PADS .....   | 99  |
| SOLUS V2 LANCETS 28G .....  | 127 | SPINRAZA .....   | 194  | STIMUFEND .....  | 94  |
| SOLUS V2 LANCING DEVICE MISC<br>127   |     | SPIRIVA HANDIHALER CAPS IN<br>(Use tiotropium bromide) ..... | 14   | STIOLTO RESPIMAT .....   | 16  |
| SOLUS V2 TEST STRP .....  | 82  | SPIRIVA RESPIMAT AERS IN ....                                | 14   | STIVARGA .....   | 43  |
|   |     | SPIRO PD DEVI .....  | 139  | STOBOCLO SOSY SC 60 MG/ML  | 84  |
|   |     | spironolactone & hydrochlorothiazide<br>.....                | 83   | STOP LICE MAXIMUM STRENGTH<br>LIQD 4 %-0.33 % .....                | 72  |
|   |     | spironolactone TABS .....                                    | 83   | STRATTERA (Use atomoxetine hcl)<br>2                               |     |
|   |     | SPORT SUNSCREEN SPF50 LOTN<br>71                             |  | STRENSIQ .....   | 85  |
|   |     | SPRAVATO (56 MG DOSE) .....                                  | 22   |  |     |
|   |     | SPRAVATO (84 MG DOSE) .....                                  | 22   |  |     |

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| STRESS B<br>COMPLEX/ANTIOXID/ZINC TABS<br>500 MG-45 MCG-400 MCG-10 MG-<br>100 MG-5 MG-20 MG-10 MG-13.5<br>MG-3 MG-24 MG-77 MG-12 MCG<br>178  | SUBVENITE SUSP PO 10 MG/ML<br>19  | sulfamethoxazole-trimethoprim SUSP<br>.....36                             |
| STRESS B COMPLEX/IRON TABS<br>600 MG-5 MG-45 MCG-400 MCG-12<br>MCG-15 MG-100 MG-20 MG-27 MG-<br>15 MG-30 UNIT .....146   | sucralfate SUSP ..... 207   | sulfamethoxazole-trimethoprim TABS<br>.....36                             |
| STRESS FORMULA TABS 500 MG-<br>3 MG-45 MCG-400 MCG-12 MCG-20<br>MG-10 MG-100 MG-10 MG-30 UNIT,<br>500 MG-5 MG-45 MCG-400 MCG-12<br>MCG-10 MG-100 MG-20 MG-10 MG-<br>30 UNIT, 500 MG-5 MG-45 MCG-400<br>MCG-15 MG-12 MCG-20 MG-10<br>MG-100 MG-30 UNIT .....186 | sucralfate TABS ..... 207   | SULFAMEZ WASH EMUL 10 %-1 %<br>(Use sulfacetamide sodium w/ sulfur)<br>61 |
| STRESS FORMULA/IRON TABS<br>147  | SUDAFED CHILDRENS LIQD ... 191  | sulfasalazine TABS ..... 88   |
| STRESS FORMULA/IRON/ENERGY<br>TABS .....147  | SULAR 8.5 MG, 17 MG, 34 MG (Use<br>nisoldipine) .....52                     | sulfasalazine TBEC ..... 88   |
| STRESS FORMULA/ZINC/ENERGY<br>TABS .....186  | sulfacetamide sodium (acne) ..... 61  | sulindac TABS .....7  |
| STRESSTABS ADVANCED TABS<br>30 MG-5 MG-400 MCG-400 UNIT-50<br>MCG-2500 UNIT-1.5 MG-20 MG-1.5<br>MG-30 MG-20 MG-15 UNIT ..... 178   | sulfacetamide sodium (ophth) OINT<br>196                                    | SUMADAN ..... 61  |
| STRESSTABS ENERGY TABS ..186   | sulfacetamide sodium (ophth) SOLN .<br>196                                  | SUMADAN WASH LIQD (Use<br>sulfacetamide sodium w/ sulfur) ... 61          |
| STRIBILD ..... 49  | sulfacetamide sodium GEL ..... 64   | sumatriptan 20 MG/ACT .....141  |
| STRIVERDI RESPIMAT .....16   | sulfacetamide sodium LIQD ..... 64  | sumatriptan 5 MG/ACT ..... 141  |
| STROVITE ONE TABS .....178   | sulfacetamide sodium w/ sulfur<br>CREA 10 %-2 %, 10 %-5 % ..... 61          | sumatriptan succinate SOAJ 6<br>MG/0.5ML .....141                         |
| SUBLOCADE SOSY .....11   | sulfacetamide sodium w/ sulfur<br>EMUL 10 %-1 % ..... 61                    | sumatriptan succinate SOLN 6<br>MG/0.5ML .....141                         |
| SUBOXONE FILM SL 0.5 MG-2 MG,<br>2 MG-8 MG (Use buprenorphine hcl-<br>naloxone hcl dihydrate) ..... 11   | sulfacetamide sodium w/ sulfur LIQD<br>61                                   | sumatriptan succinate TABS 25 MG .<br>141                                 |
| SUBOXONE FILM SL 1 MG-4 MG, 3<br>MG-12 MG (Use buprenorphine hcl-<br>naloxone hcl dihydrate) ..... 11  | sulfacetamide sodium w/ sulfur LOTN<br>10 %-5 % .....61                     | sumatriptan succinate TABS 50 MG,<br>100 MG ..... 141                     |
|  | sulfacetamide sodium w/ sulfur LOTN<br>9.8 %-4.8 % ..... 61                 | sumatriptan-naproxen sodium ...140  |
|  | sulfacetamide sodium w/ sulfur SUSP<br>10 %-5 % .....61                     | SUMAXIN CP ..... 61   |
|  | SULFACETAMIDE SODIUM-<br>SULFUR SUSP ..... 61                               | SUMAXIN PADS .....61  |
|  | sulfacetamide sod-prednisolone<br>SOLN ..... 198                            | sunitinib malate ..... 43   |
|  | SULFACLEANSE 8/4 SUSP 8 %-4 %<br>(Use sulfacetamide sodium w/ sulfur)<br>61 | SUNLENCA SOLN ..... 49  |
|  |   | SUNLENCA TABS PO 300 MG ... 49  |
|  |   | SUNLENCA TBPK 300 MG ..... 49   |
|  |   | SUNOSI ..... 2  |
|  |   | sunscreens LOTN .....71   |
|  |   | SUPER ANTIOXIDANT CAPS ... 178  |

|  |  |   |
|--|--|---|
| SUPER ANTIOXIDANTS<br>PROTECTOR CAPS 500 MG-400<br>UNIT-25000 UNIT-50 MCG ..... 178  | SUPPRELIN LA ..... 85  | SYMPAZAN FILM ..... 18  |
| SUPER AYTINAL 50 PLUS TABS<br>120 MG-2 MG-30 MCG-400 MCG-<br>1.5 MG-400 UNIT-12 MCG-10 MG-<br>1.7 MG-20 MG-275 MCG-9 MG-225<br>MG-100 MG-15 MG-2 MG-150 MCG-<br>75 MCG-150 MCG-50 UNIT-2 MG-<br>5000 UNIT-80 MCG-70 MCG-120<br>MCG-25 MG-25 MG ..... 178                             | SUPREP BOWEL PREP KIT (Use<br>sodium sulfate-potassium sulfate-<br>magnesium sulfate) ..... 96 | SYMPROIC ..... 88   |
| SUPER AYTINAL TABS 90 MG-5<br>MG-40 MCG-400 MCG-400 UNIT-12<br>MCG-10 MG-5 MG-30 MG-275<br>MCG-3500 UNIT-25 MG-300 MCG-5<br>MG-100 MG-15 MG-3 MG-7.7 MG-<br>150 MCG-50 MCG-162 MG-150<br>MCG-2 MG-50 MCG-30 UNIT-125<br>MG-5 MCG-10 MCG-7.5 MG-25<br>MCG-50 MCG-10 MCG-7 MG .... 178 | SURE COMFORT INSULIN<br>SYRINGE ..... 135  | SYMTUZA ..... 49  |
| SUPER D-ZINC-SELENIUM-<br>COPPER TABS ..... 178  | SURE COMFORT LANCETS 18G<br>127  | SYNAGIS SOLN 100 MG/ML .... 200   |
| SUPER THERA VITE M TABS 90<br>MG-3 MG-35 MCG-0.4 MG-3 MG-9<br>MCG-10 MG-3.4 MG-30 MG-5000<br>UNIT-400 UNIT-30 UNIT-1250 UNIT-<br>27 MG-100 MG-5 MG-15 MCG-7.5<br>MG-15 MCG-2 MG-15 MG-40 MG-<br>150 MCG-31 MG-10 MCG-7.5 MG<br>179   | SURE COMFORT LANCETS 21G<br>127  | SYNAGIS SOLN 50 MG/0.5ML .. 200   |
| SUPER VITA-MINS TABS 250 MG-5<br>MG-0.4 MG-10 MG-6 MCG-20 MG-<br>10 MG-100 MG-400 UNIT-30 UNIT-<br>24 MG-100 MG-1.25 MG-2 MG-15<br>MG-0.161 MG-150 MCG-0.125 MG-<br>10000 UNIT ..... 179   | SURE COMFORT LANCETS 23G<br>127  | SYNALAR CREA (Use fluocinolone<br>acetone) ..... 67                               |
| SUPERIOR MENS MULTI TABS .179  | SURE COMFORT LANCETS 28G<br>127  | SYNALAR OINT (Use fluocinolone<br>acetone) ..... 67                               |
| SUPERIOR WOMENS MULTI TABS<br>179  | SURE COMFORT LANCETS 30G<br>128  | SYNAREL ..... 85  |
| SUPPORT LIQD ..... 179   | SURE COMFORT LANCING PEN<br>MISC ..... 128   | SYNJARDY TABS ..... 24  |
| SUPPORT-500 CAPS ..... 179   | SURGICAL GAUZE SPONGE PADS<br>99   | SYNJARDY XR TB24 ..... 24   |
|  | SUTENT (Use sunitinib malate) .. 43  | SYNOFLEX PTCH ..... 70  |
|  | SYMBICORT (Use budesonide-<br>formoterol fumarate dihydrate) .... 16                           | SYNTHROID TABS (Use<br>levothyroxine sodium) ..... 206                            |
|  | SYMBRAVO TABS PO ..... 140   | SYSTANE ICAPS AREDS2 CAPS<br>250 MG-5 MG-1 MG-1 MG-12.5 MG-<br>200 UNIT ..... 179 |
|  | SYMBYAX 25 MG-3 MG, 25 MG-6<br>MG (Use olanzapine-fluoxetine hcl)<br>202                       | SYSTANE ICAPS AREDS2 TABS<br>179  |
|  | SYMDEKO ..... 205  | T:FLEX T:LOCK CARTRIDGE 4.8ML<br>MISC ..... 128                                   |
|  | SYMFI (Use efavirenz-lamivudine-<br>tenofovir disoproxil fumarate) ..... 49                    | T:SLIM X2 3ML CARTRIDGE MISC .<br>128   |
|  | SYMFI LO (Use efavirenz-<br>lamivudine-tenofovir disoproxil<br>fumarate) ..... 49              | T:SLIM X2 BASAL-IQ PUMP DEVI<br>128   |
|  | SYMLINPEN 120 SOPN ..... 24  | T:SLIM X2 CONTROL-IQ 7.7 PUMP<br>DEVI ..... 128                                   |
|  | SYMLINPEN 60 SOPN ..... 24   | T:SLIM X2 CONTROL-IQ 7.8 PUMP<br>DEVI ..... 128                                   |
|  |  | T:SLIM X2 INSULIN PMP BASAL6.4<br>DEVI ..... 128                                  |
|  |  | T:SLIM X2 INSULIN PUMP DEVI 128   |
|  |  | T:SLIM X2 STARTER 7.10 KIT ... 128  |

|   |     |   |     |   |     |
|---|-----|---|-----|---|-----|
| TAB-A-VITE TABS 60 MG-2 MG-400 MCG-20 MG-1.5 MG-10 MCG-6 MCG-1.7 MG-1500 MCG .....                                      | 186 | TALTZ SOSY .....  | 64  | MG, 100 MG, 150 MG, 200 MG, 250 MG .....                | 10  |
| TAB-A-VITE/BETA CAROTENE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-45 MG-30 UNIT ..... | 186 | TALZENNA .....  | 43  | tapentadol hcl TABS 50 MG, 75 MG, 100 MG .....          | 10  |
| TAB-A-VITE/IRON TABS 50 MG-1 MG-400 MCG-20 MG-2 MG-10 MCG-1 MCG-2.5 MG-1500 MCG-1 MG-15 MG .....                        | 147 | TAMIFLU CAPS 30 MG (Use oseltamivir phosphate) .....        | 51  | TARCEVA (Use erlotinib hcl) .....                       | 39  |
| TAB-A-VITE/IRON/BETA CAROTENE TABS .....  | 147 | TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate) ..... | 51  | TARGRETIN (Use bexarotene) ...                          | 43  |
| TABRECTA .....  | 43  | TAMIFLU SUSR (Use oseltamivir phosphate) .....              | 51  | TARON-C DHA .....                                       | 189 |
| TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate) .....  | 67  | tamoxifen citrate TABS .....                                | 40  | TASCENSO ODT .....                                      | 204 |
| tacrolimus (topical) OINT 0.03 % ..   | 68  | tamsulosin hcl .....  | 90  | TASIGNA 50 MG, 150 MG, 200 MG (Use nilotinib hcl) ..... | 43  |
| tacrolimus (topical) OINT 0.1 % ...   | 68  | TANDEM MOBI AUTOSOFT 30 KIT MISC .....                      | 128 | tasimelteon CAPS .....                                  | 96  |
| tacrolimus CAPS .....   | 144 | TANDEM MOBI AUTOSOFT XC KIT MISC .....                      | 128 | TAVNEOS .....   | 91  |
| tacrolimus SOLN 5 MG/ML .....   | 144 | TANDEM MOBI AUTOSOFT30 14PK23" MISC .....                   | 128 | TAYTULLA CAPS (Use norethin acet & estrad-fe) .....     | 56  |
| tadalafil (pulmonary hypertension) TABS .....   | 54  | TANDEM MOBI AUTOSOFTXC 14PK23" MISC .....                   | 128 | tazarotene CREA .....                                   | 64  |
| tadalafil 5 MG .....  | 53  | TANDEM MOBI AUTOSOFTXC 14PK5" MISC .....                    | 128 | TAZAROTENE FOAM .....                                   | 61  |
| TADLIQ SUSP .....   | 54  | TANDEM MOBI SYSTEM STARTER KIT .....                        | 128 | tazarotene GEL .....                                    | 64  |
| TAFINLAR CAPS .....   | 43  | TANDEM MOBI TRUSTEEL SUPP KIT MISC .....                    | 128 | TAZORAC CREA (Use tazarotene) 64                        |     |
| TAFINLAR TBSO .....   | 43  | TANDEM T:SLIM ASFT 30 PK10 23" MISC .....                   | 128 | TAZORAC GEL (Use tazarotene) .                          | 64  |
| tafluprost .....  | 199 | TANDEM T:SLIM ASFT 30 PK14 23" MISC .....                   | 128 | TDVAX SUSP .....  | 206 |
| TAGRISSE .....  | 39  | TANDEM T:SLIM ASFT XC PK10 23" MISC .....                   | 128 | TECFIDERA CDPK (Use dimethyl fumarate) .....            | 204 |
| TAI DOC CONTROL SOLN .....  | 128 | TANDEM T:SLIM ASFT XC PK14 23" MISC .....                   | 128 | TECFIDERA CPDR (Use dimethyl fumarate) .....            | 204 |
| TAKHZYRO SOLN .....   | 91  | TANDEM T:SLIM TRUSTL PK10 23" MISC .....                    | 128 | TECHLITE INSULIN SYRINGE ..                             | 135 |
| TAKHZYRO SOSY .....   | 91  | TAPENTADOL HCL ER TB12 50                                   |     | TECHLITE LANCETS .....                                  | 128 |
| TALTZ SOAJ .....  | 64  |   |     | TECHLITE LANCETS 26G .....                              | 128 |
|   |     |   |     | TEGRETOL SUSP (Use carbamazepine) .....                 | 19  |
|   |     |   |     | TEGRETOL TABS (Use carbamazepine) .....                 | 20  |
|   |     |   |     | TEGRETOL-XR TB12 (Use                                   |     |

|   |     |   |     |                                 |     |
|---|-----|---|-----|---------------------------------|-----|
| carbamazepine) .....                                | 20  | TESTIM GEL TD (Use testosterone) .                      | 11  | THERA TABS .....                | 186 |
| TEKTURNA (Use aliskiren fumarate)                   | 36  | testosterone cypionate SOLN IM 100                      | 11  | THERA VITAL M TABS 90 MG-3      |     |
| telmisartan .....                                   | 35  | MG/ML .....   | 11  | MG-30 MCG-0.4 MG-3 MG-9 MCG-    |     |
| telmisartan-amlodipine .....                        | 36  | testosterone cypionate SOLN IM 200                      | 11  | 10 MG-3.4 MG-20 MG-2500 UNIT-   |     |
| telmisartan-hydrochlorothiazide ...                 | 36  | MG/ML .....   | 11  | 400 UNIT-30 UNIT-2500 UNIT-27   |     |
| temazepam 22.5 MG .....                             | 95  | testosterone enanthate SOLN IM ..                       | 11  | MG-100 MG-5 MG-15 MCG-7.5 MG-   |     |
| temazepam 7.5 MG, 15 MG, 30 MG .                    | 95  | testosterone GEL TD 1 %, 1.62 %, 1.62 % .....           | 11  | 15 MCG-2 MG-15 MG-40 MG-150     |     |
| TEMODAR SOLR .....                                  | 38  | testosterone GEL TD 1 %, 10                             |     | MCG-31 MG-10 MCG-7.5 MG ...     | 179 |
| temozolomide CAPS .....                             | 38  | MG/ACT, 20.25 MG/1.25GM, 25                             |     | THERA VITAL-M TABS 120 MG-3     |     |
| TEMPO SMART BUTTON MISC .                           | 128 | MG/2.5GM, 40.5 MG/2.5GM, 50                             |     | MG-15 MCG-400 MCG-400 UNIT-9    |     |
| TEMPO WELCOME KIT .....                             | 128 | MG/5GM .....  | 11  | MCG-3.4 MG-30 MG-5500 UNIT-10   |     |
| tenofovir disoproxil fumarate TABS                  | 49  | testosterone SOLN .....                                 | 11  | MG-18 MG-3 MG-100 MG-15 MG-2    |     |
| TENORETIC 100 (Use atenolol & chlorthalidone) ..... | 36  | TETANUS-DIPHThERIA TOXOIDS                              |     | MG-40 MG-7.5 MG-15 MCG-150      |     |
| TENORETIC 50 (Use atenolol & chlorthalidone) .....  | 36  | TD SUSP .....   | 206 | MCG-30 UNIT-31 MG-5 MG-15       |     |
| TENORMIN TABS (Use atenolol) .                      | 51  | tetrabenazine .....                                     | 202 | MCG-10 MCG .....                | 179 |
| TENORMIN TABS 25 MG, 50 MG (Use atenolol) .....     | 51  | tetracaine hcl (ophth) .....                            | 197 | THERABASIC-M TABS 400 UNIT-90   |     |
| TEPMETKO .....                                      | 43  | TETRACAINE HCL 0.5 % (Use tetracaine hcl (ophth)) ..... | 197 | MG-3 MG-35 MCG-0.4 MG-9 MCG-    |     |
| terazosin hcl .....                                 | 35  | TETRACAINE HCL 0.5 % .....                              | 197 | 10 MG-3.4 MG-30 MG-5000 UNIT-27 |     |
| terbinafine hcl (topical) CREA .....                | 62  | tetracycline hcl CAPS 500 MG ...                        | 205 | MG-3 MG-100 MG-1250 UNIT-15     |     |
| terbutaline sulfate TABS .....                      | 16  | tetrahydrozoline hcl (ophth) 0.05 %                     | 197 | MCG-7.5 MG-15 MCG-40 MG-15      |     |
| terconazole vaginal CREA 0.4 %                      | 210 | TEZRULY PO 1 MG/ML .....                                | 35  | MG-150 MCG-30 UNIT-31 MG-2      |     |
| terconazole vaginal CREA 0.8 %                      | 210 | TEZSPIRE SOAJ .....                                     | 14  | MG-10 MCG-5 MG-7.5 MG .....     | 179 |
| terconazole vaginal SUPP .....                      | 210 | TEZSPIRE SOSY .....                                     | 14  | THERAGAUZE PADS .....           | 99  |
| teriflunomide .....                                 | 204 | THALOMID 50 MG, 100 MG .....                            | 143 | THERAGRAN-M ADVANCED 50         |     |
| teriparatide SOPN .....                             | 84  | THEO-24 CP24 .....                                      | 16  | PLUS TABS .....                 | 179 |
| TERIPARATIDE SOPN .....                             | 84  | theophylline ELIX .....                                 | 16  | THERAGRAN-M ADVANCED TABS .     | 179 |
|   |     | theophylline SOLN .....                                 | 16  | THERAGRAN-M ADVANCED TABS .     | 179 |
|   |     | theophylline TB12 .....                                 | 16  | 179                             |     |
|   |     | theophylline TB24 .....                                 | 16  | THERAGRAN-M PREMIER 50 PLUS     |     |
|   |     |   |     | TABS .....                      | 179 |
|   |     |   |     | THERAGRAN-M PREMIER TABS        |     |
|   |     |   |     | 179                             |     |
|   |     |   |     | THERAGRAN-M TABS .....          | 179 |
|   |     |   |     | THERA-M PLUS MV W/BETA-         |     |
|   |     |   |     | CAROT TABS .....                | 179 |
|   |     |   |     | THERAMILL FORTE CAPS .....      | 179 |
|   |     |   |     | THERANATAL LACTATION ONE        |     |
|   |     |   |     | CAPS .....                      | 179 |
|   |     |   |     | THERAPEUTIC                     |     |
|   |     |   |     | FORMULA/HEMATINICS TABS 3.3     |     |

|                                 |                                      |  |
|---------------------------------|--------------------------------------|--|
| MG-0.33 MG-50 MCG-3.3 MG-33.3   | MG-250 MCG-3500 UNIT-10 MG-18        | timolol maleate (ophth) SOLN 0.5 % .   |
| MG-100 MG-11.7 MG-66.7 MG-3.3   | MG-300 MCG-1.5 MG-100 MG-15          | 195                                    |
| MG-41.7 MG-140 UNIT-5 UNIT-0.67 | MG-80 MG-150 MCG-162 MG-72           | timolol maleate (ophth) SOLN ....195   |
| MG-1400 UNIT ..... 179          | MG-75 MCG-150 MCG-30 UNIT-109        | timolol maleate TABS .....52           |
| THERAPEUTIC-M TABS 90 MG-2      | MG-2 MG-5 MCG-10 MCG-2 MG-           | TIMOPTIC OCUDOSE SOLN (Use             |
| MG-30 MCG-400 MCG-1.5 MG-400    | 120 MCG-20 MCG-10 MCG-2 MG           | timolol maleate (ophth)) ..... 195     |
| UNIT-6 MCG-1.7 MG-20 MG-5000    | 180                                  | TIMOPTIC OCUDOSE SOLN 0.25 %           |
| UNIT-10 MG-9 MG-60 MG-2 MG-15   | THERA-VITE MAX-M TABS .....180       | (Use timolol maleate (ophth)) .....195 |
| MCG-8 MG-15 MCG-2 MG-15 MG-     | THEREMS TABS .....186                | TINACTIN CREA (Use tolnaftate) .62     |
| 40 MG-150 MCG-10 MCG-30 UNIT-8  | thiamine hcl TABS .....211           | tioconazole vaginal 6.5 % ..... 210    |
| MG, 90 MG-30 MCG-400 MCG-3      | thiamine mononitrate TABS 100 MG .   | tiotropium bromide CAPS IN 18 MCG      |
| MG-20 MG-6 MG-10 MG-3.4 MG-10   | 212                                  | ..... 14                               |
| MCG-27 MG-9 MG-100 MG-2 MG-75   | thioridazine hcl ..... 47            | TIVICAY PD TBSO ..... 49               |
| MCG-11 MG-2 MG-10 MCG-150       | thiothixene ..... 47                 | TIVICAY TABS 50 MG .....49             |
| MCG-50 MCG-2 MG-10 MCG-15       | THRESHOLD PEP DEVI .....139          | tizanidine hcl CAPS .....190           |
| MG-145 MG-150 MCG-35 MG-70      | THRIVE FOR LIFE WOMENS TABS          | tizanidine hcl TABS .....190           |
| MCG-1500 MCG-28 MCG-12 MCG-8    | 60 MG-6 MG-300 MCG-400 MCG-          | TLANDO CAPS ..... 11                   |
| MG .....180                     | 1000 UNIT-18 MCG-5.1 MG-60           | TM-DAILY VITE TABS ..... 186           |
| THERA-TABS M TABS .....180      | MCG-20 MG-100 MCG-3500 UNIT-         | TOBI NEBU (Use tobramycin) ..... 4     |
| THERA-TABS TABS 90 MG-3 MG-     | 15 MG-18 MG-500 MG-700 MCG-4.5       | TOBI PODHALER CAPS ..... 4             |
| 30 MCG-400 MCG-3 MG-20 MG-400   | MG-50 MG-15 MG-75 MCG-150            | TOBRADEX OINT .....198                 |
| UNIT-9 MCG-5000 UNIT-10 MG-3.4  | MCG-30 UNIT-2 MG-2 MG-70 MCG-        | TOBRADEX ST SUSP ..... 198             |
| MG-30 UNIT ..... 186            | 120 MCG-150 MCG ..... 180            | tobramycin (ophth) SOLN ..... 196      |
| THERATRUM COMPLETE 50 PLUS      | THRIVITE RX TABS .....189            | tobramycin NEBU ..... 4                |
| TABS 60 MG-3 MG-30 MCG-400      | THYROID TABS 15 MG, 30 MG, 60        | tobramycin sulfate SOLN IJ 1.2         |
| MCG-400 UNIT-25 MCG-1.7 MG-10   | MG, 90 MG, 120 MG ..... 206          | GM/30ML, 2 GM/50ML, 10 MG/ML,          |
| MCG-20 MG-250 MCG-3500 UNIT-    | tiagabine hcl .....20                | 80 MG/2ML .....4                       |
| 10 MG-300 MCG-1.5 MG-100 MG-15  | TIAZAC (Use diltiazem hcl extended   | tobramycin sulfate SOLR ..... 4        |
| MG-150 MCG-200 MG-80 MG-75      | release beads) .....52               | tobramycin-dexamethasone SUSP          |
| MCG-150 MCG-48 MG-2 MG-5        | TIBSOVO .....43                      | 198                                    |
| MCG-2 MG-150 MCG-45 UNIT-20     | ticagrelor 60 MG, 90 MG .....92      | TOBREX OINT ..... 196                  |
| MCG-10 MCG-72 MG-2 MG .....180  | TICOVAC ..... 210                    | tofacinib citrate SOLN 1 MG/ML ...4    |
| THERATRUM COMPLETE TABS 60      | TIKOSYN (Use dofetilide) .....14     |  |
| MG-2 MG-30 MCG-400 MCG-400      | timolol ..... 195                    |  |
| UNIT-6 MCG-1.7 MG-20 MG-250     | timolol maleate (ophth) SOLG ....195 |  |
| MCG-5000 UNIT-10 MG-18 MG-1.5   |                                      |  |
| MG-100 MG-15 MG-80 MG-2 MG-     |                                      |  |
| 150 MCG-162 MG-150 MCG-75       |                                      |  |
| MCG-30 UNIT-108 MG-2 MG-72      |                                      |  |
| MG-5 MCG-10 MCG-2 MG-120        |                                      |  |
| MCG-25 MCG-20 MCG-10 MCG, 60    |                                      |  |
| MG-2 MG-30 MCG-400 MCG-400      |                                      |  |
| UNIT-6 MCG-1.7 MG-25 MCG-20     |                                      |  |

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|---|--|---|
| tofacitinib citrate TABS 5 MG, 10 MG<br>4                     | topiramate CS24 .....20                              | trandolapril-verapamil hcl ..... 36                   |
| tofacitinib citrate TB24 11 MG, 22<br>MG .....4               | topiramate SOLN 25 MG/ML ..... 20                    | tranexamic acid TABS .....94                          |
| tofacitinib citrate TB24 11 MG .....4                         | topiramate TABS 100 MG ..... 20                      | tranylcypromine sulfate ..... 22                      |
| TOFIDENCE .....6  | topiramate TABS 25 MG, 50 MG, 200<br>MG .....20      | TRAVATAN Z SOLN (Use travoprost)<br>.....199          |
| TOLECTIN DS CAPS 400 MG (Use<br>tolmetin sodium) .....7       | TOPPER DRESSING SPONGES<br>MISC .....99              | TRAVEL LANCETS ADVANCED<br>28G .....128               |
| tolmetin sodium CAPS .....7                                   | TOPROL XL TB24 (Use metoprolol<br>succinate) .....51 | travoprost SOLN .....199                              |
| tolmetin sodium TABS .....7                                   | toremifene citrate .....40                           | trazodone hcl TABS .....23                            |
| tolnaftate CREA .....62                                       | torsemide TABS .....83                               | TRELEGY ELLIPTA .....16                               |
| tolterodine tartrate CP24 .....208                            | TOSYMRA .....141                                     | TRELSTAR MIXJECT 11.25 MG,<br>22.5 MG .....40         |
| tolterodine tartrate TABS .....208                            | TOUJEO MAX SOLOSTAR SOPN<br>28                       | TRELSTAR MIXJECT 3.75 MG ... 41                       |
| tolvaptan TBPK 15 MG .....86                                  | TOUJEO SOLOSTAR SOPN .....28                         | TREMFYA ONE-PRESS SOPN SC<br>100 MG/ML .....64        |
| TONMYA SUBL SL 2.8 MG .....202                                | TOVIAZ (Use fesoterodine fumarate)<br>.....208       | TREMFYA PEN SOAJ 100 MG/ML,<br>200 MG/2ML .....64     |
| TOPAMAX SPRINKLE CPSP (Use<br>topiramate) .....20             | TRACLEER TABS (Use bosentan)<br>54                   | TREMFYA SOLN IV .....88                               |
| TOPAMAX TABS 100 MG (Use<br>topiramate) .....20               | TRACLEER TBSO 32 MG (Use<br>bosentan) .....54        | TREMFYA SOSY SC .....88                               |
| TOPAMAX TABS 25 MG, 50 MG,<br>200 MG (Use topiramate) .....20 | TRADJENTA .....25                                    | TREMFYA-CD/UC INDUCTION<br>SOAJ SC 200 MG/2ML .....88 |
| TOPICORT CREA (Use<br>desoximetasone) .....67                 | TRAMADOL HCL CP24 100 MG, 200 MG,<br>300 MG .....10  | TRESIBA FLEXTOUCH SOPN ...28                          |
| TOPICORT GEL (Use<br>desoximetasone) .....67                  | TRAMADOL HCL SOLN (Use<br>tramadol hcl) .....10      | TRESIBA SOLN .....28                                  |
| TOPICORT OINT (Use<br>desoximetasone) .....67                 | tramadol hcl SOLN .....10                            | tretinoin (chemotherapy) .....43                      |
| TOPICORT OINT 0.05 % (Use<br>desoximetasone) .....67          | tramadol hcl TABS 25 MG, 75 MG,<br>100 MG .....10    | tretinoin CREA 0.025 %, 0.05 %, 0.1<br>% .....61      |
| TOPICORT SPRAY LIQD (Use<br>desoximetasone) .....67           | tramadol hcl TABS 50 MG .....10                      | tretinoin GEL 0.01 %, 0.025 % ....61                  |
| topiramate CP24 .....20                                       | tramadol hcl TB24 .....10                            | tretinoin GEL 0.05 % .....61                          |
| topiramate CPSP 15 MG, 25 MG ..20                             | tramadol-acetaminophen .....11                       | tretinoin microsphere 0.08 % .....61                  |
| topiramate CPSP 50 MG .....20                                 | trandolapril .....34                                 | TRETTEN .....91                                       |
|   |  | TREXALL TABS 5 MG, 7.5 MG, 10<br>MG, 15 MG .....38    |
|   |  | TREXIMET (Use sumatriptan-                            |

|                                   |     |                                    |     |                                |
|-----------------------------------|-----|------------------------------------|-----|--------------------------------|
| naproxen sodium) .....            | 140 | oxcarbazepine) .....               | 20  | MG/15ML-15 MG/15ML-15          |
| TREXION CAPS .....                | 180 | TRILIPIX (Use choline fenofibrate) |     | MG/15ML-75 MG/15ML-112.5       |
| TREXVIA CAPS .....                | 180 | 33                                 |     | MCG/15ML-37 MG/15ML .....      |
| triamcinolone acetonide (mouth)   | 145 | trimethoprim TABS .....            | 36  | tropicamide SOLN .....         |
| triamcinolone acetonide (nasal)   |     | trimipramine maleate CAPS .....    | 24  | trospium chloride CP24 .....   |
| AERO .....                        | 191 | TRINATAL RX 1 TABS .....           | 190 | trospium chloride TABS .....   |
| triamcinolone acetonide (topical) |     | TRINTELLIX .....                   | 23  | TRUE COMFORT INSULIN           |
| CREA .....                        | 67  | TRIPHROCAPS CAPS 1 MG ....         | 145 | SYRINGE .....                  |
| triamcinolone acetonide (topical) |     | TRIPTODUR .....                    | 85  | TRUE COMFORT PRO INSULIN       |
| LOTN .....                        | 67  | TRISTART DHA .....                 | 190 | SYR .....                      |
| triamcinolone acetonide (topical) |     | TRIUMEQ PD TBSO .....              | 49  | TRUE COMFORT SAFETY            |
| OINT .....                        | 67  | TRIUMEQ TABS .....                 | 49  | LANCETS .....                  |
| triamterene & hydrochlorothiazide |     | TRI-VITAMIN WITH FLUORIDE          |     | TRUE COMFORT TWIST TOP         |
| CAPS 25 MG-37.5 MG .....          | 83  | SUSP 0.25 MG/ML .....              | 187 | LANCETS .....                  |
| triamterene & hydrochlorothiazide |     | TROGARZO .....                     | 49  | TRUE COVER DEVI .....          |
| TABS .....                        | 83  | TROJAN BARESKIN DEVI .....         | 100 | TRUE DAILY VITE TABS 60 MG-400 |
| triazolam .....                   | 95  | TROJAN MAGNUM MISC .....           | 100 | MCG-1.5 MG-20 MG-2 MG-1.7 MG-  |
| TRIBENZOR (Use olmesartan         |     | TROJAN ULTRA THIN MISC ....        | 100 | 10 MCG-1500 MCG-6 MCG .....    |
| medoxomil-amlodipine-             |     | TROJAN ULTRA                       |     | TRUE METRIX AIR GLUCOSE        |
| hydrochlorothiazide) .....        | 36  | TROJAN-ENZ LUBRICATED MISC         |     | METER KIT .....                |
| TRICARE TABS .....                | 189 | 100                                |     | 129                            |
| TRICOR TABS (Use fenofibrate) ..  | 33  | TROJAN-ENZ/SPERMICIDAL MISC .      |     | TRUE METRIX BLOOD GLUCOSE      |
| TRIESENCE .....                   | 198 | 100                                |     | TEST STRP .....                |
| trifluoperazine hcl TABS .....    | 47  | TROKENDI XR CP24 (Use              |     | 82                             |
| trifluridine .....                | 196 | topiramate) .....                  | 20  | TRUE METRIX GO GLUCOSE         |
| trihexyphenidyl hcl SOLN .....    | 44  | TROKENDI XR CP24 25 MG, 100        |     | METER KIT .....                |
| trihexyphenidyl hcl TABS .....    | 44  | MG, 200 MG (Use topiramate) ....   | 20  | 129                            |
| TRIJARDY XR .....                 | 24  | TROPICAL LIQUID NUTRITION          |     | TRUE METRIX LEVEL 1 SOLN ..    |
| TRIKAFTA TBPK .....               | 205 | LIQD 90 MG/15ML-3 MG/15ML-150      |     | 129                            |
| TRIKAFTA THPK .....               | 205 | MCG/15ML-45 UNIT/15ML-300          |     | TRUE METRIX LEVEL 2 SOLN ..    |
| TRILEPTAL SUSP (Use               |     | MCG/15ML-2.25 MG/15ML-600          |     | 129                            |
| oxcarbazepine) .....              | 20  | UNIT/15ML-18 MCG/15ML-5250         |     | TRUE METRIX LEVEL 3 SOLN ..    |
| TRILEPTAL TABS (Use               |     | UNIT/15ML-2.55 MG/15ML-45          |     | 129                            |
|                                   |     |                                    |     | TRUE METRIX METER DEVI ....    |
|                                   |     |                                    |     | 129                            |
|                                   |     |                                    |     | TRUE METRIX METER KIT .....    |
|                                   |     |                                    |     | 129                            |
|                                   |     |                                    |     | TRUE MULTIVITAMIN TABS ....    |
|                                   |     |                                    |     | 186                            |
|                                   |     |                                    |     | TRUEDRAW LANCING DEVICE        |
|                                   |     |                                    |     | MISC .....                     |
|                                   |     |                                    |     | 129                            |
|                                   |     |                                    |     | TRUENESS BLOOD GLUCOSE         |
|                                   |     |                                    |     | MONITOR DEVI .....             |
|                                   |     |                                    |     | 129                            |

|  |     |   |     |  |     |
|--|-----|---|-----|--|-----|
| TRUENESS BLOOD GLUCOSE STRIPS STRP ..... | 82  | MISC .....  | 100 | TYENNE SOSY .....  | 6   |
| TRUEPLUS GLUCOSE CHEW ...                | 25  | TRUSTEX LUBRICATED MISC ..                                      | 100 | TYKERB (Use lapatinib ditosylate)  | 43  |
| TRUEPLUS GLUCOSE ON THE GO CHEW .....    | 25  | TRUSTEX LUBRICATED/SPERMICIDE MISC                              | 100 | TYMLOS .....   | 84  |
| TRUEPLUS INSULIN SYRINGE                 | 135 | TRUSTEX NATURAL CONDOMS + LUBE MISC .....                       | 100 | TYPHIM VI SOLN .....   | 209 |
| TRUEPLUS LANCETS 28G .....               | 129 | TRUSTEX RIA LUB/SPERMICIDE MISC .....                           | 100 | TYPHIM VI SOSY .....   | 209 |
| TRUEPLUS LANCETS 30G .....               | 129 | TRUSTEX RIA LUBRICATED MISC .                                   | 100 | TYRUKO CONC IV 300 MG/15ML   | 204 |
| TRUEPLUS LANCETS 33G .....               | 129 | TRUSTEX-NONOXYNOL-9/RIB/STUD MISC .....                         | 100 | TYRVAYA .....  | 195 |
| TRUEPLUS SAFETY LANCETS 28G .....        | 129 | TRUVADA (Use emtricitabine-tenofovir disoproxil fumarate) ..... | 49  | TYSABRI .....  | 204 |
| TRUERESULT BLOOD GLUCOSE KIT .....       | 129 | TRYNGOLZA .....   | 85  | TYVASO DPI INSTITUTIONAL KIT POWD .....  | 53  |
| TRUETEST TEST STRP .....                 | 82  | TRYPTYR SOLN OP 0.003 % ...                                     | 199 | TYVASO DPI MAINTENANCE KIT POWD .....  | 53  |
| TRUETRACK BLOOD GLUCOSE KIT .....        | 130 | TUDORZA PRESSAIR .....  | 14  | TYVASO DPI TITRATION KIT POWD .....  | 53  |
| TRUETRACK SMART SYSTEM KIT .             | 130 | TUKYSA .....  | 39  | TYVASO REFILL KIT SOLN IN ...  | 53  |
| TRUETRACK TEST STRP .....                | 82  | TURALIO 125 MG .....  | 43  | TYVASO SOLN IN .....   | 53  |
| TRULICITY .....                          | 26  | T-VITES TABS .....  | 181 | TYVASO STARTER KIT SOLN IN   | 53  |
| TRUMENBA 0.5 ML .....                    | 209 | TWIIST REFILL KIT KIT .....                                     | 130 | TZIELD .....   | 25  |
| TRUQAP TABS .....                        | 43  | TWIIST REFILL KIT/INFUSION SET KIT .....                        | 130 | UBRELVY .....  | 140 |
| TRUQAP TBPB .....                        | 43  | TWIIST STARTER KIT KIT .....                                    | 130 | UCERIS (Use budesonide (intrarectal)) .....  | 12  |
| TRUSTEX COLOR CONDOMS + LUBE MISC .....  | 100 | TWINRIX SUSY .....  | 210 | UCERIS TB24 (Use budesonide) .   | 57  |
| TRUSTEX LUB/RIBBED/STUDDED MISC .....    | 100 | TWIRLA .....  | 56  | UDAMIN SP TABS 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG . | 181 |
| TRUSTEX LUB/SPERMICIDE EX ST MISC .....  | 100 | TWIST TOP LANCETS 30G .....                                     | 130 | UDENYCA ONBODY SOSY .....  | 94  |
| TRUSTEX LUB/SPERMICIDE XL MISC .....     | 100 | TWYNEO .....  | 61  | UDENYCA SOAJ .....   | 94  |
| TRUSTEX LUBRICATED EX LARGE MISC .....   | 100 | TYBLUME CHEW .....  | 56  | UDENYCA SOSY .....   | 94  |
| TRUSTEX LUBRICATED EXTRA ST              |     | TYBOST .....  | 49  | ULORIC (Use febuxostat) .....  | 90  |
|  |     | TYENNE SOAJ .....   | 6   | ULTICARE INSULIN SAFETY SYR .  | 135 |
|  |     | TYENNE SOLN .....   | 6   |  |     |

|                                 |                                   |                                      |
|---------------------------------|-----------------------------------|--------------------------------------|
| ULTICARE INSULIN SYRINGE . 135  | MCG-5 MG-10 MG-1 MG-23.333        | UNILET COMFORTOUCH LANCET            |
| ULTIGUARD SAFEPAK               | MCG-10 MG ..... 181               | 130                                  |
| SYR/NEEDLE .....135             | ULTRA THIN LANCETS 31G ....130    | UNILET G.P. SUPERLITE LANCET .       |
| ULTI-LANCE AUTOMATIC MISC       | ULTRACARE INSULIN SYRINGE         | 130                                  |
| 130                             | 135                               | UNILET GP 28 ULTRA THIN ....130      |
| ULTILET CLASSIC LANCETS ...130  | ULTRA-CARE LANCETS 30G ...130     | UNILET LANCET ..... 130              |
| ULTILET LANCETS .....130        | ULTRACHOICE ADV FORMULA           | UNILET MICRO-THIN 33G .....131       |
| ULTILET SAFETY LANCETS 23G      | MATURE TABS 120 MG-6 MG-60        | UNILET SUPER-THIN 30G .....131       |
| 130                             | MCG-400 MCG-4.5 MG-400 UNIT-24    | UNILET ULTRA-THIN 28G ..... 131      |
| ULTRA BONEUP TABS ..... 181     | MCG-10 MG-5.1 MG-40 MG-275        | UNISOM SLEEPGELS CAPS (Use           |
| ULTRA FLO INSULIN SYR 1/2 UNIT  | MCG-18 MG-300 MCG-100 MG-15       | diphenhydramine hcl (sleep)) .....95 |
| .....135                        | MG-3.5 MG-0.5 MG-100 MG-2 MG-     | UNISTIK 2 .....131                   |
| ULTRA FLO INSULIN SYRINGE       | 13 MCG-1 MG-200 MCG-165 MG-       | UNISTIK 2 COMFORT .....131           |
| 135                             | 150 MCG-200 MCG-60 UNIT-80 MG-    | UNISTIK 2 EXTRA .....131             |
| ULTRA FREEDA TABS 133.333       | 6.5 MCG-10 MG-2 MG-7.5 MG-5000    | UNISTIK 2 NORMAL .....131            |
| UNIT-16.667 MG-100 MCG-266.667  | UNIT-80 MCG-200 MCG-90 MG-13      | UNISTIK 2 SUPER .....131             |
| MCG-16.667 MG-33.333 MCG-       | MCG-2 MG-5 MG-25 MG-10 MG-1       | UNISTIK 3 COMFORT .....131           |
| 1666.667 UNIT-16.667 MG-33.333  | MG-0.5 MG-1 MG-25 MG-1 MG-1       | UNISTIK 3 EXTRA .....131             |
| MG-33.333 MG-333.333 MG-3.333   | MG .....181                       | UNISTIK 3 GENTLE ..... 131           |
| MG-33.333 MG-11.667 MG-7.5 MG-  | ULTRACHOICE ADVANCED              | UNISTIK 3 NEONATAL .....131          |
| 83.333 MG-50 MCG-33.333 MCG-    | FORMULA TABS 120 MG-6 MG-60       | UNISTIK 3 NORMAL .....131            |
| 33.333 MG-66.667 UNIT-4.167     | MCG-400 MCG-4.5 MG-400 UNIT-18    | UNISTIK CZT COMFORT ..... 131        |
| MCG-66.667 MCG .....181         | MCG-10 MG-5.1 MG-40 MG-275        | UNISTIK CZT NORMAL ..... 132         |
| ULTRA FREEDA/IRON TABS          | MCG-18 MG-300 MCG-100 MG-15       | UNISTIK NORMAL .....132              |
| 133.333 UNIT-1666.667 UNIT-     | MG-3.5 MG-80 MG-2 MG-13 MCG-      | UNISTIK PRO SAFETY LANCET            |
| 16.667 MG-100 MCG-66.667 UNIT-  | 200 MCG-200 MCG-165 MG-150        | 132                                  |
| 266.667 MCG-16.667 MG-33.333    | MCG-200 MCG-60 UNIT-80 MG-6.5     | UNISTIK SAFETY LANCETS 28G           |
| MCG-16.667 MG-33.333 MG-33.333  | MCG-10 MG-5 MG-7.5 MG-5000        | 132                                  |
| MG-6 MG-333.333 MG-3.333 MG-    | UNIT-80 MCG-200 MCG-72 MG-13      | UNISTIK SAFETY LANCETS 30G           |
| 33.333 MG-4.167 MCG-11.667 MG-  | MCG-10 MG-25 MG-5 MG-10 MG-25     | 132                                  |
| 66.667 MCG-7.5 MG-83.333 MG-50  | MG-5 MG-1 MG .....181             | UNISTIK TOUCH SAFETY LANC            |
| MCG-33.333 MCG-33.333 MG ...181 | ULTRA-THIN II INS SYR SHORT       | 21G .....132                         |
| ULTRA MULTI FORMULA/IRON        | 135                               |                                      |
| CAPS 40 MG-1.333 MG-200 MCG-    | ULTRA-THIN II INSULIN SYRINGE .   |                                      |
| 266.667 MCG-4 MG-1000 UNIT-     | 135                               |                                      |
| 33.333 MCG-1.133 MG-3.333 MG-   | ULTRA-THIN II LANCETS .....130    |                                      |
| 3.333 MG-16.667 MG-3333.333     | ULTRAVATE LOTN .....67            |                                      |
| UNIT-6.667 MG-15 MG-33.333 MG-  | umeclidinium bromide 62.5 MCG/INH |                                      |
| 10 MG-10 UNIT-133.333 MG-50     | .....14                           |                                      |
| MCG-0.667 MG-40 MCG-10 MG-25    | umeclidinium-vilanterol .....16   |                                      |

|   |     |  |                         |                                     |                               |
|---|-----|--|-------------------------|-------------------------------------|-------------------------------|
| UNISTIK TOUCH SAFETY LANC<br>23G .....                          | 132 | MG/0.5ML, 90 MG/ML .....                       | 64                      | vancomycin hcl CAPS 125 MG .....    | 37                            |
| UNISTIK TOUCH SAFETY LANC<br>28G .....                          | 132 | USTEKINUMAB-TTWE .....                         | 64                      | vancomycin hcl CAPS 250 MG .....    | 37                            |
| UNISTIK TOUCH SAFETY LANC<br>30G .....                          | 132 | USTEKINUMAB-TTWE SC .....                      | 64                      | vancomycin hcl SOLR IV 1 GM .....   | 37                            |
| UNISTRIP CONTROL SOLN .....                                     | 132 | UZEDY SUSY .....                               | 46                      | VANCOMYCIN HCL SOLR IV 1 GM .       | 37                            |
| UNISTRIP1 GENERIC STRP .....                                    | 82  | VAFSEO 150 MG .....                            | 94                      | vancomycin hcl SOLR IV 500 MG .     | 37                            |
| UPLIZNA .....   | 144 | VAFSEO 300 MG .....                            | 94                      | VANCOMYCIN HCL SOLR IV 500          | MG .....                      |
| UPTRAVI SOLR .....  | 54  | VAGIFEM TABS (Use estradiol<br>vaginal) .....  | 211                     | MG .....                            | 37                            |
| UPTRAVI TABS .....  | 54  | valacyclovir hcl .....                         | 51                      | vancomycin hcl SOLR PO 25           | MG/ML, 50 MG/ML, 250 MG/5ML . |
| UPTRAVI TITRATION TBPK .....                                    | 54  | VALCHLOR .....                                 | 63                      | VANDAZOLE .....                     | 210                           |
| urea CREA 40 % .....  | 68  | VALCYTE TABS (Use valganciclovir<br>hcl) ..... | 50                      | VANFLYTA .....                      | 43                            |
| UREA CREA .....   | 68  | valganciclovir hcl TABS .....                  | 50                      | VANISHPOINT INSULIN SYRINGE .       | 135                           |
| urea LOTN 40 % .....  | 68  | VALIUM TABS (Use diazepam) ...                 | 13                      | VANOS CREA (Use fluocinonide) .     | 67                            |
| UREDEB CREA 39 % (Use urea) .                                   | 68  | valproate sodium SOLN IV 100                   | MG/ML, 500 MG/5ML ..... | VAQTA .....                         | 210                           |
| UREMEZ-40 CREA 40 % (Use urea)                                  | 68  | valproic acid CAPS .....                       | 21                      | varenicline tartrate TABS .....     | 204                           |
| 68  |     | valsartan SOLN .....                           | 35                      | varenicline tartrate TBPK .....     | 204                           |
| URETRON D/S TABS 81.6 MG ...                                    | 36  | valsartan TABS .....                           | 35                      | VARIVAX SUSR .....                  | 210                           |
| UROCIT-K 10 TBCR (Use potassium<br>citrate (alkalinizer)) ..... | 89  | valsartan-hydrochlorothiazide .....            | 36                      | VARIZIG SOLN .....                  | 200                           |
| UROCIT-K 5 TBCR (Use potassium<br>citrate (alkalinizer)) .....  | 89  | VALTOCO 10 MG DOSE LIQD ....                   | 18                      | VASCEPA (Use icosapent ethyl) .     | 32                            |
| UROXATRAL (Use alfuzosin hcl) .                                 | 90  | VALTOCO 15 MG DOSE LQPK 7.5                    | MG/0.1ML .....          | VASERETIC 25 MG-10 MG (Use          | enalapril maleate &           |
| URSO 250 TABS (Use ursodiol) ..                                 | 87  | VALTOCO 20 MG DOSE LQPK 10                     | MG/0.1ML .....          | hydrochlorothiazide) .....          | 36                            |
| ursodiol CAPS .....   | 87  | VALTOCO 5 MG DOSE LIQD ....                    | 18                      | VASOTEC TABS (Use enalapril         | maleate) .....                |
| ursodiol TABS 250 MG .....                                      | 87  | VALTREX (Use valacyclovir hcl) .               | 51                      | maleate) .....                      | 34                            |
| USTEKINUMAB 130 MG/26ML ....                                    | 88  | VANALICE GEL .....                             | 72                      | VAXCHORA .....                      | 209                           |
| USTEKINUMAB SOSY 45   |     | VANCOCIN CAPS 125 MG (Use                      | vancomycin hcl) .....   | VAXELIS SUSP .....                  | 206                           |
| MG/0.5ML, 90 MG/ML .....  | 64  | vancomycin hcl) .....                          | 37                      | VAXELIS SUSY .....                  | 206                           |
| USTEKINUMAB-AAUZ SOSY SC 45                                     |     | VANCOCIN CAPS 250 MG (Use                      | vancomycin hcl) .....   | VAXNEUVANCE .....                   | 209                           |
| MG/0.5ML, 90 MG/ML .....  | 64  | vancomycin hcl) .....                          | 37                      | VECTICAL (Use calcitriol (topical)) | 64                            |
| USTEKINUMAB-AEKN SOSY SC 45                                     |     |  |                         | VELPHORO .....                      | 89                            |

|  |     |  |     |  |     |
|--|-----|--|-----|--|-----|
| VELSIPITY .....                                    | 88  | VERIFINE SAFE LANCET MINI 28G .....  | 132 | VIGAFYDE SOLN .....  | 20  |
| VELTASSA .....                                     | 144 | VERIFINE SAFE LANCET MINI 30G .....  | 132 | VIGAMOX SOLN OP (Use<br>moxifloxacin hcl (ophth)) .....                                | 197 |
| VENCLEXTA STARTING PACK<br>TBPK .....              | 39  | VERIFINE UNIVERSAL LANCETS<br>28G .....  | 133 | VIIBRYD TABS (Use vilazodone hcl)<br>23  |     |
| VENCLEXTA TABS .....                               | 39  | VERIFINE UNIVERSAL LANCETS<br>30G .....  | 133 | VIJOICE TBPK .....   | 144 |
| VENEXA FE TABS .....                               | 182 | VERIFINE UNIVERSAL LANCETS<br>33G .....  | 133 | vilazodone hcl TABS .....  | 23  |
| VENEXA TABS .....                                  | 182 | VERKAZIA EMUL .....  | 197 | VILTEPSO .....   | 193 |
| VENLAFAXINE BESYLATE ER ..                         | 23  | VERQUOVO .....   | 54  | VIMOVO (Use naproxen-<br>esomeprazole magnesium) .....                                 | 7   |
| venlafaxine hcl CP24 .....                         | 23  | VERSACLOZ SUSP .....   | 46  | VIMPAT SOLN PO 10 MG/ML (Use<br>lacosamide) .....                                      | 20  |
| venlafaxine hcl TABS .....                         | 23  | VERSAPAP DEVI .....  | 139 | VIMPAT TABS (Use lacosamide) ..  | 20  |
| venlafaxine hcl TB24 .....                         | 23  | VERSAPAP W/UNIVERSAL TUBING<br>DEVI .....  | 139 | VIOKACE TABS .....   | 82  |
| VENOFER 20 MG/ML (Use iron<br>sucrose) .....       | 94  | VERZENIO .....   | 43  | VIRACEPT TABS 250 MG .....   | 49  |
| VENTOLIN HFA AERS (Use<br>albuterol sulfate) ..... | 16  | VESICARE LS SUSP .....   | 208 | VIRACEPT TABS 625 MG .....   | 49  |
| VENTRIXYL FE TABS .....                            | 182 | VESICARE TABS (Use solifenacin<br>succinate) .....   | 208 | VIREAD POWD .....  | 49  |
| VENTRIXYL TABS .....                               | 182 | VEVYE SOLN .....   | 197 | VIREAD TABS (Use tenofovir<br>disoproxil fumarate) .....                               | 49  |
| VEOZAH .....                                       | 85  | V-GO 20 KIT .....  | 133 | VIREAD TABS 150 MG, 200 MG,<br>250 MG .....  | 50  |
| verapamil hcl CP24 .....                           | 52  | V-GO 30 KIT .....  | 133 | VIRELIX TABS .....   | 186 |
| VERAPAMIL HCL ER CP24 (Use<br>verapamil hcl) ..... | 52  | V-GO 40 KIT .....  | 133 | VIREXA TABS .....  | 186 |
| verapamil hcl SOLN 2.5 MG/ML ...                   | 52  | VIBERZI .....  | 88  | VISION FORMULA 2 CAPS 250 MG-<br>5 MG-1 MG-10 MG-1 MG-90 MG                            | 182 |
| verapamil hcl TABS .....                           | 52  | VIBRAMYCIN CAPS (Use<br>doxycycline hyclate) .....   | 205 | VISION FORMULA/LUTEIN TABS<br>200 MG-2 MG-40 MG-2 MG-1000<br>UNIT-60 UNIT-55 MCG ..... | 182 |
| verapamil hcl TBCR .....                           | 52  | VIC-FORTE CAPS 150 MG-2 MG-1<br>MG-10 MCG-8000 UNIT-5 MG-25<br>MG-10 MG-10 MG-50 UNIT-80 MG-<br>70 MG-4 MG ..... | 182 | VISION HEALTH CAPS .....   | 182 |
| VERELAN CP24 (Use verapamil hcl)<br>52             |     | VICTOZA (Use liraglutide) .....  | 27  | VISION OPTIMIZER CAPS .....  | 182 |
| VERELAN PM CP24 (Use verapamil<br>hcl) .....       | 52  | vigabatrin PACK .....  | 20  | VISION VITAMINS TABS 60 MG-40<br>MG-2 MG-30 UNIT-5000 UNIT-40<br>MCG .....             | 182 |
| VERIFINE INSULIN SYRINGE ..                        | 135 | vigabatrin TABS .....  | 20  | VISTA ADVANCED AREDS2  |     |
| VERIFINE SAFE LANCET MINI 21G<br>.....             | 132 |  |     |  |     |
| VERIFINE SAFE LANCET MINI 23G<br>.....             | 132 |  |     |  |     |

|   |     |  |     |   |     |  |     |
|---|-----|--|-----|---|-----|--|-----|
| FORMULA CAPS .....  | 182 | UNIT .....   | 186 | VITEYES AREDS 2 FORMULA CAPS .....  | 182 |  |     |
| VISTA ADVANCED DRY EYE FORMULA CAPS .....   | 182 | vitamin a CAPS 10000 UNIT, 3 MG, 3000 MCG, 10000 UNIT .....  | 211 | VITEYES AREDS 2 FORMULA MINI CAPS .....   | 182 |  |     |
| VISTARIL CAPS 25 MG (Use hydroxyzine pamoate) .....   | 13  | vitamin a TABS 10000 UNIT .....  | 211 | VITEYES CLASSIC ADVANCED CAPS .....   | 183 |  |     |
| VIT E-VIT C-BETA CAROTENE TABS 250 MG-5000 UNIT-200 UNIT 186  |     | VITA-MIN CAPS 85 MG-1.7 MG-42.3 MCG-8.3 UNIT-255 MCG-106.3 UNIT-3.3 MCG-5.7 MG-1 MG-11.3 MG-1 MG-42.3 MG-56.7 MG-2.7 MG-4.3 MCG-56.7 MG-14 MCG-4.3 MG-42.3 MCG-14 MCG-2973 UNIT .. | 182 | VITEYES CLASSIC MACULAR SUPPOR CAPS .....   | 183 |  |     |
| VITA HAIR TABS 300 MCG-400 MCG-35 MG-6 MCG-100 MG-125 MG-65 MG-30 MG-18 MG-5 MG-2 MG-15 MG-150 MCG .....  | 182 | VITAMIN D3 LIQD PO 125 MCG/ML . 211  |     | VITEYES CLASSIC MULTIVITAMIN TABS .....   | 183 |  |     |
| VITA S FORTE TABS 400 UNIT-500 MG-25 MG-0.15 MG-1 MG-50 MCG-25 MG-20 MG-100 MG-10 MG-20 MG-50 MG-15 MG-3 MG-20 MCG-60 UNIT-50 MCG-0.05 MG ..... | 182 | vitamin e CAPS .....   | 211 | VITEYES CLASSIC+OMEGA-3 CAPS .....  | 183 |  |     |
| VITABASIC COMPLETE TABS ..  | 182 | VITAMIN E CAPS .....   | 211 | VITEYES COMPLETE CAPS 83.3 MG-16.7 MG-50 MCG-133.3 MCG-3.3 MG-25 MG-66.7 UNIT-833.3 UNIT-1.67 MG-16.7 MCG-41.7 MG-83.3 MG-1.67 MG-8.3 MG-0.67 MG-3.3 MG-0.5 MG-0.33 MG-4 MG-33.3 MG-33.3 MCG-66.7 UNIT-0.83 MG-33.3 MG-20.8 MCG-1.67 MCG-16.5 MG-0.33 MG-33.3 MCG-33.3 MG-16.7 MCG-6.7 MG-83.3 MG-166.7 MCG-33.3 MCG-20 MG-6.7 MG-20 MG-33.3 MG ..... | 183 | VITEYES OPTIC NERVE SUPPORT TABS ..... | 183 |
| VITABASIC SENIOR TABS .....   | 182 | vitamin e SOLN .....   | 211 | VITRAX TABS .....   | 186 |  |     |
| VITABEX CAPS .....  | 182 | VITAMIN E/D-ALPHA CAPS 200 UNIT .....  | 211 | VITREXATE FE TABS .....   | 183 |  |     |
| VITABEX PLUS CAPS .....   | 182 | VITAMINS ACD-FLUORIDE SOLN 0.25 MG/ML .....  | 187 | VITREXATE TABS .....  | 183 |  |     |
| VITACEL TABS 500 MG-300 MCG-100 UNIT-1 MG-25 MG-25 MG-25 MG-50 MG-5000 UNIT-25 MG-33 MG-200 UNIT-125 MG-80 MG-10 MG-50 MCG .....                | 182 | VITAMINS A-D-E/SELENIUM TABS 400 UNIT-10000 UNIT-100 UNIT-50 MCG .....   | 182 | VITREXYL + IRON TABS .....  | 183 |  |     |
| VITACORE TABS .....   | 182 | vitamins w/ lipotropics CAPS .....   | 190 | VITREXYL TABS .....   | 183 |  |     |
| VITAFOL FE+ .....   | 190 | VITAROCA PLUS TABS 500 MG-25 MG-0.15 MG-0.8 MG-50 MCG-20 MG-100 MG-5000 UNIT-25 MG-27 MG-20 MG-50 MG-5 MG-22.5 MG-3 MG-30 UNIT-0.1 MG .....  | 182 |   |     |  |     |
| VITAFOL GUMMIES .....   | 190 | VITASANA TABS .....  | 182 |   |     |  |     |
| VITAFOL ULTRA .....   | 190 | VITASCRIPIT TABS .....   | 182 |   |     |  |     |
| VITAFOL-OB TABS .....   | 190 | VITEYES AREDS 2 FORMULA +COQ10 CAPS .....  | 182 |   |     |  |     |
| VITAFOL-OB+DHA MISC .....   | 190 | VITEYES AREDS 2 FORMULA +MULTI CAPS .....  | 182 |   |     |  |     |
| VITAFOL-ONE CAPS .....  | 190 |  |     |   |     |  |     |
| VITALEE TABS 60 MG-2 MG-400 MCG-400 UNIT-6 MCG-1.7 MG-20 MG-3000 UNIT-10 MG-1.5 MG-30   |     |  |     |   |     |  |     |

|                                  |     |                                    |     |                                    |     |
|----------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| VITRION TABS .....               | 186 | VORTEX HOLD                        |     | VYVGART HYTRULO SC .....           | 143 |
| VIVAGUARD INO CONTROL            |     | CHMBR/MASK/TODDLER DEVI .          | 139 | VYZULTA .....                      | 199 |
| SOLUTION LIQD .....              | 133 | VORTEX VALVE CHAMBER-PEDI          |     | WAINUA .....                       | 205 |
| VIVAGUARD INO GLUCOSE            |     | MASK DEVI .....                    | 140 | WAINUA SC 45 MG/0.8ML .....        | 205 |
| METER DEVI .....                 | 133 | VORTEX VALVED HOLDING              |     | WAKIX .....                        | 2   |
| VIVAGUARD INO GLUCOSE            |     | CHAMBER DEVI .....                 | 140 | warfarin sodium TABS .....         | 16  |
| METER KIT .....                  | 133 | VOSEVI .....                       | 50  | WATER BABIES SPF50 LOTN (Use       |     |
| VIVAGUARD INO SMART GLUC         |     | VOTRIENT (Use pazopanib hcl) ..    | 43  | sunscreens) .....                  | 71  |
| METER DEVI .....                 | 133 | VOXZOGO .....                      | 85  | WEGOVY 0.25 MG/0.5ML, 0.5          |     |
| VIVAGUARD INO TEST STRIPS        |     | VOYDEYA TABS .....                 | 91  | MG/0.5ML, 1 MG/0.5ML .....         | 2   |
| STRP .....                       | 82  | VOYDEYA TBPk .....                 | 91  | WEGOVY 1.7 MG/0.75ML, 2.4          |     |
| VIVAGUARD LANCETS .....          | 133 | VPRIV .....                        | 92  | MG/0.75ML .....                    | 2   |
| VIVAGUARD LANCETS 30G ....       | 133 | VRAYLAR CAPS .....                 | 45  | WEGOVY PO 1.5 MG, 4 MG, 9 MG,      |     |
| VIVAGUARD LANCING DEVICE         |     | VTAMA .....                        | 64  | 25 MG .....                        | 1   |
| MISC .....                       | 133 | VUITY SOLN 1.25 % (Use             |     | WELCHOL PACK (Use colesevelam      |     |
| VIVAGUARD SAFETY LANCETS         |     | pilocarpine hcl) .....             | 196 | hcl) .....                         | 33  |
| 28G .....                        | 133 | VUMERITY .....                     | 204 | WELCHOL TABS (Use colesevelam      |     |
| VIVELLE-DOT PTTW (Use estradiol) |     | VYALEV SOLN SC .....               | 45  | hcl) .....                         | 33  |
| 86                               |     | VYEPTI .....                       | 140 | WELIREG .....                      | 41  |
| VIVITROL .....                   | 29  | VYJUVEK .....                      | 72  | WELLBUTRIN SR TB12 (Use            |     |
| VIVJOA .....                     | 31  | VYNDAMAX .....                     | 54  | bupropion hcl) .....               | 22  |
| VIVOTIF .....                    | 209 | VYNDAQEL .....                     | 54  | WELLBUTRIN XL TB24 (Use            |     |
| VIZIMPRO .....                   | 39  | VYONDYS 53 .....                   | 193 | bupropion hcl) .....               | 22  |
| VOGELXO GEL TD (Use              |     | VYSCOXA PO 10 MG/ML .....          | 7   | WELLFOLA TABS .....                | 183 |
| testosterone) .....              | 11  | VYTORIN (Use ezetimibe-            |     | WESCAP-C DHA .....                 | 190 |
| VOGELXO PUMP GEL TD (Use         |     | simvastatin) .....                 | 32  | WESCAP-PN DHA .....                | 190 |
| testosterone) .....              | 11  | VYVANSE CAPS (Use                  |     | WESNATAL DHA COMPLETE ..           | 190 |
| VONJO .....                      | 43  | lisdexamfetamine dimesylate) ..... | 1   | WESNATE DHA CAPS .....             | 190 |
| VONVENDI .....                   | 91  | VYVANSE CHEW (Use                  |     | WES-PHOS 250 NEUTRAL 852 MG-       |     |
| VOQUEZNA DUAL PAK .....          | 208 | lisdexamfetamine dimesylate) ..... | 1   | 155 MG-130 MG .....                | 142 |
| VOQUEZNA TRIPLE PAK .....        | 208 | VYVGART .....                      | 143 | WESTAB PLUS TABS .....             | 190 |
| VORANIGO .....                   | 43  | VYVGART HYTRULO .....              | 143 | WESTGEL DHA .....                  | 190 |
| VORTEX HOLD                      |     |                                    |     | white petrolatum-mineral oil ..... | 195 |
| CHMBR/MASK/CHILD DEVI .....      | 139 |                                    |     |                                    |     |

|                                |                                    |  |
|--------------------------------|------------------------------------|--|
| WIDE-SEAL DIAPHRAGM 60 ... 100 | MG-10 MG-250 MCG-3500 UNIT-18      | TBPK .....20                           |
| WIDE-SEAL DIAPHRAGM 65 ... 100 | MG-10 MG-300 MCG-2 MG-150          | XCOPRI (350 MG DAILY DOSE)             |
| WIDE-SEAL DIAPHRAGM 70 ... 101 | MCG-75 MCG-150 MCG-30 UNIT-        | TBPK .....20                           |
| WIDE-SEAL DIAPHRAGM 75 ... 101 | 109 MG-2 MG-5 MCG-10 MCG-2         | XCOPRI TABS .....20                    |
| WIDE-SEAL DIAPHRAGM 80 ... 101 | MG-120 MCG-20 MCG-10 MCG . 183     | XCOPRI TBPK .....20                    |
| WIDE-SEAL DIAPHRAGM 85 ... 101 | WOMENS MULTI CAPS 72 MG-4          | XELJANZ SOLN 1 MG/ML (Use              |
| WIDE-SEAL DIAPHRAGM 90 ... 101 | MG-30 MCG-600 MCG-1000 UNIT-       | tofacitinib citrate) ..... 4           |
| WIDE-SEAL DIAPHRAGM 95 ... 101 | 15 MCG-1.7 MG-20 MCG-20 MG-9.5     | XELJANZ TABS 5 MG, 10 MG (Use          |
| WILATE KIT .....91             | MG-2500 UNIT-20 MG-18 MG-21        | tofacitinib citrate) ..... 4           |
| WINLEVI .....61                | MG-10 MG-100 MCG-234 MCG-3         | XELJANZ XR TB24 11 MG, 22 MG           |
| WINREVAIR .....53              | MG-4 MG-15 MG-2 MG-16 MG-150       | (Use tofacitinib citrate) ..... 4      |
| WOMENS 50+ ADVANCED CAPS       | MCG-150 MCG-33 UNIT-5 MCG-10       | XELJANZ XR TB24 ..... 4                |
| 72 MG-6 MG-30 MCG-400 MCG-     | MCG-120 MCG-70 MCG-552 MCG-6       | XELODA (Use capecitabine) .....38      |
| 1000 UNIT-25 MCG-3.4 MG-20     | MG-10 MCG-2 MG-2 MG-75 MCG         | XELODA 500 MG (Use capecitabine)       |
| MCG-20 MG-9.5 MG-2500 UNIT-20  | 184                                | .....38                                |
| MG-21 MG-10 MG-100 MCG-234     | WOMENS MULTIVITAMIN TABS 75        | XELSTRYM .....1                        |
| MCG-4.5 MG-4 MG-22.5 MG-2 MG-  | MG-1.7 MG-1000 MCG-400 MCG-25      | XEMBIFY ..... 200                      |
| 16 MG-150 MCG-150 MCG-33 UNIT- | MCG-6 MCG-1.3 MG-25 MCG-16         | XENAZINE (Use tetrabenazine) .202      |
| 5 MCG-10 MCG-180 MCG-105       | MG-665 MCG-5 MG-18 MG-380 MG-      | XEOMIN .....193                        |
| MCG-552 MCG-6 MG-10 MCG-2      | 1.2 MG-8 MG-0.9 MG-150 MCG-3.4     | XEPI .....61                           |
| MG-4 MG-90 MCG ..... 183       | MG-1.8 MG-25 MCG-27.5 MCG . 184    | XGEVA SOLN ..... 84                    |
| WOMENS 50+ MULTI VITAMIN       | WYOST SOLN SC 120 MG/1.7ML 84      | XHANCE EXHU ..... 191                  |
| TABS .....183                  | XACIATO GEL .....210               | XIAFLEX ..... 143                      |
| WOMENS DAILY FORMULA TABS      | XADAGO .....45                     | XIGDUO XR TB24 PO (Use                 |
| 60 MG-2 MG-30 MCG-400 MCG-     | XALATAN SOLN (Use latanoprost)     | dapagliflozin free base-metformin hcl) |
| 1000 UNIT-6 MCG-1.7 MG-25 MCG- | 199                                | .....24                                |
| 10 MG-2500 UNIT-5 MG-18 MG-500 | XALKORI CAPS ..... 43              | XIGDUO XR TB24 PO .....24              |
| MG-1.5 MG-50 MG-15 MG-22.5     | XALKORI CPSP ..... 43              | XIIDRA ..... 197                       |
| UNIT-2 MG-2 MG-120 MCG-20 MCG  | XANAX TABS (Use alprazolam) ...13  | XIPERE ..... 198                       |
| .....183                       | XARELTO STARTER PACK TBPK          | XOFLUZA (40 MG DOSE) 40 MG .51         |
| WOMENS LIFE PACK TABS 400      | 17                                 | XOFLUZA (80 MG DOSE) 80 MG .51         |
| MCG-400 UNIT-25 MCG-10 MG-10   | XARELTO SUSR 1 MG/ML (Use          | XOLAIR SOAJ 150 MG/ML ..... 14         |
| MG-250 MCG-3500 UNIT-18 MG-10  | rivaroxaban) .....17               |  |
| MG-300 MCG-2 MG-80 MG-150      | XARELTO TABS 2.5 MG, 10 MG, 15     |  |
| MCG-0.75 MCG-150 MCG-30 UNIT-  | MG, 20 MG (Use rivaroxaban) ....17 |  |
| 109 MG-2 MG-5 MCG-10 MCG-120   | XARELTO TABS .....17               |  |
| MCG-20 MCG-10 MCG-72 MG-2      | XATMEP SOLN PO .....38             |  |
| MG-30 MG, 400 UNIT-25 MCG-10   | XCOPRI (250 MG DAILY DOSE)         |  |

|  |     |   |     |   |     |
|--|-----|---|-----|---|-----|
| XOLAIR SOAJ 75 MG/0.5ML, 300<br>MG/2ML .....     | 14  | YASMIN 28 (Use drospirenone-<br>ethinyl estradiol) .....      | 56  | ZARONTIN SOLN (Use<br>ethosuximide) .....   | 21  |
| XOLAIR SOLR .....                                | 14  | YAZ (Use drospirenone-ethinyl<br>estradiol) .....             | 56  | ZARXIO .....  | 94  |
| XOLAIR SOSY .....                                | 14  | YELETS TEENAGE FORMULA<br>TABS .....                          | 184 | ZAVESCA (Use miglustat) .....   | 92  |
| XOLREMDI .....                                   | 94  | YESINTEK SOLN 45 MG/0.5ML ..                                  | 64  | ZAVZPRET .....  | 140 |
| XOPENEX HFA (Use levalbuterol<br>tartrate) ..... | 16  | YESINTEK SOSY .....   | 64  | ZEGALOGUE SOAJ .....  | 25  |
| XOSPATA .....                                    | 43  | YEZTUGO SOLN 463.5 MG/1.5ML<br>50                             |     | ZEGALOGUE SOSY .....  | 25  |
| XPHOZAH .....                                    | 85  | YEZTUGO TABS PO 300 MG .....                                  | 50  | ZEJULA TABS .....   | 43  |
| XPOVIO (100 MG ONCE WEEKLY)<br>50 MG .....       | 41  | YONSA .....   | 41  | ZELBORAF .....  | 43  |
| XPOVIO (40 MG ONCE WEEKLY)<br>41                 |     | YORVIPATH 168 MCG/0.56ML ...                                  | 85  | ZEMBRACE SYMTOUCH SOAJ .  | 141 |
| XPOVIO (40 MG TWICE WEEKLY)<br>40 MG .....       | 41  | YORVIPATH 294 MCG/0.98ML ...                                  | 85  | ZENPEP CPEP 105000 UNIT-79000<br>UNIT-25000 UNIT, 14000 UNIT-<br>10000 UNIT-3000 UNIT, 168000<br>UNIT-126000 UNIT-40000 UNIT,<br>24000 UNIT-17000 UNIT-5000 UNIT,<br>252600 UNIT-189600 UNIT-60000<br>UNIT, 42000 UNIT-32000 UNIT-<br>10000 UNIT, 63000 UNIT-47000<br>UNIT-15000 UNIT, 84000 UNIT-<br>63000 UNIT-20000 UNIT ..... | 83  |
| XPOVIO (60 MG ONCE WEEKLY)<br>60 MG .....        | 41  | YORVIPATH 420 MCG/1.4ML ....                                  | 85  | ZEPATIER .....  | 50  |
| XPOVIO (60 MG TWICE WEEKLY) .<br>41              |     | YUFLYMA (1 PEN) AJKT .....                                    | 5   | ZEPBOUND KWIKPEN SOPN SC<br>2.5 MG/0.6ML, 5 MG/0.6ML, 7.5<br>MG/0.6ML, 10 MG/0.6ML, 12.5<br>MG/0.6ML, 15 MG/0.6ML .....   | 2   |
| XPOVIO (80 MG ONCE WEEKLY)<br>41                 |     | YUFLYMA (2 PEN) AJKT .....                                    | 5   | ZEPBOUND SOAJ .....   | 2   |
| XPOVIO (80 MG TWICE WEEKLY) .<br>41              |     | YUFLYMA (2 SYRINGE) PSKT .....                                | 5   | ZEPBOUND SOLN .....   | 2   |
| XTANDI CAPS .....                                | 41  | YUFLYMA-CD/UC/HS STARTER<br>AJKT .....                        | 5   | ZEPOSIA 7-DAY STARTER PACK<br>CPPK .....  | 204 |
| XTANDI TABS .....                                | 41  | YUPELRI IN 175 MCG/3ML .....                                  | 14  | ZEPOSIA CAPS .....  | 204 |
| XTRENBO SOLN SC 120 MG/1.7ML<br>84               |     | YUSIMRY .....   | 6   | ZEPOSIA STARTER KIT CPPK .  | 204 |
| XULTOPHY .....                                   | 24  | YUTIQ .....   | 198 | ZERVIAE .....   | 199 |
| XYNTHA .....                                     | 91  | YUTREPIA CAPS IN 26.5 MCG, 53<br>MCG, 79.5 MCG, 106 MCG ..... | 53  | ZESTORETIC (Use lisinopril &<br>hydrochlorothiazide) .....  | 36  |
| XYNTHA SOLOFUSE .....                            | 91  | zafirlukast .....   | 15  | ZESTRIL TABS (Use lisinopril) ....  | 34  |
| XYOSTED SOAJ .....                               | 12  | zaleplon .....  | 95  |   |     |
| XYREM SOLN (Use sodium oxybate)<br>.....         | 201 | ZANAFLEX CAPS (Use tizanidine<br>hcl) .....                   | 190 |   |     |
| XYWAV .....                                      | 201 | ZANAFLEX TABS 4 MG (Use<br>tizanidine hcl) .....              | 190 |   |     |
|  |     | ZARONTIN CAPS (Use<br>ethosuximide) .....                     | 21  |   |     |

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|--|-----|---|-----|---|-----|
| ZETIA (Use ezetimibe) .....  | 33  | ZOCOR TABS 10 MG, 20 MG, 40<br>MG (Use simvastatin) ..... | 33  | ZOLGENSMA 5.1-5.5 KG .....                            | 194 |
| ZETONNA AERS .....   | 191 | ZOLADEx .....   | 41  | ZOLGENSMA 5.6-6.0 KG .....                            | 194 |
| ZEVRX INSULIN SYRINGE .....  | 135 | ZOLGENSMA 20.6-21.0 KG .....                              | 194 | ZOLGENSMA 6.1-6.5 KG .....                            | 194 |
| ZEVRX TWIST TOP LANCETS 30G<br>133   |     | ZOLGENSMA 10.1-10.5 KG .....                              | 194 | ZOLGENSMA 6.6-7.0 KG .....                            | 194 |
| ZIAGEN SOLN (Use abacavir<br>sulfate) .....  | 50  | ZOLGENSMA 10.6-11.0 KG .....                              | 194 | ZOLGENSMA 7.1-7.5 KG .....                            | 194 |
| ZIANA (Use clindamycin phosphate-<br>tretinoin) .....  | 61  | ZOLGENSMA 11.1-11.5 KG .....                              | 194 | ZOLGENSMA 7.6-8.0 KG .....                            | 194 |
| zidovudine CAPS .....  | 50  | ZOLGENSMA 11.6-12.0 KG .....                              | 194 | ZOLGENSMA 8.1-8.5 KG .....                            | 194 |
| zidovudine SYRP .....  | 50  | ZOLGENSMA 12.1-12.5 KG .....                              | 194 | ZOLGENSMA 8.6-9.0 KG .....                            | 194 |
| zidovudine TABS .....  | 50  | ZOLGENSMA 12.6-13.0 KG .....                              | 194 | ZOLGENSMA 9.1-9.5 KG .....                            | 194 |
| ZIEXTENZO .....  | 94  | ZOLGENSMA 13.1-13.5 KG .....                              | 194 | ZOLGENSMA 9.6-10.0 KG .....                           | 194 |
| zileuton TB12 .....  | 15  | ZOLGENSMA 13.6-14.0 KG .....                              | 194 | ZOLINZA .....   | 43  |
| zinc oxide (topical) OINT 20 % .....   | 70  | ZOLGENSMA 14.1-14.5 KG .....                              | 194 | zolmitriptan SOLN .....                               | 141 |
| zinc sulfate CAPS .....  | 143 | ZOLGENSMA 14.6-15.0 KG .....                              | 194 | zolmitriptan TABS 2.5 MG .....                        | 141 |
| ZIOPTAN (Use tafluprost) .....   | 199 | ZOLGENSMA 15.1-15.5 KG .....                              | 194 | zolmitriptan TABS 5 MG .....                          | 141 |
| ziprasidone hcl .....  | 45  | ZOLGENSMA 15.6-16.0 KG .....                              | 194 | zolmitriptan TBDP .....                               | 141 |
| ZITHROMAX SUSR (Use<br>azithromycin) .....   | 97  | ZOLGENSMA 16.1-16.5 KG .....                              | 194 | ZOLOFT CONC (Use sertraline hcl)<br>23                |     |
| ZITHROMAX TABS 250 MG (Use<br>azithromycin) .....  | 97  | ZOLGENSMA 16.6-17.0 KG .....                              | 194 | ZOLOFT TABS (Use sertraline hcl)<br>23                |     |
| ZITHROMAX TABS 250 MG, 500<br>MG (Use azithromycin) .....  | 97  | ZOLGENSMA 17.1-17.5 KG .....                              | 194 | ZOLOFT TABS 25 MG (Use<br>sertraline hcl) .....       | 23  |
| ZITHROMAX TRI-PAK TABS (Use<br>azithromycin) .....   | 97  | ZOLGENSMA 17.6-18.0 KG .....                              | 194 | ZOLPIDEM TARTRATE CAPS .....                          | 95  |
| ZITHROMAX Z-PAK TABS (Use<br>azithromycin) .....   | 97  | ZOLGENSMA 18.1-18.5 KG .....                              | 194 | zolpidem tartrate SUBL .....                          | 95  |
| ZITUVIMET TABS 1000 MG-50 MG,<br>500 MG-50 MG (Use sitagliptin free<br>base-metformin hcl) ..... | 24  | ZOLGENSMA 18.6-19.0 KG .....                              | 194 | zolpidem tartrate TABS .....                          | 95  |
| ZITUVIMET XR TB24 .....  | 24  | ZOLGENSMA 19.1-19.5 KG .....                              | 194 | zolpidem tartrate TBCR .....                          | 95  |
| ZITUVIO 25 MG, 50 MG, 100 MG<br>(Use sitagliptin) .....  | 25  | ZOLGENSMA 19.6-20.0 KG .....                              | 194 | ZOLYMBUS GEL OP 0.01 % .....                          | 199 |
|  |     | ZOLGENSMA 2.6-3.0 KG .....                                | 194 | ZOMACTON SOLR SC .....                                | 84  |
|  |     | ZOLGENSMA 20.1-20.5 KG .....                              | 194 | ZOMIG SOLN (Use zolmitriptan) .                       | 141 |
|  |     | ZOLGENSMA 3.1-3.5 KG .....                                | 194 | ZONALON (Use doxepin hcl<br>(antipruritic)) .....     | 63  |
|  |     | ZOLGENSMA 3.6-4.0 KG .....                                | 194 | ZONEGRAN CAPS 25 MG, 100 MG<br>(Use zonisamide) ..... | 20  |
|  |     | ZOLGENSMA 4.1-4.5 KG .....                                | 194 |   |     |
|  |     | ZOLGENSMA 4.6-5.0 KG .....                                | 194 |   |     |

|  |     |   |    |
|--|-----|---|----|
| ZONISADE SUSP .....  | 20  | ZYNTEGLO .....                                    | 92 |
| zonisamide CAPS .....  | 20  | ZYPITAMAG 2 MG, 4 MG .....                        | 33 |
| ZORTRESS (Use everolimus<br>(immunosuppressant)) .....                                 | 144 | ZYPREXA RELPREVV .....                            | 46 |
| ZORYVE CREA EX 0.05 % .....  | 71  | ZYPREXA TABS (Use olanzapine)<br>46               |    |
| ZORYVE CREA EX 0.15 % .....  | 70  | ZYPREXA ZYDIS TBDP (Use<br>olanzapine) .....      | 46 |
| ZORYVE CREA EX 0.3 % .....   | 70  | ZYRTEC ALLERGY CAPS (Use<br>cetirizine hcl) ..... | 32 |
| ZORYVE FOAM EX .....   | 71  | ZYRTEC ALLERGY TABS (Use<br>cetirizine hcl) ..... | 32 |
| ZOVIRAX CREA (Use acyclovir<br>topical) .....  | 65  | ZYTIGA (Use abiraterone acetate)<br>41            |    |
| ZOVIRAX OINT (Use acyclovir<br>topical) .....  | 65  | ZYVOX SOLN (Use linezolid) .....                  | 37 |
| ZTALMY .....   | 20  | ZYVOX SUSR (Use linezolid) .....                  | 37 |
| ZTLIDO PTCH .....  | 70  | ZYVOX TABS (Use linezolid) .....                  | 37 |
| ZUBSOLV SUBL 0.18 MG-0.7 MG,<br>0.36 MG-1.4 MG, 0.71 MG-2.9 MG,<br>1.4 MG-5.7 MG ..... | 11  |   |    |
| ZUBSOLV SUBL 2.1 MG-8.6 MG .   | 11  |   |    |
| ZUBSOLV SUBL 2.9 MG-11.4 MG  | 11  |   |    |
| ZUNVEYL TBEC PO 5 MG, 10 MG,<br>15 MG .....  | 202 |   |    |
| ZURNAI IJ 1.5 MG/0.5ML .....   | 29  |   |    |
| ZURZUVAE .....   | 22  |   |    |
| ZYBIC SUSP 7.5 MG/5ML (Use<br>meloxicam) .....   | 7   |   |    |
| ZYDELIG .....  | 43  |   |    |
| ZYFLO TABS .....   | 15  |   |    |
| ZYKADIA TABS .....   | 43  |   |    |
| ZYLET 0.3 %-0.5 % (Use loteprednol<br>etabonate-tobramycin) .....                      | 198 |   |    |
| ZYMFENTRA (1 PEN) AJKT .....   | 88  |   |    |
| ZYMFENTRA (2 PEN) AJKT .....   | 88  |   |    |
| ZYMFENTRA (2 SYRINGE) PSKT   | 88  |   |    |